

SUICIDE IN MODERN IRELAND
NEW DIMENSIONS, NEW RESPONSES

The Adolescent Dimension
Saturday Afternoon 13 November

QUESTIONS & ANSWERS

Tackling Tough Times – Young People Coping with Mental Health Problems

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Deliberate Self-Harm in Teenagers

Dr Helen Keely / National Suicide Research Foundation

Alcohol in Teenage Ireland

Mr Joe Connolly /Gaelic Athletic Association (GAA)

In the Chair: Fiona McNicholas Crumlin Children's Hospital

Fiona McNicholas: We have about 20 minutes now for questions for any of the three speakers. If you would like to introduce yourself, please do and address the question to whichever of the three speakers you would like to ask.

Q: A question for Prof Fitzpatrick. She mentioned anger as one issue that came up for a lot of the young people coming into their service regardless of the diagnosis. I was wondering if the programme she presented to us specifically addressed anger and anger management and stuff or did she feel it was addressed through the overall programme or was there a specific focus on it?

Carol Fitzpatrick: There is not a specific focus. There is not a session on anger management but I think anger in all of us has many different things that feed into it and I think the programme as a whole looks at many of the different things that underlie anger. But to answer your question, it does not have a specific anger management session. An awful lot of the anger that young people experience occurs in the context of families, family conflicts, difficulties with authority figures, rejection by friends etc.

Dr Ella Arensman: I have a question and also a comment for Mr Joe Connolly of the GAA. Firstly, thank you very much for coming here and also for being so committed to this very important initiative which I think is also very timely considering the problems we are talking about and also the increase in suicidal behaviour. I have one specific question. To what extent would your organisation be able to influence the enormous publicity campaigns that are still all over the place and I would say the strong link between the publicity of alcohol, stimulating it, reinforcing it in connection with sport clubs or any other recreational activity. A very particular example I would like to give, a few weeks ago we organised in Cork a Youth Seminar on Young People's Mental Health. We had a lot of work in organising the seminar beforehand and only until very early in the morning when I came into the room where I had been before, I was shocked because everything was covered by Guinness and they had not consulted us about it. It was completely inappropriate. I wondered what your organisation could do in order to influence this aspect in Irish society?

Joe Connolly: A very good question. One of the initiatives that we are recommending that will be implemented is for instance, the phasing out within a definite time span of alcohol sponsorship in the GAA. Within a relatively short time there will be no more competitions referred to as anything else. Also, within two years, that all pubs names will be removed from jerseys, so there will be no team going out with "Pat's Pub" on it anymore. Also, when I said about the "Do's", there is a certain amount of "Don'ts" as well.

So:

- Don't have the sponsorship of national competitions;
- Don't give out medals for underage teams at a time or at a venue where drink is available.
- Don't have the names of pubs on jerseys;

I saw this case: if you go to a game on a bus with an underage team, you bring them back to their place where you pick them up without having stopped in any pub along the way.

So we are definitely pro-actively going to say "Stop this tie up between alcohol and the GAA". It will evolve fairly quickly but not just snap like that. It is a definite in the Taskforce Report. It is strongly recommended and they have decided to accept all of our recommendations so it will come in in the next year.

Fiona McNicholas: Before you sit down, Joe, I am just wondering about girls.

Joe Connolly: Well, I had five sons and I would love to have had a girl but I never did!! Next question!!!

Fiona McNicholas: I didn't mean your personal life!! But I am just aware that one of our concerns is the huge increase in binge drinking amongst girls and I know the GAA's audience is probably more male than female so I am wondering whether the GAA in their initiative is able to spill out in some way to tackle the huge problem in girls.

Joe Connolly: Well Cumann Camógaíochta na nGael celebrated its 100 Anniversary this year but I think it is only in recent years that the game is fully part of the GAA, as far as I know. But there is nothing to stop this initiative becoming a Camogai Club initiative as well but our brief was the GAA as is. But there is no reason for it not to be multi-implementable in all sports.

Q: If that was to follow on to other sports, that could be huge.

Joe Connolly: Yes, well the template that the GAA will put together is absolutely implementable for all sports but it was as well off for us just to confine ourselves at the moment to the GAA because it's what we know best and there is a definite structure to it. There is an infrastructure which is worldwide unique. One of the speakers that we had said that the Americans would pay billions to have such an infrastructure in place, because not only is there a club structure but among the 16 year olds that play there is also a loyalty to club and jersey, way more than you would expect 16 year olds to have to almost anything else. So if we put the positives that are already together with this serious initiative, but there is no reason in the world why it can't be multi-sports.

Q (Representative of Irish Secondary Schools Union): I had a question but it was already asked. It was in relation to the influence GAA has on young people in sport and the fact that they are sponsored by alcohol companies and I just wanted to know if the GAA had plans to cut down on the sponsorship of alcohol companies in the GAA; when would the plans be made available and when can we have dates?

Joe Connolly: Well, it is absolutely in black & white in this GAA Report by the Taskforce into Alcohol & Substance Abuse, that the GAA discontinue the sponsorship of sport by alcohol companies in a relatively short time. We are definitely in a short time of about 2 years for the names to be removed from Jerseys. That is in our own control almost club by club but it's in a relatively short time. We believe that divide will be very visible but that is as much as I can say at the moment.

Q: All sports clubs, GAA Clubs included, enjoy tremendous revenue from the running of the bar. GAA, soccer clubs in certain instances certainly in this instance, soccer clubs in the UK, golf clubs, rugby clubs enjoy tremendous revenues which contribute to the financial outlay of the club. What will the GAA's attitude to that be?

Joe Connolly: We are not recommending that the bars in sports clubs be closed down. I don't think it is possible. I really believe that we can do a fantastically huge amount with what is practical. But at our own club, for instance, in Galway, it cost €20,000 last year for hurlies and sliothars alone. That is just the equipment, without going into insurance, medical bills, registration fees or medical bills or whatever like that. I believe that the bars are a significant revenue generator for lots of clubs. Now the ideal Ireland would be close them down, but it is not practical.

However, within this again, there are very tight controls going to be recommended that the very highest standards of procedures be carried out in bars but we have not recommended the closing down of them.

Fiona McNicholas: I would like to ask a question to Dr Keeley. I really was quite astounded by some of your statistics. 10% of the samples had expressed that they had made an attempt at deliberate self-harm and 50% of those had repeated. I think that is enormously high, given that what we know is that those that repeat are much more likely to succeed in killing themselves and 20% of the females had had a friend who had made an episode of DSH. I was wondering if you could expand on that and maybe define what the question was that was asked about deliberate self-harm.

Helen Keeley: I suppose I was surprised as well, well I was and I wasn't. I am child & adolescent psychiatrist so I would meet quite a lot of young girls who had harmed themselves regularly. We were going through the information that they gave us in terms of when they would self harm. We looked at the difference in the information the children / young people were talking to us about in terms of those who had self-harmed and those who hadn't and a pattern was emerging, in that those who had never self-harmed were recommending things like "tell your adults, tell everybody". They had this idea of an authority and an adult world that was responsive but they didn't bother to talk to us but actually if they did "we would be alright", a bit like Jack but that when he did get to talk to his mum, things worked out. Those children who had self-harmed had an entirely different view of the world. In their world, the family structure did not exist. They were looking for social workers to make sure that when their parents were - and I distinctly remember one - when somebody comes out of prison make sure they are not abusing their children when they come out. That was a definitive statement. The self-harm rates and the repetition was startling but we looked up the registry data for the 15-17 yr olds and in that it was even higher at 58% of 15-17 yr olds had previously self-harmed. In this case it was just under 50%, about 48% I think. The definition of self-harm that we used was

- "an act with a non-fatal outcome", so you had to survive it, "in which an individual deliberately did one or more of the following...." They did something, they initiated something, like
 - self-cutting, jumping from a height, taking tablets etc., "with the intention of to cause self-harm".
 - They "ingested a substance in excess of a prescribed or generally recognisable therapeutic dose" and we were very careful around alcohol. We weren't including binge drinking or self-harm unless it was deliberately intended to cause harm.
 - "Ingested a recreational or a listed drug regarded as self-harm or a non-ingestible substance or object" again with the intention of harming themselves.

So it wasn't that they were going out and getting stoned and that it was harming them by default. This was deliberate and had to be by definition.

Fiona McNicholas: A follow-on question is what did you do to those children that you identified as having either been at risk in the past or particularly those who had expressed that they had repeated?

Helen Keeley: First of all, all the results were sent back. All of the schools got feedback with regard to who had self-harmed. We are talking about 5% of the population. It was an anonymous questionnaire so we can't go back and say "who of you self-harmed?" It would completely negate any hope of doing any work. All we can do is feedback that information on that area, rather than that school, back into the schools that participated. So all of the schools got individual feedback explaining what within their area were the difficulties which was as close as we could come. We had a number of tricky cases. Part of my job was to make sure that no child was left in an acute crisis without us at least attempting to do whatever we could. We could identify schools and there were only 3 cases I think altogether where we were seriously worried about the children. One case turned out to be okay, was given need intervention, checking back with the school counsellors who had facilitated the operation in the first place. One of the children turned out to be okay without any need for direct intervention. Another child was very helpful and he put his name on the top of his paper. Now, we had to be very clear that this was actually the child, that it wasn't somebody who put this child's name on the paper, so it required quite a lot of subterfuge to identify the child and then it was my rather scary task to go in and to ask the child to come in and to talk with me with his parents and that is what we did. The third case, we never identified. It was the most fed back to school in the country. I think we went back three times to the same group. This child identified herself in a number of ways and I had been working in the area so I had a number of

contacts who would have had some contacts with her in the past, so we alerted everybody who might possibly be dealing with a child of a particular description that there might be a difficulty but we never succeeded in specifically identifying her. My hope is that if we do reproduce the survey in the mid-west, Limerick, which is something we are looking at, my hope is that we might have a website attached to the survey which would have a bulletin board which would allow young people to actually put their own comments on to the bulletin board after the survey was completed so that we could get some more direct feedback. I don't know whether that is going to happen, but hopefully.

Q: A question for Dr Keeley again: you mentioned in your presentation was that girls showed more emotional disorder than boys. I was wondering if at that early age have boys already learned the ability to bury their emotions & feelings, even at that young age?

Helen Keeley: I think there is a bit of both going on. There is an idea within biology that in the early stages of puberty boys are protected from depression for the first few years and it would look like that from our medically referred self-harm, that the self-harm starts earlier in the girls, in terms of when they hit puberty at 10yrs – 14 yrs. Their rates are much higher than the boys. Then the boys kind of catch on a little bit later. So I think that yes, there is some protection it would appear. Certainly the Michael Ruttus would indicate that in boys because of the different hormones involved in puberty there is some protection about depression early on in puberty. So there is that bit, but the other also applies. Everybody thinks websites are going to work for kids, so I asked the lads if we had a website with information on it would they use it, would they work with it, is that how we could get information to them. One of the lads looked at me pityingly and said "Yes, but then we would have to admit that we have a problem". So I think there is a degree to which the big problem for the boys from what they were telling me is actually getting to the stage of saying "Actually, I have a difficulty here", because if they say that, that is when it becomes suddenly overwhelming and why you get these, and I feel, these sudden dramatic attempts. They have been putting it off and putting it off for so long that it suddenly hits them very hard. Part of their putting it off is alcohol.

Q (Professor Kevin Malone): Before you go, could I just ask one question and I don't know if your data can look at it or not, but one of the things we see in the suicide phenomenon in Ireland is sort of pockets across the country and I am wondering in your data did you see clusters, where there is a sort of a suicide trend within a community? Because if that is the case it would be very interesting to be able to report that.

Helen Keeley: Yes we did. There were communities. I would know that from my own work even, within particular areas, that there are certain classes within schools, primary and secondary schools, where a large, in fact staggering proportion of the children would have experienced death by suicide of either a peer or a parent. We have been looking at clusters of suicide around the area.

Q (Prof Kevin Malone): Is it reflected in the deliberate self-harm rate as well?

Helen Keeley: Yes, because the rates of the individuals who self-harm are more likely to have had a personal experience of self-harm and one of my difficulties was that the children that we are rearing now, is that each cohort (cohort being a group of a certain age), seems to have a higher rate of self-harm themselves or of suicidal behaviour and with that is that each group of that has had an experience of suicide by a peer or a somebody else. So it is now more common for a young person to have experienced a suicide directly, personally, than not. That is staggering for me, given the risk that having suicidal models presents to children. Does that answer the question?

Prof Kevin Malone: Yes, it really does answer the question and it is certainly in support of the incubation sort of hypothesis that we are incubating suicidal behaviour.

Helen Keeley: Absolutely.

Prof Kevin Malone: Certainly it is directly relevant to *Turning the Tide of Suicide in Ireland*. We have got to understand the incubation effect.

Helen Keeley: I think in terms of what Prof McNicholas was talking about in terms of the question with young girls and alcohol. This is an issue that is particularly concerning us because the information we are getting appears to be that if girls or their mothers, particularly if there is more female drinking, the girls will follow their mothers in the model of drinking and the damage would appear to be quicker earlier and greater.

Q (Dr Ella Arensman): I think one important comment, because in this study the definition was very diverse so people may think there may be some injuries that may be very minor or not very serious. But one thing that I mentioned yesterday as well, is that at least 6% reported a wish to die among this diversity of methods being used, very often in combination with other methods, but at the wish to die was expressed in this age group. In terms of the definition as well, the figure of the percentages that came out of the study is a very conservative one because we had to leave out nearly 100 cases where the poor people had ticked the box and we have not yet looked at whether these were more often males because they didn't want to report to us what they had done. We had to stick to the European definition but this means that this is a very conservative figure of deliberate self-harm among the general population.

Fiona McNicholas: I would just like to conclude this afternoon's session by stating that I think we are all aware that deliberate self-harm, no matter how apparently trivial it might be, is a very, very serious thing in young adolescence. We have heard about the increase prevalence of alcohol and substance misuse. We are aware about the increased prevalence in depression overall in adolescence and I suppose, a little bit more hopeful is that there are strategies, initiatives and interventions that we continue to try and develop to target these areas. Thank you.