

SUICIDE IN MODERN IRELAND  
NEW DIMENSIONS, NEW RESPONSES

**The Adolescent Dimension**  
Saturday Afternoon 13 November

**“Tackling Tough Times”**  
**Young People Coping with Mental Health Problems.**

C. Fitzpatrick, J. Sharry, E. Brosnan,  
C. Mills, G. Collins, J. Forbes.

Dept. of Psychiatry, University College Dublin  
Dept. of Child and Family Psychiatry, Mater Misericordiae Hospital, Dublin, Ireland.

Presented by: **Prof. Carol Fitzpatrick**

In the Chair: **Prof Fiona McNicholas**, Crumlin Children’s Hospital

**Fiona McNicholas:** I am going to start by introducing our first speaker, Prof Carol Fitzpatrick, who is Professor of Child Psychiatry at University College Dublin. Prof Fitzpatrick is also Consultant Child Psychiatrist at the Mater and Temple Street Hospitals. Prof Fitzpatrick is going to talk about “Tackling Tough Times” – Young People Coping with Mental Health Problems.

**Carol Fitzpatrick:** Thank you Fiona and thank you for coming this afternoon. The first session after lunch is always quite a difficult one in terms of trying to keep people awake, so I hope I can do that and I hope you will get something out of it and be informed and be interested. I think this session follows rather nicely from Sean’s presentation this morning because this programme that I am going to talk about has had a huge amount of input from other young people, young people who had experienced coping with depressive disorders and other mental health disorders. They had great input into the making of this.

The programme that I am going to be talking about is called “Tackling Tough Times” and it is a programme for adolescents coping with depression. The programme was devised in the Dept of Child & Family Psychiatry in the Mater Hospital and it involves a joint venture between that department and the Dept of Psychiatry at UCD and involved a number of clinicians and a researcher.

I am going to be talking today about the background to the programme or course, the aims of it, a little bit about the content and how each session is conducted. I am going to talk about one session in a little bit more detail to give you a flavour of the programme and then talk about practical points and tips for engaging adolescents in treatment because any of you who work with adolescents will know that certainly engaging them in child & adolescent mental health services is quite difficult, can be. Some of them engage fairly readily but the ones that most need our service find it harder to engage.

I am going to talk also a little bit about evaluation because this programme has yet to be evaluated. We are only doing pilot studies at the moment in the Mater and then I shall talk about the future.

**Context:**

The context within which this programme was developed is a Child & Adolescent Mental Health Service, so we have adolescents referred to us up to the age of 16 years. They are referred with a wide range of emotional and behavioural difficulties. Many of them have engaged in suicidal behaviour or deliberate self-harm and we use a multi-disciplinary team approach to assessment and to treatment.

**Target Group:**

Many of the adolescents for whom this programme might be suitable will have a diagnosis of depressive disorder. But most adolescents who are referred to services such as ours with

depressive disorders also have a host of other difficulties. Many of them have behavioural difficulties; many of them are quite oppositional, their families find them very hard to cope with. Lots of them have significant social skills deficits and most of them have a lot of difficulties with friendships and with peers. So, irrespective of the diagnosis, the following problems are very common:

- Conflict with parents / carers
- Conflict with peers
- Low self-confidence
- Low mood +/- suicidal ideation / acts
- Anger

Low mood with or without suicidal ideation and many have engaged in self-harming behaviour.

Anger is another almost universal problem in this age group and it shows itself either by acting out or the anger itself directed and very often involves cutting and that type of behaviour.

Another thing they nearly all have in common is that they heartily dislike attending services such as ours and I think the group that Sean McCarthy spoke about this morning, that group of young people would find great difficulty in attending services such as ours. For that reason I think it is very important that there is a range of services for people at different levels and in different situations. You can't blame the adolescents for liking attending our service because it's not a specific service for adolescents and they are very likely to find themselves in the waiting room sitting beside a 3 year old having a tantrum or something like that, which is very off-putting for an adolescent.

The other thing they have in common is that they almost all feel that they are the only person of their age who has felt so awful and so self-loathing and so low and for that reason, and it is one of the reasons that this programme that I am talking about is primarily a group programme, though it can be used individually with adolescents who are not able or willing to attend a group.

- Evidence base for CBT
- Mild to moderate depression ✓
- Anxiety disorders ✓

#### **Approach:**

The Tackling Tough Times Programme is based on a Cognitive Behaviour Therapy approach, but it is more than that. We used the cognitive behaviour therapy approach because there is some evidence to say that cognitive behaviour therapy has a role to play in mild to moderate depressive disorders in young people, though it has not been shown to have a role to play in severe depressive disorders and I think that makes a lot of sense. Young people with very severe behaviour / depressive disorders are not at a stage of being able to engage in cognitive behaviour therapy but when they start to improve it is very likely that they would be able to. And there is also an evidence base for cognitive behaviour therapy in anxiety disorders.

Developing this programme, we drew on some of the ideas from a programme from Oregon in the US, called "Adolescents Coping with Depression Course" which was developed by Clarke, Lewinsohn & Hop and has been extensively evaluated and that programme is a sixteen week programme. Ours is a seven week programme. We had to be practical because we don't think the young people we see in our services would have staying power to attend for sixteen weeks and we decided to make the programme one which we thought that they would engage in.

Also the programme from Oregon is quite didactic, much more didactic than ours in that ours uses very much ideas from other young people and uses a collaborative approach working with the young people.

#### **Aims:**

The aims of the programme are to help adolescents

- to be better able to manage their emotions and behaviours
- to realise that they are not alone in experiencing difficulties
- particularly to learn from the experience of other adolescents who have been through 'tough times'.

#### **Course Structure:**

- Seven sessions, 1¼ hours per week
- Concurrent session for parents, weeks 1,3,7

1. Taking charge
2. Peer relationships
3. Family
4. Managing mood ( 1 )
5. Managing mood ( 2 )
6. Stress busting
7. Conclusion.

The course has seven sessions of between 1 ¼ hrs and 1 ½ hrs a week and there is a concurrent session for parents at the beginning, the middle and the end of the programme. I think that is very important because parents coping with adolescents with depressive disorders or self-harming behaviour are looking for and want a great deal of support. I think ideally there probably should be a concurrent session for parents at each of the sessions for the young people, but resources sometimes prevent us providing the idea. But the minimum would be that there would be a session for parents at the beginning the middle and the end of the programme and in those sessions for parents, we talk about the content of the programme but also some ideas for them about how to manage the difficulties they experience in coping with their young people.

Each session has a similar outline and that's quite important to have a structure because it provides a sort of a way of managing the understandable anxiety that young people feel coming to groups. If they actually manage to attend the first one, they know they will have a fair idea of how the sessions are going to go after that and while it is important also to have a structure because running adolescent groups can be quite anxiety provoking for the facilitators. People who run adolescent groups know that they don't always go according to plan, in fact they almost never do, but at least if you have an outline and a structure, it helps you to feel prepared.

- Review of previous week
- Idea for this week
- Exercise
- Personal story from 'Working Things Out' CD-ROM
- Discussion
- Exercise
- Plan for week ahead

#### **Session Outline**

- Review of previous week
- Idea for this week
- Exercise
- Personal story from 'Working Things Out' CD-ROM
- Discussion

However, there has to be, as with any group, some flexibility within the structure. So each session would tend to start with a review of what was covered the previous week. In working with the young people within the group, we don't give them homework because that's doomed to failure, but we do emphasise that you get out of courses like this what you put into them, so it is quite important for them to at least try some of the ideas that they have heard in the course in their real life situations. So we start with some feedback as to how people got on with the ideas from the previous week and then we introduce the idea for this week, which might be family or friends or managing mood. We would then have an exercise which would be a group exercise and would involve some kind of physical moving around the room because sitting for 1 ¼ hours is something that makes adolescents kind of restless and they much prefer something which involves an activity so the session would be broken up with an exercise related to the idea for this week.

Then we showed them a personal story from our "Working Things Out" CD-Rom. This is a CD-Rom made by ten young people who had come through a time in their lives when they had had a mental health disorder. Most of them had suffered from depression. Three of them talked about their suicidal behaviour associated with their depression and other topics on that CD-Rom include one young person talking about her experience of an eating disorder and another young person with OCD. So, one story from that CD-Rom would be shown, linked to the idea for this week and the particular thrust of each young person's story is what helped them to get through their difficult time, so it is quite solution focussed.

We would then have a discussion about what the young people saw on the CD-Rom, particularly trying to facilitate them to comment on what the young person found got them through their

difficult times, so it is less talking about the experience of what it is like, but more what helped them to get through it. The young people can engage in this at whatever level they like because for some young people they are just at a stage of being able to comment on what they saw on the CD-Rom, or they might not comment at all, some of them. But some of them will just talk about what they saw. "What do you think he was doing there?", "what do you think would help for him?" were some of the questions the facilitator might ask and that enabled young people to talk about their experiences at a distance because they are talking about what they are seeing on the screen. Other young people and other groups will very much personalise the experience and that then opens up into a discussion about their own personal experiences.

There then would be another exercise, again linked to the idea of the week and then planning for the week ahead.

#### **Session 4: Managing Mood**

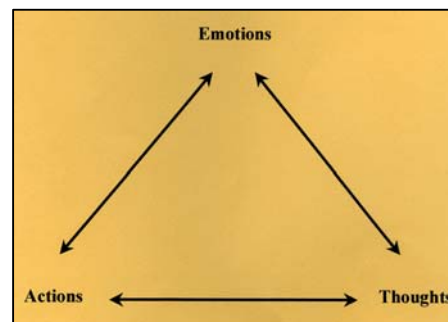
- Review of previous week ( Family )
- Idea for this week – The connection between thoughts, actions and feelings
- Exercise – Changing thoughts, actions and feelings
- Jack's story
- Discussion
- Exercise - Positive actions – flipchart
- Plan for week ahead

I am going now to talk about Session 4 of the course which is called "Managing Mood" and that would start with a review of what was covered the previous week. The previous week, the topic was "Family" and within that previous week the young people would have been asked to practice good listening skills with a member of their family because that would have been the exercise from the week before.

We would then introduce the idea for this week, which would be the connection between thoughts, actions and feelings. Those of you who would be familiar with cognitive behaviour therapy (CBT) will know that this is a central concept in the whole CBT approach and we would already have talked in the group about upward spirals and downward spirals so they would already have had experience of hearing stories from young people talking about how they started to feel low in themselves and that led them to become more withdrawn, to stop going out, to spend long periods in their rooms and then they would start thinking very negatively and their self loathing, very often, would increase and that would lead them to become more down in themselves and we would have talked about that sort of negative spiral and also how it spirals. So in order to bring that connection between thoughts, actions and feelings to life, we would then do an exercise which would be something like this:

Our personalities are made up of three different components - Emotions, Actions, and Thoughts. All three are closely related and interact with one another, so a change in one can produce a change in another.

This would be up on a flip chart or on a screen and we would talk to them about how much more difficult it is to change your emotions or to change either actions or thoughts, but changing actions and thoughts can lead to changes in how your are feeling.



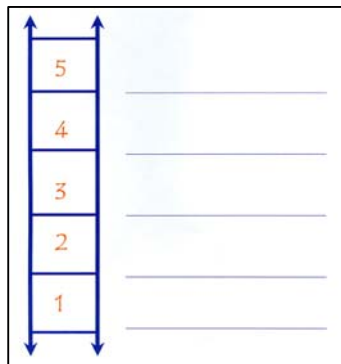
So there would be an exercise whereby the young people might be asked, as a group, to think about anything e.g. a red car, think about a blue bus and they would all do that with great ease. Then there would be something similar around an activity e.g. they would be asked to hop around the room or put their hands on their heads or something and they can change their actions very easily. They might then be asked to feel happy and feel sad and they would find that much more difficult to do, as we all would. That's just an example but that serves the function of getting them moving and activated in a way but also to demonstrate that changing actions and changing thoughts are easier than changing emotions. So that is a lot of what the programme would emphasise.

#### **Jack's Story**

I am now going to show you the story that the young people would be shown at this particular point in the session. [At this point, Carol played a short film].

These stories are the real stories of young people told in their own voices and they actually made the short movies and chose the graphics and were very involved in designing and making the stories. Having shown the story, we would then open up discussion around what they saw in the story, particularly asking them what they thought about what Jack was talking about, was that something they thought many people might experience and what did they notice in the story that helped him get through his difficult time. It would also give the young people the message that here's this "normal" guy, Jack, who has actually come through a time in his life when he was feeling very depressed and I think that gives them hope and reassurance.

## ACTIVITIES



This is a ladder of YOUR activities. Doing fun activities can positively affect your mood. The activities on the lower steps are simpler, and they get gradually more complicated as they move higher. Complete each step to develop your own Personal Activity Ladder. This ladder can be used to help you in the future to maintain upward spirals, and to act as a warning of a downward spiral.

We would then move on to an activity, which in this case would involve the group constructing. There would be a big thing on the floor with an Activity Ladder like this, a bit piece of paper, and the young people would as a group devise activities that they could use to help them when they were experiencing times when they were low, starting at the bottom rung of the ladder. Then that would form the basis of an exercise where they were encouraged to try out putting those activities into practice between this week and the following week. So I hope that gives you a flavour of what would be covered in that particular session.

### Practical Points

Just a few practical points:

- Group size: 6 – 9
- 15+ referrals necessary to achieve reasonable group size
- Two facilitators, plus one for Parents' Group
- Timing
- Leaving the clinic, clarify arrangements with parent

Probably the ideal size for a group like this is 6-9 people, any smaller than that and it is too intensely focused on the small number of young people that are there. Any bigger than that and it is too scary for the facilitators (so I don't know how teachers manage, but that's a different area!).

To get a group that size, you really need to have a wide referral base because in many situations parents or referrers want the young people to take part in a programme like this but the young people themselves don't want to. They don't want to for a variety of reasons, I think mainly based on fear and fear of the unknown.

It needs two facilitators to run a group like this and I think, ideally, one of them should be male because it is very, very difficult to engage young boys with two female facilitators and that is something that is within all our services. I think it is quite a lack and a very apparent lack in trying engage young men. I am sure it is no coincidence that Sean's programme I think maybe worked quite well because he is a man trying to engage other young men. It is not the whole answer, but it definitely helps. You also need a facilitator for the parents' group, so it is quite a resource intensive programme but it is probably not as intensive as seeing each of these adolescents and their parents individually.

The timing of the programme is important because most of these adolescents are in school and a lot of them are in Junior Cert class / year so trying to run the programme at a time that facilitates them to still go to school is useful. Because these young people are under the age of 16 yrs, many of them will attend some of these sessions on their own because their parents don't come with

them for all the sessions. Then it is necessary to clarify with the parents beforehand about the leaving arrangements and that it is alright for them to travel home on their own. Those sorts of practical points have to be considered in advance.

#### **Inclusion criteria**

- Age 13 – 15
- Emotional / behavioural difficulties including depression / anxiety / self-harm
- Able to read simple handouts

This sort of programme would be suitable for young people aged 13 yrs to 15 yrs with emotional and behavioural difficulties including depression, anxiety and self harm and they need to get something out of the programme. They need to be able to just read very simple handouts.

#### **Exclusion criteria**

- Conduct disorder
- Hypomania
- Schizophrenia
- In acute psychiatric crisis (actively suicidal or psychotic)

The people that we feel this sort of programme is probably not suitable for would be young people who have just pure conduct disorder, without the emotional difficulties that sometimes underlie conduct disorder. So some young people who are heavily into anti-social behaviour, we don't think this programme would be particularly suitable for; or young people with bi-polar disorder who are hypo-manic, we don't think it would be suitable for them or young people with acute schizophrenia or those in acute psychiatric crisis who are actively psychotic or very actively suicidal. Almost all the young people would have had suicidal behaviour and have suicidal thoughts from time to time.

#### **Engagement**

- 'A course'
- Referrers need to be informed and positive about the course
- Engage as consumer 'I'm interested in your views of the course'.
- Will need individual sessions first
- If reluctant, don't push, consider individual course

Trying to engage young people in a programme like this requires some ingenuity I think and we feel it is better to it as a course, rather than some kind of therapy or something along those lines. The people who are referring to it and these would usually be other mental health professionals, need to be informed and positive about the course because they are the ones who are selling this sort of programme to the young people they are dealing with. We engage with the young people as consumers rather than as patients. We are very interested in their views of the course so we tell them that we have a course that we run every now and again and we explain to them that young people had a huge amount of input themselves in devising this course and we tell them that we would be very interested in getting their views of the course and obviously in order to give their views they have to at least go to a few sessions and see what they think of it. They all need individual sessions first because these are adolescents who don't know each other and it is too daunting to expect them to go straight into a group. Many of them have issues that need to be dealt with in individual sessions. Some of them will have been very depressed and maybe will have needed anti-depressant medication and some of them will be on anti-depressant medication, but not all of them. If they are very reluctant to do this course, it is not worth pushing them because they will just attend one session and then they won't come back. It would be much better to consider doing the programme on an individual basis which it can be easily adapted for that but that misses out on the whole experience of them meeting other adolescents. So it certainly loses something by doing it individually, I think.

#### **Evaluation**

- Course evaluation form, weekly or at weeks 3 and 7
- Weeks 1, 7, and at six month follow-up
- Personal goals, Likert scale
- CDI
- SDQ, adolescents and parents
- Rosenberg self-esteem scale
- Suggestions?

The course is evaluated by the young people themselves in a weekly evaluation sheet which takes a couple of sessions to fill out in terms of what was covered, was there anything else they would

like covered, what they thought of the discussions, what they thought of the videos. At the start of the course, the end of the course and at six months follow-up, the course is evaluated using a personal goal. The young people in the first session are encouraged to complete a Goal Form for themselves as to what they hope to get out of the course. That is then referred to at the end of the course and at six month follow-up to see if their goals were actually attained.

We also use the Children's Depression Inventory (CDI) and the Strengths and Difficulties Questionnaire (SDQ) which is a questionnaire filled out by the young people and their parents covering a range of strong points and problem areas for the young people and also a self-esteem scale.

- Manual being refined, available Feb.2005
- Multi-centre evaluation necessary
- If interested in using, or being part of evaluation study, please contact **cfitzpatrick@mater.ie**

The programme, as I said, has not been yet evaluated in any large numbers. We are just doing it on a pilot basis with small numbers of adolescents at the moment, but the manual is being refined and should be available early next year. But for a programme like this, it has to be able to say, "Yes, it achieves what it sets out to achieve", so it does need to be evaluated and that will involve being evaluated in several centres in order to get the necessary numbers and also to have been compared to other treatment approaches. So anyone who might be interested in being part of that evaluation, that is the email address that you can contact me at.

Thank You.

**Fiona McNicholas:** Thank you very much Carol. A very difficult group of children, but the presentation sounded so structured that one almost feels like "I am going to set that up and contact Carol on Monday". We'll save questions for that particular talk until the end and I am now going to move on and introduce our next speaker.