

SUICIDE IN MODERN IRELAND
NEW DIMENSIONS, NEW RESPONSES

Suicide & Vulnerable Groups
Saturday Morning 13 November

YOUTH TAKE TWO
WORKING WITH MARGINALISED YOUNG PEOPLE

Presented by: **Mr Sean McCarthy.**
Suicide Prevention Officer, South Eastern Health Board

In the Chair: **Dr Abbie Lane / St John of Gods Dublin**

Dr Abbie Lane: Our final speaker in this session this morning is Sean McCarthy and Sean is a Resource Officer with the South Eastern Health Board. In fact he was the first Resource Officer appointed in this country in this area. He works mainly with the most marginalised of young people and people that would have been excluded from any other intervention or treatment programmes and he is here this morning to describe a project that he has undertaken with this group and will also show some videos made by the participants talking about their experiences and also talking about their perspectives on suicide.

Sean McCarthy: Thank you very much. I shall be showing a power point presentation and two very short films.

Background:

What I want to present this morning is a project that I was involved in, in the Waterford City area. A number of years ago, the Waterford Youth Committee which is kind of a statutory youth service that oversees all of the youth services in the Waterford City area, came to myself in my role as a suicide resource officer because of the huge difficulties that they as youth workers were experiencing in the whole area of suicide and particularly self-harm. They were amazed at that time with some of the research that was coming from the National Suicide Research Foundation's Para-Suicide Studies which showed that in the age range, particularly with girls of 15-19 years of age, there was a rate of about 700 per 100,000 of self-harm cases in the Waterford area. They had quite a lot of experience of suicide, self-harm and they really did not know how to address the issue and they wanted help and support. They were also very concerned about a group of young people that were extremely marginalised in the Waterford City area and they wanted to do something to support and to help them. These were young people who would have been involved in the Youth Reach Service which is very much supporting young people who would have been gone out of main stream education etc. But they were even leaving that type of a support structure. They came along, we made an application to the National Suicide Review Group, we got a small amount of funding and through a very small amount of funding, we were able to put in place a project.

One of the outcomes of the project was that the young people made two very short films about suicide. One shows their perspective of suicide and one is them talking about their experiences of suicide along the continuum. As I go through the presentation we will have a viewing of the two films. These films have not been shown before so I am a little bit I suppose nervous and anxious in relation to the response that we may get from the films. They have been shown to a very small group of people but it is the first time there has been a public viewing of them.

Project Target Group:

- Young people between ages 15 – 18.
- Early school leavers.
- Considerable family dysfunction most with personal experience of long term unemployment.
- Poor self-esteem, communication and social skills.
- Poor problem solving abilities.
- All were in contact with Youth Reach.

The target group that we were looking at was young people between the age ranges of 15-18 yrs. All of them are early school leavers. Most of them came from families where there was considerable family dysfunction. They would have all had personal experience within their families of long term unemployment, not only of their own parents but of their grandparents. There would have been a long time experience of unemployment. They all would have had extremely poor self-esteem and very, very poor communication and social skills. I can remember the first time I met the group of young people. They all walked into the room. They were very much slouched over. There was no eye contact and it was almost impossible to get any type of communication from them. They also had very poor problem solving abilities and used very much maladapted type behaviours to solve any problems that they had. I suppose the common thread with them all was that there was some hope there insofar as they were involved in Youth Reach although they were almost at the stage where they were going to be excluded from that because of the difficulties that they were bringing to the projects.

So that was the type of target group that we had. It was a very, very difficult group of young people. From speaking to some people last night and even this morning, to engage these types of very difficult young people with services (and we've already heard this morning that its very difficult to get young people to come to services) but this particular group to engage within them and to keep them within health services particularly, is very difficult. We tried to do something with them outside of health services as such, so we went through a project with the Youth Reach services.

Group Membership:

- 10 young people 3(m) & 7(f) commenced the project.
- 5 did not complete the project 3(m) & 2(f).
- A further 6 were involved in the health and fitness programme.

At the outset, there were 10 young people who wanted to be involved in it. 3 of them were males and 7 were females and that was the core group that started the project. It was a very small number of people but they were a very, very difficult group.

Of the 10 people that started out, 5 of them did not complete the project. On top of that there was another 6 people involved in the project, where they were involved in a health and fitness programme.

Of the 5 people that left the project, the reasons behind it were very much external to the project itself and there were influences that were outside of the project, that we had no control over. For instance, one participant had been sentenced to a two year custodial sentence for a crime he had committed prior to entering the project. One of the young people had left the Waterford area completely and had moved away to live in another area. One required a placement in a high support structure, due to his maladaptive behaviour and that was following various allegations that had been made against him and a file had been sent to the DPP. He left the project and one of the females left the project because she was pregnant and did not continue on it.

I suppose the fact that we lost 50% of the people from the very beginning of the project highlights the difficulty of working with this type of core group of people. A lot of the time, even if you were to engage them in services etc, the external influences that may take them away from the services and the support that they are getting, is outside of our control. So it very much highlights the difficulties of this type of work and working with this type of people.

Objectives:

What do we want to do?

At the outset, the project laid out objectives for the project. We wanted primarily to:

- Develop self-worth and the self esteem of the young people;

- Develop coping skills within the group;
- Combat the depressive responses to emotional and personal problems;
- Challenge negative and self destructive behaviour;
- To raise awareness and identify issues relating to suicide and self-harm;
- Identify support structures for the young people themselves;
- Develop practical skills and build confidence through an accredited course in film making.

One of the outcomes, as I say, was that we produced the two films. I think that is just a bit of bonus really because the impact the project had on the young people was the great outcome of it. But we felt that we needed something to hold onto the young people, that bringing them into the project to develop self-worth, self esteem, coping skills, the responses to personal symptoms and that was very worthwhile, but if we did not have a focus for them to actually engage in something, then we felt that we would lose them. So we gave them the project of making the film which was their project and as you'll see it was completely in their hands, how they went along, and they did that. They all did the accredited course in Film-making and they all qualified which was a bonus but through the focus of the film, we were able to work on all of the other issues.

Film Concept - Hurting: Before I go on to the actual components of the project, having introduced the concept of the actual film itself, we will have a look at the very first film. The first film was entitled simply "Hurting". This was completely done by the young people. It is their perspective on suicide. There was absolutely no editorial control over it as such. It was their work; they did not want it to be changed in anyway. I had made some suggestions and we had other people who had made some suggestions in relation to the content of the film and ways of approaching it but they said "no, if you trusted us to engage us in the project and you want us to make the film, trust us to do it the way that we want to do it". The young people called it "Hurting". It lasts about 4 minutes.

[Following a viewing of the film:]

Sean McCarthy: That was the first film that they made. There were a number of things that I was particularly struck with when the young people made it, bearing in mind it was completely their own work. The first thing that struck me was their choice of music - Johnny Cash's "Nine Inch Nails". In order to be able to use Johnny Cash's music, they actually had to get Johnny Cash's permission. For people who had never even written a letter and had very, very poor academic backgrounds, they were able to go along and were able to communicate with Johnny Cash. They had to send a copy of the actual film to Johnny Cash and he immediately agreed. It was one of the last pieces of work that he had done before he died but he said that he felt that the film encapsulated everything that the actual song "Nine Inch Nails" was about. What struck me about it was firstly the music they choose but then the picture that they painted of the total isolation, loneliness and despair of a young person when they are going through that whole crisis in their life. The place where the film was videoed in was in Tramore. It struck me that there was nobody else, even in the background of the film, only the young people themselves. When I asked them about that, they said they had to make numerous, numerous trips to these areas to ensure there was nobody when they were filming it because they wanted to paint a picture of isolation. The other thing that particularly struck me was the despair that the young person was going through at night time when they are in their room on their own; when they were writing the letter; when they were smoking their cigarettes and that whole area of isolation at night time. It particularly struck me when John Lonergan was speaking about the young prison officer who went back at night time. It was at night time when the difficulties were there. So that was their perspective on suicide. I am not sure what kind of a response I am going to get to the film but maybe later on people can tell if it is worthwhile because it is our hope that we will be able to use both of these films in the whole area of training that we are involved in around the whole area of suicide and self-harm etc.

Project Components: There were five components to the actual project ie:

- day trips and excursions;
- structured discussion;
- individual work;
- health and fitness programme;
- accredited film and video course.

We felt the actual day trips and the excursions were very important, to get the young people out of the environment where they were; to bring them to places where they had never been so that they could I suppose, bond and blend as a group of young people who had very poor social skills and great difficulties in interacting with other people; respecting peoples space, respecting other people and that actually had a huge benefit for the young people. I can remember the first trip that was

undertaken was to the Burren in Co. Clare where they went for a weekend. They came home that afternoon. It was simply because of the maladapted behaviour of the young people. They just did not know boundaries. They simply were not able to socialise in a manner that other people would have been. The bus driver had arrived back in Waterford and he got a phone call asking him to come back. "But I'm not back until Sunday", he replied. "No! Come back!" he was told because they just were not able to engage in a proper manner.

Objective 1: Self-Worth & Self-Esteem:

As I said there was a number of objectives that were laid out. The first one was to develop self worth and self esteem. At the outset, the young people expressed doubts about themselves and their abilities. They had many fears and displayed apathy towards the future. After the project they felt more positive. They were able to face some of their fears. They came to recognise their own potential and they were all able to make plans for the future so in relation to the first objective that we set out, there certainly was a positive outcome. We did not evaluate the project ourselves. There was nobody that was involved in the actual project had any input apart from engaging the people who did the evaluation and we were very thankful to the National Suicide Research Foundation who came as an external body and had a look at the project and evaluated it to see if we had met the objectives and the outcomes that laid been out. So in relation to the first objective, I think we did meet our objective.

Objective 2: Coping Skills:

Objective 2 was to develop coping skills in an emotional context. In relation to that, the evaluation said that anger, aggression and putting on a tough face were traits that were used by the young people at the outset of the project, whereby at the end of the project, they were able to talk more openly about their fears and their problems whereas previously they would have engaged in consuming alcohol, drugs; they would have been aggressive; they would have been violent; they would have been very maladapted. The very last thing they would have done was to actually talk about their problems and their fears and how they should address them.

Objective 3: Combat Depressive Responses:

Objective 3 was to combat depressive responses to emotional and personal problems. All but one of the group had experience of depression which mainly resulted in them staying in bed or acting in an aggressive manner towards those people that were around them. Following, particularly the individual work, with the young people, they were now able to find alternative ways of coping with depression. Primarily what they did was they used to talk to the people that were actually involved in the project. Even at the end of the project, they still had a certain mistrust to, let us say the statutory services, to the psychologists, to the social workers, even to the Gardai, even to myself. But the one person that they would always engage with was the project leader who was involved in the Youth Reach National Project who went through the journey with them. They built up a trust with that person and were able to talk to that individual. One of the other things which was a very welcome outcome was that at the end of the project they felt that they would be able to advise and help other young people in relation to going to get help. So the impact that it had on the environment and the community they were living in was very worthwhile, because they were then able to engage with their peer group who were going through similar difficulties and say that "there are people who will help you". They did not start telling them to go to the Child & Adolescent psychiatric services but they did say that there are people within the youth services who are there who would be able to help and who would be able to steer you in the right direction.

Objective 4: To challenge Negative & Self-Destructive Behaviour

During the project there was a lot of discussion around the whole area of physical and mental health. The key issues that were brought up by the young people were:

- sexual health
- personal hygiene and
- mental health.

The personal hygiene of the people starting the project was dreadful, but at the end of it, it was completely different. At the end of the project when the young people were getting their certificates from FETACs or from Film '80, I had met them at the very beginning and the girls that walked into the room were completely different. There was no difficulty with personal hygiene. They could have all been entered into the Rose of Tralee in comparison to what they had been. There was a complete change in their whole presentation of themselves.

At the end of the project the young people were raised the question and talked more openly about aggression and initiated changes in themselves. They also had much, much higher levels of self-respect in relation to themselves which is something they did not have at the outset of the project.

Objective 5 To Raise Awareness and Identify Issues Linked to Suicide & Parasuicide.

As a result of the programme the young people challenged the myths about suicide and benefited from sharing their experiences in a safe environment. They had a greater understanding of the agencies who can help at a time of crisis and would recommend them to friends if they were in difficulty.

Objective 6: To Identify Relevant Support Structures and establish Accessibility of these Services.

At beginning of project they were completely negative towards each other, towards staff within the project, social workers, gardaí and psychological services but at the end of it, it was evident that they were more trusting of each other and staff members and that family relations were improving. There was not a great improvement in their trust still of the statutory services. They still had a negative outlook on it, unfortunately.

Objective 7: To Develop Practical Skills and Build Confidence through an Accredited Course in Film Making.

At the outset of the Project, none of the young people had any experience with working in the whole area of film-making. At the end of the project they had produced two short films entitled 'Hurting' and 'Hurting Stories'. Even more importantly, they all had a formal qualification, which is something that they never thought they would be actually be able to achieve. They have all sat their FETAC examinations and all have passed, to actually be able to achieve a piece of paper had a massive impact on their self-worth and their self-esteem and to be able to go up in front of an invited audience to get their FETAC qualification. A lot of the people went back into mainstream education and are studying for their leaving certificate. Certainly there are six people who finished up the project whose lives have been changed dramatically as a result of being involved in the project, again at very small cost.

Film: Hurting Stories

It may be the right time now to introduce the second film which is entitled "Hurting Stories". The four people that are involved in it are four actors. We did not use the actual people themselves. They talk about their experiences of suicide and self-harm. Firstly, at the beginning of the project and then at the end of the project, they are interviewed around the same themes and you can see the kind of changes that have come within the young people themselves. Again, this film is about 7 minutes long.

[Film is shown]

I do not think I need to make any comment on the actual films themselves. They are self-explanatory in their own right.

Conclusion: I would just like to read one of the paragraphs that was in the conclusion of the actual evaluation and the comments from the co-ordinator, which I think sums up the whole project. In the evaluation, it is highlighted that

"Youth Take Two, which was the name of the Project, had provided a supportive environment for young people to make personal change such as addressing aggressive behaviour, improving hygiene, changing body image and learning negotiation skills. It has also enabled them to increase their knowledge base, whether it is through the film course, sitting the leaving certificate or participating in discussion on topics such as relationships, sexual health or mental health. These changes are a positive starting place and there needs to be continued work and support for these young people to facilitate further personal development."

I suppose the downside of it was that it was a pilot project. It had a life span of one year and had a huge effect on the young people who were involved in it. It certainly is my hope and the hope of the people who were involved in it that it is something that will be taken on by the Youth Reach services around the country because it can make a significant change at a very small cost. We do not have the same difficulties of trying to get that type of money that for instance the D.E.T.E.C.T. Programme is trying to get yet I think it can also have a positive outcome. I think the actual Project Co-ordinator, who was the lifeblood of the whole project, summed it up very well when she said that

"All the positive outcomes are only momentary if they cannot hold onto the belief that they can change their life. I believe that the young people now know this and that they have hope."

One of the common themes that has been running through a lot of the discussion over yesterday and today and through a lot of conferences that I have attended is the whole area of hopelessness. Certainly, the young people who were involved in this ended up with hope. Because they had hope, they were able to significantly change their lives. I think also it had an impact on the actual dynamics of the whole family and they have changed whole family structures etc because of their involvement in the project.

Finally, I would just like to say a small special word of thanks to the National Suicide Review Group, who funded the Project; the Waterford Youth Committee, whose idea it was; the Youth Reach services in Waterford; the Wide Eyed Film Unit, Waterford Community Care Services, National Suicide Research Foundation, Regional Suicide Resource Office SEHB and particularly the young people themselves for the energy and enthusiasm they put into the Project.

Dr Abbie Lane: Thank you very much, Sean. I think you will all agree that it is a true case of what John Lonergan said of actually seeing something in action and the message that it can bring and lead to a group like this. We have very few minutes but I suppose if the panel are happy if there are any questions that people would like to put to John, to Sean or to Eadbhard, we can take maybe one or two questions before breaking.

Q: A question came from the floor but the comments were not picked up by the mike. In brief, one of the delegates spoke of her own son, who died by suicide at 16 years and how he would have identified with the contents of the videos and asking if there would be merit in using the videos as an educational tool.

Sean McCarthy: In response to that, one of the things that we are involved with in our own area is we have a very comprehensive type of training programme. Our objective is that we would use videos, particularly with Youth Leaders, the people who are supporting the young people. We would have a great difficulty in introducing a video like that into schools or to young people on a once-off thing. Certainly, we would see that there would be a role for it, perhaps in a very comprehensive mental health promotion type programme in schools, if it was to be incorporated into something like social and personal health education, a mental health matters programme. However, we would be very reluctant to discuss suicide as a topic as a once-off thing with young people who may be vulnerable, because we do not know what they are bringing into the environment or what they may be taking out. But if it was part of a comprehensive package, we would be very willing to include it in something like that.

[Further questions were not intelligible from the tapes.]

Q: Sean mentioned myths around suicide disappeared for these young people. I wondered what they saw as this, the same pattern, a definite perhaps different one for more adult people?

Sean McCarthy: No I do not think they did. I think the common mix that are there I suppose within the general population in relation to suicide, even if you extended it even out further in relation to the whole area of mental health and mental illness and the stigma that is associated with that. What did it mean if you went for help; what was going to happen to you, as they said "in the big building at the top of the hill" in Waterford, which would be St Ottlands Hospital. The perception that they had of what goes on there, that there were big guys with big white coats. Whereas, I was able to tell them that I worked there for 20 years, I am not that big and of course we aren't monsters and we're not going to jump on you. But all that type of change in relation to that type of whole area of the myths and the perceptions that they had themselves in relation to what was mental illness, never mind about what was mental health of which they had no comprehension or idea. That changed during the life of the Project because of the discussion around mental health that we used to engage with them.

Dr Abbie Lane: We will bring this session to a close. I would like to thank all of you who have participated in it, all of our speakers, Mr John Lonergan, Prof O'Callaghan and Mr Sean McCarthy. Thank you very much.

Prof Kevin Malone: Thank you very much, Sean. I am sorry for breaking the spell and there really was a spell in the room for the duration of that whole session and I think we have been very privileged to be part of that session. Thank you.

NOTES:

Working with Marginalised Young People.

A project jointly funded by the South Eastern Health Board, National Suicide Review Group and the Waterford Youth Committee entitled "Youth Take Two" was completed in 2003.

The primary objectives of this project were:

1. To develop self worth and self esteem
2. To develop coping skills in an emotional context
3. To combat depressive responses to emotional and personal problems
4. To challenge negative and self destructive behaviour
5. To raise awareness and identify issues that are linked to suicide and parasuicide
6. To identify relevant support structures and establish accessibility of these services for young people.
7. To develop practical skills and build confidence through an accredited course in film making.

Upon completion of the project the participants produced two short videos entitled 'Hurting' and 'Hurting Stories'. The first gives us an insight into young peoples view of suicide whereas the second video presents us with the experiences of young people along the continuum of suicide.

This paper shall include a viewing of both short videos alongside an overview of the intervention programme targeted at a very marginalized group of young people, some of the outcomes and recommendations for the future. It hopefully shall also give delegates an opportunity to give their views as to the viability of using the video in an educational context for people working with young people.