

Opinion Piece
Suicide & Young People - the Irish Situation
Dr Gary McDonald

Suicide is a word with which in today's Ireland we are all too familiar. There can be few people who don't know, either directly or indirectly, someone who has taken their own life in recent years, and we are frequently reminded of its presence via the media. As tragic as this is in all cases, it is especially so when it concerns a young person, and unfortunately Ireland appears affected more than most countries in Europe.

Many young people today struggle with feeling overwhelmed, for a variety of reasons, but do not experience the despair which can lead to thinking of, or actually undertaking, self-harming behaviours. However, many experience a spectrum of troubled thinking, from vague thoughts that life is not worth living, to those having a specific plan to bring this about. It is common for these thoughts to fluctuate in their level of intensity. Of course, many of these are related to a significant mental health disturbance such as severe depression or psychosis, and require specialist intervention, but in many cases this is not a primary factor.

Figures provided by the National Office of Suicide Prevention give a clear picture as to the trends in recent years. They show suicide continues to be a particular issue amongst males, and more so in young males. Official figures for the past 30 years (1980-2009) show little change in female suicide rates (fluctuating between around 4 and 5 in every 100,000) while males have increased from 8.4 to 20.0 per 100,000, with a peak of 23.5 in 1998. More recent figures have yet to be confirmed, but indicate this is unchanged. The highest rate within any age group is seen in 20-24 year old men, with 29.3 in every 100,000 recorded in 2009.

To illustrate, imagine Croke Park with a capacity crowd (82,300) representative of the general population. 10 people (8 male and 2 female) from that crowd would complete suicide in the next 12 months. However, if that crowd consisted of only 20-24 year old males, this figure would rise to 24.

When we compare Ireland to the rest of Europe, we see this disparity highlighted all the more. For all suicides Ireland ranks 21st out of 26 countries, with a figure of 10.3 in every 100,000 (with the UK 24th with 7.6 for every 100,000). However, when only looking at the 15-24 year old age range, Ireland jumps to 4th place, with 14.4 in every 100,000 (while the UK is 7.6 in every 100,000). It is a further anomaly that of these 26 countries, Ireland is the only one where the rate of suicide in this age group exceeds the overall average rate across all ages.

Factors associated with suicide

So why is this the case? It isn't clear why Ireland differs from other countries in this way, but many common factors associated with suicide have long been identified. None of these factors are unique to the Irish experience, but most are certainly noted to be prominent in the lives of our young people.

Substance Use

One factor is substance use, and for all the hype over illicit substances, we don't have to move away from the off-licence to identify a major player in this arena. Alcohol is not only a factor in increasing risk when already low in mood, but may in itself create a short or longer term impact on mood. Add to this increased impulsivity with lack of judgement, and a potentially lethal situation can be created.

Bullying

Another common factor cited over the years is bullying, which has become all the more pervasive and intense with the assistance of the internet, with cyber-bullying able to intrude as far as young people's bedrooms via computers or phones, and may involve strangers from anywhere on Earth as it expands. Where does a child retreat to when there is no escape even at home?

I met a 16 year old boy who was vilified by peers for making a derogatory remark about another young person (naive to express this, yes, but based on his personal experience), which escalated to include strangers sending hate messages via a social networking site, and resulted in a gang (of adults from the family of the other young person) waiting outside his school to assault him, all within a couple of days. Such a rapid and far reaching spread would be virtually unknown in the past, even with the local grapevine, and the continuous fanning of the flames as more people get drawn in is a phenomenon peculiar to modern communication.

Supports available and factors helping mental health

So what supports are available for our young people? Well, a simple Google search of "Suicide prevention youth Ireland" gives a hit number of over 20 million, and on the first page alone several organisations result, including Aware, Headstrong, Spunout, YSPI (Youth suicide Prevention Ireland) and Pieta House, to name a few. This reflects the significant drive in recent years to try to reverse the situation, with many statutory, voluntary, and mixed funding organisations being developed to provide support for young people at multiple levels, and there are other more general supports, such as the long-established Childline. Beyond this there are specialist mental health services where necessary. Alongside such services, it must also be recognised that other organisations, not focused on youth mental health per se, also have a significant impact, such as school and community activity groups, and mentorship schemes such as Big Brother Big Sister.

The correlation between positive mental health outcomes and being (and feeling) involved in team activities, for example GAA, has been replicated in numerous studies, and is a factor that should not be ignored, especially when for many young people today so much emphasis is placed on the academic aspect of their life, sometimes with room for little else.

Another major factor demonstrated in multiple studies, and borne out amongst Irish youth in Headstrong's recent "My World Survey", is the importance of a trusted and supportive adult figure in the life of a young person (what Headstrong refer to as the "One Good Adult". This may be a parent, but can also be someone in the extended family, school, youth club, or anywhere else. The presence of such an adult is key in young people's perception of their environment as manageable and of others (not just the trusted adult) as supportive, and again this role is one often overlooked when considering the needs of young people. For example, an adolescent in crisis may be taken to A&E, and be provided with follow up from the local adolescent mental health service, but if the individual has no support to turn to outside of professional services on a day to day basis, there is a limit to what progress can be made. Unfortunately, not only do our child and adolescent mental health services remain significantly short of the targets set by government in "A Vision For Change" 8 years since, but also funding for community youth groups and similar programmes are a frequent soft target for cuts, damaging the chances of many of the children at highest risk in our communities.

Conflicting messages

We often forget that the young people in our lives are just that- young. We bemoan the modern condition of a generation which grows up too quickly, in a society which appears to promote this, but often do not stand back from this to recognise that they feel as lost

as we would have done when presented with life stresses. Add to this the increased complexity of navigating through today's society, we can see that such stressors are at least as, and likely more, intense as any we experienced in youth. We too easily confuse an increased knowledge with increased maturity, and may impose more responsibility on our adolescent children than would have been expected of us at the same age. Conversely, in reaction to the fear of multiple dangers they may be exposed to, we often also impose more restrictions than we may have had, for example with their options to meet up with friends reliant on adult transport to facilitate this. This conflicting message of expecting them to act adult whilst still treating them like children is one which causes frequent frustration for young people, and few parents have not had this expressed to them.

So what can we do for young people in Ireland?

We must listen to what the young person in our life is trying to communicate, which may not necessarily be (and often isn't) a clear verbal message. We must provide a safe space for them to do this, without fear of an unpredictable or aversive reaction, reassuring them in our actions that we are undertaking the primary role of any care-giver in providing such support, unconditionally and with the young person as the central consideration. We must not be dismissive of what we regard as trivial issues, but respect what to them may be a novel and overwhelming experience. And where appropriate we must try to help *them* to find solutions through their own process, aided and guided by our experience, but developing a sense of empowerment and confidence as they do this.

If we can instill this sense of worth and self-belief in our young people, and provide them with a safe haven when needed, then no crisis becomes too big to overcome.

If you have any acute concerns about the matters raised above, you should speak with your family doctor or other appropriate health professional about this, or for further information on this topic access the websites of the organisations named within this article.

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Note to editor: *The College of Psychiatrists of Ireland is highlighting Youth Mental Health in 2013 (which covers the age range of 15 to 25). A series of events and activities have and will take place throughout 2013 raising various aspects of youth mental health and illness for college members and the general public. Dr McDonald's opinion piece focussing on young people's mental health to mark International Men's Health Week (MHW) 2013 is part of those activities.*

The theme for Men's Health Week 2013 in Ireland is: "Action Men - Turning Words into Actions" (see <http://www.mhfi.org/mhw/mhw-2013.html>.) The purpose of International Men's Health Week is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease and health difficulties among men and boys. MHW always begins on the Monday before Father's Day and ends on Father's Day itself. It is celebrated in most European countries, as well as in the USA, Australia, New Zealand and a number of other places worldwide.

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