

Young people and suicide in Ireland

The WebWheel can be seen as part of the response to the serious problem of youth suicide in Ireland.

According to the *Irish Health Poverty Index* published in August 2008 by the Institute of Public Health in Ireland, the Republic of Ireland experienced one of the fastest rising suicide rates in the world during the 1980s and 1990s, with the overall suicide rate doubling during that period. The level of death by suicide has continued to remain high since the year 2000.

Of particular concern to Youthreach is the fact that death by suicide is higher in the 15 – 24-year age group in Ireland than in any other western European country. We also know that suicide affects disproportionately people living in disadvantaged socioeconomic circumstances. The risk factors are complex but are considered to include poverty, unemployment, bereavement, relationship problems, social isolation, legal problems and workplace problems. Physical illness and pain, a family history of suicide, childhood abuse, alcohol and drug use and mental disorders are also thought to play a central role. Protective factors are said to include self esteem and social connectedness with friends and family and religious or spiritual commitment.

Suicidal behaviour affects both men and women. While more men than women commit suicide, more women than men attempt to take their own lives. It is estimated that failed suicide attempts outnumber deaths 10-20 times, causing both injury and emotional / mental trauma.

The Government strategy for reducing suicide, *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014 (2005)*, builds on the work of the National Task Force on Suicide and prioritises four levels of action:

- A general population approach to promote positive mental health and wellbeing and bring about a positive attitude in change towards mental health, problem solving and coping in the general population
- A targeted approach to reduce the risk of suicidal behaviour among high risk groups and vulnerable people
- Responding to suicide so that the distress felt among families, friends and in a community following a death by suicide is minimised
- An information and research approach to improve access to information relating to suicidal behaviour and on where and how to get help. This approach also plans to encourage suicide research and improve access to research findings.

Responding to the information on suicide presented in the Irish Health Poverty Index in the Irish Times HEALTHplus supplement of 19 Aug 2008,¹ Dr Tony Bates¹ discussed what can be done to respond to the problem of suicide among young people:

¹ Tony Bates is the founding director of *Headstrong*, the National Centre for Youth Mental Health. See **Mental Health Services for Young People** in Level B

“Young people in particular have become a focus of concern. One statistic we have in common with Northern Ireland is that death by suicide is higher in the 15 – 24-year age group in this country than in any other western European country.

But our increased awareness of suicide tragedies can also bring with it a felling of despondency and helplessness. There is a real danger that as a society we can feel like giving up, perhaps in the same way that people who are vulnerable to suicide feel like giving up.

We need to look to the evidence that we can make a difference. Australia is an example of a country that made a significant investment in mental health promotion and suicide prevention from 1995.

Studies have begun to appear which have evaluated the impact of this investment over the decade 1995 to 2005 and to analyse the key factors that made a difference. And their findings are quite dramatic... [showing] a 50 per cent reduction in suicide rates across Australia in the 15 – 24-year age group, compared with minimal change in Ireland.

Analysis of what made the difference in Australia highlighted two factors: there was an increase in help-seeking among younger people and increased confidence right across the community to engage with young people in distress.

As a result, the incidence of depression and self-harm presentations to service providers increased significantly during that decade.

It seems clear that if we are serious about suicide prevention, we have to be open to acknowledging and responding to psychological distress rather than trying to make it go away.

The Australian experience suggests we cannot stop the pain that young people experience, but we can create networks of support right across the community that enable us to respond more effectively to their needs.

This means that every person concerned about the welfare of young people needs a greater awareness of what their world is really like and of the many different kinds of support they need in their journey to adulthood.

Sometimes they will need the practical help of a friend or family member to solve the problems they face. Sometimes they will need the experience of a professional to help them become emotionally unstuck.

Above all, we need to believe in ourselves and to communicate to our young that the pain and heartache that comes our way does not in itself have the power to destroy us; that we have in us far greater power to heal and be made whole. And that it is precisely those times when we confront suffering that we discover an unbelievable resilience in ourselves. And we need to know that we are not alone and that there