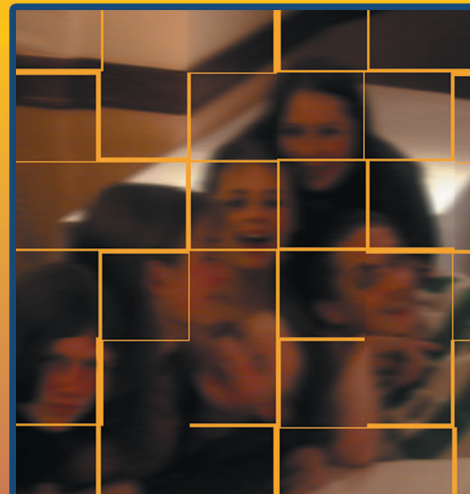


Young People's Mental Health

A report of the
results from the
Lifestyle and Coping
Survey



Prepared by
The National Suicide Research Foundation



YOUNG PEOPLE'S MENTAL HEALTH

A report of the findings from the
Lifestyle and Coping Survey

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and Department of Epidemiology
and Public Health,
University College Cork
2004.

National Suicide Review Group



THE IRELAND FUNDS



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Foreword

Over the past five to ten years it has become clear that in Western developed countries mental health problems are common in young people under the age of 18. It is estimated that up to 20% of people in this age group experience developmental, emotional or behavioural problems and 8% meet the criteria for a mental disorder (WHO, 2004). There has been limited research in Ireland to-date addressing mental health and related issues in adolescents aged 15-17.

This report presents the findings from a large-scale cross-sectional study involving 3,830 Irish adolescents aged 15-17, investigating a wide range of mental health issues, including the prevalence of symptoms of depression, anxiety, alcohol & drug use and deliberate self harm. The study, one of the largest studies of adolescent mental health conducted in Ireland to-date, also addresses the strategies that young people employ to cope with difficulties in life.

The study is part of an ongoing international collaborative research project, the Child and Adolescent Self Harm in Europe (CASE) study, involving research centres in Belgium, Hungary, Norway, The Netherlands, UK and one non-European centre in Australia. The European Union (through the DAPHNE I Programme) has funded the development of the design and methodology of the study, as well as the work in relation to the co-ordination at international level. Dr. Nicola Madge of the National Children's Bureau in London (UK) and Dr. Erik Jan de Wilde of the Youth Research Division of the Community Health Service in Rotterdam (The Netherlands) are responsible for the international co-ordination of the study.

Within Ireland, the National Suicide Review Group and the Ireland Funds have provided funding to carry out the work in the Southern Health Board region. We sincerely thank the two organisations for supporting this important study.

This study shows that overall, Irish adolescents have good mental health and report high levels of general wellbeing. However, the study also identified a

substantial number of adolescents with significant mental health problems, including alcohol misuse, symptoms of depression and anxiety and deliberate self harm. These adolescents form a 'hidden population', as only a minority reported contact with health care professionals.

The findings highlight the need to consult with and involve young people in the planning, development and implementation of mental health promotion programmes and treatment options and facilities for adolescents. It is a challenge for professionals working in the relevant health care, education and community sectors to reach the hidden population of young people who experience mental health problems and who may be at risk of developing serious and long-standing psychiatric disorders.

Furthermore, the findings underline the need to prioritise mental health issues in relation to young people and to ensure that they are adequately and appropriately addressed in the formulation of national mental health policy, with input from both the Department of Health and Children and the Department of Education and Science.

We would like to thank all the schools and students in the Southern Health Board region for participating in this study. We greatly acknowledge the valuable input and dedication of the NSRF staff who have been involved in this study over the past two years.

Dr. Ella Arensman, Director of Research, National Suicide Research Foundation

Professor Ivan J Perry, Head of the Department of Epidemiology and Public Health, University College, Cork and Director of the National Parasuicide Registry, National Suicide Research Foundation

21st October 2004

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Eileen Williamson.....Programme Manager / Business Manager

Dr Eric Kelleher.....Researcher

The survey was carried out under the supervision of Dr Ella Arensman and Professor Ivan J Perry.

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We thank Dr Nicola Madge and Dr Erik Jan de Wilde for coordinating the study at an international level.

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- The school staff who helped us with the study
- The students who participated
- Colm Healy (age 17) for designing the front cover of this report

The research was conducted, as part of the International Child and Adolescent Self Harm in Europe (CASE) study.

This report has been compiled by Carolyn Sullivan and Dr Ella Arensman, with the valuable support and input from Dr Helen S.Keeley, Paul Corcoran and Professor Ivan J Perry.

RECOMMENDATIONS

Recommendations

An overview is presented of the recommendations that are based on the outcomes of the Lifestyle and Coping Survey.

▶ Coping with life experiences

1. Equip young people with the knowledge and skills in order to enable them to better understand and manage the problems that they face. To help young people manage difficult times, it is important that they are able to access resources that improve their knowledge and skills to positively manage challenging issues such as stress, conflict, anger, grief and loss and anxiety. Expanding the SPHE curriculum to include modules on managing stress and others expectations of them, conflict resolution with friends and family and grief and loss should be considered.

2. Create a “physically and psychologically safe school” environment as recommended by the National Educational Psychology Service (NEPS) (2004) by improving communication between the young people and professionals including teachers.

3. Create links between young people, families, schools NEPS and outside agencies to promote a supportive environment where young people can manage their problems and where academic performance is not the only measure of success.

4. Support peers and family members by providing them with appropriate information so they are better equipped to manage the problems of their friends or family. It is also necessary to improve links between the schools and at risk families through the expansion of the home-school liaison programmes this would help identify and initiate support for families who, by their very nature, are often too chaotic to arrange this for themselves.

▶ Promoting positive mental health

5. Provide young people with relevant and meaningful information on mental health difficulties

such as depression and anxiety disorders via class discussions, brochures and guest presenters in schools. The increased use of the modules ‘Lifeskills MindMatters’ and ‘Mental Health Matters’ should be included in the context of SPHE in each Irish school. Other examples of useful sources of information include websites such as Mental Health Ireland www.mentalhealthireland.ie, Gay switchboard www.gayswitchboard.ie Reach Out! www.reachout.com.au, Yield www.yield.com, Don’t Suffer in Silence www.dfes.gov.uk/bullying and Trashed www.trashed.co.uk. For more information about these web sites and other examples, see appendix two.

: WWW.

yield.com

dfes.gov.uk/bullying

trashed.co.uk

mentalhealthireland.ie

gayswitchboard.ie

reachout.com.au

6. Regularly consult young people about the type of information they would find useful with regard to mental health issues and how best to deliver this information.

7. Develop programmes for students in the school setting that address depression and low self esteem (examples of such programmes are included in appendix two)

8. Develop creative means of reaching young people at risk of mental health problems that involve young people in their design and implementation. For example, programmes similar to the Gaf Café in Galway, one stop health café.

RECOMMENDATIONS

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9. Raise awareness of the help and treatment services available to young people. For example, the distribution of wallet cards such as those that have been produced by the YMCA in Cork (No! You are not Alone! – A Guide to Useful Addresses for you and your friends) or South Eastern Health Board ('Help and Health for You').

10. Provide adequate treatment services for young people that are easily accessible and guarantee confidentiality.

11. Ensure that a school counsellor is available to students. It is recommended:

- ▶ The school counsellor is located in a private part of the school and can be accessed confidentially and easily
- ▶ The school counsellor is able to relate well to students.
- ▶ The school counsellor should be a separate entity from the teaching and school staff.
- ▶ Students are fully aware of the terms and conditions of the circumstances, which require passing information onto parents and/or school staff.

12. Ensure services that are provided for young people are 'youth friendly'. The suggestion that family doctors are free to young people should be explored.

13. Carry out more research into what young people consider the characteristics of a youth friendly help and support service.

14. Provide information which will encourage young people to seek help if they are going through a difficult time. (For example: 'How can a counsellor, GP, psychologist, psychiatrist help', 'How can a young person get in contact with help and support services' and 'How does a young person get the best help').

15. Examine ways of challenging the stigma that is attached to help seeking and the barriers to asking for help.

16. Promote a help seeking culture within the school and community settings, this may mean that the attitudes of the school and community members need to be reviewed. A public awareness campaign to promote positive mental health and help seeking may be required. For example, a campaign similar to that which is taking place in Scotland as part of the National Programme for Improving Mental Health and Wellbeing action plan 2003-2006 (the national survey on attitudes towards mental health and mental illness, the 'see me' national anti-stigma campaign) (www.wellontheweb.org).

raise awareness

'challenge the stigma that is attached to seeking help'

17. Family doctors should be encouraged to consider appropriate confidentiality and access issues with young people and their families, e.g. revision of the need for parental consent before young people under 16 can be seen by a family doctor or counsellor.

18. Provide school staff with adequate training and support to manage students who are experiencing mental health difficulties.

19. Equip peers and family with the skills to cope if their friends or children/siblings are going through a difficult time.

20. Provide accessible information to parents and young people that helps to strengthen communication between the two groups and to

RECOMMENDATIONS

provide accessible information about support services and programmes for families who are experiencing difficulties. This may require consultation between young people, families and professional groups to ensure that the information gets to where it is required.

21. Provide more facilities for recreation and entertainment in the community for young people.

Examples include

- ▷ Providing transport in rural areas for young people to go to the cinema in bigger towns
- ▷ Having a youth centre in each town
- ▷ Organisation of community events for young people, i.e. “a battle of the bands”.

For the success of these initiatives it is important to consult young people as to what they would like in their community and to involve young people in the planning and implementation. To avoid high insurance costs for recreational activities and organisations, it is recommended that the government underwrite insurance for appropriate youth community initiatives.

22. Develop structures to give young people a stronger voice within their communities such as the development of youth councils within schools and local communities. Young people from all backgrounds and peer groups should be encouraged to be involved in the decisions that affect them. Consultation with the Scottish organisation Children in Scotland may be helpful as they are developing a youth participation strategy for the implementation of the National Programme for Improving Mental Health and Well Being. As part of this youth participation strategy they will be considering how young people can meaningfully participate in decisions that affect them (See appendix two for contact details for Children in Scotland).

Continuing Research

23. Further research into the short term and long terms effects of mental health promotion programs on young people’s mental health

24. More consultation with young people about what they think constitutes a youth friendly service

25. Further research into the efficacy of treatment interventions for adolescents who are identified as having psychological or psychiatric problems, such as depressive symptoms or anxiety

26. Further research into the efficacy of treatment interventions for adolescents with alcohol or substance abuse / misuse.

27. Further research into the efficacy of treatment interventions for adolescents who have engaged in an act of deliberate self harm



.....Organisation of community events for young people,
i.e. “a battle of the bands”.

INTRODUCTION

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The Lifestyle and Coping Survey is a cross sectional study of 3,830 teenagers aged 15-17 years. It was administered in 39 schools in the Southern Health Board Region. This study is part of an international collaboration known as the CASE (Child and Adolescent Self Harm in Europe) Study. Six European research centres and one non-European centre (Australia) have carried out the study, all using the same protocol.

There is limited information about Irish young people's mental health status and the social, psychological and behavioural factors associated with deliberate self harm. In light of this the objectives of the 'Lifestyle and Coping Survey' were to:

1. Investigate the extent of problems experienced by adolescents
2. Determine the extent of drug use amongst adolescents
3. Determine the coping skills and help seeking behaviour amongst adolescents who are experiencing a difficult time
4. Determine the prevalence of deliberate self harm in adolescents and the social, psychological and behavioural factors associated with it.

In the following report of the study findings, the differences between subgroups (i.e. boys and girls) refer to differences that are statistically significant.

Methodology

The Questionnaire

Data were collected using a standard, internationally validated, anonymous questionnaire. The questionnaire is known as the 'Lifestyle and Coping Questionnaire' and includes, questions about lifestyle, coping, problems, alcohol and drug use, deliberate self harm (DSH), depression, anxiety, impulsivity and self-esteem.

A specific focus of this study was to ask participants to describe their act of deliberate self harm, thereby providing a more accurate assessment of deliberate self harm amongst teenagers. The questions concerning

deliberate self harm ask participants to record in their own words the method which they used to harm themselves. This description was then coded according to a standardised operational definition of DSH, which was developed by the international CASE study group (see Box 1).

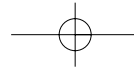
BOX 1: DEFINITION OF DSH AS FOLLOWS:

'An act with a non-fatal outcome in which an individual deliberately did one or more of the following:

- ▶ Initiated behaviour (for example, self cutting or jumping from a height), with the intention to cause self harm.
- ▶ Ingested a substance in excess of the prescribed or generally recognisable therapeutic dose.
- ▶ Ingested a recreational or illicit drug regarded as self harm.
Ingested a non-ingestible substance or object.'

Episodes of deliberate self harm were then classified as a 'yes', 'no' or 'no information given' by independent researchers using the agreed DSH definition (Box 1). The questions concerning deliberate self harm comprise a description of the most recent episode of DSH. The methods, motives and help seeking behaviour associated with the episode were also explored.

The questionnaire also included adaptations of validated psychometric instruments. Depression and anxiety were measured using the Hospital Anxiety and Depression Scale (White et al., 1999); impulsivity was assessed by six items from the Plutchik impulsivity scale (Plutchik et al., 1989); and, self-esteem was measured using an eight-item version of the self-concept scale (Robson, 1989).



Recruitment

Schools were randomly selected using the SPSS statistical package. In the selection of schools, consideration was given to:

- The geographical location of the school (Cork City, Cork or Kerry County); and
- Whether a school was single sex or co-educational.

For each of the schools selected, a letter and information sheet was sent to the Principal. If approval was given to conduct the survey, fifth year and transition year classes were invited to be surveyed as they were made up primarily of 15 to 17 year olds.

Procedure

The questionnaire was administered with a researcher(s) present and was completed by students in a class setting. An introduction explained the anonymity and confidential nature of the data along with the voluntary nature of students' participation. It was clarified to the students that they were free to choose whether to complete any or all of the questionnaire and that their choice had no bearing on their schoolwork.

Completion of the questionnaire took 20-30 minutes. On completing the questionnaire there was a discussion to allow the students to debrief and explore relevant issues as they wished. Each student also received a resource kit, which was designed to provide students with some information about issues that were raised in the questionnaire along with relevant support services in their local area (See appendix one).

At the conclusion of the session, lollipops were given to each of the participants as a token of appreciation for taking part in the survey. The lollipops also helped to leave the group feeling positive about the experience. In the event of a student wishing to talk further with the researcher(s), time was made available immediately after the session. There was also the option of contacting the National Suicide Research Foundation at any time if further assistance was required.

Consent for students to take part

A letter was sent to the parents of the students in the selected classes along with an information sheet and an opt-out form. The information sheet described the survey, and the topics covered in the questionnaire,

including contact details of relevant services. Parents completed and returned the opt-out form to the school or to the National Suicide Research Foundation if they did not wish their child(ren) to take part in the survey.

Data Management

All data were collected on optically scannable forms and entered using high resolution optical character recognition software, based on a commercially available integrated survey design and data capture system (Formic-Scan 15 TM).

Response

Figure one illustrates the selection of schools and students from the schools in the Southern Health Board Region. Of the 52 schools that were randomly selected, 39 took part in the survey. From these schools, 4,583 students were invited to take part, 3,881 took part, giving a response rate of 85%. A further 51 surveys were excluded on the grounds that they did not meet the age criteria (n=25) or were not filled out seriously (n=26), leaving 3,830 participants who met the survey criteria. All percentages presented in the results section are adjusted for missing values.

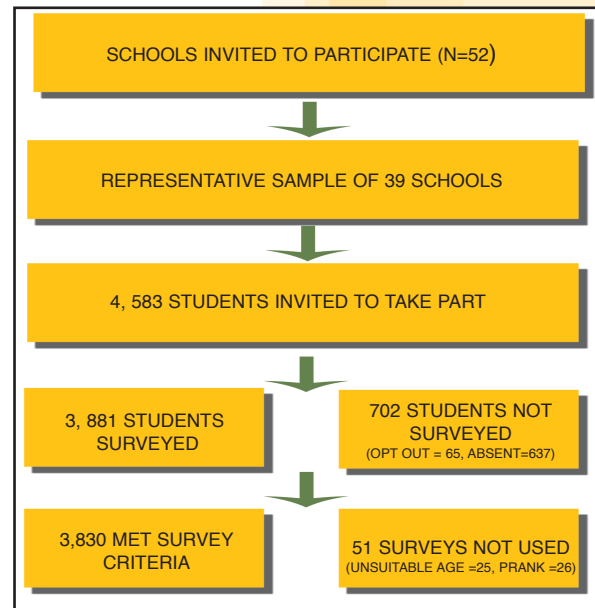
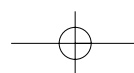
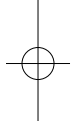
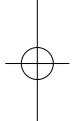


Figure 1: Selection of students from schools in the Southern Health Board Region



RESULTS

Results

1. Demographics

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Gender

As seen in table 1, there was an even distribution of girls (50.2%) and boys (49.8%) who participated in the survey.

Age group

The majority (53.1%) of students were 16 years of age, while the remaining group of students were evenly distributed between 15 and 17 years of age (see table 1).

Living situation

Most students (84.6%) reported that they lived with both their parents. A further 11.6% lived with only one parent, while the remaining group lived with a parent and step parent (12.6%) or other family member (0.6%).

2. Lifestyle and problems experienced by teenagers

TABLE 1: SUMMARY OF GENDER, AGE AND LIVING SITUATION

		Number (%)
Gender	Male	1902 (49.8%)
	Female	1915 (50.2%)
Age	15 years	884 (23.2%)
	16 years	2021 (53.1%)
	17 years	902 (23.7%)
City/County	Cork City	996 (26.0%)
	Cork County	1965 (51.3%)
	Kerry County	869 (22.7%)
Living Arrangement	Both parents	3224 (84.6%)
	One parent	442 (11.6%)
	One parent and a step parent /partner	100 (2.6%)
	Other family member	23 (0.6%)
	Other	22 (0.6%)

2.1 Healthy eating and exercise

When participants were asked how often they eat healthy food and exercised, nearly two thirds of teenagers reported eating well (62.1%) and just over half said that they exercise often (55.9%). While there was little difference in the proportion of girls (64.4%) and boys (59.9%) who reported eating healthy foods often, the exercise levels of boys were notably higher than girls (67.9% v 44.1% respectively).

TABLE 2: EATING BEHAVIOURS AND EXERCISING HABITS BY GENDER

		Male	Female	Total Population
Eating Healthy Food	Often	1138 (59.9%)	1233 (64.4%)	2372 (62.1%)
	Sometimes	678 (35.7%)	622 (32.5%)	1305 (34.2%)
	Never	83 (4.4%)	59 (3.1%)	142 (3.7%)
Exercising	Often	1288 (67.9%)	844 (44.1%)	2135 (55.9%)
	Sometimes	502 (26.4%)	856 (44.8%)	1361 (35.7%)
	Never	108 (5.7%)	212 (11.1%)	320 (8.4%)

2.2 Drug use

Students were asked about their smoking and drinking habits in a typical week, including the number of times they had been drunk in the previous year. Participants were also asked about the type of drugs they had taken in the year.

Alcohol use

Just over two thirds (67.5%) of teenagers surveyed reported having at least one drink in a typical week. Of those teenagers who reported drinking, the majority (71.3%) drank up to 5 drinks in a typical week. Figure 2 shows that boys reported drinking more alcoholic drinks in a typical week than girls.

In the past year, 36.3% of teenagers said that they had never been really drunk and 17.0% said that they had been really drunk more than 10 times within the year. In the year preceding the survey, there was only a little difference between the proportion of teenage boys and girls who indicated that they were getting drunk 1 – 5 times and 6 - 10 times within the year (boys: range 12.9% - 17.2% and girls: range 13.0% - 18.9%). Of those who reported being drunk more than 10 times in the previous year, 19.6% were boys and 14.3% were girls.

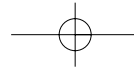
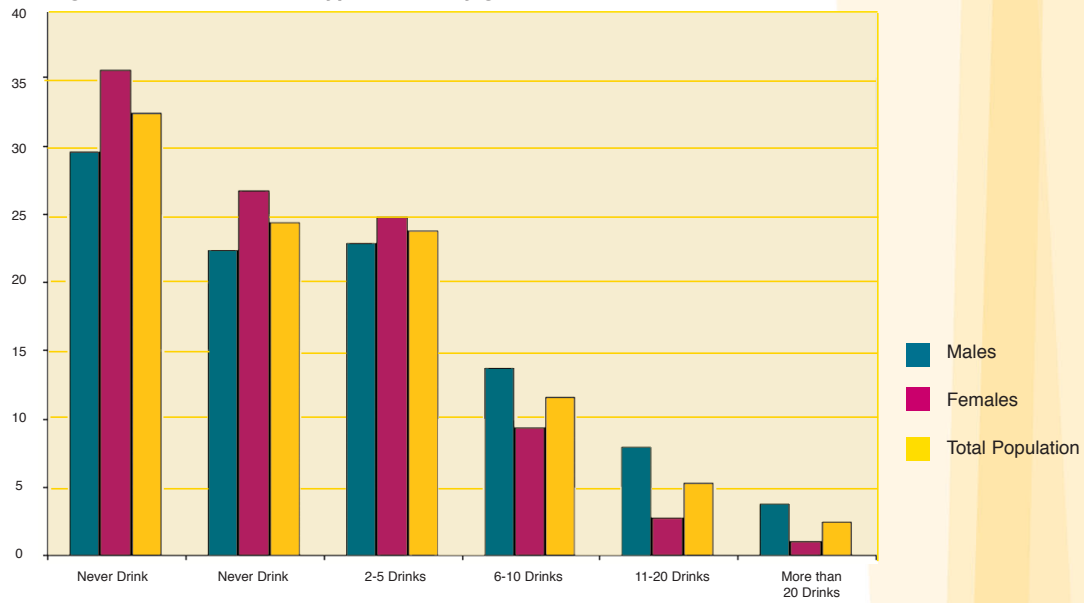


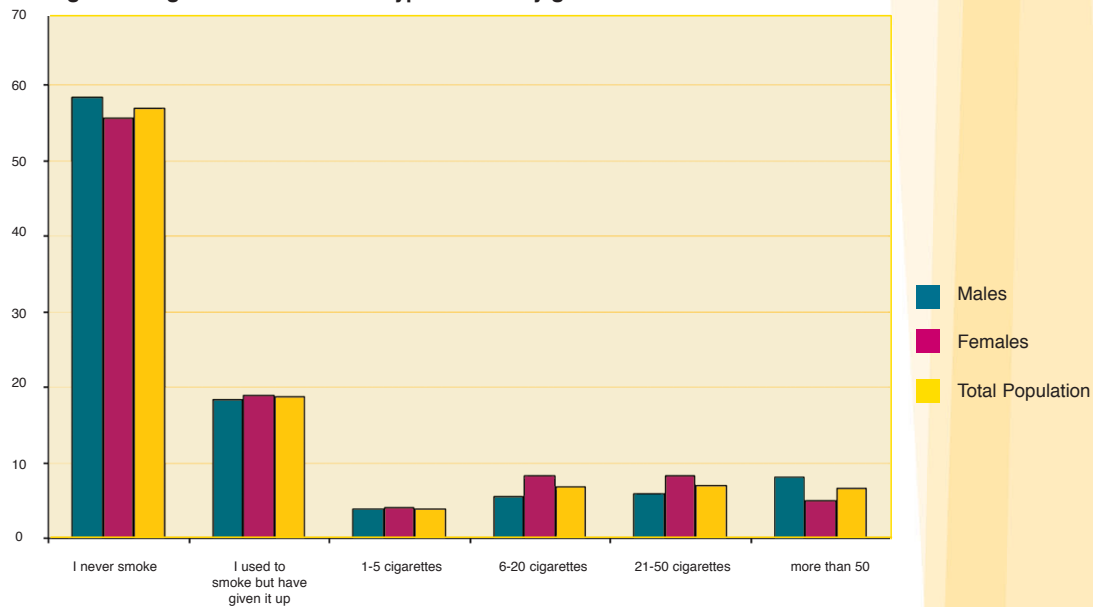
Figure 2: Alcohol use in a typical week by gender



Cigarette use

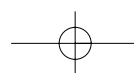
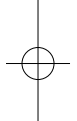
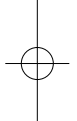
Figure 3 shows the smoking patterns in a typical week for students who were surveyed. Just over half of the teenagers (57.0%) surveyed said that they did not smoke and nearly one fifth said they had given up smoking (18.7%). A higher proportion of girls than boys smoked up to 50 cigarettes in a typical week (20.4% v 15.1%), however, a greater proportion of boys smoked more than 50 cigarettes in a typical week than girls (8.1% v 5.0%).

Figure 3: Cigarettes smoked in a typical week by gender.



Alcohol and cigarette use

A minority (n=127, 3.5%) of participants were heavy drinkers and smokers, drinking more than 10 drinks per week and smoking more than 20 cigarettes a week. Boys (4.7%) were twice as likely as girls (2.2%) to be drinking more than 10 drinks per week and smoking more than 20 cigarettes a week.



Use of illegal drugs

From the findings it is clear that marijuana is the illegal drug most commonly used by both teenage boys (36.0%) and girls (25.6%), with a minority of teenagers using other drugs (See Table 3). Nearly ten percent of the participants in the survey reported that they used more than one drug (7.8%) in the previous year.

Table 3: Drug use in the past year

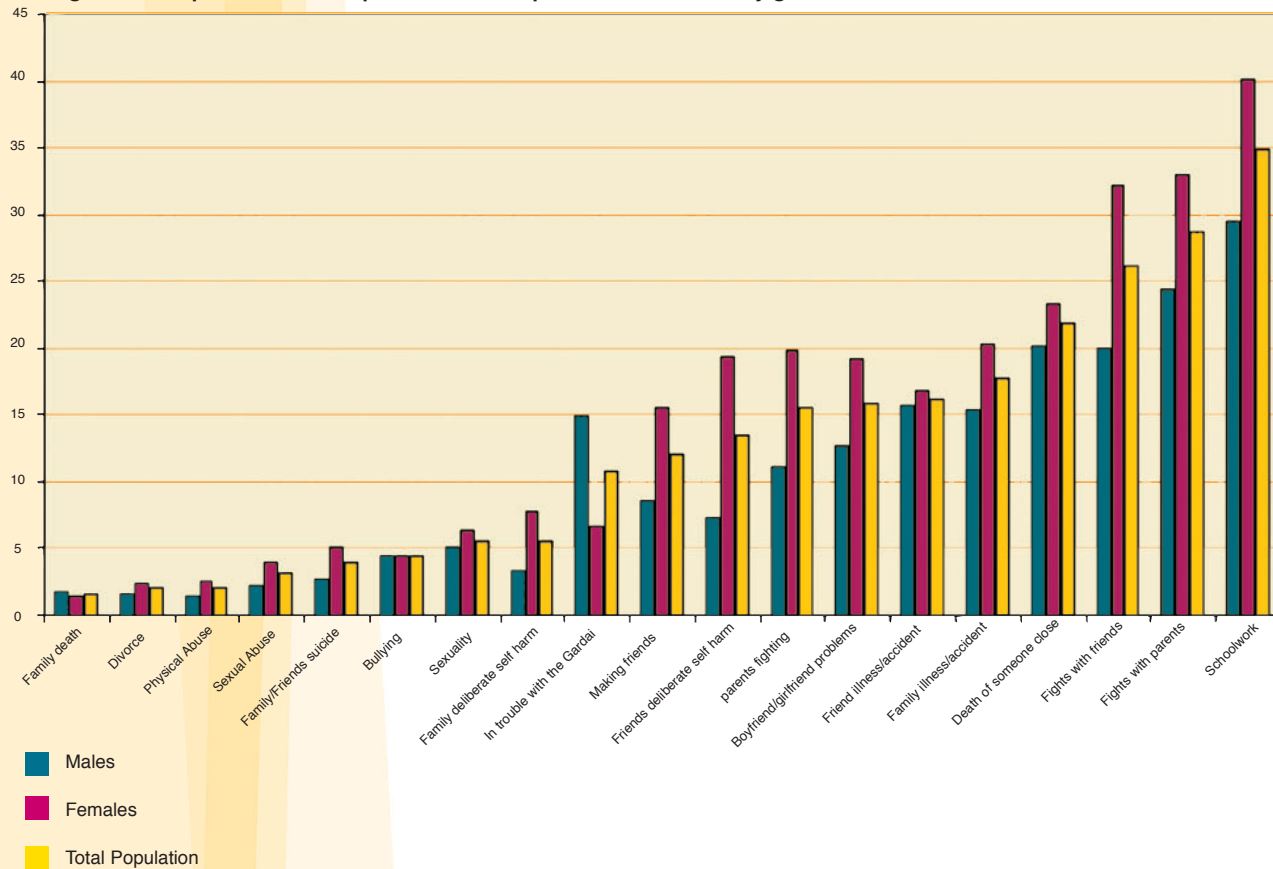
	MARIJUANA	ECSTASY	HEROIN	SPEED	OTHER DRUGS	ANY DRUG
MALES	685 (36.0)	102 (5.4%)	53 (2.8%)	106 (5.6%)	103 (5.4%)	712 (37.4%)
FEMALES	491 (25.6%)	61 (3.2%)	20 (1.0)	55 (2.9%)	84 (4.4%)	513 (26.8%)

Gender was not specified in 6 cases of marijuana use, 1 case of ecstasy use and 2 cases of other drug use.

2.3 Life Problems and experiences

A series of questions investigated the presence of problems experienced by teenagers, see figure 4.

Figure 4: Life problems and experiences in the previous 12 months by gender



The types of life experiences and problems encountered by boys and girls were similar. Problems with schoolwork (34.8%), difficulties with parents (28.7%) and/or friends (26.1%) and a family illness or accident (17.8%) were the most common problems reported. In most instances girls reported experiencing a problem or life experience more frequently than boys. The one exception to this was having contact with the police, boys were 2.4 times more likely to report that they had been in trouble with the police than girls (14.9% v 6.6%).

Girls were 1.3 times more likely to report problems with schoolwork than boys (40.1% v 29.4%). Girls were also more likely to experience relationship difficulties with friends (32.2% v 19.9%), their boyfriends (19.1% v 12.7%) and parents (33.0% v 24.4%) and to be affected by their parents' arguments (19.8% v 11.1%). Girls were also significantly more likely to have a family member that had a serious accident or illness (20.3% v 15.2%), or either a family member or friend who had taken their own life (5.1% v 2.7%), or a friend who had deliberately harmed themselves (19.4% v 7.3%). It is notable that girls were 1.8 times more likely to have been forced into unwanted sexual activities than boys (3.9% v 2.2%).

Having concerns about sexual orientation, having a person who is close to you die, being physically abused, knowing a close friend who has had a serious illness or accident, having parents who are separated or divorced or being bullied at school did not differ significantly according to gender.

3. Teenagers coping with problems

3.1 Problems requiring professional help

When participants were asked if they had had any serious personal, emotional, behavioural or mental health problems, nearly three quarters (73.1%) of teenagers reported having few or no problems. There were a higher proportion of boys (79.5%) who reported having no problems than girls (66.7%).

TABLE 4: PROBLEMS REQUIRING PROFESSIONAL HELP BY GENDER			
	Did not try and get professional help	Did try to get professional help	Didn't feel the need for professional help
MALE (N=371)	164 (44.2%)	52 (14.0%)	155 (35.7%)
FEMALE (N=613)	270 (44.0%)	124 (20.2%)	219 (35.7%)
TOTAL POPULATION (N=987)	436 (44.1%)	176 (17.8%)	375 (37.9%)
3 cases missing as gender was not specified			

Serious personal, emotional, behavioural or mental health problems were experienced by 987 (26.9%) of teenagers who were surveyed. Of these, only 176 (17.8%) received professional help. As seen in table 4 there is little difference in help seeking behaviour for boys and girls. The differences were not significant. Likewise, there were no significant differences according to age.

3.2 How do teenagers cope with problems?

Students were asked a series of questions relating to how they would cope if they were worried or upset. Overwhelmingly, teenagers chose to sort things out themselves if they had a worry or concern, 36.1% indicated that they did this sometimes and 59.2% indicated that they like to sort out things often. The coping mechanisms varied according to gender. Girls (61.0%) were more likely to sort out things themselves than boys (57.4%) if they had a problem. They were also significantly more likely to talk to someone (39.0% v 14.3%), blame themselves for getting into the mess (30.8% v 20.7%), stay in their room (34.2% v 12.6%), and to get angry as a result of the situation (36.8% v 34.2%). Boys were significantly more likely to have an alcoholic drink than girls when confronted with problems (9.2% v 5.3%).

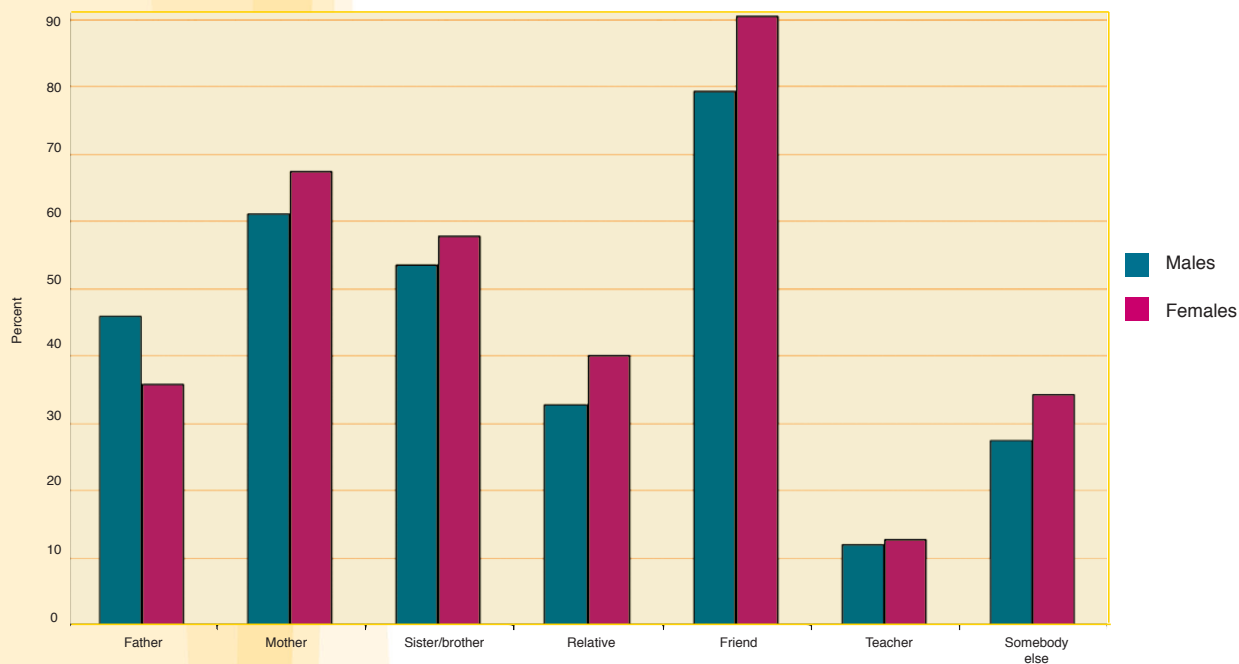
There were no significant differences between teenage boys and girls for the following coping mechanisms, 'trying not to think about what was worrying you' and 'thinking about how similar situations have been dealt with'.

3.3 Whom do teenagers talk to?

The majority of respondents said they would talk to someone if they were worried or upset, however, girls (87.1%) were 1.2 times more likely to talk than boys (72.6%).

Figure 5 illustrates that friends were the most common source of someone to talk to for both boys and girls, followed by mother and sister/brother. Fathers came next with boys more likely to talk to their fathers than girls. It is notable that teachers were the least likely source for a confidant for both teenage boys and girls.

Figure 5: Whom teenagers talk to by gender.



4. Mental health of teenagers

4.1 Depression and anxiety

A short version of the Hospital Anxiety and Depression Scale (HADS) was included in the survey. Three categories of depression and anxiety were summarised in a paper by White et al. (1999), and it was these categories that were used to determine the levels of depression and anxiety in the Lifestyle and Coping survey, these can be seen in table 5.

Table 5 shows that the majority of adolescents were not depressed (80.0%) or anxious (74.0%) (referred to as emotional disorder). Based on the cut off score girls were more likely to display signs of both depression and anxiety than boys, with 8.4% and 12.7% of girls having a probable depression and probable emotional disorder, respectively compared with 5.1% (probable depression) and 5.8% (probable emotional disorder) of boys.

Table 5: Depression and anxiety levels by gender

	No Depression N (%)	Possible Depression N (%)	Probable depression N (%)	No emotional disorder N (%)	Possible emotional disorder N (%)	Probable emotional disorder N (%)
Male	1565 (82.9%)	225 (11.9%)	97 (5.1%)	1528 (81.0%)	249 (13.2%)	109 (5.8%)
Female	1469 (77.2%)	275 (14.5%)	159 (8.4%)	1275 (67.0%)	388 (20.4%)	241 (12.7%)
Total	3044 (80.0%)	503 (13.2%)	256 (6.7%)	2814 (74.1%)	638 (16.8%)	351 (9.2%)
13 missing cases as gender was not specified						

4.2 Self-esteem and Impulsivity

There is no literature available on clinical cut off points for self concept and impulsivity. Therefore, we have to be careful in interpreting the findings in terms of high or low scores. We can, however, make comparisons between different population groups.

Average self-concept scores did not differ significantly between boys (1.97) and girls (1.91) but were significant for those who reported having harmed themselves in the past, although the difference between scores were small (no DSH: M 1.41 and DSH: M 2.01). The differences in the mean impulsivity score were significant for boys (2.10) and girls (1.79) and non DSH (2.27) and DSH (1.89) population groups, however, it should be noted that the differences in the scores were small.

4.3 Deliberate self harm

4.3.1 How common is self harm?

A lifetime history of deliberate self harm was reported by 458 (12.2%) of the teenagers surveyed. Three hundred and thirty three (9.1%) of the 458 teenagers who had reported harming themselves met the standardised definition of deliberate self harm (see Methodology section). Of those teenagers who had harmed themselves, 45.9% had done so more than once.

Table 6: Prevalence of students who have engaged in deliberate self harm

	Self report	Based on standardised DSH description
Lifetime	12.2%	9.1%
- More than a year ago	4.6%	3.2%
- Past year	7.1%	5.7%
- Past Month	2.2%	1.8%
Students who had thought of harming themselves		
Past Year	21.6%	
Past Month	8.4%	
Students with no thoughts of deliberate self harm in the previous year		
78.4%		

4.3.2 Who are most likely to harm themselves?

Table 7 illustrates that girls were three times more likely to harm themselves than boys (13.9% v 4.4%). There was no statistically significant difference with regard to age. The percentages ranged from 8.5% to 9.4%.

Table 7: Prevalence of DSH by age and gender

		DSH	No DSH	Total
Gender	Male	79 (4.4%)	1736 (95.6%)	1815 (100%)
	Female	253 (13.9%)	1566 (86.1%)	1819 (100%)
Age	15 years	79 (9.3%)	766 (90.7%)	845 (100%)
	16 years	179 (9.4%)	1733 (90.6%)	1912 (100%)
	17 years	74 (8.5%)	794 (91.5%)	868 (100%)

4.3.3 Methods of deliberate self harm

Self cutting (66.0%) and overdose (35.2%) were the most common methods used by students who engaged in deliberate self harm. Table 8 shows that there was a higher proportion of girls who reported cutting themselves or taking an overdose than boys. However, these differences were not significant. It is notable that boys used a greater variety of methods of deliberate self harm than girls.

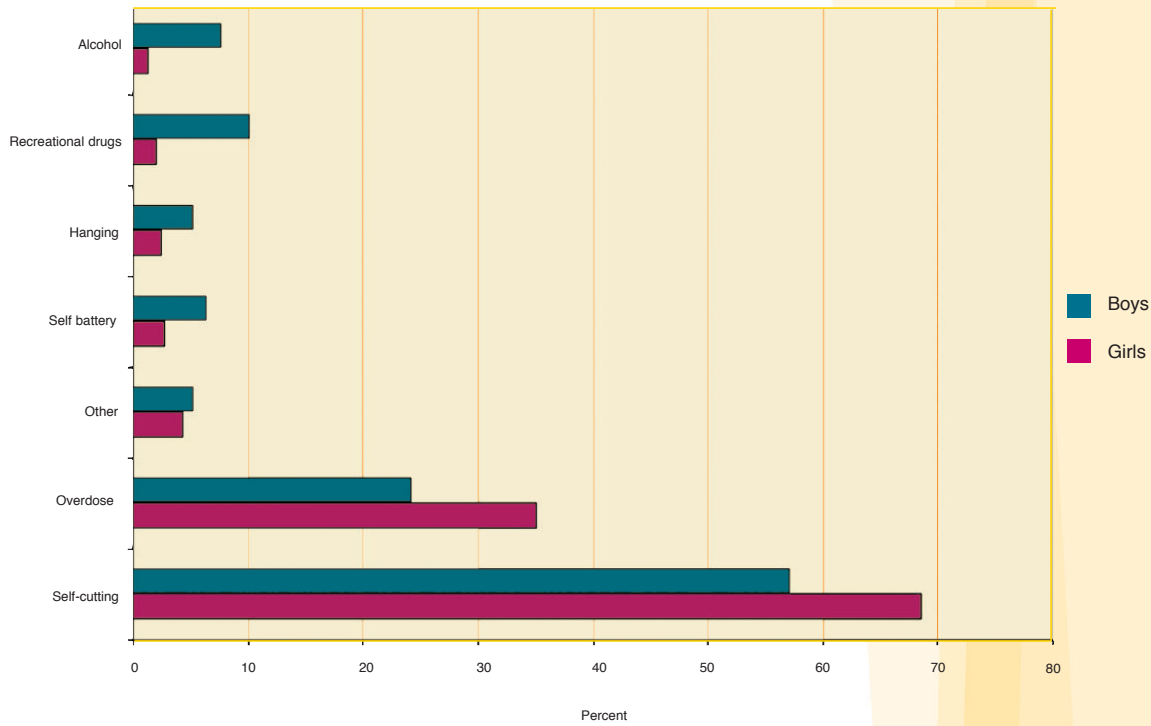
Of the 333 teenagers who had harmed themselves, 19.8% did so under the influence of alcohol. While 11.8% were under the influence of an illegal drug at the time when they harmed themselves. Boys (32.3%) were twice as likely as girls (15.4%) to have been under the influence of alcohol when they engaged in deliberate self harm and five times more likely to have taken an illegal drug (28.1% v 6.1%).

Table 8: Methods of DSH

	Self cutting	Overdose	Alcohol	Recreational	Self Battery	Hanging	Other	Total
Girls	174 (68.8%)	89 (35.2%)	10 (4.0%)	5 (2.0%)	7 (2.0%)	5 (2.0%)	11 (4.3%)	253
Boys	45 (57.0%)	19 (24.1%)	6 (7.6)	8 (10.1%)	5 (6.3%)	4 (5.1%)	4 (5.1%)	79
Total	220 (66.0%)	108 (32.4%)	16 (4.8%)	13 (3.9%)	12 (3.6%)	9 (2.7%)	15 (4.5%)	333

Gender was not specified in 1 case of self-cutting
Please note that the percentages add up to more than 100 as multiple methods could be used

Figure 6: Prevalence of episodes by method and gender



4.3.4 Motives for deliberate self harm

The two most common motives given by students for deliberate self harm were; “I wanted relief from a terrible situation” (78.9%) and “I wanted to die” (60.9%) (see Figure 7). It should be noted that participants could select multiple motives, and therefore, the percentages add up to more than 100%. Although the motive ‘I wanted to die’ was the second most common motive for DSH, none of the participants reported ‘I wanted to die’ as a single motive for DSH.

Boys were more likely to report that they ‘wanted to frighten someone’ as a motive for harming themselves than girls (40.7% v 23.6%). Likewise they were slightly more likely to report that they wanted to find out if someone really loved them as a motive for engaging in deliberate self harm than girls (38.2% v 25.8%). There were no significant gender differences with regard to the other motives.

Figure 7: Motives for deliberate self harm

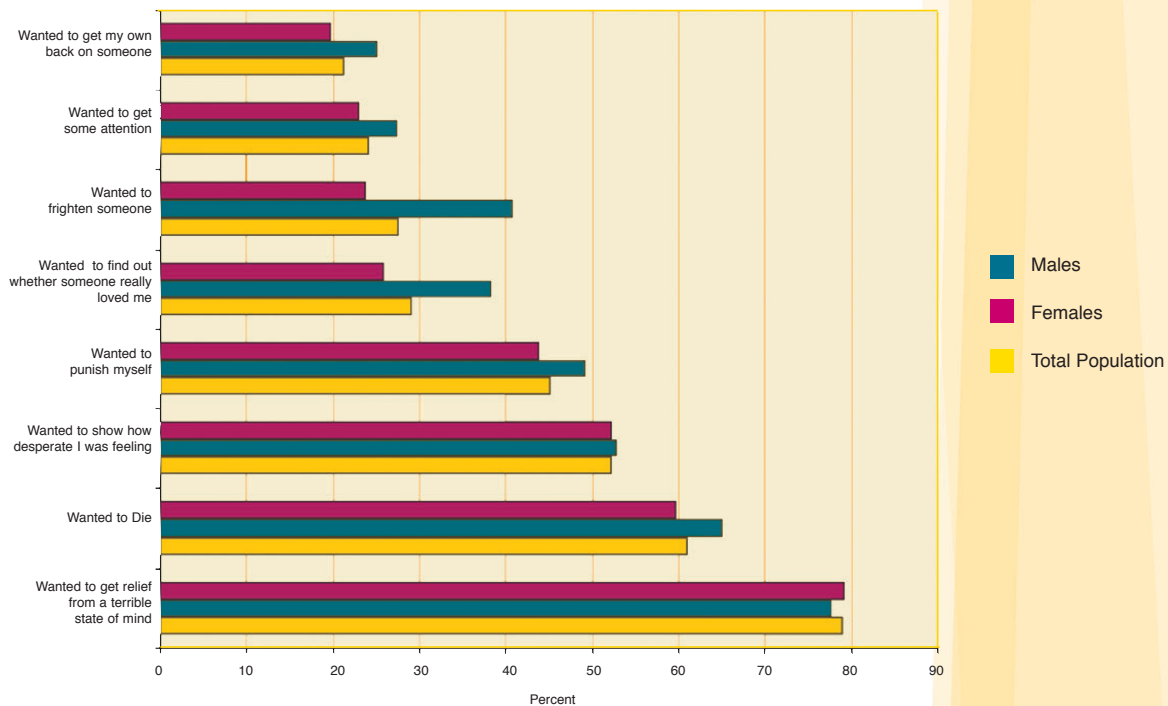
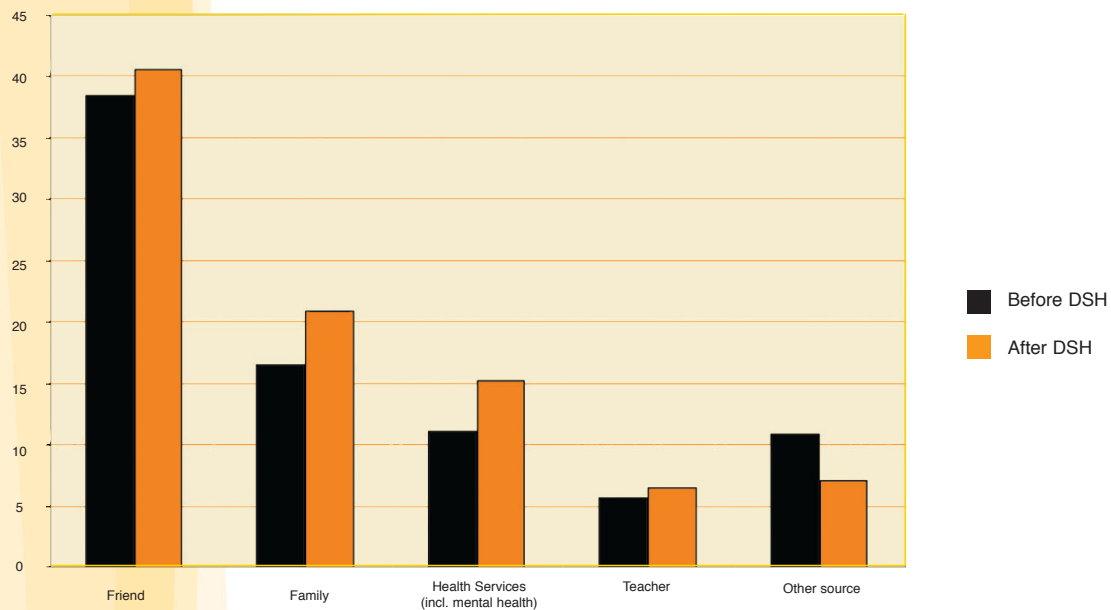


Figure 8 : Help sought before and after an episode of deliberate self harm



Of those seeking help, a friend was the most common source of help sought, both before (38.2%) and after (40.3%) engaging in deliberate self harm. This was followed by seeking help from a family member, 16.5% of participants did so before the event and 20.8% did so after the act of DSH. A minority of teenagers accessed medical services. Health services including a GP, psychologist/psychiatrist, drop-in centre or social workers were accessed by 31 (11.1%) respondents prior to harming themselves and 38 (15.3%) teenagers after engaging in deliberate self harm. Only 36 (11.3%) of the teenagers presented to hospital as a result of their DSH. Teachers were the most unlikely source of help sought by those who engaged in DSH (5.7% spoke to a teacher before harming themselves and 6.5% did so after harming themselves).

4.3.6 How common are thoughts of harming oneself?

When asked if participants had seriously thought of taking an overdose or trying to harm themselves, girls were twice as likely to report that they had thought of harming themselves (30.8% v 13.2%). There were no significant differences according to the age of participants.

In the previous year, nearly two thirds (66.1%) of those who had thoughts of harming themselves had not engaged in deliberate self harm. Just over a quarter (25.9%) of those who had harmed themselves also had thoughts of harming themselves on other occasions but they eventually had not gone through with it.

Table 9: Participants who had thoughts of DSH and then went on to harm themselves

	DSH thoughts: past month	DSH thoughts: past year
No DSH	167 (54.4%)	524 (66.1%)
Yes DSH	102 (33.2%)	205 (25.9%)
No DSH info given	38 (12.4%)	63 (8.0%)
Total:	313	808
6 cases did not specify whether they had thoughts of DSH in the past month & 16 cases did not specify whether they had thoughts of DSH in the last year		

4.3.7 Help seeking behaviour of those who had thoughts of DSH

Of the 807 teenagers who had thoughts of harming themselves 51% spoke to someone about their thoughts. Students reported that they were 2.5 times more likely to talk to a friend (38.7%) than a family member (15.1%) if they had thoughts of harming themselves. Only a minority of students reported speaking to a teacher (2.5%) or health service (1.2% to 3.9%).

Girls (40.9%) were significantly more likely to speak with a friend than boys (30.5%) and boys (4.4%) were significantly more likely to talk to a teacher than girls (1.7%). There were no significant differences for talking to a family member, GP, social worker, psychological service, telephone helpline or drop in centre according to gender.

4.3.8 Attitudes towards deliberate self harm

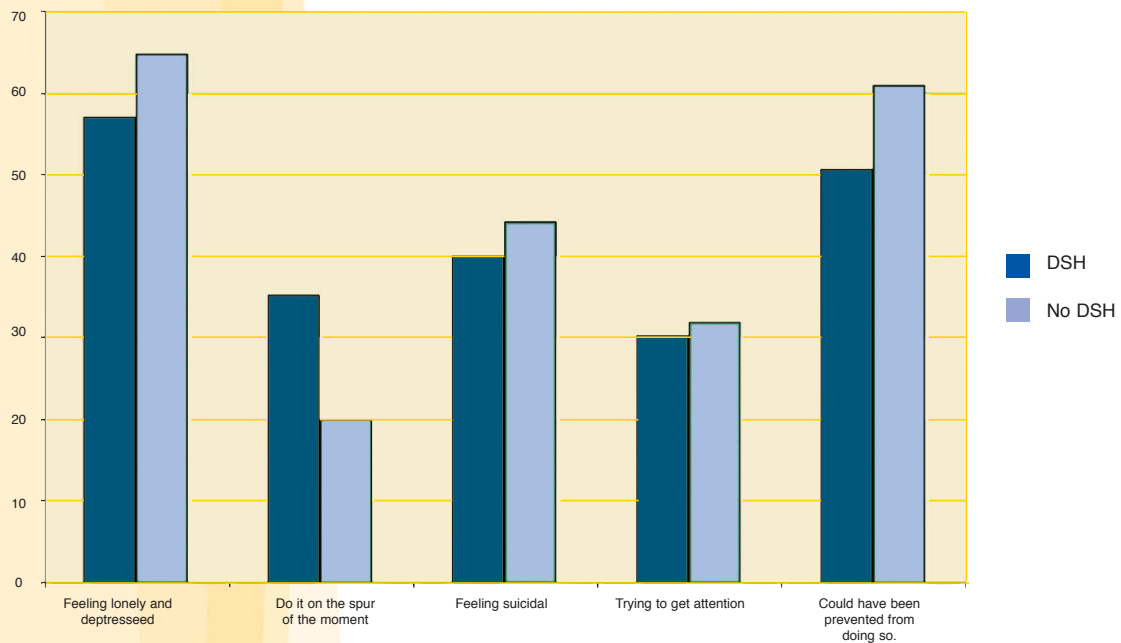
Students were asked whether they agreed, disagreed or were unsure about five statements concerning attitudes towards deliberate self harm, see table 10.

Table 10: Attitudes towards deliberate self harm

Most people who harm themselves:	I agree		I disagree		I don't know	
	Boys (n=1902)	Girls (n=1915)	Boys (n=1902)	Girls (n=1915)	Boys (n=1902)	Girls (n=1915)
Are lonely and depressed	64.2%	63.4%	15.3%	18.7%	20.5%	17.8%
Do it on the spur of the moment	24.6%	19.1%	48.0%	52.3%	27.4%	28.6%
Are feeling suicidal	45.6%	41.5%	25.0%	30.7%	29.4%	27.8%
Are trying to get attention	34.4%	27.1%	35.9%	45.5%	29.7%	27.3%
Could have been prevented from do so.	61.2%	58.4%	13.2%	12.4%	25.6%	29.3%

Although the differences in responses from boys and girls were small they were all significant. Most teenagers agreed that most people who harm themselves are lonely and depressed (boys (64.2%) and girls (63.4%)). Likewise, the majority of boys (61.2%) and girls (58.4%) reported that people can be prevented from harming themselves. Just under half of teenagers (boys: 45.6%, girls: 41.5%) surveyed felt that people who engage in DSH are feeling suicidal. Just over half of boys (52.3%) and 48.0% of girls disagreed that people who harm themselves do it on spur of the moment.

Figure 9: Attitudes towards deliberate self harm.



The different attitudes towards deliberate self harm between those who had engaged in DSH and those who had not were significantly different. The majority of both groups agreed that most teenagers harm themselves because they are feeling lonely and depressed, 57% of students who had engaged in DSH and 64.7% of those that did not. Teenagers who had harmed themselves were less likely to feel that DSH is a result of feeling suicidal or trying to get attention but they are more likely to think that most teenagers who self harm do it on the spur of the moment.

In terms of preventing deliberate self harm it is encouraging to note that 50.2% of teenagers who had harmed themselves thought that they could have been prevented from doing so. Of the remaining participants, 31.2% were unsure of if it could be been prevented and 18.3% felt that it couldn't be prevented.

4.4 Differences between those who had harmed themselves and those who had not

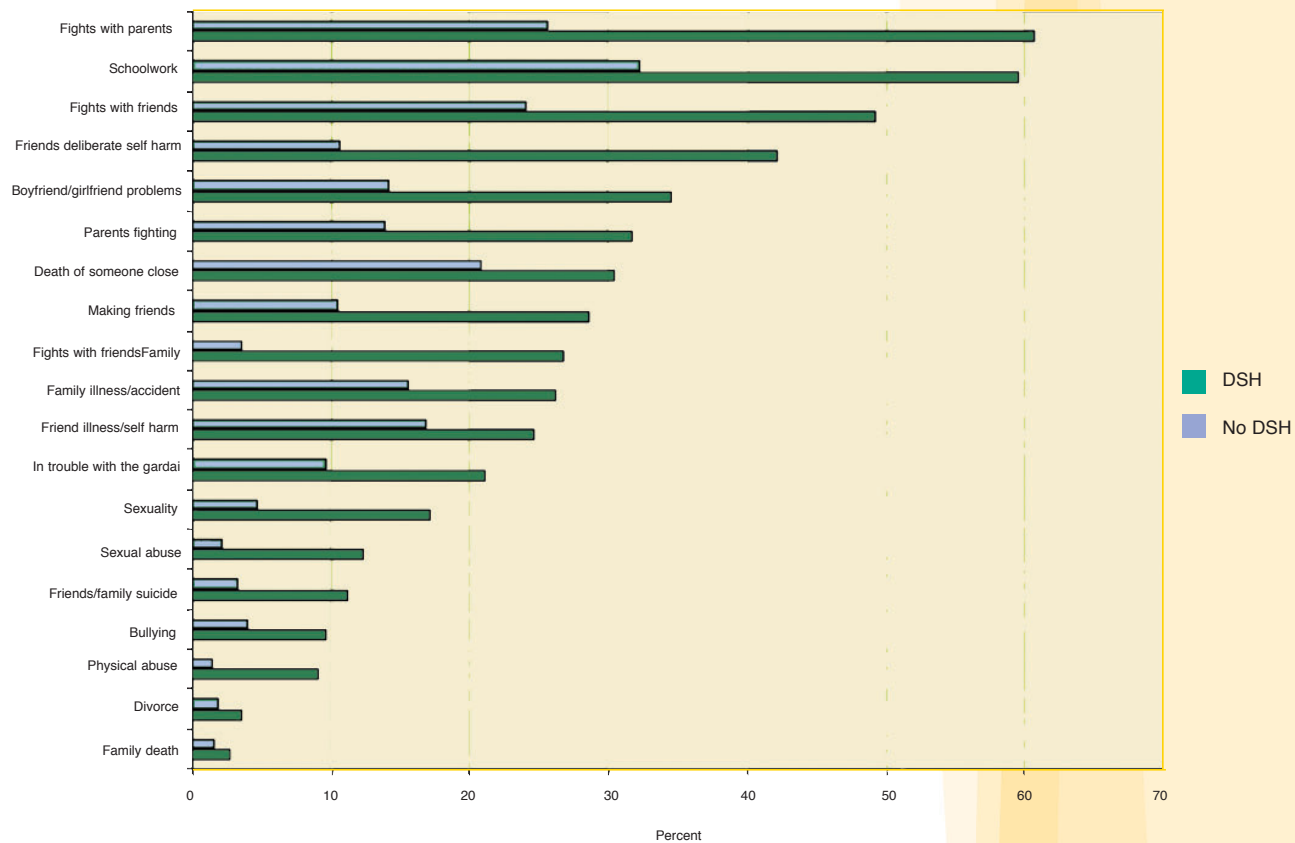
4.4.1 More 'life' problems

Those teenagers who had harmed themselves were significantly more likely to have experienced more problems than those that had not. The most commonly reported problem for those who had harmed themselves was fighting with parents (60.7%), while the most common problem for teenagers who had not harmed themselves was problems with schoolwork (32.3%). However, teenagers who had engaged in DSH were 1.8 times more likely to report problems with schoolwork than those teenagers who had not.

In the 12 months prior to the survey taking place, teenagers who had harmed themselves were 2 to 3 times more likely to have had problems with relationships (friends, a girlfriend/boyfriend or parents), family difficulties (parents fighting or separating), being bullied at school and to have been in trouble with the police than those who have not engaged in DSH.

Similarly, those teenagers who had harmed themselves were 4 times more likely to have worries about their sexual orientation, have close friends or family who had taken their life or had engaged in suicidal behaviour than those who had not. Teenagers who engaged in DSH were 9 times more likely to have family who had engaged in suicidal behaviour than those who did not. Not surprisingly those teenagers who had engaged in DSH were 7.9 times more likely to have been physically abused and 6.6 times more likely to have been forced to engage in sexual activities against their will than teenagers who had not engaged in DSH.

Figure 10: Life problems experienced by Irish teenagers according to DSH



4.4.2 Poorer coping strategies

Teenagers who had harmed themselves tended to deal with worries and concerns in a less constructive manner than those who did not. They were more likely to blame themselves (47.5% v 23.7%), get angry (56.5% v 33.4%), stay in their room (53.8% v 20.6%) or have an alcoholic drink (17.2% v 6.2%). In addition, those who did not self harm (22.8%) were somewhat less likely to talk to someone if they were worried or concerned than those who did not (18.6%)

5. Prevention of deliberate self harm

5.1 Teenagers' opinions on preventing self harm

Students were asked to write down what they thought could be done to help prevent teenagers from feeling they want to harm themselves. Student responses were then categorised into themes. The themes identified by students were similar across the 39 schools surveyed. The following 7 themes were identified:

5.1.1 Offering teenagers support

Young people reported that they would like to be more involved in the decision making processes about the types and way that support is offered. It was important to young people to build relationships with adults so they are better able to trust them and feel supported.

"... Get young people involved because many teens don't relate or trust adults. Give us more space and control. It is easier to give more control to us rather than have us rebel. Try not to be a social worker etc. when talking. Be more of a friend. Try to be there for them without them knowing."

Students identified support as being significant in reducing the isolation often felt by distressed teenagers.

"Young people who want to harm themselves usually feel alone and not wanted so support should be provided."

Students identified talking as a helpful means of support, as it was a means of reducing the isolation experienced by teenagers who are going through difficult times. Talking was seen as a way of sharing the burden that may be created by the tough time.

"If young people don't talk to someone then I don't think if they could be helped because no one knows what they are going through."

Having the time to listen to others was also seen as important to preventing deliberate self harm.

"If people took the time to listen to others then this could prevent young people from harming themselves."

Students identified a number of areas from which support could be received, these included:

A) Support within the school setting

A support system within school was identified as helping in the prevention of self harm. Teenagers felt that this would help them to manage issues like loneliness, abuse and bereavement.

"A proper system be made available in schools to help anyone who feels like there is no way out."

"I think schools in Ireland should have counsellors, I know teachers are there but in reality students just don't feel comfortable talking to teachers about their problems."

Students had strong opinions about how support within the school should be organised. It was important to students, that there was a professionally trained counsellor available within the school, some students suggested that the counsellor might be available once a week, while others would like to see them in the school full-time. However, students did think it was important that the counsellor did not have a teaching role and was not closely associated with teaching or other school staff. The counsellor needed to be someone that students could relate to and felt they could trust. Confidentiality was also raised as being important.

"A qualified person in each school to talk to and advise the students on their problems."

"Have a counsellor in the school, you can see in private and keep private."

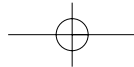
Students reported that the counsellor would be more approachable if you didn't have to make an appointment, instead, you were able to walk in at any time during school hours.

"The counsellor is there at all times and you can walk in and talk whenever you want without an appointment."

Coupled with having a trained person that students could access, they also said it would be helpful to have more class discussions on topics involving positive mental health and managing pressures that they may be faced with. It was suggested that the counsellor and guest speakers could conduct these discussions.

"Maybe to get a talk on mental health and related problems."

"Everyone should have a class in school to deal with emotions."



B) Professional support

A number of students said that professional support needs to be available for teenagers who are experiencing difficult times. Counselling services and telephone help lines were the two sources of professional help most commonly mentioned.

“Provide services to help young people in trouble so that they don’t feel neglected or that there is no help available.”

“Help lines so they can sort out their problems or be given the confidence to talk to people who are close to them.”

Students felt that it was important to let young people know what help already exists while others wanted to see more help organisations set up for young people.

Let them know that there are professionals who are able to help them.

“More help from organisations, help lines and info provided about helpful organisations.”

C) Family support

Students identified the support received from parents as being important in the prevention of self harm. Understanding and love, along with developing a trusting relationship between parents and young people were important components of support required by parents.

“For parents to be more open too, so that their children can feel they can talk to them about issues bothering them, and not to be embarrassed about doing so.”

“Build a friendship with your kid and find out where they will be and what they are doing.”

D) Peer support

Friends were portrayed as playing an important role in the prevention of self harm. Students said that acceptance by peers is important along with having

friends to talk with or just to hang with if times are tough.

“Psychologically people depend hugely on acceptance by peers.”

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“Get a close friend to have a talk with them.”

5.1.2 Respecting teenagers and strengthening relationships

Students reported that not all teenagers are treated with respect and therefore do not feel they are a valuable part of the community. Students said that if teenagers felt more respected by adult members of the community, peers, family and themselves they would then be less likely to self harm.

Participants indicated that it would be helpful if the adult community formed more positive relationships with young people. Young people felt that they were sometimes unfairly judged and felt unsupported.

“Listen to their opinions and ideas. Listen.”

“Stop always telling them what they should and should not do.”

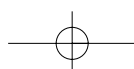
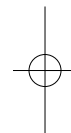
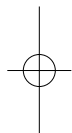
“Sometimes adults can make young people lose confidence in themselves without realising this.”

Positive relationships within the family were also important to young people.

“I think young people’s families need to let them know that they are there for them and try to understand them.”

Equally they identified a lack of parental coping capacity as directly related to their level of difficulties.

“In my experience it has been lack of responsibility on behalf of the parents. They made the same mistakes over and over again. Everyone makes mistakes because we are only human but when you make a mistake you do everything to ensure that it doesn’t happen again. People who don’t leave their children be themselves but also don’t give them any discipline



or care are sometimes the cause of the unhappiness of young people. Young people are not born into this world knowing how to cope, they learn how to cope but how are you supposed to learn how to cope when your parents can't cope."

Having respect for yourself was also an important part of preventing deliberate self harm.

"Respect yourself at all times and only you can feel good about yourself."

"If young people had a more positive view of image or view of themselves there wouldn't be such a problem."

Young people identified relationships with friends and the community as being important in preventing self harm. Forming friendships and becoming more involved with the community was perceived as a way of avoiding loneliness, which may be associated with suicidal behaviour. Suggestions for how to do this included the establishment of clubs, a youth club or playing a sport.

"If there was a greater level of social inclusion for young people, they wouldn't feel so alienated in the world."

5.1.3 Raising awareness

Providing teenagers with more information about the availability of help services and reducing stigma attached to mental health could prevent self harming behaviour. In raising awareness it was important to students that it be done in a meaningful and positive manner, providing statistics only was not seen as helpful.

"Help needs to be more publicised and society should stop treating suicide as a taboo subject"

"If more information was available they may be able to see their way out of a difficult situation."

A number of students would like to see more information about mental health within the school setting. Suggestions for doing this included, increasing the number of talks within the school, distribution of leaflets, using the media and more class discussions and after-school activities.

"Give out leaflets to the schools."

"Give talks in schools."

"There should be more ads on T.V to make us more aware of organisations to call for advice."

Several students reported that a greater emphasis on the consequences of the act of self harm should be made more known to young people.

"Let them know that they are loved and that people will be hurt if they harm themselves."

Students noted that parents and teachers should be helped to understand the problems that young people experience.

"Make teachers more aware of the signs of people who are depressed or suicidal. Help parents to understand and notice the signs or the problems also."

"Maybe by making their parents more aware of how insecure youth are."

5.1.4 Reducing pressure

School pressure was seen as being a factor in self harming behaviour. Students would like to see less pressure associated with exams and the expectations placed on students by both teachers and parents.

"School puts people under a lot of stress, if we could be helped with the pressure of exams."

Peer pressure was also identified as being a problem for some students.

"Its peer pressure and having to look a certain way, have the perfect body, the perfect boyfriend. Teenagers get depressed when they don't fit in."

5.1.5 More to do

Being bored was affiliated with self harming behaviour. It was also given as a reason as to why some teenagers drink, use drugs and get into trouble. Students said that if there was more to do, then it would prevent boredom and might prevent self harm.

"If the government were to put money into resources to improve areas, crime would fall, less children would engage in illegal behaviour children will feel happier and society as a whole would be happier."

"Give them enough sources of enjoyment without having to resort to alcohol or drugs to pass the time"

Several students noted that having somewhere for teenagers to hang out would also help in the prevention of self harm.

"There should be places for young people to hang around. [Adults] always call the police for the simple fact of noise and that is not fair. We [young people] have as much right to socialise as they have to silence."

Students said that having a greater choice of activities would help them mix with other young people and to develop friendships, which would help to prevent suicidal behaviour. It was noted that activities had to be reasonably priced.

"If more activities were set up in an area it would help take young people's minds off what is worrying them."

"People should try to get kids into more activities and groups because no matter what friends are the most important people in your life."

5.1.6 Reduce bullying

Students would like to see strategies put in place to reduce the amount of bullying within school. This involved raising awareness about bullying for staff and students and putting policies into place that aim to reduce bullying.

"There should be more attention given to young people being bullied at school."

5.1.7 Unsure how to help prevent self harming behaviour

A minority of students did not know how to prevent suicidal behaviour amongst teenagers. While others felt that there was nothing that could be done to prevent self harm.

5.2 Making the community a better place for teenagers

Students were also asked how they think life could be made better for teenagers within their local area. Again student responses for the 39 schools could be grouped into similar themes.

Overwhelmingly students said that creating more for teenagers to entertain themselves was a way of improving the community for teenagers. Along with having more to do some teenagers also wanted somewhere to go. Suggestions included a swimming pool, youth clubs, a youth centre, pool hall, skate park and sporting facilities.

"There could be something for the young people our age to do."

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In some instances students associated boredom and a lack of facilities for teenagers with feelings of depression, suicidal tendencies, getting into trouble and drinking alcohol.

"Have something to do other than sit home and be depressed."

"There is trouble caused on the weekend because teenagers are bored."

"More 16-18 year old facilities would be nice, as this would reduce violence on the street and drinking in unsafe places."

Some students said that the community would be better for teenagers if it were safer, particularly at night.

"Safer neighbourhoods at night time."

Students said the community would be a better place if teenagers felt respected and valued by their community. Some teenagers felt that they were judged unfairly while others felt that they were not appreciated.

"If there wasn't such a stereotype of young people and all the trouble they get into and if we were treated with more respect."

Life would be better for young people in my neighbourhood if people stopped judging each other.

A few teenagers said that their community was good, the reason they gave for this was that they had a place where they had things to do.

"I think things are pretty good in my neighbourhood. I live in the country near a small village and the GAA club is very beneficial as it gives us something to do."

"If they played hurling. I really enjoy it so no doubt they would if they just tried it."

DISCUSSION

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Discussion

The aim of this survey was to investigate mental health and lifestyle of Irish adolescents. The outcomes of this survey are particularly relevant for health care providers, educators and community members when they are considering how to improve young people's mental health and well-being. The survey enables us to consider the factors that will help to keep the adolescent population well, along with providing information to inform early intervention population approaches and to provide better treatment services for those young people who do have mental health problems.

Lifestyle and Problems Experienced by Teenagers

Overall teenagers surveyed had good eating habits and exercised regularly, there were no differences in eating or exercise habits between the boys and girls or according to age.

Alcohol use among the Irish population and young people in particular has been a topic that has received much attention in recent times. The Strategic Task force on Alcohol – Second Report (2004) highlights that Ireland continues to be the highest consumers of alcohol in the world. This observation is based on the amount of alcohol consumed the adult population. In terms of young people, the task force report indicates that 16 year olds are among the highest alcohol abusers in Europe. The Health Behaviour in School Children (2002) study reported that about half of the 15-17 age group reporting that they are regular drinkers. These findings are similar to the findings of our survey which demonstrates that alcohol consumption is widespread within the 15-17 year age group. In a typical week, just over two thirds (67.5%) of teenagers had at least one drink. Nearly one third (29.7%) of teenagers are drinking more than 5 drinks per week. Boys are drinking more than girls. They were three times more likely to drink 10 drinks or more in a typical week than girls. In another Irish study, Barry (1993) found boys to be more regular drinkers than girls.

Smoking and drug use were not as prevalent as

drinking amongst Irish teenagers. Nearly one quarter of teenagers reported that they smoked at least one cigarette in a typical week, with little difference between boys and girls. Boys were more likely than girls to have used any drug (37.4% v 26.8%) in the past year, with marijuana being the most commonly used drug (36% v 25.6%). Only 7.8% of teenagers reported that they had used more than one drug in the last year.

Although the types of problems experienced by teenage boys and girls were similar, girls appeared to have experienced these problems more often. This may reflect the differences in how boys and girls perceive a problem or the unwillingness of boys to report their problems. For example, girls were 80% more likely than boys to indicate that their parents had serious arguments. Rather than suggesting that parents with sons fight less, it is somewhat more likely that girls are more affected by the fights of their parents or that they are more aware of their parents' arguments.

Difficulties with relationships and problems with school work were identified by teenagers as being the most common problems experienced. When the young people were asked how self harm could be prevented within their community, a key theme was to reduce the amount of pressure that was associated with schoolwork.

Of those teenagers who reported harming themselves, fighting with parents was the most commonly reported problem, followed by problems with schoolwork and fighting with friends. As expected, teenagers who had engaged in deliberate self harm were more likely to report experiencing life problems than those who did not engage in DSH.

DISCUSSION

Adolescence is a time of experimentation and change, and therefore many of the problems reported in this survey are closely linked with the experience of being an adolescent. The ability of teenagers to be able to cope with these problems is an important factor. Although it may not be possible to eliminate the problems that young people experience, it is possible to equip young people with the skills to be able to manage the challenging experiences so that they cause minimal stress. One way of doing this was identified by those surveyed, students themselves reported that they would like to have greater access to mental health information, either via school class discussions, written material or guest speakers in the school.

It is also important to consider the environments in which adolescents live and work and to ensure that these environments are favourable to good mental health. Internationally, the promotion of mental health is moving away from an individual focus whereby coping skills and resilience building are not the only factors in promoting positive mental health. The new model includes environmental and social conditions as being important factors contributing to positive mental health (Rutter, 1985; HEA 1997; MacDonald and O'Hara 1998; Rowling 2003).

Mental health of Irish teenagers

Overall, Irish adolescents appeared to have positive emotional health and wellbeing, 80.0% of teenagers showed no signs of depression, 74.0% did not have any emotional disorder and 73.1% reported having few or no serious personal, emotional, behavioural or mental health problems.

However, there was a significant number of teenagers who experienced mental health difficulties with 20% of the population showing signs of possible depression. This finding was similar to that of a study by Lynch et al. (2004) who found that 19.4% of Irish adolescents aged 12-15 years were identified as at risk of experiencing mental health problems. This study indicates that there was a higher proportion of teenage girls who were probably depressed (8.4%) and had an

- ▶ 80.0% of teenagers showed no signs of depression,
- ▶ 74.0% did not have any emotional disorder and
- ▶ 73.1% reported having few or no serious personal, emotional, behavioural or mental health problems.

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emotional disorder (12.7%) than teenager boys, 5.1% and 5.8% respectively. Survey findings indicated that 333

(9.1%) teenagers had engaged in deliberate self harm in their life time and a further 21.6% had thought of harming themselves. Of those teenagers who had harmed themselves 45.8% had done so more than once. This prevalence appears very high but is similar to previous studies that report repetition rates of 44% for young Irish people aged 15 – 19 years. (Corcoran et al., 2004). Although the suicide rates indicate that boys are most at risk of ending their life (National Suicide Review Group, 2003), this survey found that girls are three times more likely to engage in DSH than boys. Not surprisingly, those who reported harming themselves have inferior coping strategies and more life problems than those who did not harm themselves. These findings are comparable to the outcomes of a similar study that was carried out with 6,020, 15-17 year olds in Oxford England. The study in Oxford found a lifetime prevalence of deliberate self harm of 10.3%, with 54.8% young people engaging in DSH more than once. Similarly, girls were 3 times more likely to harm themselves than boys. Other population based studies that have investigated the rate of deliberate self harm amongst adolescents have a prevalence rate, ranging from 5 to 8% (Tomori and Zalar, 2000; De Wilde et al., 2000).

DISCUSSION

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The motives for teenagers wishing to harm themselves provide some insight into the attitudes and feelings of the individual. Commonly reported motives in this study were 'I wanted to get relief from a terrible state of mind' (79%), I wanted to die (61%) and 'I wanted to show how desperate I was feeling (52%). It is notable that although 'I wanted to die' was the second most common motive for DSH, not one participant reported this as the only motive for harming themselves. These motives demonstrate that the act of deliberate self harm is reflective of an ambivalent attitude whereby the expression of feelings of extreme anxiety that the adolescent wishes to escape from overrule. This finding offers hope in finding ways to prevent deliberate self harm as there are avenues for which to work with the individual to find other ways of expressing negative emotions.

Help seeking and coping behaviours

In this survey, the majority of teenagers reported talking to friends or family members if they were worried or concerned. However, when faced with a serious personal, emotional, behavioural or mental health problem, less than one fifth (17.8%) of participants sought help from a professional. These findings are not dissimilar to young people around the world. Other studies have found that young peoples' choice of help is a friend (Offer et al., 1991, Rickwood and Braithwaite, 1994) and that teenagers who are distressed rarely ask for professional help (Rickwood, 1992; Whitaker et al., 1990).

In understanding why so few adolescents turn to professional and medical services for support, the interplay of factors that affect the help seeking behaviours of adolescents need to be considered. Themes in this survey, raised by participants, when asked how they think deliberate self harm could be prevented, provided reasons why young people may not seek help from medical services. These included a perception of a lack of confidentiality and lack of knowledge about where to get help. Within Ireland, Keeley and Kelleher (1998) found that Irish young people had limited knowledge with regard to the support

services available to them. Other studies pointed at the stigma attached to seeking help, the preference for managing the situation on their own and the lack of confidence in how seeking help will benefit them (Dubow et al., 1990; Sawyer et al., 2000) as barriers to young people seeking help. Gender and the nature of the problem (Rickwood 1992; Boldero and Fallon 1995) were also associated with the type of help sought.

Traditional service delivery may need to be re-evaluated and more creative mediums for reaching young people should be considered. One example of a different model of service delivery is the internet which has been given international consideration (Christensen and Griffiths, 2000; Morrison and Sullivan, 2002; Borezeekowski and Rickert, 2001). An Australian initiative used a web site – Reach Out! www.reachout.com.au as a medium for seeking help if a young person was experiencing a difficult time.

An evaluation of this tool as a help seeking source concluded that young Australians were likely to use the internet, and especially Reach Out!, to seek help when they are going through tough times (Nicholas et al., 2004). Other examples for reaching young people who have mental health problems are through running programs in the school setting (Adolescents Coping with Emotions (ACE), Aussie Optimism, The Resourceful Adolescents Program (RAP), and FRIENDS – see appendix 2 for more information) or providing specialised health services in a youth friendly environment such as a youth café

: WWW .
reachout.com.au

DISCUSSION

Mental health promotion and prevention

The discrepancy between the relatively high number of young people who experience mental health difficulties and the low number who seek help if they have a problem, indicates that it is important to ensure the development and implementation of both health promotion and prevention activities and adequate treatment services for young people. The National Programme for Improving Mental Health and Well-Being action plan 2003-2006 highlights the importance of raising awareness within the general community about mental health issues thereby promoting recovery and reducing the stigma attached to mental health issues.

Through the qualitative data in this survey those people who are working with teenagers are able to bring together some valuable information to maximise the effectiveness of youth promotion, prevention or intervention initiatives developed. In this survey young people have:

- ▶ Provided valuable insights into how to improve support structures for young people particularly in the school setting, such as the provision of a school based counselling service which routinely checks in with all students, thereby reducing stigma, but which would be clearly independent of the school authorities.

- ▶ Requested more information about the topic of mental health including suicidal behaviour and particularly details about help and support services available. Indicated that they don't feel valued by their communities and they provided ideas for how to improve this.

- ▶ Indicated bullying as a problem for some young people.

- ▶ Linked a lack of recreational activities in their communities to feelings of frustration and boredom, and drug and alcohol misuse. They also suggest this would be a positive way of building relationships with peers and community members

- ▶ Indicated a need for young people to be involved in the decisions that affect them and the development of programs for them.

Improving a young person's mental health requires multi agency sector approach, which involves not only the health sector but also those sectors that influence the way people live, are being educated and work. Prevention and intervention strategies should not only be aimed at developing the individual's ability to cope with difficult situations but should also consider how environments can be altered to promote good emotional health and wellbeing. The Ottawa Charter provides a good framework for promoting positive mental health, the charter which was developed in 1986, stated that promotion and early intervention should involve creating supportive environments, strengthening community action, developing personal skill, building healthy public policy and re-orientating health services to promote healthy behaviours (WHO, 1986). To reach the hidden population of young people who may be experiencing difficult times, population approaches should be considered along with more targeted prevention and intervention programmes for those who have been identified as at risk.

Conclusion

In conclusion, the findings from this survey provide a valuable starting place for informing service providers and schools about how to better equip young people with skills and resources to improve their emotional well being. It should be noted that it is important for young people, as stakeholders, to be consulted and involved in the development of resources, programmes or policies.

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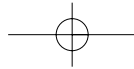
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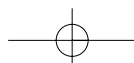
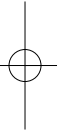
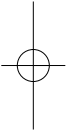
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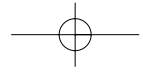
- Resource Kit used in the survey

Please note that the 'info and services' included in this resource kit did vary for each of the regions we visited as local help and support services were included as required.

The resource kit was developed based on the fact sheets in the Reach Out!

Website: www.reachout.com.au





Relationships

Alcohol

Who can help

**Grief
& Loss**

**Resource kit
with info on...**

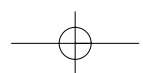
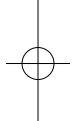
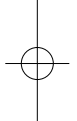
Websites

**What
I can
do**

Families

**Info &
services**

Bullying



Families

All families are different. Some families fight a lot. This can be painful and confusing. Sometimes the members of your family are not all together but you still talk with them. Like all relationships, you will probably need to work at communication. You may also have to negotiate with them.

Here are some ideas that might help you to work out what is happening in your family:

- If you are fighting with your family or a family member write down what it is about and try to think of solutions.
- Plan some time with people in your family doing relaxing things. If they are busy, ask for some special time. Let them know how you feel. They may not know unless you tell them.

Family break-up

When a family breaks up, it may be difficult for those involved. Sometimes family break-ups happen after long periods of fighting and unhappiness. Sometimes they happen suddenly and it is hard to understand why there needs to be change at all.

As family relationships change there may be a lot of adjusting to do. Everyone affected will have their own feelings about what is happening. People may be anything from upset to relieved. It is not uncommon to feel angry with the person who decided the family can no longer live together.

Changes in family relationships may cause parents to become distracted. They may be arguing and fighting more often and this may be interfering with their time with you. What is happening between your parents does not change the way they feel about you.

Often a family break up means moving between your Mum's and Dad's places.

Having to spread your clothes, music and time between two places may be hard. It is not uncommon to want to stay in one place to catch up with friends or just to have the space you are used to.

Making sense of a family break-up

Adjusting to changes in a family's relationship structure may take a long while and a lot of negotiation. If you are affected by family break-up there are some things you can do to try to make sense of it all. Sometimes you may need someone from outside the family to help everyone talk about what is happening. You may also need to think about when is a good time to ask questions about what is happening. If someone is extremely upset or emotional it might be best to wait until you are both calm. Some things you may want to do to help you:

Ask your parent or parents to explain why they have decided to stop living together.

- Let your parents know who you would prefer to live with.
- Ask them not to talk to you about their problems with each other.
- Try to maintain your relationship with both of them separately.
- Talk to other family members about how you feel.
- Ask to talk to someone outside the situation like a school counsellor or court social worker.

More information

The 'Info and Services' section at the back of this booklet has a list of counselling services and their contact details if you want to talk to someone about what is going on.

Useful numbers:

Childline: 1800 666 666 - Available to call at any time, you can talk about anything and the call is free.

Samaritans: 1850 60 90 90 (cost of a local call, available 24hrs) – Provide confidential support if you are feeling sad or distressed.

Web sites:

Samaritans: www.samaritans.org Info about what the Samaritans do and how you can get in touch with them.

Reach Out!: www.reachout.com.au A site that aims to help young people through tough times.

Relationships

We have lots of different relationships in our lives: with friends, family, teachers, doctors, work mates or girlfriend/boyfriend and so on.

Sometimes relationships work well and are easy going and other times they can be hard and you may wonder if they are worth it. Most relationships have their difficult times, the trick is to stick at it through the hard times. You may feel like avoiding talking to that person or want to reassess the relationship.

Why does conflict arise?

It is normal to argue or disagree with people and everyone experiences some conflict in their life. This may be with your friends, family, boyfriend/girlfriend, teachers or in the work place. It is when you leave a disagreement unresolved with people you see regularly, or you are close to, that it can be an uncomfortable experience. Approaching them to resolve things isn't always an easy thing to do.

Conflict can arise for any number of reasons:

- You may be having trouble understanding someone else's perspective on an issue.
- You may have different beliefs and values to someone else.
- Your needs may conflict with someone else's needs.
- You may not be happy about how someone is treating you
- You may be feeling stressed or angry about something and that causes you to be confrontational.

Resolving your differences

Approaching the person you disagree with: Talking to the person about your disagreement can be helpful. In approaching them it is a good idea to make sure it is in a constructive way, thinking about the points you want to express. Approaching the person is often more effective if you are calm and not angry. Think about how safe it is to approach someone you are in conflict with. Approaching them in public may mean they are less likely to be violent or abusive. If they are likely to be violent or abusive it may be best not to resolve it directly. Perhaps you could talk to them over the phone or send an email.

Gain an understanding of each other's perspective: To help understand why both parties are disagreeing, it may help to ask questions about their point of view.

Explain how you feel: When you talk to the person you are in disagreement with try to tell them how you feel. You can try to explain how you feel as a result of their opinion, try not to make statements about their perception of the problem.

Allocate time to talk: It can be easy to get back into an argument while you are trying to resolve it. One way to help avoid this is by giving each other time to put forward each point of view. It may be easier to write your point of view down and you can both read and think about what the other has said and then come back and discuss it.

Use a mediator: You may need someone else to help you resolve a disagreement. Asking a third person to act as a mediator can help you both get another perspective on the disagreement. Friends, a counsellor, psychologist or youth worker are people who are able to act as mediators.

Consult a conflict resolution policy: If one person in a disagreement has power over the other person this can be particularly difficult. At work or school it can be even more difficult. In these situations it is useful to find out if there is a conflict resolution policy in your school or workplace. There may be people who can advise you on the right procedures to follow if direct negotiation with the person is not working for you.

Agree to disagree: It is also possible to agree to disagree. It is not important to agree with someone all of the time.

More information

The '**Info and Services**' section at the back of this booklet has a list of counselling services and their contact details if you want to talk to someone about what is going on.

Useful numbers:

Childline: 1800 666 666 - Available to call at any time, you can talk about anything and the call is free.

Samaritans: 1850 60 90 90 (cost of a local call) – provide confidential support if you are feeling sad or distressed.

Web sites:

Reach Out!: www.reachout.com.au A site that aims to help young people through tough times.

What is Bullying?

Anyone can be bullied. It doesn't matter what your age, sex or cultural background. Bullying is a lot more common than people think and can happen in many different environments including school, at home or at work.

What can I do?

Below are suggestions of different things you may be able to do if you are being bullied. Different strategies can work in different situations. It is important to tell someone if the bully is being violent or seriously hurting you.

Where possible ignore them - Ignoring the bully may be helpful. Bullies are looking for a reaction from you. Suggestions for ignoring the bully include:

- walk away when the bully approaches you
- have a saying that you can repeat in your head when the bully approaches you.

Stay positive - It can be hard to remember all your good points when someone is doing their best to be negative. However try to think of all the things you do well and that you are a valuable person. Thinking of how bad the bully must be feeling may also help you to stay positive.

Hang around other people - You may be safer if you stay in groups.

Be confident - Bullies usually pick on people that they perceive are weaker than they are so it may help if you stand up to them. Some suggestions are:

- telling them to leave you alone may get a bully off your back.
- turning around and being nice to them may throw them right off.
- using humour may also throw the bully off track.
- use positive self-talk - saying to yourself something like "I know I am better than that, I don't have to pick on other people to know that I am good."
- remember that your friends accept you for who you are.

Tell someone else - To stop the bullying it can be helpful to tell someone that you are being bullied. This may seem scary at first however telling someone can lighten your load and help you to work out how to solve the problem.

Friends, teachers, a school counsellor or parent may be helpful people to tell. If you feel more comfortable take a friend with you to chat to these people.

Seeking help - Bullying can lead to you feeling a whole lot of emotions. Speaking to your local doctor, counsellor or youth worker about it may help you understand these feelings and come up with strategies to cope with the situation.

Who can help...

Useful Numbers

Childline: 1800 666 666 - Available to call at any time, you can talk about anything and the call is free.

Samaritans: 1850 60 90 90 (Cost of a local call, 24 hours) – provide confidential support if you are feeling sad or distressed.

Web sites

Bullying at school: www.scre.ac.uk/bully Check it out for more info on bullying

Don't suffer in silence: www.dfes.gov.uk/bullying/ Ideas for helping to tackle bullying

Samaritans: www.samaritans.org Info about what the Samaritans do and how you can get in touch with them.

Reach Out!: www.reachout.com.au A site that helps young people through tough times.

Alcohol

People use alcohol and other drugs for lots of reasons, to stay awake, for courage, to cover pain or for fun. Everyone reacts differently to alcohol. Even if you only take a little, you may get confused. You may do things you wouldn't usually do.

The effects of alcohol

The effects of alcohol may vary from person to person. Drinking alcohol increases the likelihood of acting in a violent way. Violence is not OK. If someone who is violent when they drink and it affects you, it may be a good idea to talk to someone who can help you. This may be the family member, school counsellor or counsellor. Check out the Info and services fact sheet for contact details of people who can help.

Alcohol is a depressant drug meaning it slows the time it takes to respond to things. Alcohol has the ability to affect your co-ordination and judgement. When drunk in small amounts it may make you feel more relaxed, however, taken in larger amounts it may cause you to vomit or pass out.

Some of the other more immediate effects of alcohol may include:

- Feeling more confident
- Feeling sleepy
- Losing balance or feeling dizzy

Alcohol may also have longer-term effects if drunk over a period of time and may cause physical ill health. Some of the physical ill health includes liver damage, hallucinations, and memory loss or stomach damage. Alcohol may also cause you to feel moody or anxious and may result in tense relationships with family and friends.

Is your drinking becoming a problem

It is not uncommon to drink alcohol occasionally however you may have a problem with your alcohol use if you are:

- Neglecting school/work tasks
- Getting into hassles at school/work/home
- Feeling hung over in the mornings
- Drinking more alcohol than intended
- Finding that you need to drink more to get the same effect
- Thinking about drinking a lot during the day
- Feeling edgy
- Drinking more alcohol than intended
- Finding that you need to drink more to get the same effect.

It may be helpful to make a list of all the "good" and "less good" things about drinking and to work out how much money is spent on alcohol each week. If you are not happy with the result you may need to manage your alcohol intake better. To do this you may:

Find something else to do – It may have become routine to have drinks with friends. To break this routine you may want to consider doing something else you enjoy like kicking a football, hanging out with friends who are not drinking, listen to music, read a book or surf the net.

Talk to someone - If your alcohol use is affecting your day-to-day life it may be helpful to talk to someone like a counsellor. Some counsellors specialise in drug and alcohol treatment, however all counsellors should be able to offer you help. A good counsellor can help you to work out how best to manage your alcohol use. Your local doctor should also be able to help you with more information.

More information

Useful numbers

Childline: 1800 666 666 - Available to call at any time, you can talk about anything and the call is free.

Samaritans: 1850 60 90 90 (cost of a local call) – Provide confidential support if you are feeling sad or distressed.

Web sites

Alcohol Lifebytes: www.lifebytes.gov.uk/alcohol/alc_menu.html Check it out for a whole lot of info about what alcohol does, how it affects you and your health and a whole lot more.

Wrecked: www.wrecked.co.uk/ A whole lot of info stories and quizzes.

Trashed www.trashed.co.uk/ some information about drugs and their effects

Cascade: cascade.u-net.com/ A drug info service that has been put together by young people

mylifeboat.com : www.mylifeboat.com A site for people who are wanting to change their drug and alcohol use.

Grief and Loss

When someone close to you dies you may feel shock, disbelief, numbness, sadness, anger or loneliness. It may seem like everything has been turned upside down. Everyone reacts differently and it is normal to experience many emotions. It is not uncommon to experience feelings of sadness around the time of an anniversary of a loss or special occasions. It is all part of a grieving process. During this time it is important to take care of yourself.

Things that may be helpful while grieving

Managing grief can be really hard. Below are some suggestions that may help you to get through this time.

Accepting your feelings - There is no right or wrong way to feel after losing someone you care about. Accepting the feelings you have and acknowledging you are going through a stressful experience may be helpful in managing your reactions. Many people wrongly think the intensity of their feelings means they are going mad.

Allow yourself to cry - It is OK to cry. You don't have to be over it in anyone else's time except your own. If you feel uncomfortable about crying in front of people you may want to make a plan so you can leave and go to a safer place. This may be:

- A quiet room
- The park
- School counsellor's office
- Your favourite spot

Take time out - Friends and relatives may have deep feelings of grief as well. The way they manage these feelings may be different to you, which can mean that people's reactions to things are exaggerated. Things that would not usually stress people out may do so. If you are having trouble coping with other friends or relatives it may be a good idea to take time out. You may like to:

- Go for a walk
- Listen to music
- Hang out with friends
- Kick a football

It's OK to smile - After you have lost someone it may be helpful to talk about the memories and good times you have had with that person. There are likely to be many happy memories and fun times. It is OK to enjoy those memories and have a laugh about the fun you have shared. This is not a sign that you miss the person any less.

Saying goodbye is important - Part of the grieving process is letting go of the person who has died. Saying goodbye to the person helps you to do this. You may want to do this by:

- Writing a letter
- Going to the funeral
- Having your own memorial service

It is important to say goodbye in your own way and in your own time. There is no right or wrong way for doing this.

Avoid bottling stuff up - Keeping things to yourself may mean that the tension builds up inside you. Finding a way to express how you are feeling may help you to feel better. You may like to talk to someone, write your thoughts down or draw. Doing something active like punching some pillows, going for a run or playing some sport may also be a good way of releasing the tension.

Talk to someone - Talking to someone you trust about how you are feeling may be helpful. This may be a family member, friend or youth worker. It may help to share your experiences with others who have had similar experiences. If you are finding it hard to cope with day-to-day stuff then it may help to talk to someone like a counsellor. Solas is a special counselling service that has been set up for young people who have lost someone close to them. For their contact details, check out the 'Info and Services' fact sheet at the end of this booklet.

More information

The '**Info and Services**' section at the back of this booklet has a list of counselling services and their contact details if you want to talk to someone about what is going on.

Useful numbers:

Childline: 1800 666 666 - Available to call at any time, you can talk about anything and the call is free.

Samaritans: 1850 60 90 90 (cost of a local call, 24hrs) – Provide confidential support if you are feeling sad or distressed.

Web sites:

Reach Out!: www.reachout.com.au A site that aims to help young people through tough times.

Info and Services

What to do in an emergency: Ring 999, this will get you through to the Gardai, ambulance or fire brigade.

Your local doctor: Your local doctor has been trained to deal with any sort of health issue that any person of any age might have. Your local doctor can be a good place to start if you have a worry. They can help you to find different ways to cope and if necessary they can work with you or refer you to other health professionals to help you manage.

You will usually have to ring first and make an appointment. You may feel more comfortable seeing a doctor outside of your local area. Check out your local yellow pages phone book under Doctors-General Practitioners for a doctor in your area.

Counselling Services

Cork Counselling Centre – 7 Fr. Matthew St, Cork. Ph. 021 427 49 51. Counselling service covering a wide range of issues.

Cork Rape Crisis Service: 5 Camden Place, Cork. Ph. 021 450 55 77 or freephone: 1800 496 496 web site: www.cork-rapecrisis.ie. Counselling services for the survivors of rape, sexual abuse and child abuse.

Counselling service: Dominican Pastoral Centre, Pope's Quay, Cork. Ph. 021 450 22 67. Counselling in miscellaneous areas for all ages. Ring for appointment.

STEPS: ISPCC 12 Mary Street Cork. Ph. 021 496 21 24, web site: www.ispcc.ie Youth information and counselling service run by young people.

Victim Support: 4 Anglesea Villas, Anglesea Street, Cork. Ph. 021 432 23 33 or 1800 661 771 web site: www.victimsupport.ie. Provides emotional and practical support to those affected by crime.

Youth Counselling Service: YMCA, 11/12 Marlboro St, Cork. Ph. 021 427 01 87. Counselling service for young people between 15 and 28 years. Ring for appointment.

Health Services

Alliance Centre: 16 Peter Street, Cork. Ph. 021 427 58 37 or 021 427 56 15 One to one help line for young people by young people. Hours Mon-Fri, 10am-5pm. Information and support on HIV/AIDS, sexual health and drugs awareness, with resource library. Counselling service is also available.

Aware: SMA Parish Centre, Wilton, Cork. Ph. 021 455 00 27 Support group for those affected by depression, meeting at the Parish Centre, every Tuesday night at 8pm. Meetings for families and friends every 1st and 3rd Tuesday of the month.

Grow: 11 Liberty St Cork ph. 021 427 75 20 Hours: Mon-Fri 9am-5pm. Mental Health organisation promoting personal growth through friendship and mutual support groups.

G.U.M Clinic: Outpatients Department, South Infirmary/Victoria Hospital Complex, Old Blackrock Rd., Cork. Ph. 021 496 68 44 Free and confidential services offering diagnosis and treatment of sexually transmitted infections. Health advice, HIV testing and contact tracing also offered. Ring for an appointment.

SHINE: Chaplaincy, College Rd, Cork. Ph. 021 489 60 66. Self help group (strictly confidential) for those affected by eating disorders, with separate meetings for family and friends. Meets 2nd and 4th Friday of the month, 7pm at the Chaplaincy.

Information Services

Cork Youth Information Centre: YMCA 11/12 Marlboro St. Cork. Ph. 021 427 01 87, www.youthinformation.ie Hours 10am-5.30pm. Comprehensive and user-friendly information service for young people.

Cork Citizens information Centre: 80 South Mall, Cork. Ph. 012 427 73 77 Hours: Monday-Friday 10am-4.30pm.

Grief and Loss Services

Solas - A counselling service for young people who have experienced grief and Loss. Barnardos, 18 St Patrick's Hill, Cork. Ph. 021 552 100 Help line: 01 4732 110 (10am-12pm).

Seedlings: Family ministry, 34 Paul St. Cork, ph. 021 427 51 36. Hours. Mon-Fri 10am-4pm. A seven-week support programme for young people dealing with grief through death, separation, divorce or any other significant loss

Drug and Alcohol Services

Counselling and Advisory Service (Drug & Alcohol), Southern Health Board, 10 Church St. Cork. Ph. 021 450 0481. A free service for those with drug and alcohol problems, their families and concerned people.

Al-Anon & Alteen: Family groups Ltd. Eglington St, Cork. Ph. 021 431 1899. Support groups for family and friends of alcoholics

Websites

www.youth.ie : A site that focuses on all things youth in Ireland today

The Irish Council for Psychotherapy – www.icpsy.ie/introduction/left.html if you are looking for the contact details of a psychologist, this site has a directory of them. Also explains the different approaches to psychotherapy.

The Green Book – www.thegreenbook.ie a directory of services within Cork includes details of counselling, youth, info services and lots of more.

Aware: www.aware.ie helping to defeat depression

Mental Health Ireland: www.mentalhealthireland.ie hosts the pro teen matters web magazine, which is created by young people for young people. There is info about your physical and mental health, Frequently asked questions, competitions, jokes and stories. The Mental Health Ireland site also has info about mental health and illness, services and lots more.

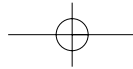
Gay switchboard: www.gayswitchboard.ie/ non-judgemental information and support.

Yield: www.yieldireland.com/ information for young people about sexual, reproductive health and relationship issues.

Reach Out!: www.reachout.com.au a site that helps young people through tough times.

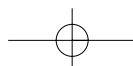
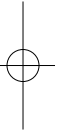
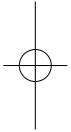
Don't forget if you need someone to talk to at anytime of the day or night you can ring either:

Childline on 1800 666 666, it is a free call, or the Samaritans on 1850 60 90 90 for the cost of a local call



Appendix Two

Resources for working with Young People



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Adolescents coping with Emotions (ACE)

A targeted early intervention programme for young people at risk of depression

For more information about ACE Evaluation and publications contact:

C/- Child and Adolescent Psychiatry
Royal North Shore Hospital
evalle@doh.health.nsw.gov.au

For more information about ACE training or purchase of materials contact:

Email: ace@doh.health.nsw.gov.au

Aussie Optimism Program

A school based depression prevention program for young people aged 10-13 years.

For a summary of the program please see www.hlth.curtin.edu.au/powa/

For further information please contact:

Dr Clare Roberts
Chief Researcher
School of Psychology
Curtin University of Technology
GPO Box U 1987
Perth WA 6845
Australia
Email: C.Roberts@psychology.curtin.edu.au
Ph. + 61 8 9266 7992

The Resourceful Adolescent Program (RAP)

A school based depression prevention program, promoting mental health and resilience in young people.

For more information see please see www.hlth.curtin.edu.au/powa/

For more information about the program please contact:

Dr Clare Roberts
Chief Researcher
School of Psychology
Curtin University of Technology
GPO Box U 1987
Perth WA 6845
Australia
Email: C.Roberts@psychology.curtin.edu.au
Ph. + 61 8 9266 7992

FRIENDS

A program to prevent child hood anxiety and depression through the building of emotional resilience.

For more information please visit: www.friendsinfo.net

Community Life

<http://www.community-life.org.au/>

Provides a list of mental health promotion and suicide prevention community projects that have been funding under the Australian Suicide prevention strategy. In many instances it is possible to get information about these projects.

Children In Scotland

Princes House
5 Shandwick Place.
Edinburgh
EH2 4RG
www.childreninScotland.org.uk

Useful resources for young people

Sites with general mental health and information for young people

- ▶ **www.youth.ie** - A site that focuses on all things youth in Ireland today
- ▶ **AWARE www.aware.ie** - helping to defeat depression
- ▶ **MENTAL HEALTH IRELAND**
www.mentalhealthireland.ie - hosts the pro teen matters web magazine, which is created by young people for young people. There is info about your physical and mental health, Frequently asked questions, competitions, jokes and stories. The Mental Health Ireland site also has info about mental health and illness, services and lots more.
- ▶ **Reach Out! www.reachout.com.au** - a site that helps young people through tough times
- ▶ **SAMARITANS: www.samaritans.org** - Info about what the Samaritans do and how you can get in touch with them.

Sexual health and sexuality

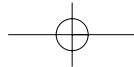
- ▶ **GAY SWITCHBOARD:**
www.gayswitchboard.ie/ - non-judgemental information and support.
- ▶ **YIELD: www.yieldireland.com/** - information for young people about sexual, reproductive health and relationship issues.
- ▶ **www.sexualhealthireland.com** - information on sexual health, drugs and alcohol and lots of features specially designed for young people

Drug and alcohol information

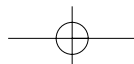
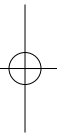
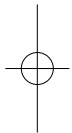
- ▶ **ALCOHOL LIFEBYTES**
www.lifebytes.gov.uk/alcohol/alc_menu.html
Check it out for a whole lot of info about what alcohol does, how it affects you and your health and a whole lot more.
- ▶ **WRECKED www.wrecked.co.uk/**
A whole lot of info stories and quizzes.
- ▶ **TRASHED www.trashed.co.uk/**
Some information about drugs and their effects
- ▶ **CASCADE cascade.u-net.com/**
A drug info service that has been put together by young people
- ▶ **MYLIFEBOAT.COM www.mylifeboat.com**
A site for people who are wanting to change their drug and alcohol use.

Information on bullying

- ▶ **BULLYING AT SCHOOL**
www.scre.ac.uk/bully
Check it out for more info on bullying
- ▶ **DON'T SUFFER IN SILENCE**
www.dfes.gov.uk/bullying/
Ideas for helping to tackle bullying



NOTES





THE NATIONAL SUICIDE RESEARCH FOUNDATION

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