



**Qualitative Information Gleaned
from Contextual Analysis,
Key Informant Interviews,
a Stakeholder Meeting, &
Focus Groups with Young People
in County Galway**

Draft

General Community Characteristics

Themes that emerged from contextual analysis

- County Galway is very large and geographically diverse; a “one size fits all” model for mental health delivery will not work.
- Young people tend to migrate into the city from the county in late adolescence, and these numbers are augmented by NUI-G population.
- Early- and mid-adolescents are over-represented in the county, but for the 20-24 age range, the largest group is in Galway City.
- Demographically, 25+ age group tends then to migrate back out into the county, due to the unavailability of affordable properties. This contributes to the high proportion of the population that is commuting into urban areas.
- Galway (both county and city) is among the fastest growing regions in Ireland. In terms of population, most of this occurs in the 25+ age range. Another contributor to the growth is the number of people migrating back to Galway as their property values have increased substantially.
- There are some disproportionalities of location across age groups. 20-24 year olds are much more likely to live to the east of Galway City, 15-19 year olds to the north, and 10-14 year olds seem to be distributed more evenly. This has implications for the location of services.
- An interesting (and perhaps troubling) demographic is the number of young people in the 20-30 age range that live with their parents. This may represent a population with unique needs.
- There is a significant Traveller community in Galway, concentrated around Ballinasloe, Tuam, Galway, and Headford.
- There is a high concentration of lone parents in Connemara, Ballygbane, and Westside.
- Much of the growth has occurred in the exurbs, the outer fringes of the suburban ring of communities beyond the immediate suburbs. Much of this growth is unplanned and sprawling. The necessary infrastructure to support these communities does not exist. In order to obtain services, people must commute or take some form of transportation (often not available). This complicates planning for service delivery as well.
- In Galway City, Ballygbane, Doughiska, and Westside have experienced dramatic growth.
- A similar pattern of growth is seen in the areas surrounding smaller towns and villages across the county. Athenry and Ballinasloe have seen especially large growth.
- The number of non-nationals living in Galway has increased exponentially. There are at least 47 languages spoken in Galway, rendering the argument about English versus Irish somewhat moot.
- The development of new housing has leveled off in the City (probably due to reaching capacity) but not in the county. Rental or social housing is most common

in Connemara, Athenry, Ballinasloe, Ballygar, and the southeast portion of the county. Home ownership is more common closer to Galway City.

- There are a significant number of unemployed males in the county, especially in the Athenry, Ballinasloe, and Castleblaney areas. A contributor to these high rates may be the decline of agriculture and manufacturing. Many jobs require relatively high levels of education, which does not favor the more rural areas.
- Commuting is the primary form of transportation in and around Galway City. The bulk of two car families leave near the city, and in many cases both individuals commute.
- Extreme poverty is heavily concentrated in the west (Connemara), but age dependency is seen at high rates in the far eastern part of the county. The professional class tends to be concentrated around the city, whereas individuals holding manual jobs are most common in the far eastern and western parts of the county.
- Males are more likely to leave education earlier than females, especially in the county.
- A major problem is that the range of services tend not to be available in the locations where problems are likely to be most acute. It will take some creativity to make services more accessible. The lack of regular, systematic transportation is a huge problem.
- The needs of the island population are unique.
- High risk areas within the city include Ballybane, Doughiska & Roscam, Westside (Newcastle, Ragoon, & Shantalla), Knocknacarra, and the Western Distributor Road. High risk areas for the county include Athenry, Ballinasloe, Castleblaney, Tuam, Headford, Ballygar, and the Connemara region.

Key Informant Interviews

Carmel: Project Manager in Ballybane

General Information

- Carmel is the project manager in Ballybane, a community centre set up in 1999.
- Ballybane is a town on the outskirts of Galway city, and is viewed as one of the 7 distinct areas comprising rural Galway (these rural areas are all largely pronounced).
- It is one of the more disadvantaged towns with a *large extent of family problems*.
- The population of Ballybane is between 10,000 and 15,000.
- Carmel says there's a need for a full time programme due to the degree of problems in the area.
- Not far from the youth centre is a drop-in style house (no. 60 Ballinfoyle), a small but helpful entity that youths from the surrounding houses can call in to for company.
- Ballybane is the fastest growing town in Ireland and has had a *75% increase in the last 5yrs*.
- Ballybane was described as recently splitting itself into two sides:
 - One side has people living there all their lives, a very settled Galwegian community where people once lived in council houses but now own them.
 - The other side is where a lot of lone parents were housed by the council, along with travellers, and refugees.

The centre is quite impressive, where did the resources come from to set it up?

- The Ballybane community centre is strongly supported from pre-school ages upwards.
- Early on it was designated as disadvantaged by a local minister and resources were pumped in.
- A range of intensive community-based initiatives were set up including this one.
- There was a particular focus on families with kids under 12.
- As a result 3 project workers and administration were put in place to develop and implement programmes for families and youths.

How are people referred to the services within the community centre?

- Youths can walk in off the street.
- Come in through statutory services.
- Through welfare services
- Through school.
- There is a remit to work with most disadvantaged individual cases.
- They do however have a co-ordinating role with other services and takes referrals from them.

What youth services are available in the Ballybane community centre?

- Within the Ballybane centre there is:
 - Neighbourhood Youth Project for 12-18yr olds.
 - Foroige operates from there focusing on outdoor development programmes and generic youth projects.
 - Foroige also works with the Department of Justice in working with kids who are at risk of offending.
 - In addition, the School Completion Programme targets a lot of youths based within the centre.

What other services are offered?

- They do assessment and care planning
- They have very successful Parenting Programmes that importantly are issue-based.
- In addition they provide a Parent & Toddler group.
- This group was developed in order to allow parents to see other parents with their children and interact on this common interest.
- However, the group seems to be more of a chance for parents to catch a break and socialise with each other while their kids play together – as long as there is benefit that is fine!
- There is also some group work in the centre but it is mostly family work.
- Design of such work is dependent on the family itself.
- Most families being worked with are in poverty.
- The Ballybane centre *offers concrete back-up support as well as emotional support*
- For instance, should a family or individual have no ESB service for a time they are welcome to come into the centre and get a cup of tea, food, warmth, or other basic needs.

Do you think the people in the area are benefiting from the services?

- The centre is particularly valuable for young mothers and fathers who may be experiencing isolation or general social exclusion.
- Here, they are afforded the opportunity to build up networks.
- They have invited a psychologist, a speech and language therapist, and a public health nurse along to the centre.
- These are all services that would make things just that little bit easier for young families.

What are the needs as you see them with respect to families?

- Shockingly, a town with a population of almost 15,000 has no GP service, no national school, no post office. They consequently have no voice,
- Because of this, young or indeed lone parents have to get out, rain, hail, or shine and make the journey across to the next town where the national school is located.
- A lot of these parents would not have a car, so this means walking a half an hour at least to get there, and a half an hour back – twice a day.
- Also if a parent has to work, the children have to set off by themselves to school.
- Consequently school attendance may drop.
- Community centres are the last cog in the housing development wheel.

And what are the needs as you see them with respect to youths?

- Engagement is a huge issue as they are finding it extremely difficult involving and maintaining the youths.
- There is also a high suicide rate with male travellers.
- The suicides mostly happened with settled boys in the older ages group, i.e. 18yrs +.
- A much smaller number of female suicides occurred, and were mostly younger than the males.
- The male travellers are experiencing problems with friends and lack thereof, poverty, depression, and not being involved enough in anything to benefit their mental health.
- Carmel states that all the Traveller boys are on the School Completion Programme.
- She believes there is a need to promote services, particularly towards suicide prevention.

What concerns do you have about youth?

- There is a huge issue of integration between teenagers:
 - *Travellers/asylum-seekers/refugees Versus Settled Youths*
- For instance there have been times when whatever youth programme is running at the time brought in a group of asylum seekers, and all the settled youths walked out.
- This is typically reflecting the effect of parents on youths as they grow up.
- This is further highlighted when you look at the difference between pre-schools and national schools.
- Children of all nationalities play happily together and without prejudice in preschools, but the racial attitudes have been observed to emerge in national schools, presumably arising from parental influence as well as peer and society influences.

Are there any data here on youth needs?

- The Census on demographics
- Every service would have their own data – but data possibly registered within HSE.

Other issues

- Youths really want their version of ‘The Gaf’ in Ballybane, but so far Carmel and co. have had to tell them it is not possible, and would be very hard to set up.
- In saying that, people are extremely willing to volunteer to help.
- Carmel refers to the different challenges and issues that would arise in a ‘Gaf’ in the rural parts, as opposed to the city ‘Gaf’.
- She feels it would be important to get the young people to break down the barriers themselves.

IMPORTANT

The aim we need to reach in order to be successful in this project, is to engage the people all across the spectrum.

We all need to reach a consensus about what we are doing and why.

Orla: Manager of the Neighbourhood Youth Project (NYP)

General Information

- As a result of the new Child Care Act in 1991, community based family support begun to develop.
- The NYP began as a pilot set up for 3 years to see if it worked.
- The children and adolescents who attend are generally from age 12yrs and upwards.

- The NYP provides groups to the adolescents including the following:
 - Anger management
 - Self-Esteem building
 - Rainbow bereavement sessions
- They also engage in individual work, and have a close relationship to the youth’s school.
- All programmes that are run are based on need.
- The NYP moved to the Westside 8 years ago and it flourished – the Westside was a high-risk community 12 years ago, but has more or less stabilised now.

- However, it is still a very economically disadvantaged area with a high rate of lone parents.
- The NYP has weekly or fortnightly meetings with teachers and/or parents of the adolescents.

What portion of the population is the NYP reaching?

- There are approx. 60 youths being seen in the NYP at any given point.
- 40% of these youths need mental health intervention.
- Some of this intervention should involve preventative measures - Orla refers to the mental health of some of the parents and how the son or daughter simply tends to mimic the behaviours of the parent.
- The NYP has a struggle ALL of the time.
- Annually about 200 adolescents are dealt with within it, and all of them are medium-high risk.
- In fact, 70% are high-risk, and 30% are preventative.
- The majority of youths are referred to the NYP, leaving 40% who are self-referrals.

What is your experience of the traveller community?

- 50% of the youths being seen in the NYP are traveller clients, with the majority being settled.
- Head of the traveller community is Margaret O’Riordan.
- Domestic violence is common within the community, in fact it is almost expected.
- There is a challenge to get the parents on board to the NYP committee and the NYP in general.
- There is also a challenge for travellers and their peers to integrate successfully.
- They may be settled at a school as such, but miss out on peer summer activities due to the fact that traveller families tend to do most of their travelling throughout the summertime.
- Travellers really want to fit in, but they don’t want to do it at the expense of the traditions.

What do you see as being the major causes for concern for young people?

- Orla sees ‘transitions’ (the move from Primary to Secondary school) as a big issue contributing to mental health problems.
- Some do not complete the transition successfully and are picked up in the alternative programme to education called Youthreach.
- At age 15 and if the desire is to leave school, Youth Reach poses an attractive alternative as the youths will get €60 per week if they attend everyday.
- Youthreach seems to have a greater male population, and Orla believes a possible reason could be that there tends to be more support in girls’ schools, hence they are less likely to leave.

What do you see as your biggest challenge?

- Orla sees the biggest challenge as getting the parents to engage.
- They have begun an initiative teaching art for parents and this was a very successful method for encouraging parent involvement. Eventually they upskill the parents and as a result, they are then able to pass the skill on to other parents coming in to the programme.
- However there are always a few that won’t work together.
- Orla states that the community was greatly improved when they knocked the high-rise apartments and built regular houses in their place.

- The dynamics of the area were changed, very much having the effect of settling things.
- Orla however expresses a concern about the community becoming high-risk again, as she states the age of offenders and delinquents is getting noticeably younger.
- Another concern is there is an issue of family-feuding within the area, and the council need to be more strategic about locating the families in question – i.e. not housing feuding families beside each other.
- However this does not seem to be happening and it is causing a rehousing nightmare.

And what is your biggest concern in the youth population?

- Orla believes the biggest issue is mental health.
- She states that some adolescents are just falling through the gaps.
- Eating Disorders are very common, but it is difficult to obtain support for such problems, particularly if the youths are within the 16-18 age range - “You just can’t access the HSE service if you are 16+”.
- When asked how they cope with Eating Disorders at the moment, Orla states that they try to arrange private counselling for the youth, but that they have to “beg, steal, or borrow” to raise the money for this. The St. Vincent De Paul however do help with funding this when they can.
- In addition, an ex-staff member of the NYP is a Psychotherapist and the project still gratefully utilizes her service by referring a lot of the youths on to her.
- Orla emphasises what a benefit this is to them as because as she was already known to the youths as part of the NYP, they have a greater level of trust for her, and are more likely to comply with seeing her.
- In particular another concern for Orla is the uncertainty of what to do or where to turn when dealing with a youth who has behavioural problems.
- She states that they could work intensively with such a youth, but if they don’t see any improvement, they just don’t know what to do next.
- They need a system that the youths are sure to engage with and be adequately helped.

Do you think the kids living outside the city are at a disadvantage, or missing out?

- Those who shout the loudest get the most – and that happens in the immediate area around there.
- Orla says that the kids living further out of the city could maybe come in on a bus, but there would be no logic to that.
- There are little pockets of development around the Westside with very little supports catering for the area.
- Contractors are getting away without building a community centre for each new development by building 18 houses – If there are 19 houses or more in any area, the contractor is obligated to plan for community development also.
- Some families need to move out of the city in order to afford a house.
- This economic struggle often means both parents need, or indeed the only parent, needs to work all the time resulting in a loss of support for the children in their immediate environment.
- The new Home Care Package Initiative should help in giving support.

What is a Home Care Package?

- This is a new service that began 22nd January this year.
- Essentially a care package is designed according to the need of that particular individual or family, and it is then delivered to them in the home.
- Its advantage is that it avoids generically sending people to a family service, and instead involves sitting down and figuring out the particular need.
- For instance, it could be that a child needs counselling, or simply arranging for a neighbour to babysit – it works according to funding.
- John Corcoran is in charge of this programme.

What is your experience of the other services available to youths?

- There is a partnership between the HSE, Foroige, and the Youth Federation.
- Foroige changes according to need.
- This is an effective service as it is not so formal and allows for creativity.
- However Foroige still has no service within their organisation.
- So for example, if a youth is acting out in football, the leader does not know what to do, or even who to talk to.

And how difficult is it to find volunteers for these services and other youth organisations?

- Orla describes how the voluntary ethos is under threat through the change in people's patterns of life.
- People are working numerous hours and in addition, their own child worries can be so immense, so much so that the thought would not occur to them to get involved with any voluntary service for other youths.
- Now that it is so hard to get people to do this, there is an explosion of people being paid to do such work.

Can youths find much support through their extended family? E.g. Grandparents?

- In Letterfrack there is an intergenerational forum where youths find support through mentoring from their grandparents.
- Youths are encouraged to interact with grandparents, while the grandparents themselves are informed of the benefits of it.
- It is a reflection of society when you realise that this is a relationship that would have formed naturally in the past, but nevertheless it is working great.

- At the same time, the number of grandparents as caregivers is the indicator of some breakdown.
- Typically, both the youth's parents are working, or maybe the youth is a son or daughter to a lone parent.
- This makes the parent's status as a primary caregiver a compromised one, and could in some cases ultimately lead to criminal behaviour.

- Orla has noticed that there is a different level of respect for grandparents.
- If a young person is in trouble for any reason their first thought often tends to be: "Don't tell Grandma!"
- Whereas they don't really care that their parents might find out.
- For this reason, using the grandparents as teachers is obviously beneficial.
- This is also something to think about in terms of project planning.

- Orla feels that rural communities may take to the change a lot quicker than the urban communities as they are used to collaboration and find it quite easy.
- She believes that it is essential to build a level of trust.

What would you like to see happen?

- Each child should have their own support or advocate individual, as this has been proven to work well.
- In addition, the NYP wants to work closely with family services, where parenting work and the NYP's work would be monitored.
- Orla states there are so many different points of engagement in the town such as the school, The Gaf, and the NYP, however the NYP reaches out only to a particular population.
- There are different access points for different adolescents.
- For example, the youths who attend the NYP would never go inside The Gaf. They know and will admit that it's a good idea, but they still would not become part of it "It's full of moshers!".
- She states that we should **start with the various points of engagement and make sure that all are accessible according to need.**
- Orla emphasises that having a neutral spot would be very important – one where the youths can feel comfortable in and don't feel like they are straying out of their area and into a different group, i.e. Caroline's nurses surgery is based on neutral ground.

Bernie: Support Programme for Asylum Seekers and Refugee Kids (SPARK)

General Information

- SPARK was set up in June 2003 by a need identified by the HSE.
- Prior to SPARK, Bernie worked in a Community Based Youth Project.
- The issues that SPARK deals with are complex and time-consuming and Bernie needs help through resources to meet those needs.
- At the moment:
 - HSE – over 90% funding
 - IYF – found Therapeutic Service
 - VEC – joint programme fund
- Bernie receives €5,000p/a for SPARK.
- She has been the primary worker since it began, and she has now another worker with her called Rebecca.
- At any one time Bernie says 4 youths could be in counselling.

What are the aims of SPARK?

- The aims of SPARK is to provide general support for asylum seekers and refugees through programmes supporting integration.
- For example Bernie organises dance classes for them in conjunction with The Gaf.
- SPARK co-facilitates with The Gaf.
- Integration into youth services is the primary aim.
- Bernie describes how most of these particular youths start going to The Gaf in order to attend the SPARK programmes, but generally tend to eventually call in to The Gaf for no particular reason and that this is very positive.

What number of Asylum Seekers are involved in SPARK?

- There are 70-90 youths involved with SPARK in general.
- 25-30 youths get involved in the groups.
- 15 youths drop in every now and again.
- 10-15 youths have individual meetings with Bernie or the counsellor.

Where do the Referrals come from?

- Referrals can come from Social Workers.
- Previously a number came from the legal services.
- They also get referrals through schools.
- In addition, some youths themselves will ask for help for their friend.

What are the major problems you are encountering with these youths?

- Before SPARK has any involvement, unaccompanied minors in particular are having problems with social isolation and tend then to be put on medication.
- They don't receive counselling.
- Instead, minors are referred to hospital and medicated.
- They tend to report their own mental concerns, and the level of medication they go on or are advised to go on, or that they see others are on is worrying to them.

What barriers are there?

- These youths are not familiar with our way.
- They can have extremely strong religious beliefs that create barriers to the beneficial potential of counselling.
- For example, one youth was suffering from mental health issues and had high anxiety due to the belief that back in the home country someone had put a curse on her and now hurt her through voodoo.
- In addition, it is very hard to reach youths who have been victims of torture – Bernie refers to SPIRASI in Dublin as a very helpful organisation in dealing with this – www.spirasi.ie
- But Bernie still has the problem of contending with these issues herself as the youths cannot join the SPIRASI group due to distance and no transport.
- There is huge stress put on these youths during the asylum process.
- There is a burden of proof on the applicant, but the applicant is just a teenager and still trying to manage and cope with the daily troubles of life.
- They begin to feel they are not good enough, and that no matter how hard they try, they cannot get beyond the 'refugee' label.
- Bernie is already overworked and catering for youths to SPARK's capacity, so advertising the service would be pointless as she wouldn't be able to deliver to the influx she knows she receive.
- Another increasing problem, is that some areas are getting typecast – schools are getting targeted for particular races.
- Populations can be clustered with no services – leading to a fear stemming from such 'ghetto' areas.

Is Racism a problem?

- Bernie states most of the references to racism come from anecdotal evidence.
- SPARK provide a therapeutic group the funding for which comes from the Irish Youth Federation.

- This group is effective for the youths who don't have support.
- A Psychologist works with them and it is within this group that race issues can arise.
- In addition the youth can suffer from post-traumatic stress disorder arising from their experiences in the country from which they fled.
- Bernie states they have a high Roma population in Galway.
- The experiences of these youths are not understood by others, and this can leave them feeling inadequate and with low-self-confidence.

How do you think the refugee youths are coping/feeling?

- All problems considered, Bernie states that these youths' experiences were so terrible where they came from, that they tend to view the services and resources we view unacceptable, as great.
- In support of this, Bernie's thesis did indeed find that for the mostpart, these people cope quite well.
- There is however a high dependence on SPARK which is worrying as they can only cope with so much in their area.
- There is a call for more to be available.
- These youths want to be here in any way they can.
- They feel our professional services are very good, particularly when compared to their own which can be unreliable, corrupt, and very unprofessional.
- But still, Bernie feels the response is not good enough and refers to the death of a woman in Eglinton Hostel from starvation.
- These Europeans are very concerned about their own mental health.
- The Roma group specifically are a group that value their extended family and tend to travel with them. E.g. Grandparents, uncles etc.
- Separation from their families can cause high anxiety levels.
- SPARK for this reason introduced a mentoring programme for these individuals who have been separated from their families and it has had great results.
- Bernie has noticed that integration of these youths is much more likely if the youth in question excels in a particular area.
- For example, boys who are good at football tend to integrate a lot faster than boys who don't play sport, or indeed don't play so well.

What are your other concerns?

- Bernie draws attention to the methods that are being used in school with these youths, such as psychological assessments.
- These tests do not work.
- They are assessment tools that are just not culturally appropriate and yet the results of them can still have such an impact on the youth and the world around them.
- They can result in bad decision based on such results.
- There are many issues, for instance, Bernie spent a year trying to get a boy into secondary school.
- One particular youth was alienated by it, and ended up falling out with her family over it, as well as experiencing an increase in racism.
- There is so much going on with these youths at any given time, it is a cumulative process for them.

What is your vision for how things should be? What is needed?

- Accessibility needs to be improved – these services (SPARK and others) need to access the population.
- Need for more resources. SPARK are actively seeking people to work there.
- Need translation services – the majority of services have no translation service.
- This service would prevent youths having to translate for their parents, leaving them open to types of information they should be oblivious to in the normal run of things e.g. money problems, health worries.
- (An example depicting the need for translation services is one where a Polish family attended the funeral of their baby, and listened to the whole service in English – evidently not understanding it).
- These people need to be shown they are welcome and that services are available to them.
- We need to go and ask the people what they want.
- Bernie believes we need to send out the message that we want to include people, and we can start by facilitating the different languages.
- She also states that we need to start looking at the influx of people as a strength-based thing.
- Engagement of families needs to happen.

The refugees however do find support in each other, presumably because they are more tolerant of the other through knowing they are going through similar experiences. Ignorance is a huge problem – we need to learn as a population to accommodate and respect each other.

Caroline (Nurse) & Valerie (Counsellor): The Gaf

Caroline

General Information

- Caroline works as a nurse and is accessible through The Gaf, but located in a neutral location. Her referrals are mostly self-referrals, but she also gets referrals from parents, teachers, and friends.
- The issues she deals with are pregnancy worries and general mental health issues, e.g. eating disorders, anxiety, panic attacks, stress.
- She also works with parents and utilizes a parental consent form, though in non-urgent cases Caroline will keep what the young people tell her as confidential.
- In addition, Caroline will generally follow-up with parents unless the young person doesn't want that and the case is not considered as being urgent.
- She stresses the issue of the confidentiality limits when dealing with young people.
- Caroline generally begins with a health screen of the young person with questions designed to draw them out e.g. "Do you get on with your family?".
- From there she can sometimes send the young person on to services such as the Family Planning Clinic.
- Other resource links are dieticians and an alternative therapist.

What are the most common difficulties you come across?

- When speaking about her links to the various resources, she states that the most difficult link to establish is with the GP.
- From sending out 33 letters to GPs she received only 3 replies, and one of those acts as a resource link now.
- Caroline states that psychiatric services are not linked in, and this is a long-term problem.
- She also voices a concern about many young people who are taking medication through prescription from GPs.
- Caroline's concern is that the procedures that are in place around handling young people's mental health problems make it too difficult to reach the goal i.e. directly helping that individual overcome the problem.
- Caroline believes she is becoming a Primary Care Service in one and states that the most common issues she deals with are those surrounding: mental health (eating disorders/assertiveness problems etc.) and also sexual health.
- Another concern is that there is no service or method in place to deal with or cater for young people who want to leave home.
- Caroline emphasised the problem of the 16-18yr old age group.
- As a group they fall between two services, namely the child and the adult.
- Another problem with this is that a young person can consent to medical intervention at age 16, but as the age of consent is 17, professionals frequently find themselves bound by the legislation.

What in your opinion are the other needs?

- A Family Support Worker.
- Some youth need crisis psychiatric service in order to even just get them up to the level where they would be most (or at all) susceptible to counselling.
- At the moment, the young person is required to firstly explain their story to the nurse, repeat it all again when they get their appointment with the GP, maybe then have to wait up to 5mths should they need to see a psychologist or a psychiatrist, and repeat the story again.
- The young person may not however even get that far as 5mths is a long time to wait to get help when you are suffering with any problem never-mind a mental health problem. They are many paths this individual could go down before getting the necessary help, such as substance misuse, and suicide.
(E.g. of 14yr old who died 25th Jan from inhaling an aerosol – she was on a waiting list for mental health services).
- POI: In order to be admitted to hospital, the young person must go through a psychiatrist, or the A&E.
- In particular she drew attention to the appalling structural planning in the hospital of having the Children's Unit right alongside the Psychiatric Unit.
- **She voiced her support for the Jigsaw programme in breaking down barriers.**

Valerie

General Information

- Valerie works as a youth counsellor and a project worker, but she states that counselling is a secondary role.
- Her referrals can be off-street, from a friend, by a doctor or through teachers.
- The age range of young people she sees is 12-24yrs.
- She counsels youths on both a short-term and long-term basis (longest is 2yrs).
- The majority of problems comprise lesbian and gay issues, bullying, stress, friendship, boyfriend problems, as well as depression. Her experience is that short-term counselling sessions can help some issues of depression.
- A lot of the issues are the more general problems of living.
- Valerie expressed a necessity to give help to parents in order to help them recognise what's happening with their children, i.e. learn to pick up signs and symptoms of anxiety for example.
- Neither Caroline nor Valerie have noticed many stigma problems, but stated that it is possible that they may just not be explicitly expressed.
- Parents do tend to have many questions about The Gaf and what they do, and their wariness also tends to cause concern about whether The Gaf workers are qualified enough to deal with their children. But most parents are quite excited about the concept.
- Most of the young people who frequent The Gaf are there voluntarily and not e.g. as a result of community service.
- In addition, they support 10 schools, incidentally helping to access somewhat beyond the city limits.

What segment of the population are you not getting to?

- The disadvantaged areas.
- The Neighbourhood Youth Project (NYP) gets to some of these youths but not all.
- Young offenders, those who are socially isolated, and those from the travelling community tend to be the groups who are the hardest to reach.
- Valerie's regret about being centralized within the town and The Gaf is that they have lost the outreach aspect of the service.
- She also voices a concern about reaching the older age groups.

What are the benefits of being based within The Gaf?

- A young person may not be noticed in school, but within the confines of The Gaf symptoms and problems can be instantly recognised, e.g. anxiety, stress etc.
- In addition, Valerie is not seen as a stranger and an 'all-knowing' individual behind closed doors due to the fact that she is regularly in and out of The Gaf and around the youths.
- Instead, young people see her as more of a confidante – reflecting a trust that has developed between herself and the youths.

Some services offered in The Gaf and through Valerie are:

- peer counselling,
- self-esteem services
- confidence building
- social building
- DJ Workshops
- Music

NYP & SPARK can refer cases to Valerie (or for these programmes) also.

Any concerns?

- Recently one school in particular has been sending youths to the nurse if they have been acting out too much.
- Caroline & Valerie are unhappy with this as it is treating their services as a punishment mechanism.

Focus Groups with Young People

Focus Group: Early School Leavers

Venue: Castle Park and Hillside estates, Galway City.

Participants: N=6 (all male)

Tuesday, 2nd April 2007, 10.30am – 12.30pm.

Facilitator: John Fitzmaurice, Project Facilitator, Headstrong.

Notes: Conor Mac Partlin, Research Assistant, Headstrong.

Contact: David O'Donovan, Project Co-ordinator, Galway City Resource, 3rd Floor, City Plaza Building, Headford Road, Galway

Introduction

- These focus groups were conducted differently to the other groups. The views of the participants were taken under the guise of an 'informal chat' as it was felt that a group scenario would not be conducive to yielding the best information from the population. Similarly, notes were not taken during the course of these 'informal chats' as it was felt that this may have detracted from the informality and hence the quality of the information. Key points and issues raised were recorded after each conversation. Therefore the notes for this group are presented in two sections which contain a record of the general themes that emerged.

Castle Park

- Background: Castle Park is a mostly social housing estate that was established around 12 years ago. It is estimated that approximately 40% of the population is comprised of settled travellers. The community in Castle Park has suffered a spate of suicides over the last four years. The effect of these suicides is still felt in the community today, and is anecdotally reported as a loss of community spirit. One of the first of these suicides involved a young man who was well respected and well liked in the community, and his actions seemed to have opened a path for others to follow, where prior to this suicide was viewed as taboo but subsequently was seen as a viable "way out".
- Themes from the conversation with Participant 1:
 - o Boredom is a major stressor on the area. There is little work available, and without it there is little reason to get out of bed or anything to do during the day. Similarly it is easy to feel isolated as there are no facilities and nothing to do all day. Recreational activities are restricted to walking around on your own,

drinking or taking drugs. Related to all of these was the stress of money concerns.

- In response to the question “what would you recommend to a friend who you knew was depressed and in trouble?” the first response was to “keep it to yourself”. There was an acknowledgement of the role of the local psychiatric unit, and there seemed to be a population who used its services but each person we met said they wouldn’t use it themselves. This appeared to be for face-saving reasons, and the need to avoid that particular stigma. What was most striking about the standard repertoire of coping mechanisms in the area was that suicide was seen as a real and reasonable option.

- Themes from the conversation with Participant 2:

- The main coping mechanisms for the daily stresses of living were reported as being the use of alcohol, “hash”, ecstasy and cocaine. These substances are often used simply to relieve the boredom.
- Involvement with cocaine can start as young as 16 years of age.
- It was noted that getting involved with cocaine can bring its own stresses in that it can result in a struggle to pay off dealers. It was explained that a dealer could hand out an ounce of cocaine (€800 - €1000) on credit. It was then up to the recipient to sell this and return the money to the dealer a fortnight later. However where the temptation is to use rather than sell, this leaves the recipient in the situation where he has a shortfall to make up at the end of the fortnight. The resolution of this dilemma is usually by theft to make up any deficit on the recipient’s part, or brutal violence on the dealer’s part. The degree of violence can range between a brutal beating to being burned out of one’s car or home. Participant 2 highlighted how the level of violence on the part of the dealers has escalated in recent years as most of them are now users themselves due to the falling prices and rising wealth of this subgroup.
- When asked what young people do when they are feeling depressed, there was an acknowledgement of the service the GP provides, however it was noted that the nearest GP was in the city and would necessitate a long trip on public transport. There was an eagerness to deny that they would ever ask for help if it was needed, but acknowledged that others might use such a service.
- Participant 2 recounted that there is a willingness to work among a lot of young people. A lot of young people from the area engage in FAS courses to gain some basic skills. However on completion of the course they are often expected to travel considerable distances to work. In the absence of one’s own transport

this is often not possible and the young person loses interest. Similarly, underpaid jobs are not maintained and the young person falls back into unemployment.

- Themes from the conversation with Participant 3:
 - o Participant 3 echoed the themes relating to boredom and problems related to money. He described how owing someone money meant that you had to avoid them until you could repay the debt for fear of violence. This further restricts one's movements and increases isolation.
 - o Participant 3 agreed that there is huge pressure to become involved in drug use as they are the majority form of recreational activity in the area. He described how a lot of people get involved with drugs due to mental ill health (e.g. depression, boredom), but acknowledged that this is a short-term solution and ultimately worsens the mental problems.
 - o When asked what he would recommend to a friend if they were in mental distress the immediate response was to "get on with it", that the late teens were the most depressing times for a person but that they pass with age. He also recommended getting a job, or something worthwhile to occupy one's time.

Hillside

- Hillside is a former Traveller halting site that has now been equipped with permanent dwellings.

Themes from the conversation with participant 4:

- o Participant 1 suggested that the best way to intervene early with this population is to give them something to look forward to. This can take the form of activities, sports, outings or training for future employment.
- o When asked how best to get the word out that there is a service for young people that can help look after one's mental health, it was felt that delivering fliers door to door would be the best start. This could then be followed up by door-to-door visits to explain what the service is for. It was generally agreed that such a services and form of 'advertising' would be well received in the area.
- o It was also suggested that the community would benefit from such a service being onsite or close by. However when asked if this might create

a fear concerning anonymity in service use it was suggested that it would be good to have the option to go else where to access services.

Themes from the conversation with participant 5:

- Participant 5 highlighted that there needs to be a GP available on this side of the city. He noted that his own GP is in Salthill, over an hour away, and which necessitates two bus rides to get to. Therefore, the GP is only visited in relation to a physical ailment, never regarding mental well-being concerns.
- Participant 5 echoed the need to implement activities to give the local youth something to look forward to. This participant had himself organised regular football evenings for local youth. This was in response to the lack of structured activities for the over 16's (the local NYP is for young people up to 16) in the area.
- This participant also echoed support for a local flier campaign followed by door-to-door visits to advertise any services in the area.

Themes from the conversation with participant 6:

- Participant 6 noted that life for Travellers is becoming more and more difficult. Traditional means of obtaining an income are being driven out one by one. For example, it would be common for travellers to make a living from trading in scrap metal (copper wire for example). However it is now illegal to do this without a permit and travellers with vans find themselves subject to frequent searches by the local authorities.

Themes from the conversation with participant 7:

- Participant 7 had recently experienced some highly stressful major life events including the break-up of his marriage, a serious physical assault, and on-going tensions with his extended family. He had recently been discharged from the local psychiatric ward after a week-long stay for depression, and had been living with his parents for the 4 days since his release.
- Participant 7 noted that for the local community there are only options at either end of the spectrum. If you are mentally well and happy there is nothing to worry about. However, if you become ill there is no help available until things have gotten so bad that the only options left for you are admission to the psychiatric ward or suicide, which is again seen as a very real option.

Focus Group: Secondary School Students, Athenry

Venue: School, Athenry, Co Galway.

Participants: N=13 (9 female, 4 male)

Wednesday, 28th March 2007, 9.30 – 11am.

Facilitator: John Fitzmaurice, Project Facilitator, Headstrong.

Notes: Conor Mac Partlin, Research Assistant, Headstrong.

Contacts: Mary Booth.

Gerry

Introduction

The focus group was convened in a classroom of a post-primary school catering for 200 pupils in Athenry, Co Galway. The participants were selected by the school and most were known personally and professionally to both Ms Booth and Gerry. The participants attended the focus group during class time. The session was preceded by 15 minutes of games to bring the participants together as a group. The purpose of the session and its ground rules were explained prior to commencement.

Question 1:

What is it like being a young person in Athenry?

- The overwhelming response to this question was that it is “boring”. The students stated that there is nothing to do in the area. The only places available for youth to gather are:
 - o The playground – however the students are aware that this area is for smaller children and so do not tend to gather here.
 - o The pubs – local pubs sometimes allow local youth to access their premises until a certain time in the evening (around 6/7pm). One such pub named was “Q-Bar”. This provides access to limited activities (e.g. a pool table) and shelter when the weather is bad. The students recognised this as a vehicle to the indoctrination of youth to a social life based around alcohol consumption.

- There appeared to be a degree of animosity and fear around the immigrant population in Athenry, particularly the Brazilians. There were frequent stories concerning drug use and supply, and unwanted sexual advances. It bears mentioning as it tended to come up a lot during the course of the discussion. The issue was later pursued by Headstrong staff with Mary Booth who said that there were reports of specific concerns about one

house in the community, and it was likely that stories had generalised from specific alleged events there.

- The students recognised that there are sporting opportunities available to them and named Hurling, Football, Camóigie, and the recent introduction of an under 16's girls soccer team as examples.

Question 2:

Do young people feel they are appreciated and understood? Is their voice heard?

- The resounding response was that youth in Athenry were not listened to either in school or in general.
- They felt that they are not "given any credit". They felt that there is a universal perception among older generations that all youth are "on drugs", and that they have "no moral standards". The students recounted stories of being followed around shops by store security and explained how these actions reinforce their perceptions of how adults perceive them in turn.
- The students made the point that they are only heard/listened to when adults have something to gain from it. The example was given of the politician who will visit the school now that it is an election year, listen to the students, take some photographs, and disappear without effecting any change at all.

Question 3:

What are some of the stresses that young people face in life?

- A lot of the students attributed a large part of stresses young people face to the school and school life. They placed a large amount of emphasis on the effect of "teachers giving you grief".
- The students also described how the pressure of parental and teacher expectations can be a source of stress. The students felt that they were expected to know what career they were going to pursue in the future. The students felt that this was often an impossible thing to decide on in the mid-teens. Furthermore, if the student *did* have a plan for their future, but one that did not match the aspirations of their parents, this was often the source of a greater stress.
- The students felt that parents and teachers placed an inordinate emphasis on 'going to college' and were unwilling to accept alternative career paths (e.g. trades) as viable options. This creates huge pressure to achieve academically. Furthermore, the students felt that a lot of the reasoning behind an emphasis on a

university education was motivated by a desire for parents to be able to say that their child is in university, and hence gain social status for themselves.

What kinds of problems do young people experience?

- Stress
- Depression
- Lack of fostering of spirit of curiosity – It was felt that any attempts to ask questions in class were met with suspicion and were considered not to be genuine, and were therefore usually punished.

Question 4:

What is your understanding of Mental Health?

- It was generally understood that the term “mental health” could be summed up as “what’s going on in your head...what’s wrong with you...what’s right with you”.
- It was generally felt that it is harder to be a teenager today than it had been previously. Reasons for this include the increase in availability of drugs, the increase in incidences of rape and violent assault, and parents having greater expectations for their children. There was a feeling that life was simpler for parents when they were teenagers, and that the greater complexity faced by today’s teens is not given recognition by today’s adults.
- The word Depression appeared to be frequently used as an umbrella term for mental ill-health.
- The group recognised that stress can manifest in physical sickness.
- It was felt that young people are not exempt from illnesses like depression. The group explained how young people today have to be “tough to survive”. The students told stories of how verbal assault and insult are daily occurrences among their peers, and the prevailing attitude was that if the recipient did not rise to the challenge and talk back to the insulter, (s)he would be isolated and become the victim of escalating abuse.
- The students also felt that anger is an issue for young people. Sources of such anger included teachers, parents and friends. When asked how young people deal with feelings of anger the common responses were to;
 - o take it out on friends (verbal insult, occasionally minor physical altercations)
 - o take it out on property (window smashing was mentioned)

- take it out on yourself; deliberate self-harm was mentioned but not exclusively,
- the use of cigarettes, drugs and alcohol were also mentioned.

Question 5

Where do you think these problems originate from i.e. where is the source of these problems?

- The students initially attributed the stresses they face on school-related causes.
- A large portion of the students felt that work had a lot to do with mental ill-health. It was subsequently discovered that 5 of the 13 participants engaged in after-school and weekend work. The time spent at work ranged from 10 to 30 hours per week (on top of school hours). When asked why young people feel they need to work so many hours, the majority reply was “to live” and “to be independent from parents”, although one student worked 10 hours on a Saturday because he got to work with horses which was his passion.
- Other origins of stress and mental ill-health that were identified included
 - the home, where parents exert pressure in terms of expectations
 - peers, although peers were also recognised as a source of help provided they are known for a long time and well trusted.

What coping mechanisms do you think young people use to deal with these issues?

- The students named smoking and drinking as the two primary coping mechanisms locally. There was a recognition that drinking helps to lower inhibitions and that this can either be useful in helping some one open up and talk to a friend about problems, or dangerous and might lower inhibitions to a point where further risk behaviours and maladaptive responses are explored.
- Other coping mechanisms that were identified included;
 - Sport
 - Talking to peers

Is the use of drugs as a coping mechanism evident here?

- The group felt that drugs were both a problem and freely available in Athenry

Question 6:

Are you aware of help/supports available to young people?

- The immediate response to this question was the services provided by Mary Booth and Gerry _____. These services were praised extensively as a great resource for young people where you are allowed the freedom to speak your mind, in a *neutral space* (an element that was felt to be of utmost importance), about things that you could not talk to anyone else about.
- However the young people were aware that should the problem discussed with such a resource needed more specialist intervention that this would mean being put on a long waiting list which may extend beyond the critical period where such intervention is needed.

What would you recommend to a friend of you knew they were in trouble?

- The initial response was to “listen to them, and figure out what the source of the problem is”. This would usually be followed by attempts to involve Ms Booth or Gerry _____ in the resolution of the problem.
- Failing the ability to include either of these, the young people would attempt to find some one else who would listen, someone outside of the family/community who could guarantee anonymity and who could be trusted.
- The option of using the Childline service came up but was overshadowed by the view that Childline was a better source of amusement (i.e. prank calls) than a worthwhile resource. Extending out of this it was felt that the strategic use of humour can go a long way towards providing therapeutic relief.

Question 7:

What are the barriers to getting help?

- One of the main barriers to seeking help is the fear of reprisals (like verbal abuse) from peers.
- It was also felt that parents may not want their children seeking help as this may reflect badly on them
- The young people felt that seeking help may be embarrassing, and may result in an unwelcome feeling of vulnerability.

Question 8:

Is there a stigma in seeking help?

- Yes.

What would make it less of a stigma to ask for help?

- It was suggested that if discussions around mental health were initiated by the faculty with students as young as 12/13 that it would no be so much of a taboo. It was felt that small group discussions such as the present one helped young people in a number of ways:
 - o It provides an opportunity to discuss school issues (with a neutral party)
 - o Such discussions may help students to realise that they are not alone in whatever they are going through, that they might share common concerns and supports.
 - o Such discussions provide a forum for the voicing of student opinion.
 - o There was a brief discussion over whether teachers should be included in such discussions. On the one hand it was felt they should be allowed the opportunity to hear how they impact on young people's lives, but on the other hand there was recognition that conversation may not be as free-flowing if a teacher was present.

Is bullying prevalent in this school?

- It was believed that while bullying used to be a problem in Athenry, it was not as bad now as it used to be. This was attributed to a number of factors, namely;
 - o Teacher intervention
 - o The "tougher" attitude of students and willingness to stand up to bullies
 - o Positive support from peers.
- As a result, bullying at the school was limited to verbal insult rather than physical violence.

What kinds of services would help young people cope better with the world?

- The group felt that having some one to talk to was of paramount importance, and again referred to the service Mary Booth provides as invaluable.
- There was an overwhelming desire for funded youth services in the area.

- The group felt that a youth cafe was badly needed in the area as it would provide a welcome alternative to “hanging out in pubs” and turning to alcohol as a recreational activity.
- The group also asked for local activities that would allow them to “work out their frustrations and energies”, for example boxing, judo and other sports.
- They also alluded to the need for local role models with whom they could identify. When asked how they learned to survive in today’s world, the response was that they learned mostly from television and peers.

Focus Group: NUI Galway Students

Venue: NUI Galway, Health Promotion Office, 1pm – 2.30pm.

Participants: N=8 (6 female, 2 male; one female participant left after 20 minutes due to prior commitment)

Facilitator: John Fitzmaurice, Project Facilitator, Headstrong.

Notes: Conor Mac Partlin, Research Assistant, Headstrong.

Introduction:

Question 1:

What's it like being a young person in Irish society today?

- Male role in society recognised (by female participant) as being very difficult, in that a lot is expected of them which is often conflicting, for example having to have feelings and express emotion but be tough also. It was noted that there are a lot of males seeking help through the university mentoring programme in comparison to girls.
- It was recognised that girls experience a lot of pressures also, however there seems to be a lot more supports available to them. It was noted that it is generally more socially acceptable for girls to reach out for help/support in times of (emotional/mental) stress. It was generally recognised that social supports are a very important part of life/survival. It was suggested that there is a danger that the pursuit of equality for women may in turn mean that men are forgotten about.
- It was stated that 'engagement' with support is a problem for males, i.e. that males will tend to be more blasé or shrug off issues under the pretence that they are not affected by them. 'Trust' was identified as an issue for men in considering engaging supports. This was felt to be especially true for adolescent males in that they would often be reluctant to open up to a stranger in authority (a school counsellor) for fear of how the information divulged would be used.

Question 2:

Do young people feel they are appreciated and understood? Is their voice heard?

- Overwhelmingly no. Within the group 4 of 7 answered out loud, 3 shook their heads.

Why?

- Young people feel that services are dictated to them
- There was also a feeling that the media have a large part to play in categorising young people. For example it was felt that the image of the angst-ridden teenager was a media constructed one, and the idea that at 16 you are *meant to be* that way was generally held as patronising and antagonistic.
- It was generally felt that labelling was a big problem for teenagers/young people, and that often you are forced into one or other category that is felt defines you, often by other students' appraisal of you. These imposed categories are mutually exclusive, and once you have that label it is very difficult to shake. It was recognised however that NUI Galway is more open and accepting than other universities (e.g. in the USA). This was partly attributed to the ease with which students can engage in clubs and societies, and also in part to the presence of a large population of international students which helps create a recognition and appreciation of difference. It was recognised that in this regard the university life was uniquely privileged and the same opportunities may not exist outside the campus. It was noted that traditionally in Ireland leisure activities revolve around alcohol, and that kids growing up are indoctrinated into this thinking resulting in younger and younger starting ages for drinking as a social outlet. Clubs and societies were recognised as providing an important social outlet that may indeed be an alternative to the traditional alcohol-related activities.
- It was noted by one participant that the pressure of labelling and demands to conform do not affect everybody, and that some of the issues discussed would not apply in areas of the city or county outside of the university. The participant noted that the university population was generally a privileged one and was not subject to a lot of the same social inequalities that exist and affect young people elsewhere (e.g. abject poverty).

Question 3:

What are some of the stresses that young people face in life? What kinds of problems do they experience?

- The predominant problem that young people face is “figuring out what to do with your life”.
- Depression was another issue identified. The role of the weather in the west of Ireland was particularly noted, where people’s general mood has lifted noticeably over the recent t spell of good weather.
- Drinking was also identified
- Peer pressure
- The understanding of mental health labels was identified as a problem for young people, especially in relation to labels that people get.
- Panic attacks were noted as being common. Their prevalence was attributed in part to an earlier starting age for drinking, where the person has begun drinking socially at an early age and has not learned how to interact without drink. In a related vein, general social anxiety was identified as a problem for young people. It was felt that Irish young people do not tend to be ‘comfortable in themselves’ and often use drink as an outlet for expressing feelings and emotions that they feel may be otherwise socially unacceptable (i.e. such young people may play up to the effects of the alcohol to mask the fact that they are expressing feelings/intentions that are genuine but may not be allowed in other circumstances).
- A point was raised that attendance at university has extended the period where young adults are meant to be figuring out what their role is in society. In the past, it was felt that people were thrown out at 18 years of age and told to ‘find their way in the world’ and thus thrown in the deep end, as it were. University however has expanded that time of figuring out, and this has created new problems (e.g. relating to uncertainty, and the pressure and responsibility of self-determination).
- It was also felt that there is a pressure to live up to media ideals of ‘desirable lifestyles’ (e.g. ‘Sex and the City’-derived style and glamour). It was felt that this can be particularly problematic when subscribers come from environments that are far removed from that media ideal (e.g. rural villages with just one shop and a pub) as it sets up a false reality. As a further complication, no alternative role models are being presented by the media. The danger of magazines pushing the ideal of “size zero models” was used as an exemplar here. It was also recognised

that a lot of these proposed glamorous notions are sold on the basis of sexuality and sexual attraction, and that their resultant false ideals place a lot of pressure on young people.

Question 4:

What is your understanding of Mental Health?

- It was generally felt that the words Mental Health are automatically associated with the severe mental health issues – Suicide, Depression, Schizophrenia – i.e. that mental health is only an issue when things go wrong.
- It was felt by the whole group that depression and suicide were huge problems in Irish society. It was noted that the University was being quite progressive with the introduction of mental health courses like ASSIST (for suicide prevention). However, it was felt that because places were limited (to 16) that only the people in the know (i.e. those on student council) get to avail of them. It was suggested that one of the best things that could be done for mental health on campus and beyond was to make available more of these types of courses and make sure they are well advertised.

Question 5:

Where do you think these problems originate from?

- The group felt that acute problems do not ‘spring out of nowhere’, that they are often triggered by stressful life events.
- Where this is not the case, mental health problems often arise out of the build up of everyday pressures. It was felt that if these pressures came one-at-a-time they could be handled easily, however when they come all at once they can be overwhelming.
- It was suggested that the environment in which we live can be a source of this stress. The example of towns with no infrastructure, leisure or activity facilities (except for those that centre around the pub) or youth oriented services often becoming mental health blackspots was given.
- The cost of healthy eating was discussed. It was noted that healthy eating leaves one feeling better, both physically and mentally, than when choice is restricted to ‘junk food’. However it was noted that almost without fail the junk food is the cheaper and more readily available option. This leaves the person feeling unhealthy and with less energy to deal with daily stresses. The availability of junk food both publically and in the institutions (like school dinners) was highlighted

as creating a culture of poor eating habits among young people. It was suggested that young people need to be educated about the benefits of healthy eating, and that healthy food be more readily available and affordable.

- The 'closed' nature of Irish society was mentioned as a possible origin of mental health problems. It was suggested that traditionally there is not a culture of open discussion about feelings, emotions and mental health. It was suggested that historically families in Ireland did not talk about such things, and certainly not outside the family unit, for fear of gossip and other such reprisals.
- It was suggested that there is a lack of public understanding of terms like Depression, Schizophrenia. These terms then get misused in common language (e.g. "that fella's awful depressing"; "She went schizo on me") which in turn dilutes the impact which a proper understanding of the term would have. This leaves people with the false impression that depression is something you should be able to 'snap out of', or that a schizophrenic is a dangerous person with a 'split personality'.

Question 6:

Are you aware of help/supports available to young people? What would you recommend they do? What services would you recommend?

- The group felt that the on-campus services are very good, and Cindy Dring's service (Health Promotion Officer) was mentioned in particular. They maintained that generic services on campus were very good, however noted that the university did not cater for more specialist services.
- In talking about what they would do if they required a service, the most common response was to turn to the internet and search for the appropriate service on Google.
- Other resources that were mentioned included
 - o web-based message boards from outside the university and in (The "Sin" website was mentioned in particular, an online student resource available to NUIG students),
 - o the chaplaincy at NUIG,
 - o the Health Unit at NUIG (although this seemed to cater primarily to physical health and the participants were unsure how strong they were on mental health)

- The Galway Youth Centre
- The GAF
- The Citizen's Advice Bureau

Question 7:

What are the barriers to getting help?

- The participants noted the following barriers;
 - The stigma associated with mental ill-health
 - The potential risk to anonymity that accessing services may bring.
 - The perceived attitude of primary care doctors – the over-reliance on labels as short-cut diagnostic tools, and the over-valuing of medication over a talking therapy approach
 - Education was mentioned as a potential barrier, in particular recognising that one does not have to be at the acute stage in order to seek help.
 - The cost of accessing services was noted as a barrier. The group acknowledged that university-based services were free, but they may not cater for the particular problem and not everyone can access them.
 - Anonymity in small/local communities.

How might you get past these barriers?

- Public awareness campaigns. Here it was felt that posters and newspaper articles help to normalise the issue and provide an opportunity to distribute information about a service and how to contact it in a way that can protect anonymity.
- The ready availability and high visibility of services
- The distribution of educative materials (CD's, DVD's, information packs) that help normalise the mental health jargon and promote a culture of understanding.

Question 8

Is there a stigma in seeking help? What would make it less of a stigma to ask for help?

- The group felt that mental health is not generally considered the equal to physical health among the public or authorities (i.e. local or national government)

- They believed that it is a generally held view that there is a stigma of unpredictability and danger associated with mental health diagnoses (i.e. the murderous schizophrenic, the suicidal depressed person)
- One participant mentioned the potential stigma attached to mental health medication and the reaction one might get from relevant others if it was discovered on one's person.

Question 9

What kinds of services would help young people cope better with the world?

- An online service where a psychologist could be emailed with specific mental health questions looking for advice. The on-line service could also include a 'Frequently Asked Questions' section for quick and anonymous reference. The FAQ would also allow the person making the inquiry see that they are not alone.
- Supports in schools should be increased (i.e. on-site counsellors). School-aged children and adolescents should be taught about mental health in the same way as physical health and about the link between the two.
- The students advised against developing a specific "Mental Health Drop-in Centre" as there would be too much stigma attached, rather develop mental health services within more generic health centres. This should provide the service user the opportunity to access more specialist services if needed.

Focus Group: The GAF Youth Council

Venue: The GAF, Eglinton St, Galway City.

Participants: N=8 (4 male, 4 female)

Tuesday, 2nd April 2007, 4.30pm – 6pm.

Facilitator: John Fitzmaurice, Project Facilitator, Headstrong.

Notes: Conor Mac Partlin, Research Assistant, Headstrong.

Question 1:

What is it like being a young person in Galway today?

- Opinion was mixed within the group. Some made some positive comments like that it is fun (i.e. hanging out with friends) and that it is a relatively safe city.
- Being a young person in Galway was described as “restrictive”. It was noted that most places where young people hang out close at 6pm, after which time there is little choice but to “loiter”. This in turn feeds into the stereotype of ‘the teen up to no good’ and they often get moved on by the authorities.
- Galway was also described as expensive - in particular public transport and good quality food (i.e. not fast food). Related to this was the description of Galway as boring as there are few activities or place to go that do not cost money. Of notable exception here was the GAF.
- It was also noted that the social groupings in Galway are quite disparate and can often be the cause of conflict. This seems to particularly in relation to territory, any violations of which can result in conflict which can include physical violence.

Question 2:

Do young people feel they are appreciated and understood? Is their voice heard?

- Initially the response to this question was a resounding “No”. One participant even suggested that young people are “hated by society”. It was generally felt that authority figures do not take young people seriously enough. This can be in relation to concerns, views, objections or personal problems.

- It was recognised within the group, however, that these feelings of being ignored and unappreciated by adults are nearly a “rite of passage” for teens, and that these feelings are very common at this age.
- In light of this it was acknowledged that the voice of young people is heard a lot more than it used to be. However, the group felt that if their voice is heard it is rare that anything is done about it. There was a feeling among the group that they are viewed as a “temporary problem”. They believed that adults in authority look at young people’s behaviour and opinions as if it were “just a phase” and that they will have “grown out of it” in a few years. It was believed that this forms the basis of an excuse for inaction on the part of the authority figures.

Question 3:

What are some of the stresses that young people face in life? What kinds of problems do they experience?

- The following pressures were highlighted:
 - o Exams
 - o Stereotyping. This behaviour was stressful whether it came from parents, other authority figures, or other young people themselves.
 - o The pressure of expectations, again from parents, teachers or friends.
 - o The pressure to belong. There was a great emphasis on being part of a social network. It was acknowledged that gaining access to such a network may mean sacrificing something of oneself in order to ‘fit in’, which in turn has effects on well-being. This desire to fit in can contradict the desire for individuation common in teens and can be a source of internal conflict.
 - o Related to this, the group highlighted the pressure that labels and categories can put on people. The participants described how, once categorised, you are then attributed a certain stature on a social hierarchy which each grouping believes they are at the top of. This “self-perceived” social hierarchy can become the basis of conflict between groups.

Question 4:

What is your understanding of Mental Health?

- The group felt that ‘mental health’ is a broad term that encompasses “how comfortable you are with yourself” and how able you are to deal with stresses and conflict. They believed it to be the person’s ability to stay happy and not let things

get on top of you. This does not exclude the ability to feel sad also, but is more about “being OK with your emotions”.

What mental health problems do young people experience?

- Sexual health concerns, fear of sexually transmitted infections, the burden of personal responsibility in this regard.
- Parents exerting pressure on the young person to do well at school, go to college, etc. This pressure is added to when parents compare young people to siblings/friends. It was also felt that parents do not balance expectations of maturity with allowing the freedom for its demonstration. The group felt that parents demand increasing maturity from their teenagers, however when those teenagers become involved in responsible mature activities they are questioned and looked down on. The young people felt that parents needed to be more sensitive to the balance between exerting control in order to look out for someone’s development and safety, and allowing the young person to make their own mistakes from which to learn. There was a recognition in this that a lack of boundaries can be detrimental for child development, and stories were recounted of children without boundaries developing violent, victimising and risk-taking behaviours. One participant said that he believed that reasonable boundaries form the basis for the development of a social morality.

What do you know about specific mental health problems?

- The group acknowledged that there is help available for specific mental health problems but not everyone needs those kinds of specialist services. The recognised that even if a person does not seek help it is nice when someone else recognises it in the person and offers help on the person’s own terms, be that simply company or an in depth discussion.
- The panel suggested that most teens will seek out the advice of their friends before going to any other resource. It was also felt that in this regard girls would be more likely to “open up” than boys. It was further recognised that not everyone has friends so something needs to be in place to account for this group.

Question 5

Where do you think these problems originate from, i.e. where is the source of these problems?

- The following sources were suggested:
 - o School

- Drugs – It was acknowledged that drugs can have a detrimental effect on mental stability and examples were recounted of people known to the participants “snapping” while under the influence of certain drugs.
- Expectations – Expectations are put on young people all of the time. These can be both good and bad expectations. Parents expect their children to do well at school. On the other hand the example was given of the system of academic streaming whereby if a child performs badly in the Junior Certificate examinations (aged 15) they are streamed into lower level achievement classes for the subsequent Leaving Certificate Examinations (aged 17/18). This negative expectation can have dangerous consequences for motivation, self-esteem, confidence and personal achievement.

Is the use of drugs/alcohol as a coping mechanism evident?

- Alcohol was given some recognition as a coping mechanism, but drugs were identified as more of a factor. Those mentioned included “hash” and ecstasy, but also paracetamol and solvents, with the latter being most common.

Question 6:

Are you aware of help/supports available to young people?

- This group acknowledged that they are particularly aware of supports available to them because of their involvement with the GAF. Without this resource they felt they would not be so aware.
- Services mentioned include:
 - The Samaritans
 - Cura
 - AIDS West
 - Childline – however the group felt that this was seen by young people as more of a source of amusement (i.e. prank calls) than a viable support. It’s potential value was recognised however the group expressed a preference for talking face-to-face than over the phone.
 - The group were not enthusiastic about school-based services due to fears about confidentiality.

What would you do if you knew a friend was distressed/in trouble mentally?

- The group suggested simply being there can often be enough, and that ‘giving some one the time of day’ can help greatly. Offering a friendly ear and company were common answers.
- It was further recognised that the response to a problem would depend on the severity of the problem. In cases where the problem is severe the group suggested referring the person on to specialist services, and that the person should not be left to go alone and should be accompanied by a friend.

Question 7:

What are the barriers to getting help?

- The barriers suggested include;
 - o Fear – of ridicule, of not being taken seriously, of being told “its just a phase”.
 - o Shame
 - o Stigma
 - o Social consequences – again, fear of what others might say/do if they found out.
 - o Not knowing what services are available, or where to go.

Question 8:

Is there a stigma in seeking help?

- The group felt that yes there is a stigma, and that this may come in part from the older generations who may have a misunderstanding about mental health issues.

What would make it less of a stigma to ask for help?

- It was suggested that services should be discrete. The example was given of the “plaque on the door” describing the service available inside, and how this can be a barrier to accessing the service in the first place.
- It was suggested that a mental health service should be made available as part of a generic health service, in comfortable surroundings, in a dedicated property.

How do you see a jigsaw-type programme working?

- The group raised concerns over parental involvement in young people’s concerns. It was explained that parents must be informed if the young person is

under 16 years old. While the group understood this obligation they felt that any breach of confidentiality would be disastrous for the service. As they pointed out, young people talk to each other and bad news travels fast.

Who would be included in this service?

- The young people present listed the following:
 - o Psychiatrist
 - o Homeopath
 - o Counsellors
 - o Education counsellor
 - o Career Guidance counsellor
 - o Medical professionals

What about the role of a web-based service?

- This idea was endorsed by the group. They noted that if such a resource were to be considered, it might include an on-line counsellor that could respond to specific queries, it might offer a peer support forum, and that it would need to be monitored in case it was abused and used as a vehicle for bullying. The group also endorsed a mobile phone based service. They suggested that bullying may be a concern in any service accessed so it would be worth looking into making assertiveness and coping mechanism courses available to teenagers.

Focus Group: Clifden

Venue: Boys Old School, Clifden, Co Galway.

Participants: N=8 (9 female, 2 male)

Wednesday, 3rd April 2007, 11.30am – 12.30pm.

Facilitator: John Fitzmaurice, Project Facilitator, Headstrong.

Notes: Conor Mac Partlin, Research Assistant, Headstrong.

Contact: Marie Feeney, Project Co-ordinator, FORUM Adolescent Support Project, North West Connemara.

Introduction

- The Forum project covers an 800 square kilometre area of North West Connemara. The region is characterised by mountains and blanket bog. The total population for the area is 8,895, which includes an Island population of 200 on Inishbofin. The population density is one of the lowest in Europe at nine persons per square kilometre compared to the national average of 51, and the EU figure of 143 (Source: Marie Feeney, Project Co-ordinator, reproduced by permission). Participants for this focus group were selected by Marie Feeney from those attending the Forum support project in Clifden.

Question 1:

What is it like being a young person around Clifden today?

- The initial and overwhelming response to this question was that it is boring. The participants recounted that there is nothing for young people to do but hang around town. Activities depend on the weather; a trip to the beach is possible in sunny weather, but if it is raining options are limited to hanging around outside the SuperValue shop as this provides some shelter. The SuperValue, by default, has become the gathering spot for young people in Clifden. It is generally recognised in the town that there is nowhere for young people to go and so for the most part the congregation of young people at Super Value is tolerated. In some circles it is considered as containing. This is echoed in the phenomenon of “boy racers” congregating at the petrol station at night. It is felt by the owner that it is better to allow them congregate in one identifiable location than have them

tearing around elsewhere which might result in accident, injury or fatalities
(source: Marie Feeney)

- Isolation was noted as a major problem for young people. The region is sparsely populated and young people can come from as far as 20 miles away to congregate in the town. In this instance transport becomes an issue as most young people rely on the capacity of their parents to provide this.
- The participants noted that there is little employment opportunities for young people locally. The economy of Clifden relies heavily on tourism, and a lot of the in-season work is taken by seasonal migrant workers. The participants felt that local employers are aware that transport is an issue for local young people and often use the uncertainty of their ability to get to work as an excuse not to hire them, preferring instead the migrant worker who will often work for a lesser wage.

Question 2:

Do young people feel they are appreciated and understood? Is their voice heard?

- Opinion on this question was mixed between “No” and “Sometimes”
- The “No” camp felt that they were often victims of stereotyping. This is in part fuelled by the fact that there is nothing for young people to do locally. This leaves them with no option but to “hang around” in public places like Super Value, giving parents and adults the impression that young people are loitering and “up to no good”.
- The “Sometimes” camp felt that their voice was heard when they participated in a forum like the present one, or joined groups run by people like Marie Feeney.
-

Question 3:

What are some of the stresses that young people face in life? What kinds of problems do they experience?

- The group felt that there is pressure to go out with friends. The only other option other than this is to sit at home watching television, which again feeds in to the boredom. In a town where there is no recreational outlet, going out with friends often results in the consumption of alcohol for a lot of local youth.

- The isolation of the sparsely populated region was noted as a stressor. As described above there is a heavy reliance on parental transport as the gateway to a social life. The combination of parental control, stereotyping, isolation, and transport issues can be disastrous for a young person's social life. The example given was that the network of parents may hear a rumour about bad behaviour in town. Stereotyped attitudes may inform the parent of the potential for their own teen's (risk of) involvement, causing them to disallow the teen from going to town. The isolation of the family residence and the lack of recreational outlets then feeds into the boredom.
- As mentioned, the lack of recreational outlets can result in alcohol consumption becoming the number one recreational activity for young people. It was believed that this can start as early as 12 or 13 years of age. It was recognised that this problem is not specific to Clifden.
- When asked about the use of drugs as a recreational outlet in the town there was a tentative "yes" response. When asked which drugs were commonly found locally the response was "everything". Hash and cocaine were mentioned, and cocaine in particular as being freely available.

Question 4:

What is your understanding of Mental Health?

- The overwhelming response "depression". There followed then a lively debate over the difference between ordinary sadness and depression, during which it was recognised that people often mask their depression.

What mental health issues do young people experience?

- Confidence and self-esteem issues
- Peer pressure
- Loneliness
- Anger
- Frustration over not having a voice

What do you know about specific mental health problems like anxiety, depression, anger and frustration?

- The group recognised that people often try to cover up mental health issues and it is often difficult to tell if something is wrong

- Experience of anger was related to anger over the weather. As noted already, the lack of social meeting points in the town often means that if it is raining the young people are forced to stand out in it.
- When asked what the biggest problems might be the young people responded that boredom and isolation were of greatest concern. Indeed it was noted that at a previous meeting it was discovered that a lot of young people would prefer to be friends with some one who took advantage of them (e.g. a bully) than to have no friends at all. Bad friends (and their resultant dangers in terms of risk behaviours) are better than no friends.
- Frustration is commonly experienced via young people's lack of voice. The example was given of the planning of amenities in the town. The group were aware that there is a youth representative on the town committee, however nobody knew who that person was or how they were elected. The position was described as being tokenistic. The group felt that the town's priority lies squarely with tourism, to the neglect of local young people. They felt that it was often the case that projects initially in their favour (cinemas, theatres) were often hijacked for some other tourism-related purpose, resulting in the local youth losing out.

Question 5

Where do you think these problems originate from i.e. where is the source of these problems?

- The first response to the origins of mental health problems was "family problems", meaning broken homes (generically) and lack of choice (as specifically demonstrated by transport issues locally)
- Other sources of mental health problems identified included:
 - o Money problems
 - o Grades
 - o Expectations from parents, teachers and friends.

What coping mechanisms do you think young people use to deal with these issues?

- The typical response was to "bottle it up", as there are no appropriate services available for young people. It was noted that one of the two local schools provided a career guidance service. However a number of problems were identified with this service;
 - o The confidentiality of the service has been brought into question, therefore there is little trust in the service

- It is located in one school only
 - It is almost entirely career focused and has little emphasis on well-being
 - There is a stigma surrounding visiting the counsellor for assistance with wellbeing and emotional health.
- It was suggested by the a participant that visits to a counsellor should be made obligatory for 4th, 5th, and 6th year students as this would increase visibility and (anonymous) access to such services.
 - It was agreed by the group that if something was seriously wrong that a good response would be to seek out a teacher, but only if they were trusted.

Question 6

If you had a friend with a serious problem what would you recommend to them?

- It was agreed that the initial response would be to try and help the person yourself. Failing that the majority response would be to seek out Marie Feeney (identified by all present). Coming out of this point there was a call for generic services, with less emphasis on labels. The example was given of a drug addiction counselling service that was set up in the town, where the plaque on the door prevented anyone from accessing the service due to anonymity concerns.
- Other recommendations that were made were to distract the person with “good times”, although this was recognised as having limited effect. It was also suggested to “get the person to talk to a counsellor in Galway”. There was no awareness of *local* counselling services.

What services and supports are you aware of?

- CURA (crisis pregnancy agency)
- AIDS West
- Aware
- It was noted that one of the schools, Clifden, gets access to a lot more information sessions about these services (e.g. visits from service representatives) than the other, Kylemore, as the former runs a Transition Year programme while the latter does not.

Question 7

What are the barriers to getting help?

- Pride
- Money – it was felt that the cost of a counsellor, estimated at €50/60, was prohibitive. It was also felt that a visit to a counsellor would necessitate a trip into the city which would add to the cost*. This was especially true for young people who depend on parents for income, or who's parents want to know what they are doing with their money.
- Embarrassment
- Lack of anonymity in small communities
- The need for parental consent for youth under 16 years old.
- *It was noted that there used to be a counsellor that visited Clifden a few times a week but that had since stopped. When asked if that service were to be reinstated where would the participants envisage it the reply was resoundingly “Super value”, indicating a need for services to be accessible and brought directly to the young people in familiar surroundings.

Question 8:

Is there a stigma in seeking help?

- The overwhelming response was “yes”, and fear of gossip in Clifden was highlighted.

What would make it less of a stigma to ask for help?

- Openness
- Access to “young” counsellors in touch with youth issues, some one they can relate to.
- Comfortable surroundings – It was felt that visiting an older counsellor dressed in a suit makes the service user “feel more like you are being judged than helped”.

Question 9:

What kinds of services would help young people cope better with the world?

- A generic drop-in centre;
 - o with recreational activities (pool tables, café, discos)
 - o that is open relatively late (11pm)
 - o is accommodating to the various different groups of young people (non exclusive)

- that employs the young people themselves
 - that is affordable
 - that involves young people in its initial set up and daily running (i.e. that they would have some ownership of the enterprise)
 - that is purpose built, or at least is reflective of it's importance (i.e. not a spare office down a back alley)
 - that is safe.
- Overall, young people in Clifden are looking for a place for people to meet and engage in shared interests and activities.
 - The issue of Transport needs also to be addressed. It was suggested that shuttle busses could be used to fill the gaps in the existing public transport service which is limited.
 - There was also a call for improved, and in some cases initial, sports facilities. It was felt that soccer and rugby are the majority sports in the region, and alternatives and related facilities need to be put in place.
 - Similarly, there needs to be alternative to sport as a recreational activity.
 - Any service implemented would need to be advertised by talks and visits from professionals to where the young people are (schools, Super Value), with interaction being the key mechanism of publicity. It was felt very strongly that a flier campaign would not work in the region
 - It was suggested that most teens would benefit from self-esteem classes, to give them the power to say no to maladaptive behaviour.
 - It was also suggested that when this report was written up and presented as a compilation of young people's views that it should be accompanied by photos of the young people contributing to emphasise the personal nature of the needs expressed.

Focus Group: Early School Leavers

Themes:

- a) boredom/lack of recreational activities
- b) lack of employment opportunities
- c) resistance to seek professional help/tendency to promote emotional self-sufficiency
- d) suicide seen as a viable option
- e) drug use as proxy for emotional/occupational fulfilment
- f) violence as a consequence of substance abuse
- g) issues related to low income

- h) sense of being in a dead-end situation

Focus Group: Secondary School Students, Athenry

Themes:

- a) boredom/lack of recreational activities for youth
- b) animosity toward immigrant population
- c) young people sense that they are misjudged and/or ignored by their community
- d) Stress of expectations of parents/teachers
- e) Students perceive their lives as complex
- f) Emphasis on school-related stressors
- g) Drug use as coping mechanism
- h) Desire to “save face” perceived as a major barrier to seeking help
- i) Mary Booth and Gerry ___ cited as major resources

Focus Group: NUI Galway Students

Themes:

- a) perception of rigid gender roles (i.e., men are expected to ‘tough it out’, women are accepted for seeking help)
- b) young people sense that they are misjudged and/or ignored/underappreciated by society
- c) Pressure/uncertainty surrounding vocational decision-making
- d) Pressure related to media-dictated lifestyle images
- e) Lack of understanding of mental health/available resources
- f) Perception of mental health issues as a result of stress, pressure, environment
- g) Resistance to seek help due to the stigma associated with doing so
- h) Education/increased resources as answer to stigma

Focus Group: The GAF Youth Council

Themes:

- a) boredom/lack of recreational activities for youth
- b) young people sense that they are misjudged and/or ignored/underappreciated by society
- c) Stress of expectations of parents/teachers/friends
- d) Need for accessible/flexible mental health resources
- e) Drug use as coping mechanism
- f) The GAF as a channel for awareness of available resources
- g) Resistance to seek help due to the stigma associated with doing so

Focus Group: Clifden

Themes:

- a) boredom/lack of recreational activities for youth
- b) lack of employment opportunities
- c) stress of living in an isolated community

- d) young people sense that they are misjudged and/or ignored/underappreciated by society
- e) substance use as proxy for healthy recreational activity
- f) stress related to the weather
- g) resistance to seek professional help/tendency to promote emotional self-sufficiency

Community Stakeholders Meeting

Jigsaw Project Main Stakeholders Meeting

Wednesday, 28th Feb. 2007

Chairs:

Fitzmaurice, John Project Leader, Headstrong
Illbach, Bob Research and Evaluation Co-ordinator, Headstrong
Pennington, Margret Consultant, Headstrong

Attendees:

Callin, Ursula Youth Advocate Programme
Coleman, Clare STI Clinic, University Hospital Galway
Cuniffe, Anthony Traveller's Project, Ballybane
Dempsey, Helen Development Officer, Mental Health Ireland
Dooley, Barbara Research Co-ordinator, Headstrong
Fahy, Gerry Juvenile Liaison Officer, An Garda Siochana
Forde, Frances Acting Project Leader, The GAF
Hamilton, Matthew Director of Operations and Public Affairs, Headstrong
Mahoney, Fiona Social Work Team Leader, HSE
Mac Partlin, Conor Researcher, Headstrong
Morrissey, Seamus Education & Training Co-ordinator, Galway City Partnership
Nolan, Hillary Addiction Outreach Counsellor
O'Donovan, Dick Manager, Foroige
O'Docharta, Eamonn Student Counsellor, National University of Ireland, Galway.
O'Sullivan, Mary Suicide Prevention Resource Officer, HSE
Ryan, Declan Founder, One Foundation
Ryan, Imelda Teen Parents Project, HSE
Walsh, Fiona Regional Drugs Service, HSE
Helen Manager, Dochas an Oige

Minutes:

(1) John Fitzmaurice began the meeting by thanking the attendees for turning out in such large numbers and took this to indicate an encouraging interest in this exciting project. Each of the attendees then introduced themselves giving their position, organisation, and client population.

The purpose of the meeting was to provide a chance for the community representatives to inform the development of the Jigsaw project. Mr Fitzmaurice then circulated a handout which gave an outline of the process to date:

- June 2006 – Invited to a seminar in Dublin looking at models of excellence in youth mental health
- July 2006 – Site visit to the GAF
- October/November 2006 – Meetings between Headstrong and HSE. GAF identified as potential pilot site for development of Jigsaw.
- December 2006 – Proposal sent to Headstrong.

- January 2007 – Letter of offer for business planning support.
- February 2007 – letter of commitment from Headstrong. First meeting of project team: Priya Prendergast, Michael Keedy, Marie Prendergast, Alex McClean, Trisha Flynn, Adrian Aherne, were some of the names mentioned.
- July 24th 2007 – Business plan to be completed

The following provisional/preliminary mission statement for the project was then read out:

To plan, design and implement a project to enhance and integrate a service delivery system that can account for youth mental health

(2) Bob Illback then gave a brief overview of Headstrong/Jigsaw. A handout was circulated which;

- outlined the goals and purposes of the project,
- highlighted how complex and multi-systemic the world of a young person is,
- graphed the system design from its various entry points through to specialist services, and,
- discussed the model for integration and collaboration between the project team, the project facilitator, the youth access team and the outreach team as a model for getting services to those that need them.
- It was highlighted here the difficulties of getting to the more ‘difficult to engage’ people under this model, and how it is often the case that their need are often more acute.
- Questions and comments were invited from the attendees regarding these graphs and charts.

(3) The attendees were then invited to share their detailed knowledge of the characteristics of the Galway community in both city and county.

- It was highlighted that Galway has undergone significant change in recent years. There has been vast population increase but also huge changes in population diversity, and that this brings with it its own challenges. One of those highlighted was that of language. One example that was given was that of the large Brazilian population living in Gort, where the population was estimated at 1380, approximately half of the entire population of the town. Problems that were highlighted for this population included language difficulties and lack of family support. The ability of this population to access services was also noted as a problem in cases where members did not have work permits. This automatically excludes them from certain services (social services, benefits, etc) and may discourage them from accessing other services for fear of exposure.
- Galway has also experienced an influx of African students. It was noted that their circumstances are different in that they can be directly provided for by the HSE, but frequently experience language and cultural difficulties.

- Helen (from Dochas an Oige) highlighted the difficult situation faced by 15 to 25 year olds with addiction problems. She noted that some of this population need to access mental health services, and while this is difficult at the best of times, if it is complicated by drink or drug dependency that it is near impossible. Mental health services will not admit young people with substance misuse problems, and it was felt that this was simply a way of shifting responsibility.
- At this point Bob Illbach suggested that the theme for the topics discussed so far seemed to centre around ‘isolation within the community’, and this being a source of great stress.
- Another problem faced by the Galway community that was highlighted was the large-scale development of ‘pocket estates’. These large developments are growing around Galway, but mainly to the east of the city of late, without any services or infrastructure. Within these developments therefore communities are becoming isolated and cut off. Such developments mentioned included Westside, Duishka, and Ballybane. It was also pointed out that there may be significant transient populations within these developments/communities that are difficult to track and who would have their own difficulties. It was further pointed out that any discussion around the effects of infrastructure on a community would necessitate a discussion of the Island population and their specific needs in regards to their own internal property developments and their connections to the mainland.
- It was suggested that service provision in Galway is actually very good, that there have been lots of services implemented in recent years. The problem however is that service *penetration/progression* is very difficult, i.e. there are lots of gateway services available but onward progression through these to more specialist levels is more problematic.
- It was also highlighted that early identification is a key issue in Galway, as it is often a problem for those in both acute and non-acute circumstances.

Bob Illback then asked to what extent there might be hidden populations in Galway (i.e. kids not attending school, etc.).

- Anthony Cuniffe gave the example of travellers (whose population was estimated at around 3,500 in Galway) and their engagement in the school system. He described how cultural expectations can put certain strains on traveller youth. For example male travellers are often expected to assume adult responsibilities at the age of 13, at which point it is often expected that they withdraw from formal schooling and begin their “road education”. Children who want to stay in the school system past this time but are withdrawn against their will therefore feel that they are not given any choice or control over their lives.
- It was further suggested that there is a large population of unaccompanied minors in Galway. It is often the case that they are not classed as ‘minors’ by different services and therefore find it difficult to access the appropriate services.

(4) Bob Illback then asked the attendees if geography was an factor in service provision in Galway. It was noted that service provision in one's own language was problematic.

- Historically this has been a problem among native Irish speakers in the Gealtacht region, but is one that now increasingly encompasses the growing diverse population of Galway. The example of the difficulty of providing speech and language therapy to native Irish speakers was given.
- It was also noted that confidentiality and anonymity can be issues of great concern to those accessing services in the smaller rural communities. For example a lot of services are accessed through the local GP, but it is often the fact that the GP is a local man with connection to the community that serves as a barrier to this function. Some services have accounted for this, for example it is possible to attend a sexual health clinic without a referral. Similarly, it is the experience of many of the professionals who visit the smaller rural communities that the residents know their faces and their function and this can cause embarrassment or a threat to privacy for the local person accessing the service.
- On a positive note, inter-service communication in rural settings was identified as being very good. It was suggested that because there are fewer services and fewer people working within them that a positive culture of inter-reliance and communication has developed. However the same could not be said for services in other areas. It was generally felt that where lots of services existed side-by-side and in urban settings that inter-service communication is a major problem. Often the different services work independently of each other, and where small collaborations have been tried their successes or failures have been largely attributed to the personalities involved. Communication and collaboration does not exist on any formal basis. It was felt that one of the major contribution factors to this was the very strong demarcation of professional boundaries, i.e. that education services have their clear field of influence, likewise health, justice, etc.

(5) The conversation then shifted to the topic of suicide and deliberate self harm (DSH) as a particular area of concern for Galway youth.

- Suicide was identified as a major area of stigma and taboo in Galway. It was estimated that there are a little less than 1000 presentations per year for DSH in Galway city and county, and that half of these are at Galway City Hospital. Nineteen year old girls were identified as being at most risk in this category, however 20-25 year old men were also prominent. It was also estimated that Galway saw up to 50 suicides per year, that this might be slightly less than the national average, and that incidence of suicide is higher in rural areas than urban.
- Stemming from this conversation it was generally supported that mental health services were the hardest class of services to access in Galway. When asked why this may be the case it was generally felt that the reliance on the medical model acted as a major barrier. Reliance on the GP as the main point of access to the system was identified as a symptom of this. The strict demarcation of child (CAMHS) and adult (AMHS) services was also identified as a barrier. The general consensus was that if a child had not been in contact with CAMHS before

age 13 they would generally not be able to access mental health services until they were adults. This means that anyone falling in the 16-19 age range was effectively left with no mental health support. It was also noted that if a child presents with mental health problems to a GP who then refers them on to CAMHS, the assessment can often come only at the end of a 6-12month waiting list at which point it is often too late. It was further suggested that while services can be responsive to severely acute people the ability of the system to address the circumstances leading up to the acute problem leaves a lot to be desired. A brief discussion about the value of labelling within the system arose out of this topic.

- The attendees often found that parents were very keen to get a label/diagnosis assigned to their child as it would often mean that child would have a better chance of accessing the appropriate service. However it was noted that this may prove a potential source of conflict as the young person may not be keen on receiving the label and any stigma that may accompany it. It was also recognised that some labels are more acceptable than others, for example an ADHD label is desirable but a suicide label is not.
- The issue of the stigma of mental health issues was then addressed. Helen Dempsey suggested that the common understanding of the phrase ‘mental health issues’ among the general population was that it pertained only to acute problems, and that this narrow view carried with it a major source of stigma. The specific issue of stigma in suicide was briefly addressed, where it was noted that among professionals working in the area there was a fine balance between destigmatising mental health issues and not wanting to normalise suicide behaviour.

(6) The chair then asked what some of the other behaviours of concern that were often seen in Galway.

- Some of those identified were early school leaving and withdrawal from families and society. It was noted that there can be differences between urban and rural service users. Urban service users often come with supportive and inclusive families, however rural service user can often be more closed off as they can be conscious of privacy in smaller communities.
- As mentioned earlier, the population of Galway is becoming increasingly diversified, however it was noted that the pattern of referrals to the youth advocacy programme (YAP) has not changed accordingly. This may mean that a significant portion of the community are not accessing services where needed.
- It was generally considered that stability in families was of major concern in Galway, and was frequently a barrier to the family continuing with programs after support programmes have been and gone.
- Another problem highlighted by the group was that of ‘disaffected youth’, young people who are becoming increasingly removed from the system, where they might know individual workers but have no concept of the service that worker is coming from, its place in the system, and how they fit in with the whole lot.
- Gerry Fahy of An Garda Siochana highlighted that there seemed to be an increasing reliance on the court system to access mental health services, i.e. that the courts are used as a fast track to assessment services for particular young

people. While this may speed up the time it takes for the young person to access the appropriate service, it forces people through the court system that should not be in contact with it, creates resentment, and opens to young person to new and potentially negative experiences.

- On the subject of assessment the role of the schools in this was discussed. Some dissatisfaction with the current system was expressed, where only educational psychologist from the National Educational Psychology service of the Department of Education are allowed to administer certain tests for the purposes of assessment. It was also noted that there is a reluctance to conduct assessment in many schools as there is an onus on the school to provide appropriate resources should a problem be identified, which puts extra strain on already restricted budgets/resources.
- It was suggested that what was needed in Ireland was a triage system similar to that in the UK, where nurses and other trained professionals could refer young people to psychologists. Currently, it was felt, the system in Ireland works in direct opposition to that, where you must first be seen by a psychologist/psychiatrist in order to access the system. Along the same lines, the 9-5 nature of most services acts as a barrier to service access as this is not considered sufficient.
- A theme that was identified at this point concerned the importance of developing relationships that are stable as an integral part of introducing stability for the young person. It was noted that one of the criticisms of the current medical model is that the same young person may see any number of different psychologists/psychiatrists as there is no keywork system in operation among this group. This may result in the young person not getting any consistency from the system and therefore reducing the tendency to engage.

(7) The attendees were then asked what was needed in Galway to improve the current situation.

- The increased visibility of services was identified, although it was also felt that with the introduction of some of the newer services that this was beginning to happen.
- Better progression through the primary, secondary and tertiary levels of the system was suggested.
- A review of the current system where all referrals are made through the GP.
- An open, frank and honest discussion to be facilitated between the services providers and the mental health professionals (who were not represented today)
- A media approach to mental health to mirror the current climate of the promotion of physical health, where the message is that general mental health is just as important as physical health.
- Increase accessibility to services and accompany this with expertise.
- Improve mental health literacy. Currently the 'Incredible Years' programme (Seamus Morrissey) goes in to schools and teaches emotion vocabulary and delivers emotional health education to 3-10 year olds, which it is hoped will help to avert aggression-based coping strategies later in life.

- Make use of the available medias. Eamon O’Docharta described NUI Galway’s interest in developing a holistic health website for its students with emphasis on local knowledge being an integral part of the information delivered. It was pointed out that this would be useful where services *are* local, however in rural Galway this is more difficult, indeed traditionally the only local service rural Galway has had has been the GAA. Outside of this institution there are none of the generic youth activities you might see in urban areas (sports and entertainment amenities, etc).

(8) The attendees were asked for their ideas on how to encourage the development of an integrated system.

- It was generally agreed that the main ingredient was *effort*.
- Of key importance was getting the different agencies to acknowledge that they are part of the whole system.
- It was generally recognised that the current ‘legalistic’ framework within which people must work encourages a territorial approach to service delivery which is ultimately self-defeating.
- Finance was also recognised as a barrier to integration as a lot of budgets were already stretched.
- It was also considered of great importance to get the mental health policy makers realise that a Jigsaw approach was for their benefit also.
- And finally, encouraging and involving young people was seen as crucial to the process.
- In terms of how to do this the GAF was identified as a great model for accessing youth, however it was recognised that the appeal of somewhere like to GAF was not universal and not every young person would go there.
- Therefore the issue of how to access those who don’t go to somewhere like the GAF needs to be addressed.

(9) The meeting ended with John Fitzmaurice thanking everyone for taking the time out to attend the meeting and for their valuable input. Each of the attendees was asked to take away and fill out an optional survey relating to their own service and return it to John Fitzmaurice upon completion.