“This is our health, our minds, our future, so let us have our say for once, let us take control of OUR LIVES”

“How many people will have lost their lives by the time something is done? Is the minister prepared to accept these deaths?”

“What can you say and more importantly DO that will make me feel satisfied with the current under funded services?”

“Suicide hasn’t got time to spare”

“This society needs to save lives and help those individuals most in need to live, do not enable them to die”

“I have seen it (suicide) all of my life and it hurts”

“If a child had cancer the treatment would be readily available – surely it should be readily available for these young people as well!!!”

“Often their cry of pain goes unheard and they die in their emotional despair”

“Stop these tragic deaths and injuries”

“A suicide prevention strategy could save lives of those young people crying out in despair”

“Something needs to be done about it now!”

“We just want someone to listen to us”

“The only reason we can see for changes not being made, is that you, that the government are afraid of change”

“Stop hiding from the fact young people today do have mental health problems and do something!”
Message to the Minister: Summary Report

What is ‘Message to the Minister’?

The Northern Ireland Commissioner for Children and Young People, Nigel Williams, launched a campaign entitled ‘Message to the Minister’ on 8th September 2005. Running for six weeks, this campaign encouraged young people to post messages on the NICCY website telling the Minister for Health ‘what needs to be done to help end the tragedy of suicide and self-harm in Northern Ireland’.

When launching the campaign, the Commissioner made a commitment to young people that their messages would be collected and forwarded to Shaun Woodward MP, Minister for Health, Social Services and Public Safety. This summary report consequently includes not only an overview of the issues raised within these messages, but also an appendix containing all 112 messages submitted to NICCY on the topics of suicide, self harm and mental health.

Who Sent A ‘Message to the Minister’?

As highlighted above, a total of 112 submissions were received by NICCY during the ‘Message to the Minister’ campaign.

As illustrated in Table 1, just under half (45%) of these messages came from teenagers aged 13 to 18 years inclusive. A further 23% came from young people in the 19 to 25 year age bracket.

More females than males availed of the opportunity to send their ‘message to the minister’ with an overall ratio of 3:2 female/male responses.
What Did Respondents Have To Say About...?

a. Why People Take Their Own Lives

Although the majority of messages focused more on societal shortcomings in responding to the issues of self-harm and suicide, a number of respondents did share their reflections on why individual young people may feel compelled to take their own lives.

**In their own words....**

“Having a non-tangible illness, such as mental health makes things worse as no-one can see your pain and how much of a struggle it is for an adolescent to go through. Every aspect of my life is and has been affected” (male, age 20)

“Two of my friends killed themselves recently. I think because of drugs, paramilitaries and things that have happened to them in jail at the hands of officers and inmates plus lost family members in the past” (male, age 20)
The two most frequently cited causes were, perhaps unsurprisingly, the impact of ‘paramilitaries’ and ‘bullying’. Other reasons cited include an experience of care or custody, bereavement, family breakdown, mental ill health, sexual or physical abuse, drug use and lack of self-worth. Reference was also made to the fact that often it is not any one particular factor that causes young people to self-harm or take their own lives, but rather the culmination of several different contributing factors.

b. Existing Responses to Suicide and Self-Harm

The majority of individuals who availed of the opportunity to send their ‘message to the minister’ expressed dissatisfaction with how the issues of suicide and self-harm are currently addressed. Particular attention was drawn to following issues:

- Difficulties identifying appropriate sources of advice and support.
- Unacceptable delays in accessing services.
- Inappropriate placement of adolescents in adult mental health units.
- Inappropriate incarceration of young people with mental health needs.
- Insufficient needs-focused training and education amongst professionals.
- Inappropriate responses from professionals approached for help.
- Continued stigma/negative societal attitudes.
- Under-funding of services resulting in continued insufficient service provision across the fields of education, health and social services.

In their own words...

“I was 13 and put in the adult ward in Windsor, Belfast City Hospital...Do you not think putting a 13 year old child in a unit with drug addicts and violent adults is unacceptable? This was an unnecessary and terrifying experience, which did nothing to help me conquer my illness” (male, age 17)

“As a young person who self harms...I won’t seek help cos I feel that people will not understand y I do it and they will judge me. I don’t want people to think I’m a freak or weird just cos of my way of coping with life’s pressures” (female, age 20)
“For nearly two years I have been suffering bad depression and none of the mental health services seemed to take any notice. I tried to take my life four times and had started self-harming before FINALLY receiving the help that I so badly needed which is still ongoing and, I admit, is the only reason I am still here today. The main reason my voice was finally heard was not down to me but to my being pregnant, as the mental health services were concerned about how the baby would survive and they finally realised I needed help and support to talk through everything that had led to my depression in the first place.

“When I went to the doctor for help I wasn’t taken seriously. He treated me like some sort of junkie looking for a hit” (male, age 19)

“I think it’s a shame and disgrace that Judges have no other option but to place them in prison when in fact an enclosed special unit would be more appropriate and beneficial to them” (female, age 21)

“I have suffered with clinical depression for four years now… Where I lived, I felt like I had very few options. I was made see a child counsellor. She was not trained to deal with the problems I was going through” (female, age 16)

c. What Needs To Change

This was the area which received most attention in people’s ‘messages to the minister’. Virtually all respondents offered some form of recommendation as to how the issues of suicide and self-harm could be better addressed.

The recommendations received were wide-ranging in nature, encompassing suggestions and strategies for dealing not only with individual young people’s needs, but also the needs of their wider social networks, their community and society as a whole.

In their own words...

“More adolescent beds are needed urgently” (male, age 17)
“Stop these tragic deaths and injuries, and fund the proper and adequate services” (female, age 14)

“We need somewhere we can go where the people are down to earth and who we feel comfortable with…We just want someone to listen to us” (male, age unknown)

“I think what you need to do to improve your support services, is to talk to those who have experienced loved ones self harming, or that have committed suicide” (male, age 17)

“I won’t seek help cos I feel that people will not understand…To help young people you need to better inform society about these issues and make the services more young people friendly and no so intimidating otherwise the problem will just get worse!” (female, age 20)

“There needs to be school counsellors like in America but they need to be real people and not someone you get sent to when you are bad” (male, age 17)

“It is important that young people voice their concern in the current debate on suicide” (female, age 18)

“A suicide prevention strategy could save the lives of those young people crying out in despair” (female, age 15)

“Change doesn’t have to be drastic, simple things such as more teachers, youth workers or adults who are willing to give up their time to talk to young people in need, without criticising them, would benefit us greatly” (female, age 15)

“Peer education would also be really effective, young people prefer to talk to someone around their own age than to talk to an adult” (female, age unknown)

“As a teenager, I believe there needs to be a collective response to suicide prevention and self harm. Families bereaved through suicide, community groups, voluntary sector, statutory bodies all need to be involved to promote an overall mental health strategy” (female, age 17)
“I urge you to improve services online – this is a vital medium for reaching those who feel they cannot talk face to face. It has helped me, and others invaluably” (male, age 17)

The key themes that repeatedly emerged as central to the future development of an effective response to suicide and self harm are as follows:

- Consultation with children and young people regarding their needs and wishes.
- More counselling/support services that are accessible to, and appropriate for, young people. Particular reference was made to the need for localised and school based provision, the need for a 24/7 ‘crisis response’ service and the importance of professional and experienced staff working within these. Reference was also made to the benefits of peer-support and to the wisdom of utilising a number of different mediums for delivering information and services, including those of email and the internet.
- Increased public education and preventative initiatives.
- More mental health clinics, particularly those catering specifically for children and adolescents.
- Increased funding of both statutory and voluntary services.
- An overarching comprehensive strategy, which addresses need at the individual, family, community and societal level.
- A holistic approach that integrates families, communities, the voluntary and statutory sectors and those whose lives have previously been impacted by suicide.
- Uniform access to services across NI, in both rural and urban areas.
- Recognition of the good work that some organisations are currently undertaking within the field and the benefit of supporting and promoting such good practice.
Concluding Comments

The words of the young people contained within these pages powerfully and passionately speak of the tragedy of suicide and self-harm so often witnessed amongst young people within Northern Ireland.

Frequently referencing personal experiences of pain and loss, these ‘Messages to the Minister’ tell of the factors that cause such despair and the devastating ripple effects upon family, friends and the wider community. At a broader level, they speak also of societal and governmental failure in addressing the problem, offering an impassioned plea to the Minister to ACT NOW and prevent any further unnecessary deaths.

It is imperative that we pay heed to these pleas and recommendations. These are the voices of those who have lost, those who have experienced despair, those who at times have seen no other way out, those who have walked these difficult paths with family and friends and those who have felt the isolation of having nowhere to turn, no one to care. Their experiences, though difficult and painful at the time, have given them a unique perspective on need and provision that would be foolish to ignore. Those who have been there, those who are there now, know better than anyone else what works and what is needed.