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Out-sourced to community groups? An analysis of community- based suicide prevention in Cork

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Introduction

This piece of work focuses on the lack of government support for suicide prevention and the counter-acting support of community groups for this specialised area. The research highlights the importance of these groups and their necessity in the prevention of suicide at a local level. It is a fact that suicide is a bigger killer of Irish People than road traffic accidents, but the fact of the matter is that suicide is only prioritised at 1/8th of that of the extent of anti- road death initiatives: 'MORE lives are lost annually to suicide than tragedies on our roads — but the budget to reduce road traffic deaths is eight times higher. Currently, the budget for suicide prevention is less than €5 million compared to €40m for road safety measures' (Irish Examiner, 2012: n.p). I became interested in researching suicide prevention at a community level through my realisation of the extent of suicide in Ireland. It touches every community. When a boy in my sister's class in school took his own life, it really made me realise that the problem exists in each and every person's community. In my opinion there is no effective statutory intervention, therefore I became interested in the community response to suicide prevention, which in my view is affective. My research aim was to develop an analysis of the motivations and experiences of community activists who are involved in suicide prevention in County Cork.

Methodology

Research question

“Out-sourced to community groups?” An analysis of community-based suicide prevention in Cork. Through this study I wanted to find out about the challenges faced by community-based suicide prevention groups. I also wanted to find out about their experiences and what motivated them into doing this type of work. I wanted to achieve these objectives through engaging with people who work directly in this field. I wanted to interview three community activists who work in the field of suicide prevention.

Theoretical Approach

An interpretive approach to social research was the informed approach taken in this study. ‘Interpretive theory is a general category of theory including symbolic interactionism, labelling, ethno methodology, phenomenology and social constructionism... Structural theory focuses on the situation in which people act while interpretive theory focuses on the actor's definition of the situation in which they act.’ (Sociology index, 2011: no page number) Interpretive research is concerned with highlighting how the individual sees and understands situations: to see it through their eyes. Therefore, ‘interpretive research is fundamentally concerned with meaning and it seeks to understand social members' definition of a situation’ (Sociology index, 2011: no page number). As a researcher, the responsibility is to try to support participants to explain their world views and to reflect those views accurately in the final report.

My dissertation focused on how members of community suicide prevention groups interpret aspects of their work. Their own opinions were the primary focus and are presented in detail in the findings chapter. I wanted the interviewees to tell me about their own experiences through this work. I wanted to gain an insight into what motivated them into doing this type of work. I also wanted to get the interviewees opinions on policy support for suicide prevention. I feel that the challenges these groups face were important to identify. I also wanted to gain an understanding into what kind of distinct experience these groups are bringing to the area of suicide prevention.

The Interviewees

I conducted three interviews as primary research for this study. The first interview that I conducted was with Pat Buckley of Midleton's suicide prevention group 'Let's Get Together Foundation'. Pat is its P.R.O. According to the 'Let's Get Together' Facebook page, the foundation was founded in May 2004 when Pat Buckley lost two of his younger brothers to Suicide. In the absence of alternative support the Foundation was established as a voluntary organisation that is run by family and friends who have lost loved ones to Suicide. It is non-profit and solely funded by donations and fundraising. 'Let's get Together' works in partnership to address individual needs and to offer information in a friendly, confidential and non-judgemental manner.

The second interview was with Margaret Whelton of the West Cork Suicide Awareness group. This is a small group of five people based in Rosscarbery. This group seeks to raise awareness about suicide by running high profile events in the community such as coffee mornings and quiz nights. It provides training to those working in the frontline of society on how to spot the signs if someone is contemplating suicide. This group also supports Loinnir financially.

I interviewed Sister Claire of Loinnir. According to its information leaflet (no date), this groups ethos is 'finding life after suicide'. They were funded by the HSE, but recently this funding was cut. Loinnir is a support group for family members bereaved by suicide.

Critique of the Reach Out Policy 2005- 2014 and government commitment to suicide prevention

In January 2012, a Cork Labour Party candidate John Gilroy he criticised the application of the Reach Out Policy: highlighting what he perceived as an ongoing lack of government commitment to suicide prevention. He argued that the policy needs to be reviewed and added that 'many of the useful parts to the document had never been implemented, such as finding a better way of recording suicides other than CSO figures which do not appear until over a year later' (Irish Examiner, 2012). The policy according to Gilroy was not followed through on so that many of its

suggestions and promises lay dormant.

At an Oireachtas discussion on the Reach Out Policy, Doctor John Connolly expressed his criticism about how the proposals in the national suicide strategy, Reach Out have not been implemented in full. (Connolly, 2008: no page number). 'Suggestions made in Reach Out 2005-2014 were proposed for action in the short term but this has not occurred. It is frustrating that in implementation of Reach Out 2005-2014 and A Vision for Change, promised, apparently ring-fenced, financing was not made available' (Connolly, 2008: no page number). Therefore, promises were made in the Reach Out Policy, but these promises were subsequently broken and the proposed actions were not implemented. Connolly also expresses his criticism of the lack of funding that has been provided for suicide prevention. Connolly's comments echo the criticisms made by Gilroy who also noted that the Reach Out policy has not been implemented.

According to Butler and Phelan (2005) illustrates the need for the National Task Force to keep its focus and actually deliver an adequate strategy. They note the significance of suicide among young males and they call for a stronger government commitment in this field. They also point out that research is key to identifying those at risk. The National Strategy should allow for research to be carried out asking the question of why young men are killing themselves. These central questions should be an important influence in the development of service responses. Other research should be undertaken to find out how society can identify those at risk of committing suicide (Butler & Phelan, 2005: 72). The National Task Force are noted here needing to increase their focus on delivering an adequate suicide prevention strategy. This reflects the slow pace of mental health reform and the lack of services within this field. The conclusion drawn from this area is as follows. The Reach Out policy is a really progressive document which greatly acknowledges the role of community organisations in the field of suicide prevention. However, the reality is that the interviewees feel that there is a lack of policy support.

As regards Reach Out they made nothing only wasted money, they pumped millions into it. In Ireland in the boom, the government were only spending 20 cent per capita on suicide prevention and mental health, its less now. Its backwards we're going..... The Reach Out policy is verbal diarrhoea, paying

astronomical amounts of money. The only things good about it were the ASSIST programme and the Peer support group. I don't see it being rolled out in schools, the media. From my latest research, money that has been sanctioned for the mental health thing has been taken and diverted somewhere else so it's not a priority and it never was. It's not a democracy it's hypocrisy! (Pat Buckley).

They feel that while the Reach Out illustrates various actions, they certainly have not implemented these actions, according to the interviewees. This shows a large disconnection between government policy and the actual reality on the ground.

Involvement in this work because of personal experiences:

A diverse range of community based and non- statutory organisations have merged in recent decades to support and directly engage in suicide prevention work. They undertake a wide range of functions in both urban and rural settings in the Island of Ireland. As noted earlier, a common feature shared by these groups is that they are often initiated and run by those who are bereaved by suicide themselves. According to Hawton (2003), suicide bereavement groups are more specialised than general bereavement groups because not only is the bereaved person grieving the death, they are also left with the devastation of wondering why their loved one died by suicide. Therefore people bereaved by suicide may find solace in suicide bereavement groups that are underpinned by a self- help or community ethos because they have a deep understanding of what the bereaved person is going through (Hawton, 2003). This point is reiterated by console which is involved in a variety of suicide prevention and support initiatives. It argues that 'the coming together of people bereaved by suicide can provide the opportunity to be with other people who can really understand. They have been through a similar experience and may wish to gain strength and understanding from other people within the group' (Console, 2010: no page number). Such groups can also see themselves as distinct from professional bodies. The professional bodies lack the personal experience of the group facilitators. Ultimately, 'self help groups for people bereaved through suicide provide the chance to meet and talk with others who have suffered a similar loss' (Pandey, 2005: 57).

According to the National Office for Suicide Prevention (no date) community self-help groups generally exhibit the following characteristics:

The members share a common core experience, the group is self-governing and self-regulating, self-help groups are accessible without charge and share common values. Self-help groups are community based and leadership is provided by trained lay people. Currently, self-help groups are the most common form of intervention for a wide variety of physical and emotional problems' (NOSP, no date: 13). From this description of community based support groups it can be assumed that they are largely self-sufficient and self-sustaining. However, they may receive funding from statutory agencies such as the HSE and their emergence may be traceable to gaps in public provision of services. NOSP reflects one of the most positive aspects of community based support and self-help groups and this is their responsiveness to local needs and issues (no date). In relation to self-help suicide bereavement groups, it was found that they were providing 'support, hope and understanding. Participants are supported in expressing emotions, relating experiences and engaging in cognitive restructuring (NOSP, no date: 14).

One example of such a group is Loinnir which exemplifies the characteristics of suicide bereavement groups as described by NOSP (no date). Loinnir is a suicide support group that was set up in the Cork area. It is made up of therapists and also individuals who are bereaved by suicide. As a support group that works directly with families who have been bereaved by suicide, it aims to 'offer support and provide a safe and confidential setting, in which those bereaved by suicide can share their experiences' (Loinnir, no date). The research yielded the following finding. These interviewees are motivated to do suicide prevention work because of a personal loss that they have experienced. Because of their experiences with such losses, these people are bringing unique insights to the work. They also have an understanding of what people may be going through. Another major theme is how these people got involved in suicide prevention work at a community level. It is startling to find out that their reasons for getting involved are because of personal experiences with suicide. This instilled in them a desire to make a difference and prevent other people from experiencing similar traumas. Pat Buckley describes his experiences of suicide in his local area.

It was like a holocaust here in the 2002- 2004 years, it was frightening, everyone was going around with dipped heads and they all knew someone who died by suicide and they were thinking who was it going to be next. That's what scares us. (Pat Buckley, 'Let's get together')

Funding Issues

Although the Reach Out policy 2005- 2014 aims for training to be provided to diverse groups across the country, in the context of cutbacks, this will be more difficult to achieve. In chapter one, some of the reasons for the historical lack of funding for this work were discussed. Inaccurate national figures for suicide may give policy makers a false impression of the extent of the problem but it also reflects the comparatively low status and stigmatised place of mental health. With the recession and the retrenchment in public services, it appears that community services will be expected to do more with less. Furthermore, while the Reach Out policy references the importance of partnership between statutory bodies and community and voluntary groups around suicide prevention, the comments presented here suggest that these relations are sometimes fraught. It was concluded that the work that community groups are doing in suicide prevention work entails huge challenges. The financial challenges faced by these groups are huge especially since their funding is minimal. They also face huge time- pressures and they find it difficult to balance their private lives with their work in suicide prevention. Interviewees agreed that funding and resource constraints constitute a severe challenge. Loinnir's HSE funding has recently been cut, a challenge reversed to a degree by the West Cork Suicide Awareness Group who now partly fund Loinnir. Engagement with state agencies can generate extra costs for community groups. For example, Margaret Whelton said that when the HSE do the Safe Talk, they do not pay for the rent of the hotel room and the group has to fund this cost. She also said that although they run the ASSIST course, it is getting more difficult to do so because of cutbacks.

Stigma

A particular problem with suicide prevention work is the associated stigma and shame. This is borne out in the interviews. Pat Buckley remarks that people in his community were afraid to do the ASSIST course training because 'the fear factor was still there'. Groups are trying to normalise mental health and place it on a level par

with physical health.

Suicide prevention is a very private thing. We are trying to de-stigmatise it. When you break your leg you go to the hospital to get it fixed and its accepted and that's what you're supposed to do, it should be the same if your heart is broken or your head is broken' (Pat Buckley).

Aside from the stigma experienced by those who have directly experienced bereavement, there is a general unwillingness to discuss the issue itself.

There still is a taboo and stigma around families who have been affected by suicide, people don't talk about it, and people don't talk about when they are in trouble or feeling despair. We're trying to remove the stigma (Margaret Whelton).

When we did have a good few bob we approached a few premises here in the town and we found a place but it's gone now because when they asked what is it for they said no, major stigma their still. The other businesses didn't want to be near us. (Pat Buckley).

Even in naming their groups, members are conscious of the negative effect of stigma: 'None of the groups use the word suicide in their name because it turns people away' (Pat Buckley).

The de-criminalisation of suicide was seen as a milestone in the field of suicide prevention, but it appears that cultural attitudes have not kept pace. Reach Out Strategy identified the priority of promoting a positive image of mental health and removing the associated stigma. From what these interviewees have said, this remains an ongoing challenge. Through this research I realised that the stigma that is associated with suicide is huge, this was evident in the literature and it was confirmed to a further extent by the interviewees. Stigma poses as a huge obstacle in the way of a person looking for help, therefore it hampers suicide prevention.

Recurring challenges faced by the group

While policy documents such as Reach Out emphasise the key role played by community based support groups, they do not always recognise the depth of

commitment given by volunteers. A finding of the interviews was that the workers are facing real time- pressures due to their involvement in this work. For example, Pat feels that 'Your time. Time is never your own because our phones are on 24/7... Time is the hardest one and trying to balance your family life and give time' (Pat Buckley).

This challenge is also faced by those involved in Margaret Whelton's group.

Man power in terms of organisation is a challenge because even the week of coming up to a fundraiser there's an awful lot of late hours have to be put into organising things (Margaret Whelton).

Pat spoke at length about the abuse sometimes experienced by workers within the organisation, although neither of the other two interviewees said they had experienced such behaviour. Through the text messaging and phone-call service people have sent abusive messages.

You have the genuine caller and then you have the nasty callers... some of them are stalkers and sick bastards, they have been found in parts of North Cork and the Guard's are well aware of them. They send abuse and lies... Your trying to help people and it's a really twisted society (Pat Buckley).

The vulnerability of volunteer phone staff to such kinds of harassment is not raised in the literature and there does not seem to be any protocols for such issues in documents such as Reach Out.

A quite fundamental fear that can be experienced by these activists is the fear of not being able to assist someone and the comment reveals their deep sense of responsibility:

The worry if someone contacts us and we aren't in a position to help them, we'd be terrified if we did just disappear or stopped doing what we are doing that suicide rates would come up again (Pat Buckley).

Pat makes reference to the emotional cost of this work. He strives to help these people and he finds it soul- destroying to hear when they don't succeed. Their close proximity to the community can increase the emotional impact and sense of loss when community members take their own lives.

It can be very upsetting, I've had a few people that went through counsellors and it didn't work out and they are dead now, it makes you very angry and sad. The worse thing about it is you know most of them personally, it's scary. One of our counsellors was shocked when one of the people going to her died by suicide and I said no, no you won't save everyone. It's reality (Pat Buckley).

The interviewees were honest about how conflict and differences may be found in their groups. Pat explained that conflict in the group can make it difficult to make progress while Margaret Whelton says that for her group,

‘There are different opinions within the group about what we should do, some people just want to keep it very small and some people want to make it bigger. So that's a challenge.’

Differences of opinions can relate to processes and procedures but they can also determine the future direction of groups. Not surprisingly the interviewees agreed that funding and resource constraints constitute a severe challenge. Loinnir's HSE funding has recently been cut, a challenge reversed to a degree by the West Cork Suicide Awareness Group who now partly fund Loinnir. Engagement with state agencies can generate extra costs for community groups. For example, Margaret Whelton said that when the HSE do the Safe Talk, they do not pay for the rent of the hotel room and the group has to fund this cost. She also said that although they run the ASIST course, it is getting more difficult to do so because of cutbacks.

Although the Reach Out policy 2005- 2014 aims for training to be provided to diverse groups across the country, in the context of cutbacks, this will be more difficult to achieve. In chapter one, some of the reasons for the historical lack of funding for this work were discussed. Inaccurate national figures for suicide may give policy makers a false impression of the extent of the problem but it also reflects the comparatively low status and stigmatised place of mental health. With the recession and the retrenchment in public services, it appears that community services will be expected to do more with less. Furthermore, while the Reach Out policy references the importance of partnership between statutory bodies and community and voluntary groups around suicide prevention, the comments presented here suggest that these relations are

sometimes fraught. From this area of the research the following findings were produced. The interviewees are hugely selfless, they are making huge sacrifices in doing this work. They put a huge amount of time and resources into this work. Reach Out does not note any protocols for abusive behaviour faced by community-based suicide prevention groups, there is no protection or reporting mechanism in place for them, this is an issue that I realised when one of the interviewees spoke of the abusive behaviour portrayed by several clients. Reach Out does not make provision for the emotional cost to these community workers. The interviewees spoke of the highly emotional aspect to this work, and still the Reach Out policy does not make any provisions for same.

Conclusion

My research aim was to develop an analysis of the motivations and experiences of community activists who are involved in suicide prevention in County Cork.

The following are the research objectives of this research report:

- To develop an understanding of the scale of the suicide problem in Ireland.
- To develop an understanding of the efforts to reduce the suicide rate.
- Discover policy commitments.
- Analyse the emergence of community based self-help groups and mental health groups.
- Interview three activists involved in suicide prevention work in Cork about their motivations and experiences.
- See if there are inconsistencies between state policy and the reality on the ground.

In this conclusion I am going to present the main principle outcomes of the research report:

- The Reach Out policy is a really progressive document which greatly acknowledges the role of community organisations in the field of suicide prevention. However, the reality is that the interviewees feel that there is a lack of

policy support. They feel that while the Reach Out illustrates various actions, they certainly have not implemented these actions, according to the interviewees. This shows a large disconnection between government policy and the actual reality on the ground.

- These interviewees are motivated to do suicide prevention work because of a personal loss that they have experienced. Because of their experiences with such losses, these people are bringing unique insights to the work. They also have an understanding of what people may be going through.
- The work that community groups are doing in suicide prevention work entails huge challenges. The financial challenges faced by these groups are huge especially since their funding is minimal. They also face huge time- pressures and they find it difficult to balance their private lives with their work in suicide prevention.
- Another major theme is how these people got involved in suicide prevention work at a community level. It is startling to find out that their reasons for getting involved are because of personal experiences with suicide. This instilled in them a desire to make a difference and prevent other people from experiencing similar traumas.
- Another theme that stood out was the selflessness of the interviewees, they are making huge sacrifices in doing this work. They put a huge amount of time and resources into this work.
- Reach Out does not note any protocols for abusive behaviour faced by community- based suicide prevention groups, there is no protection or reporting mechanism in place for them, this is an issue that I realised when one of the interviewees spoke of the abusive behaviour portrayed by several clients.

- Reach Out does not make provision for the emotional cost to these community workers. The interviewees spoke of the highly emotional aspect to this work, and still the Reach Out policy does not make any provisions for same.
- Through this research I realised that the stigma that is associated with suicide is huge, this was evident in the literature and it was confirmed to a further extent by the interviewees. Stigma poses as a huge obstacle in the way of a person looking for help, therefore it hampers suicide prevention.

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