



From left: Nigel O'Callaghan, community engagement intern, Roisin Murphy, online communications officer, Elaine Geraghty, chief executive and Naosie Kavanagh, online communications manager, ReachOut/Inspire Ireland

Suicide: the silent threat

It is estimated that at least one in four people will suffer from a psychological disorder at some point in their lives. Youth mental health website Reachout.com aims to ensure that as many of these cases as possible are caught early

Words: Fiona Kelly
Picture: Maura Hickey

“What was the plan four years ago?” asks Elaine Geraghty of youth mental health website Reachout.com. “To go to school, college, to get a job? That has changed utterly. Security has disappeared.”

“Those of us who are a little older can approach what is happening in

the economy with some experience, and even then it's hugely scary. Add in having to grow up on top of that, and you can see that it is tough for young Irish people right now. Some people are just lost.”

It is widely recognised that one in four people over the lifetime of any given population will experience a mental disorder.

However, recent research carried out in New Zealand suggests that

figure is closer to one in two.

The study assessed the mental health of 1,000 people born between 1972 and 1973, up to the age of 32. It targeted depression, anxiety, alcohol dependence and cannabis dependence.

Given the preference of the report, Geraghty – who has been chief executive of the not-for-profit website since its inception in 2010 – says it is important to be working

towards a day when we will be able to talk about mental health issues without labels.

She adds that through her work at Reachout.com, she has seen young people show the greatest acceptance of the idea that anyone might have a mental health problem, and be the least quick to label.

However, with the best Irish research suggesting that at any one time, one in five young people will experience a mental health problem, Geraghty says there is still much to be done in the area of prevention and early intervention in mental health issues. She says the attention should be focused on preventing a mental illness or suicide occurring, rather than the current practice of offering crisis support after the fact.

Because age onset research shows that 50 per cent of mental health problems appear by age 14, and 75 per cent by age 24, a service

that specifically tackles youth mental health is not just desirable, but necessary.

“If someone has a mental health problem, the chances are that they started around the age of 14. So that's our starting point at Reachout. Our service is for people from age 12 up to the age of around 26. Although we do have people coming to us who are older, and who haven't been able to access help elsewhere,” Geraghty says.

“Young people are the gatekeepers of our society. So our job is to intervene earlier, prompt young people to deal with mental health issues before they really become an issue.”

Reachout.com defines itself as an internet-based initiative that promotes the mental health and wellbeing of young people in Ireland, and facilitates help seeking through signposting face-to-face services, as and when those ser-

vices are needed.

Older generations may be wary of the internet's capacity as a self-help tool, but Geraghty says there is a potential for the internet to play a huge role in increasing the mental health literacy of young people. To discount it would be to disregard the fact that being young is synonymous with being online.

According to internet usage studies, nearly 90 per cent of young people aged between 16 and 24 years old in Ireland use the internet, with three-quarters of them on it every day. “Young people live their lives online,” Geraghty says. “Why would there not be an online service for them?”

She describes Reachout.com as a “safe place that kids can connect with, and where they can connect with other people through shared experiences.”

Unlike some other self-help sites, chatrooms and Facebook groups operating in the area, the site is supported by a team of clinical advisers and expert contributors. It delivers content through 300 fact sheets, personal essays, video streaming and an “ask the expert” service, where young people's questions about topics are posted anonymously and answered in an open forum.

“It's a safe and positive environment for young people,” Geraghty says. “It allows them to seek help anonymously in a medium with which they are highly familiar. Reachout.com is giving a positive message, but it's not Pollyanna-positive. The message is that there are solutions and supports to get you through tough times.”

“Mental health problems can mean absolutely anything. There is a percentage of people with mental health problems that need huge clinical support, but there is also a majority of people with problems who never quite get to that stage. They need support too, and sometimes that means just talking. And if that's online, great. We are here to help the people who can't help themselves.”

Reachout.com draws on 12 years of experience from its parent, the Inspire Foundation. The Australian philanthropic organisation was established with the primary aim of reducing youth suicide in Australia. When looking to expand its services, it targeted Ireland as a country with similar, dangerously high youth suicide rates.

Geraghty concurs that suicide and self-harm are issues of serious concern in Ireland. In 2009, there were 527 deaths by suicide registered in the Central Statistics Office, with the highest numbers reported for young men. In that same year there were 11,966 hospital presentations due to deliberate self-harm, with the peak rate for women at age 15-19 and the peak rate for men at 20-24, according to the National Suicide Research Foundation.

One of the barriers to addressing the problems, Geraghty says, is the fact that young people are reluctant to seek help from medical profes-

sionals, and are instead more likely to speak to a close friend or sibling than an adult about their problems.

“Reachout is the big brother, big sister or close friend that you would have a conversation with. It's just that how you are having that conversation is different,” she says.

The youth-driven element of the site is an important one in ensuring it continues to draw users (it reported 212,000 unique visitors in the first two years).

Therefore, Geraghty works with 14 youth ambassadors and around 80 volunteers who provide a filter for the content and advertising on the site, host fundraising events and work in promoting the site and its message.

And while Reachout costs its net wide – working with youth organisation Healdway, the FAI, the Boxing Association of Ireland and parents, teachers and guidance counsellors across the country – there is no place on the site for those people to add their voice to the discourse. “This is a space for young people, and I don't want to discredit that,” Geraghty says. “Although I would encourage parents to read it, if only to see how our experts might tackle certain problems they face with their children.”

Speaking to Geraghty, you get an idea of how essential the service is to Ireland's youth, but also how precarious. Reachout would not be out of place in a government-funded health initiative, yet the space that it occupies in the not-for-profit sector would be viewed as problematic.

“Its most total dependence on philanthropic funding at a time when charitable donations are at an all-time low makes Geraghty's job in creating a viable service a difficult one.

And while there is something highly regretful about a society that's pinning the mental health of its youth on the kindness of a few charitable individuals, Geraghty is bullish about the future.

“I am used to working in an industry that is tough. I was in independent radio for 20 years, so I am no stranger to pressure, and I am grateful for the support we receive. We are a relatively new organisation that has to prove its mettle and discover new fund bases.”

“In this business, we don't wait for every quarter to read the INLR figures to see how we are doing. Here, it is possible to deliver a service and measure the impact instantly. I want to encourage people who are in a position to invest to do so – because we are an investment that delivers.”

Raising money might be Geraghty's business, but she's keen to stress that the overall business of Reachout is to build resilience in young people, with the ultimate aim of reducing youth suicide rates.

“Never has there been a greater need for a service such as ours, so I have no problem with promoting our business to a new investor,” she says. “We are keeping the future generation alive.”

A problem shared on Reachout.com

My psychiatrist calls it “adaptation” – that graceful period in which you come to terms with whatever is happening to you. This could be anything from moving schools to losing a loved one. For me, I had to overcome being diagnosed with schizophrenia disorder. Adaptation has become my whole life.

Diagnosis
Schizophrenia is that delightful mix of bipolar disorder and schizophrenia. It takes you on a journey of extreme highs, despairing lows and alternate realities. I have also been diagnosed with obsessive compulsive disorder and generalised anxiety.

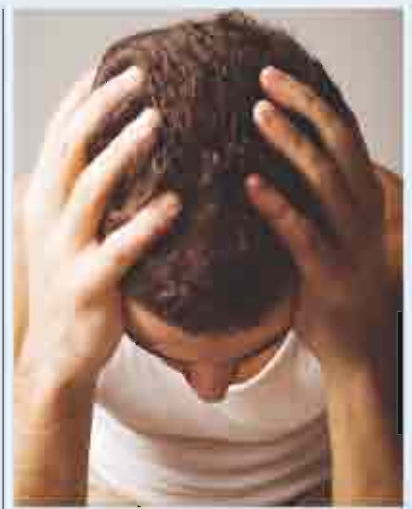
It was crippling depression that led me to seek help, and for two years I was treated (rather unsuccessfully). I had a supportive GP and a great psychiatrist whom I trusted to the ends of the world. Then it began, I started to notice strange things happening to me. It was a gradual progress.

Episodes
The first thing I noticed were bugs crawling all over me. It took me a while to realise these bugs weren't real, and I remember thinking at the time: which is worse? I desperately wanted to believe that the bugs were real and that I wasn't going crazy.

I refused to seek help, and laboured on for about a year. Then things got worse. I had episodes of extreme anxiety and paranoia. The bugs began communicating with me and controlling me. It was terrifying. I started seeing signs which had special significance to me alone. I'm lucky that I managed to keep a lid on it to a certain extent.

Continuing to get sicker
I eventually told my psychiatrist and he organised several tests. He put me on an anti-psychotic medicine (my first of several). However, I continued to get sicker, as well as experiencing bad side effects from the drugs including weight gain, and dystonia (where all the muscles in my neck seized up). It got to the point where I was no longer in control. I thought my meds were poisonous, so I stopped taking them – a disaster.

Getting worse
Everything got worse at full force. I was on the brink of losing touch with reality. Signs were telling me to kill myself, and I believed them. Around all of this happening, I started university and I found this



'I am smart enough not to let this illness interfere with my dreams' THINKSTOCK

extremely stressful. I was suicidal too, as all this was happening against a background of dysphoric mania. (“Dysphoric mania” or a mixed affective state is exactly as it sounds. You experience depression and mania at the same time. It is hellish.)

Support of friends
Before I knew it, I was in hospital. Being an inpatient definitely helped. We were able to fiddle with meds much quicker than we could have if I was at home. Plus, I needed the help of the nurses, who taught me how to cope with my illness and how to open up to people. Always there with a helping hand were my psychiatrist and some great friends.

Support all around
My family were always there to comfort me, and learned how to support me. The nurses were a huge help – they brought me in games and movies, and played the piano with me. It helped no end. I stayed in hospital for 12 weeks. I had to drop out of university, which I hated. It was all so confronting – I could no longer ignore what was happening to me.

I experienced new phenomena too – my fish was talking to me, there were hidden messages for me in songs. So I started taking a drug called

Clozapine. It's the most powerful anti-psychotic on the market so a drug of last resort. It carried with it some serious side effects, including the ability to mess with your white blood cell count, so that meant weekly blood tests. I have only just finished my course of weekly blood draws, and now I am on monthly draws for the rest of my life.

A burden shared
So how have I adapted? Well, I started back at university on a part-time basis. I have slowly been learning to cut myself some slack (academically), to be aware of my illness getting worse, and to talk more, I talk to my friends, my psychiatrist and my GP. I still find it hard to talk to Mum about what is going on.

Adjusting
I have had to adapt to being more fragile, to the fact that things will never be the same again, to the fact that my life has become a series of appointments. I have adjusted in part to mood swings. One of the hardest things I have found is hearing people say that I am psychotic. That still makes me cry. But I'm working on it.

I am smart enough not to let this illness interfere with my dreams. I am going to win this battle.