

## Making a call on suicide



### Mind Moves Tony Bates

Young people find it hard to talk about suicide, but hearing about it these days as frequently as they do, they may benefit from a safe way to engage with this subject.

I experienced a remarkable event last week in St David's Secondary School, Greystones, Co Wicklow, where transition year pupils were presented with the issue of suicide in a way that was courageous, sensitive and skilfully managed. The school had invited Team Educational Theatre Company to stage a one-hour play, *Last Call*, to the transition year, and to engage them in a post-production workshop to explore the issues it raised.

Written by a psychotherapist, Francis Kay, this play is built around three characters: Shell, who lies in a coma in the wake of a suicide attempt wrestling with the question of whether to live or die; Johnny, her boyfriend, who had chosen to end his life believing we are remembered not by how we live, but by how we die; and Tom Crean, the Antarctic explorer, who had survived adventures where death was an ever present reality and acquired a deep reverence for life. His pub becomes the setting for the dramatisation of Shell's inner struggle. The play opens on a summer's evening, when a young girl, Shell, turns up out of nowhere in Tom's pub, soaked to the skin. She is cagey at first, but as he engages her in conversation she gradually reveals she has just attempted to end her life out of a sense of guilt for not having prevented her boyfriend's suicide.

Johnny, her deceased boyfriend, makes frequent appearances in the pub as Shell relives key moments in their relationship - including very funny episodes - and wrestles with whether to follow his example.

The inclusion of the character Tom Crean was particularly inspired. He represents a wise and caring voice in Shell's mind. It turns out she had read his story recently and had related to the risks he had taken and his many exposures to death in the course of his adventures. In many respects he expresses the need that every young person has for a relationship with an adult with whom they feel personally connected and who supports them in their search for identity.

Confronted with Shell and the crisis she faces, Tom doesn't say very much. But he listens and affords her the space to think aloud and work things out for herself. His presence and his wisdom embody a message that counters Johnny's cynicism about life.

Following the play, the student audience - led very skilfully by drama therapist Lisa Markham - were invited to become players in an extension of the drama. They moved to a different chair and morphed into a Leaving Cert class that had gathered to welcome fellow student Shell back to school. Having recovered successfully from her ordeal a few months earlier, Shell is eager to return and complete her education. But before doing so, she asks permission to speak to her class and answer any questions they have about her experience.

This manoeuvre created a safe space where students could articulate the questions in their mind that suicide raises and explore what makes life worth living.

Their questions got right to the heart of the matter and Shell, still in character, sitting in front of the class, responded with an openness and honesty that reinforced the play's central message: "We are remembered by how we live and not by how we die."

The final portion of the programme invited students to "Take a stand" on some of the key issues raised in the play. Literally, they were invited to position themselves in the room according to whether they agreed, disagreed or were uncertain about statements such as "you are what you are born into"; "if a friend asks you to keep a secret, even if it's about their intention to self-harm, you should honour this".

Each student was engaged in this process of reflection without ever feeling they were being personally put on the spot.

I have just received feedback from the students in St David's as to what they took from this whole experience. Their reactions are consistently positive. Clearly the event made a very positive impact on them.

When asked what they learned most from the *Last Call* workshop, their comments included: "No matter how bad things get, suicide is not the answer"; "that there is always another option"; "that it is important to talk and not hold things in"; "that you need to support your friends when they need you most".

Comprehensive programme notes for teachers and guidance counsellors accompanied *Last Call* and the preparation for the event involved consultation between parents, teachers and the students. The SPHE co-ordinator and the guidance counsellor also undertook systematic follow-up with each student.

The consensus between my colleagues and I, who were fortunate enough to have been invited to attend this programme, was that we had experienced a powerful and life-affirming exposition of this issue that would be hard to beat.

◆ This programme is being presented in *The Space@The Helix in Dublin from Monday October 22nd-Sat October 26th. For details phone: 01-700 7000. For further information on Last Call, contact educationofficer@teamtheatre.ie*

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# The natural way



With health benefits for both mother and child, it's important to examine why Irish mothers are turning away from breastfeeding, writes  
**Dr Muiris Houston,**  
Medical Correspondent

It's natural, it's free and is available on demand. It has many health benefits for both mother and child. So why has the Republic got one of the lowest breastfeeding rates in the EU?

The rate of initiation of breastfeeding in Nordic States such as Norway, Sweden and Denmark is in the region of 98 per cent of new mothers. The UK manages 70 per cent breastfeeding rates, while even in France, more than 50 per cent of mothers breastfeed their babies. But here in Ireland, at 45 per cent, breastfeeding initiation rates prop up the European league table.

According to Maureen Fallon, national breastfeeding co-ordinator with the Health Service Executive (HSE), the fall-off in breastfeeding was more profound in Ireland in the 1940s, 1950s and 1960s than in other countries.

"The loss of a culture of breastfeeding is very difficult to reverse," she says.

"In this situation, mothers can doubt their ability to breastfeed and, when they don't see other mothers breastfeeding, can come to the conclusion that it is not 'normal' or achievable."

The focus of national breastfeeding week, which started yesterday, is on raising awareness of the various supports available for mothers who are considering breastfeeding.

Catherine Murphy, HSE assistant director of population health, who is also the chairwoman of the National Breastfeeding Implementation Committee, says the voluntary sector is key to supporting breastfeeding mothers.

"Peer support, such as that provided by voluntary groups like the La Leche League, Cuidiú - Irish Childbirth Trust, and the Community Mothers Programme draw on experienced breastfeeding mothers who have received best practice training to help and support new mothers," she says.

"This is a particularly powerful way of building confidence especially in communities where quite probably the newly breastfeeding mother knows no one else who has breastfed," she says.

The Community Mothers Programme is a support programme for first-time and some second-time parents of children up to two years, who mainly live in disadvantaged areas in the major cities. It especially targets lone parents, teenage parents, Travellers, asylum seekers and refugees.

Initially rolled out in 1988, the programme now supports almost 1,200 parents each year in Dublin and surrounding areas. Delivered by volunteers known as "community mothers" who visit parents in their homes, a key element of the scheme is that it reflects the ethos of each particular community. Community mothers typically spend a



## Promoting health

In the UK, it is estimated that as many as four out of five deaths in people under 75 could be prevented. The total cost of preventable illness in Britain has been calculated as £187 billion (€268 billion), equal to 19 per cent of total GDP.

For every 1 per cent improvement in health outcomes arising from health promotion and prevention, it is estimated that public expenditure could be cut by £190 million (€272 million).

As chronic disease prevalence increases, the cost of treating chronic illness rises. It is estimated that 10 per cent of the Republic's healthcare budget is spent on diabetes; one-half of the spending goes on complications of the disease.

With mounting evidence of the role of lifestyle factors in causing heart disease, diabetes and some cancers, it is clear that health promotion and prevention must be prioritised by the health service.

Health promotion is the responsibility of the Health Service Executive's National Population Health Directorate.

A population health approach promotes and protects the health of the whole population, with a particular emphasis on reducing health inequalities. Investment in health promotion and population health brings with it a broad range of benefits; for the environment, for education and for social services, as well as for health.

Jennifer Foxe breastfeeds her son, Damon, aged three and a half weeks, at the Rotunda hospital, at the launch of Breastfeeding week yesterday.

Photograph: Kate Geraghty

minimum of 13 hours each month visiting up to 15 families, focusing on nutrition, healthcare and child development.

But the survey of breastfeeding practices published yesterday by the HSE shows that just 25 per cent of mothers from lower socio-economic groups breastfed their youngest child.

The social class divide is underlined by the finding that 69 per cent of mothers from the highest socio-economic group had breastfed their last child.

The Strategic Action Plan for Breastfeeding, published in 2005, had set a target of increasing breastfeeding initiation rates

by 4 per cent per year among mothers who live in disadvantaged areas.

At double the target for the general population, it is a recognition of the need to focus health promotion initiatives on lower socio-economic groups.

How will the HSE achieve what is a challenging target? "The process starts with looking at how and when infant feeding decisions are made," Murphy says. "Local surveys suggest that approximately half of women in Ireland have made their infant feeding decisions prior to booking in for their antenatal care and possibly even before they become pregnant."

"So addressing the barriers to breastfeeding in society as a whole as well as providing information about breastfeeding long before pregnancy is even contemplated has been shown to be effective."

The HSE has developed a breastfeeding resource pack for junior cycle students as part of the Social Personal Health Education (SPHE) programme; the pack will be distributed to schools by the end of the year.

Other issues relevant to encouraging health promotion in disadvantaged areas include language and literacy levels as well as the provision of viable healthy alternatives appropriate to the communities in

which you wish to bring about change.

Early childhood has been identified as the period of life at which intervention is likely to weaken the established association between health and class. The Black report in 1980 revealed that scale of health inequality in the UK; since then the Institute of Public Health and The Health Research Board Unit for Health Gain have clearly illustrated that if you are poor here, you are far more likely to die prematurely from heart disease, respiratory disease and some cancers.

In terms of bringing about change, Prof Stewart Forsyth of the Dundee longitudinal breastfeeding study, has shown that breastfed children from manual social classes have health outcomes equal to or better than bottle-fed babies from more affluent families. And we now know that good nutrition in early life helps prevent obesity, diabetes and other chronic disease.

So, campaigns such as National Breastfeeding Week are important for the future health of the nation. But only if they are backed by sufficient funding to ensure change happens, especially among those most exposed to health inequality.

◆ La Leche League, 30 Idrone Close, Dublin. Tel: 01-4941279.

◆ Cuidiú, Carmichael House, North Brunswick Street, Dublin. Tel: 01-8724501.

◆ Breastfeeding information from the HSE [www.breastfeeding.ie](http://www.breastfeeding.ie) and tel: 1850-241850.

## Breastfeeding benefits

- Breast milk is always available and requires no preparation time.
- It avoids allergy and intolerance to formula milk.
- During the first year of life, breastfed infants have lower rates of otitis media (ear infection), pneumonia, meningitis and diarrhoea.
- Antibodies present in breast milk provide a natural immunity against infection.
- Breast milk contains all the necessary nutrients for a baby.
- Breastfed infants over six months require additional dietary iron.
- Breastfeeding is associated with a lower incidence of asthma,

eczema, high cholesterol and high blood pressure in later life. The incidence of obesity and insulin-dependent diabetes is also reduced.

□ Breastfeeding also has health benefits for the mother; it reduces the risk of breast and ovarian cancer later in life. The risk of osteoporosis is also lessened and a mother who breastfeeds has less chance of a haemorrhage after birth.

□ There are psychological benefits for both mother and child.

Dr Muiris Houston

## Pink dragons take to the water to fight breast cancer



Thousands of women around the world are fighting breast cancer by dragon boating. As breast cancer awareness month kicks off, Frances O'Rourke explains who the pink dragons are

It's a hot summer evening. Down by the river, a group of women - 40 and 50 somethings and more, in bright pink T-shirts - are donning lifejackets, getting ready for a training session. They're a racy bunch, joking and chatting until they're all settled in their long, canoe-like dragon boats\*. Each boat holds 22 women, and as the women move their paddles in unison, the boats glide smoothly down river across the glassy water.

The women are all breast cancer survivors in Ottawa - my sister Mary among them - all members of one of the first breast cancer dragon boat teams in Canada. Last weekend, 2,000 women from all over the world participated in Australia Abreast, an international breast cancer regatta in Queensland where women from around the world competed against one another.

The fact that so many women can assemble for the event is confirma-

tion of how common breast cancer is nowadays. The first breast cancer dragon boat team was put together by sports medicine doctor Don McKenzie in Vancouver, British Columbia, in 1996.

He set out to test the myth that repetitive upper-body exercise in women treated for breast cancer increases the risk of lymphoedema, a painful swelling of the arm that can occur after breast cancer treatment. He believed that by following a special exercise and training programme, women could avoid lymphoedema and lead full active lives.

From a medical study involving one boat of 25 women in 1996, the



organisation grew and inspired many other teams to form, across Canada, the US, Australia and some European countries, including the UK, where there is a team in Liverpool. Eve Pearson, a keen dragon boater before and after she got breast cancer 14 years ago, launched a team, Pool of Life, in Liverpool in 2004.

Breast cancer dragon boating is a brilliantly simple idea which offers fun, fitness and friendly support to people who have, or are recovering from breast cancer - and it welcomes all comers (obviously, once they have medical approval). The Ottawa bunch, for example, are mostly women (and one man) in their 40s, 50s, 60s, even a few in their 70s, of all shapes, sizes, fitness levels and skill, or lack of it.

No matter: even though the teams compete - with regular dragon boaters as well as with other breast cancer teams - the emphasis is on activity and support.

My sister denies that she's stuck with dragon boating because she enjoys the after-training sessions so much: but where else could she meet a diverse bunch of women who can swap gossip about their lives, their health, tell tasteless cancer jokes and get mutual support.

"It's not that we don't hate this damned disease, or feel discouraged when yet another woman joins our numbers," she says. "We just find that sharing a positive activity with our peers beats talk therapy, and our friendships extend far beyond the boat."

She attributes her physical, psychological and emotional health 14 years after getting breast cancer largely to involvement in the sport; the team was there when she discovered that 12 years on, the cancer had metastasized to her lungs.

It was still there when she had to cancel her trip to last weekend's regatta in Australia a few days before her flight after discovering

\*The ancient Chinese sport of dragon boating - in which a team of

Breast cancer survivors use dragon boating in their fight against lymphoedema.

about 20 people paddle a long narrow boat - has become one of the fastest growing team water sports in the past few decades, with people in 60 countries participating in the sport.

For more information about breast cancer dragon boat teams:

◆ Eve Pearson, Pool of Life, Liverpool: 0044-7921763048 (mobile)

0044-152220210(home andy\_and\_eve@hotmail.com)

◆ [www.dragonsabreast.com.au](http://www.dragonsabreast.com.au)

◆ [forourke@irish-times.ie](mailto:forourke@irish-times.ie)

◆ The Irish Cancer Society's information roadshow is travelling to cities and towns around Ireland. Freefone 1800 309040 or e-mail [ABC@irishcancer.ie](mailto:ABC@irishcancer.ie)