

Bullying and mental health in national school children

As part of a wider study examining alcohol, tobacco and drug use in national school children in the midwest region researchers also examined bullying and children's self-esteem and depression levels. In the above study bullying was defined as follows; "We say a pupil is BEING BULLIED when another pupil or group of pupils say or do nasty or unpleasant things to him or her. It is also bullying when a student or group of students is teased repeatedly in a way he or she does not like or when they are deliberately left out of things. But it is not bullying when two pupils of about the same strength or power argue or fight. It is also not bullying when teasing is done in a friendly or playful way". This definition was taken from the *Health Behaviour in School-aged Children* study conducted by researchers in NUI, Galway.¹

Children's self-esteem levels were measured using the 14 item self-esteem subscale from the child version of the Child Health Questionnaire (CHQ-CF87). Two depression inventories, the Children's Depression Inventory-Short Form (CDI-S) and the revised four item version of the Center for epidemiological Studies Depression Scale for Children (CES-DC), measured depressive symptomatology in national school children.

Schools were selected using a stratified random sampling technique, stratified according to the area in which the school was located. Of the 50 national schools in the midwest region (Limerick City, Limerick County, County Clare and Tipperary NR) approached to take part in this study, 43 national schools agreed to partake in this research. Four schools declined to participate, while the remaining three schools were newly established and therefore had no fifth or sixth class pupils. Schools were located in both rural and urban settings. A total of 1,255 children (574 boys and 681 girls) attending mainstream primary schools took part in this study.

Active parental consent was a condition of inclusion in this study. Children were aged between 10-13 years, with the mean age of respondents being 11.5 years (sd = 0.73). The response rate was 76.2%, this rate is inclusive of non-participating schools.

Three separate independent samples t-tests were conducted to compare CESDC scores, CDI-S scores and CHQ-CF87 scores respectively for those who purport to be victims of bullying and for those who claim they have not been victims of bullying. Results revealed that there was a significant difference in the scores of respondents who have and have not been bullied on all three measures. There was a significant difference ($t(135) = -6.16, p = .001$) in the CESDC score, the CDI-S scores ($t(123) = -7.54, p = .001$) and CHQ-Cf87 self-esteem scores ($t(123) = 6.39, p = .001$).

Previous research has demonstrated that bullying is related to negative psychosocial functioning among children who are victimised, including lowered self-esteem,^{2,4} and higher rates of depression.^{2,3,5}

The above results demonstrate that there is a significant relationship between self-esteem and depression scores of

Mean scores, standard deviation and sample size for the CESDC, CDI-S and CHQ- CF87 for those who have and have not been bullied

Scale used	Victims of bullying		Not victims of bullying	
	Mean (n)	Std.Deviation	Mean (n)	Std.Deviation
CESDC	3.87 (117)	2.15	3.87 (1079)	2.55
CDI-S	4.46 (113)	3.66	1.80 (978)	2.42
CHQ-Cf87-self esteem scale	75.94 (112)	16.91	86.42 (1011)	11.92

older national school children who have and have not been bullied. Relations may be causal but in a cross-sectional study such as this one it is impossible to unravel the temporal sequence of victimisation and self-esteem and depression levels. Nonetheless, these results indicate that a significant minority of students assert that they are victims of bullying.

Bullying is an aspect of school life that impacts on a pupil's social, emotional, psychological and educational development and therefore it is critical that schools implement policies and programmes dealing with bullying. Positive skills such as problem solving and coping skills should be instigated in all schools.

Fiona Meehan,

Department of Public Health, HSE Mid-West Area

Frank Houghton,

Limerick Institute of Technology

Hillary Cowley & Kevin Kelleher, Department of Public Health, HSE Mid-West Area.

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Absence of dissociative disorders in Irish journals

We recently voiced concern at the failure of clinical psychology and psychiatry training programs in Ireland to provide contemporary phenomenological and treatment information on dissociative disorders.¹ This gap in training is discordant with empirical literature on the prevalence of dissociative disorders and arguably leads to a failure to detect and therefore successfully treat these conditions.

Curious about whether lack of education on dissociative disorders in professional training was reflected in Irish psychological and psychiatric publications, we conducted a small bibliographic study. Selected for this study were the following Irish psychology- and psychiatry-related journals: *Irish Journal of Education*, *Irish Journal of Medical Science*, *Irish Journal of Psychiatry*, *Irish Journal of Psychological Medicine*, *Irish Journal of Psychology*, *Irish Journal of Psychotherapy* and *Irish Journal of Psychotherapy and Psychosomatic Medicine*. Searches were conducted using the PsycINFO database in January 2005. The database selected covered the time period from 1872 to January week 3, 2005. Keywords used to iden-

tivity studies examining dissociation were 'dissociation,' 'dissociative' and 'multiple personality' (duplications of citations across searches were omitted). To provide a frame of reference, the terms 'Asperger,' 'attention deficit disorder' and 'posttraumatic stress' were also used as key words in independent searches.

An a priori criterion was developed to omit all non-psychological (eg. biological-pharmacological) uses of the term dissociation, and all uses related directly to the specific use of the term in the experimental memory literature (eg. the independent functioning of explicit and implicit memory systems; 'double dissociation').

Only the *Irish Journal of Psychology* and the *Irish Journal of Psychological Medicine* had published articles (including letters) on dissociation. The use of the term 'dissociation' to refer exclusively to symptoms was present in three articles²⁻⁴ (including two by the current authors), while a further three articles discussed non-dissociative identity disorder dissociative disorders.⁵⁻⁷ However, two of these latter three articles^{5,6} discussed case studies of Ganser syndrome, a rare dissociative condition⁸ which has independent status in the ICD-10, but which would fall under dissociative disorder not otherwise specified in DSM-IV-TR.

The final article to discuss a dissociative disorder presented a case of dissociative psychosis, again a relatively rare condition in the published literature.⁷ Three articles were published on dissociative identity disorder (DID) (under its former DSM name of multiple personality),⁹⁻¹¹ but all related to an exchange between two non-Irish clinicians regarding the legitimacy of the condition. Despite the burgeoning empirical literature, the aforementioned single exchange from 1995 on DID were the only articles published on the more common and well-known dissociative disorders in any Irish psychological or psychiatric journals.

Despite being inconsistent with contemporary empirical data from around the world, the omission of dissociative disorder knowledge in training programs, which we argue translates into the scant published cases in the Irish literature, may be related to controversy and scepticism regarding conditions such as DID. However, such considerations do not seem to fully account for the lack of published literature in the Irish psychology and psychiatry journals, as another controversial diagnosis, namely attention deficit hyperactivity disorder in adults, has been directly addressed in two published articles in the last four years^{12,13} (though both were by the same author).

It may also be hypothesised that interest in dissociative disorders has been a more recent phenomenon (despite their long history in the clinical literature), and Irish training courses, as well as scholars and clinicians, have yet to 'catch-up' with this interest. Again however, such an account is not concordant, as another condition, namely Asperger's syndrome in adults, which has an even shorter history than DID or dissociative amnesia, for example, accounts for three recent articles in the Irish journals searched; two examine the possibility of Asperger's syndrome in two famous individuals^{14,15} the final one discusses a clinical case in a 21-year-old male.¹⁶ An additional paper, not strictly considered to be an adult case, presented Asperger's syndrome in a 17-year-old male.¹⁷ From these publications it is clear that the recency of interest in dissociative disorders does not account for their

lack of presence in Irish psychology and psychiatry journals.

Posttraumatic stress disorder (PTSD) and the dissociative disorders both first appeared in the same edition of the DSM in 1980 (ie. DSM-III). Like several of the dissociative disorders, PTSD is trauma-related and often characterised by dissociative symptoms. Yet, while dissociation and the dissociative disorders have been relatively absent from Irish psychological and psychiatric journals, the search term 'posttraumatic stress' identified 19 articles. Fifteen of these articles directly discussed posttraumatic stress disorder,¹⁸⁻³² while one examined posttraumatic symptoms.³³

The clinical features of post-traumatic stress disorder, Asperger's syndrome, and attention deficit hyperactivity disorder are all taught during clinical psychology and psychiatry training, and all are reflected in the Irish psychological/psychiatric literatures. Even Asperger's syndrome and ADHD in adults, which may not be directly examined during training, are present in Irish professional publications. Dissociative disorders, and dissociation more broadly, get little, if any 'air-time' during professional training, and this absence of phenomenological and treatment information is mirrored in the Irish psychological and psychiatric literatures. Notwithstanding advances in the detection and treatment of dissociative disorders, the burgeoning empirical literature alone warrants these conditions worthy of attention in professional training. This implementation may impact on the dearth of important clinical information on dissociative disorders in the Irish psychological and psychiatric literatures.

Martin J Dorahy,

Clinical Psychologist

Trauma Resource Centre

North & West Belfast HSS Trust

Christopher Alan Lewis,

Senior Lecturer in Psychology

School of Psychology

The Queen's University of Belfast

Northern Ireland, BT7 1NN.

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The psychological health of clergy in Ireland – who cares for the carers?

According to recent surveys among adults in Ireland, 96% believe in God and 73% attend church regularly.¹ The Roman Catholic population in Ireland is 4,056,030, with 1,368 parishes and 2,643 churches served by about 4,281 priests. In addition there are 17,361 men and women in various religious orders of priests, brothers and nuns.^{2,3} However, what is unclear is how many of these religious are suffering from work-related ill-health. The work-related health of the clergy should be a matter of not only personal, but also professional concern for mental health professionals in Ireland, as it is elsewhere,⁴ and of course the Catholic Church, for two very practical reasons. First, work-related stress is a major factor in shaping general personal physical and mental health, and those who suffer from work-related stress may, as a consequence, fall ill in other ways. Second, work-related stress is a major factor in how well the pastoral and administrative job is done, and those who suffer from poor work-related health may consequently be ineffective in their job.

At present there have been no empirical studies to examine this issue in Ireland, unlike the UK, for instance. For example, Francis⁵ provided a comparison between levels of burnout, as measured by a modified version of the Maslach Burnout Inventory,⁶ among 1,476 Anglican clergymen⁶ and 1,468 Catholic priests⁷ in England and Wales. A synopsis of these findings is presented in the *Table* above.

The data shows that significant numbers of Anglican clergy and Catholic priests in England and Wales are experiencing psychological ill-health as a direct result of their work. It is also clear that Catholic priests experience higher levels of emotional exhaustion and depersonalisation than the Anglican clergy.

The question that arises from such findings is whether comparable levels of psychological health would be found among Irish Catholic priests if they were surveyed. Such applied research would serve much more than academic curiosity. First, the data could allow for both an examination

Work-related health measures of Anglican clergy and Catholic priests (Francis, 2005)

Work-related health measures	Anglican	Catholic
<u>Emotional Exhaustion</u>	%	%
Feel working with others is a strain for them	12	27
Feel burnt out	8	14
Wake up feeling fatigued at the beginning of the day	9	16
<u>Depersonalisation</u>		
Less patient with parishioners than they used to be	11	27
Feel parishioners blame clergy for their own problems	16	31
Don't really care what happens to some parishioners	5	11

of the general levels of work-related health among Irish Catholic priests, and these could be subsequently compared with samples of other occupational groups in Ireland, as well as samples of clergy from other countries, in order to assess if Irish clergy in general terms are a group at risk. Second, the data could be employed to help identify potential candidates for psychological burnout in order to implement preventative strategies.⁸ Burnout, or people exhaustion, has been implicated in increased sick leave, leaving, early retirement and even suicide.^{9,10}

In the light of decreasing numbers of ordinands in training in Ireland^{2,3} there is a need for an overall strategy for clergy support, thus making the job more appealing to those with a vocation for the priesthood. However, a first step is an evaluation of the extent of the problem. For those concerned, and those charged with the psychological well-being of all members of our society, a nationwide survey of the work-related health of Irish clergy warrants serious consideration.

***Christopher Alan Lewis**, Senior Lecturer in Psychology, School of Psychology, University of Ulster at Magee College, BT48 7JL, Northern Ireland

Leslie J Francis, Professor of Practical Theology, University of Wales, Bangor, Gwynedd, Wales

Douglas W Turton, Research Associate, Welsh National Centre for Religious Education, University of Wales, Bangor, Gwynedd, Wales

Sharon Mary Cruise, Research Associate, School of Psychology, University of Ulster at Magee College, BT48 7JL, Northern Ireland.

* Address correspondence

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