# Seeking Healing . A radio documentary on Addiction, Mental Health and Trauma .

By

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Declaration

I hereby certify that this material which I now submit for assessment on the programme of study leading to the award of the MA in Journalism and Media Communications, is my own; based on my personal study and research and that I have acknowledged all material and sources used in its preparation. I also certify that I have not copied in part or whole or otherwise plagiarised the work of anyone else, including other students.

Signed_____________________________________________

Date_____________________________________________

# Abstract

This paper provides evidence of the research conducted for this radio documentary on addiction, mental health and trauma. A depth of research was undertaken in order to define the problem of co-morbidity internationally, it reviews current treatments for co-morbidity and offers an explanation of childhood trauma as a link to addiction and mental health difficulties in later adulthood. This paper establishes the gaps in Irish media coverage of co-morbidity, despite much coverage of mental health this year and demonstrates the importance and relevance of reporting on this subject in this documentary.

The process of making the documentary is outlined here, including why radio was chosen as the media for this subject, how interviewees were researched and contacted, and the process involved in deciding to share my personal experience as well as my professional experience in the documentary. Ethical issues are discussed and the limitations and challenges involved in the creation of this documentary are reviewed.

Due to the amount of material recorded for this documentary key themes emerged and further programmes could be made on some of the issues raised by interviewees, for example, co-morbidity among the homeless and prison population, depression and addiction in older people, marijuana and un-prescribed tablet use among young people, mental health care a P R Q J  * 3 ¶ V  L Q  , U H O D Q G  W K H  V H S addiction and mental health from health in Ireland, etc.

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Unexpectedly, this documentary became a very personal process which brought up a lot for me in terms of my own recovery journey. I would like to take this opportunity to thank everyone, from the bottom of my heart, who played a part in helping me to recover; my sponsors, recovery friends, therapists «..my aunty Jo and the dog in Enniskerry. Thank you Milly Clarke for opening my heart in another new way.

Chapter One ± Introduction

³'RFXPHQWDU\ LV HDV\ WR identify but difficult to define, the range of documentary VW\OHV LV YDVW´ (OOLV SJ 7KH IROORZLQJ FKDS
documentary, the process of making it and the reasons for its importance. Chapter two defines the scope of the documentary; the problem of comorbidity; substance mis-use and mental health issues and the difficulties for people when they are trying to access services with this dual diagnosis. The chapter also explores how childhood trauma is a precursor to addiction and mental health in later adulthood. The chapter outlines the extent of the comorbidity problem across Europe and in Ireland and also gives examples of the best practice in terms of treatment models. All of this highlights the gaps in current service and the importance and relevance of highlighting this issue through the making of a radio documentary on this topic.

Chapter three outlines how I went about creating the documentary; finding the interviewees for the documentary and it details their backgrounds, expertise and the reasons they were chosen to participate in this project. This chapter also demonstrates a depth of practical and academic research by detailing radio and TV documenatries which were reviewed as well as academic research to support the decision to choose radio as the media for this documentary subject. Finally, it discusses how I came to choose the reporting / feature style for this documentary.

One of my motivations for making this documentary was borne out of my frustration at the lack of media coverage of dual diagnosis, especially when the media would report on mental health issues, but not cover this particular aspect. In order to illustrate the lack of media reporting of comorbidity, substance mis-use and mental health issues, I under took a media analysis of Irish newspaper and radio for two months of this year. The fourth chapter outlines the process of conducting this analysis and my findings.

The final chapter details research I did from international newspapers, websites and Twitter accounts on the topics covered in this documentary. As well as research material for the documentary, some of which provided the basis of the scripting for the narration throughout the documentary.

Chapter Two - Evidence of Research

Defining the problem

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) refers to FRPRUELGLW\ RU GXDO GLDJQRVLV DV ³WKH WHPSRUDO F psychiatric disorders as defined by the International Classification of Diseases, one RI ZKLFK LV SUREOHPDWLF VXEVWDQFH XVH´ (0&''$ Organisation (WHO) defines dual-diagnosis as the co-occurrence in the same individual of a psychoactive substance use disorder and another psychiatric disorder (WHO, 2010).

Co-morbid disorders present a unique set of difficulties for anyone trying to access services. According to Langas et al, (2011) the relevance of comorbid disorders, substance mis-use and mental health disorders is related to its high prevalence rates and also to its difficult management and poor outcomes for those affected. In comparison with people with a single disorder, those with comorbidity show a higher psychopathological severity (Stahler et al, 2009) and increased rates of risky behaviour leading to infections such as HIV and Hepatitis (Szerman et al, 2012) psychosocial impairments e.g. unemployment and homelessness (Khalsa et al, 2008) and criminal behaviour (Greenberg and Rosenbeck, 2014). If the burden on health and legal systems is accounted for, comorbidity among people leads to high costs for society (DeLorenze et al, 2014, Whiteford, et al, 2013).

The difficulty for diagnosing and treating substance mis-use and mental health issues lies in the fact that the acute or chronic effects of substance mis-use can mimic the symptoms of many other mental health disorders. Also, a mental health disorder can have a negative impact on substance use e.g. facilitate the start of substance use (self-medicating), increase the levels of drug mis-use and facilitate risky patterns of drug use (EMCDDA, 2016).

Another complexity is the fact that the nature of the association between a substance mis-use problem and a mental health disorder varies depending on the particular disorder e.g. depression, psychosis, post-traumatic stress disorder etc. and the

substance being used e.g. alcohol, cannabis, opioids, stimulants, etc. (EMCDDA, 2016). These complexities mean it is extremely difficult to establish if there is an underlying common causal pathway and what is the best way to treat someone with comorbid disorders. According to the EMCDDA (2016) among the issues that make treatment complicated are those surrounding the assessment of clients, the types of combination treatments they require and the specific context and settings within which services are provided.

There is no European epidemiological study on the comorbidity of mental health and substance use disorders; the data that is available comes from national or local studies in European countries (EMCDDA, 2016). These studies vary in their definitions of comorbidity, methodologies used and geographical particularities concerning treatments (EMCDDA, 2016). Data from selected studies from various European countries and specific settings reveal the following; De Wilde et al (2007) assert that from a sample of patients from drug treatment centres in nine European countries, 90% presented with comorbid disorders. Caseres Lopez et al (2011) found that from a sample of prisoners in Spain, 85% presented with comorbidity. Beijer et al, (2007) found that in a study of homeless people in Sweden, 74% people presented with comorbidity of substance mis-use and mental health disorders.

In an Irish study by the Partnership for Health Equity (a collaboration between the HSE, The North Dublin City GP training programme and the University of Limerick), 599 homeless people in Dublin and Limerick were surveyed in 2013. The study found that comorbid disorders of substance mis-use and mental health disorders ZHUH ³WKH QRUP UDWKHU WKDQ WKH H[FHSWLRQ´ DPRQJ and that suicidality was highly prevalent among this group (Barror, 2013).

Another Irish study of in-patients with schizophrenia, 39% fulfilled diagnostic criteria for lifetime history of substance misuse. The main substances of misuse were alcohol, cannabis or a combination of both (A Vision for Change, 2006 ³$ 9LVLRQ IRU &KDQJH´ UHSRUW on mental health policy (2006) reports that mental health disorders are almost three times more common in people with an alcohol dependence problem than in the general population (A Vision for Change,

2006). It is important to define the problem of comorbidity as it is central to the making of this documentary.

Models of treatment

According to the EMCDDA (2016) there is broad agreement in the scientific literature that comorbid disorders should be treated simultaneously and with a multidisciplinary approach involving drug and mental health professionals working together towards common treatment goals. However, there is still conflicting recommendations regarding the most appropriate treatment setting and the most adequate pharmacological and psychosocial strategies. Ultimately this lack of agreement has negative consequences for those with a comorbid diagnosis looking for treatment as they have significant difficulties accessing the best treatment for their disorders (EMCDDA, 2016).

According to the EMCDDA (2016) there are three differing models of treatment currently being implemented across Europe. These are; the sequential model, the parallel model and the integrated model. In the sequential model the psychiatric and substance disorders are treated consecutively and there is little or no communication between services. Evidence suggests that this model should be avoided when treating patients with comorbidity because they tend to be passed between services increasing
the risk of dropout from services and relapse (EMCDDA, 2016).

The parallel model undertakes treatment of the two disorders at the same time, with drug services and mental health services liaising to provide treatment concurrently. Difficulties with this model include a conflict in therapeutic approaches with the medical model of psychiatry conflicting with the psychosocial orientation of drug services. Under this model the patient may be failed by a lack of coherence in the treatment plan (EMCDDA, 2016).

In the integrated model, treatment is provided within a psychiatric or drug treatment service or a special comorbidity programme. Approaches to treatment under this model include; motivational and behavioural interventions, relapse prevention,

pharmacotherapy and social approaches. This model reduces the likelihood of patients µIDOOLQJ between the gaps¶ KRZHYHU HYLGHQFH WR VXSSRUW W as unfortunately there are not many examples of comorbid programmes throughout Europe. The main barrier to this type of model being implemented is the fact that across most European countries mental health and drug treatment services are separated (EMCDDA, 2016).

In 2002 the National Advisory Committee on Drugs (NACD) commissioned a national research study on the management of dual diagnosis in mental health and addiction services. Following open tender, a research team at Dublin City University (DCU) won the contract and prior to this study there was no published evidence as to how dual diagnosis was managed by addiction and mental health services (MacGabhann, et, al. 2004).

The key findings from this report are as follows; there was no systemic co-ordination of care with 76% of services failing to offer a specific service for people with dual diagnosis. Although 21% of services reported policies that addressed dual diagnosis, there was no consensus on what these were. 58% of addiction service and 43% of mental health services reported exclusion criteria applied to people with a dual diagnosis. Services reported just 24% formal communication between mental health and addiction services when their patients had a dual diagnosis and were presenting WR ERWK VHUYLFHV $ NH\ )LQGLQJ ZDV WKDW *3¶V QHHG ³PDQDJHPHQW´ RI SDWLHQWV ZLWK D GXDO diagnosis at primary care level (MacGabhann, et. al. 2004).

'A Vision for Change' is a strategy document which sets out the direction for Mental Health Services in Ireland. Published in 2006, it describes a framework for building and fostering positive mental health across the population and for providing accessible, community-based, specialist services for people with mental illness. There is a secti RQ LQ WKH GRFXPHQW FDOOHG ³VSHFLDO FDWHJ and under this section comorbid diagnosis of mental health and substance mis-use LV GLVFXVVHG 7KH RQO\ DVSHFW RI WKH 1$&'¶V ILQGLQJ and the gaps in services that was incorporated into the Vision for Change document

was reference to people with dual diagnosis being treated in a community setting, by WKHLU *3¶V (A Vision for Change, 2006).

An expert group, which combined the expertise of different professional disciplines, health service managers, researchers, representatives of voluntary organisations, and service user groups developed the Vision for Change policy. It proposes a holistic view of mental illness and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems. It proposes a person-centered treatment approach which addresses each of these elements through an integrated care plan, reflecting best practice, and evolved and agreed with service users and their careers. Special emphasis is given to the need to involve service users and their families and careers at every level of service provision (A Vision for Change, 2006).

However, in my experience the reality is that much of this policy document is recommendations that have not been implemented in practice. Section 15.3 in the ³VSHFLDO JRUFLDHWHRI VHUYLFH SURYLVLRQ´ UHIHUV WR PHQW with co-morbid substance abuse and mental health disorders. The first line of this VHFWLRQ UHDGV ³7KH PDMRU UHVSRQVLELOLW\ IRU FDUH the mental health system. These services have their own funding structure within 3ULPDU\ DQG &RQWLQXLQJ &RPPXQLW\ &DUH 3&&& LQ WK (A Vision for Change, 2006, pg. 146.).

,Q P\ H[SHULHQFH WKLV OLQH DOORZV PHQWDO KHDOWK issue is addiction and should therefore be treated in the addiction services. The addiction services do the same thing and ultimately the person ends up attending two services that do not communicate with each other or attending neither service.

The budgets are allocated differently for addiction services and mental health services. Therefore, a mental health service in the public health care system in Ireland will not treat someone with an addiction disorder most of the time and vice versa, despite recommendations in the Vision for Change policy. This author trained as a social worker and has worked in the area of addiction for the last 17 years. In my professional experience I have encountered the constant barriers to accessing

services for my clients who have presented with an addiction and mental health issue.

There was some discussion in the Irish media about comorbidity at the start of 2016 largely du H W R W K H G H D W K R I &D R L O W H 2 ¶ % U L H Q and the social media campaigns that followed. Essentially, the problem in Ireland reflects the difficulties outlined above; if someone is diagnosed with a comorbid disorder of an addiction and a mental health issue, it is virtually impossible to find them a service that treats both at the same time and impossible to find someone a public residential treatment service to treat comorbidity as there is none.

My frustration is compounded when media coverage of mental health issues fails to specifically highlight the complex problems facing people with co-occurring disorders. I come up against this all the time in my practice and I want to explore this further in the documentary also and examine what is done in other countries. This sets the problem of accessing services for people with a co-occurring disorder in context and highlights the huge gaps in service provision. These examples also show the importance of highlighting this issue in the media and the relevance of this documentary.

According to Bradshaw (2005) those working in mental health and addiction services in Ireland had a negative attitude towards clients presenting with a co-morbidity difficult \ % \ U Q H ¶ V V W X G \ R I W K H W U H D W P H Q W I R U S H R S -morbidity by S V \ F K L D W U L V W V D Q G * 3 ¶ V I R X Q G W K D W * 3 ¶ V V D Z W K R V H having two separate conditions.

7 K H U H L V R Q H S U R J U D P P H L Q 6 W 3 D W U L F N ¶ V K R V S L W D O L dicated residential treatment programme for those with a co- R F F X U U L Q J G L V R U G H U 6 W is a private hospital and so this programme can only be accessed by those with private health insurance or by those with the means to pay for it. The Vision for C K D Q J H S R O L F \ U H F R P P H Q G V ³ & R -morbid individuals should have a F R defined structure, a clear target and a minimum treatment period of three to six mo Q W K V ´ $ 9 L V L R Q I R U & K D Q J H , pg. 147)

The HSE Mental Health Division Operational Plan 2016 was published on the 9th of March this year. This plan sets out specific commitments which fall under priority areas and under these priorities the development of a clinical programme on dual diagnosis is named.

On average a person goes through a residential treatment programme eight times in Ireland (Corrigan and O'Gorman, 2007). Whether the length of the programme is 28 days or 12 weeks, the treatment programmes we currently offer are clearly missing a key element in helping people to maintain their sobriety once they leave a residential programme. This documentary explores what this missing piece may be and in discussing this with experts from Ireland, the UK and the USA suggests that we need to take a different approach to how we view addiction and therefore how we treat it in Ireland.

Trauma

This documentary examines how current addiction and mental health treatment services are not addressing the underlying reasons for these conditions, namely childhood trauma. Trauma is explained and experts interviewed and the documentary proposes a model for treatment. Currently residential treatment is only available to those in Ireland who can pay for programmes in a private facility and there is no residential treatment programme to address underlying childhood trauma issues which contribute to addiction and mental health conditions.

One of the issues central to this documentary is that addiction and mental health issues are a response to childhood trauma. Therefore, it is argued that in Ireland we need to be providing programmes that address PTSD, trauma, mental health and addiction using an integrated, trauma informed, model of treatment. In the states, more and more residential treatment facilities are offering this approach e.g. Hazleden, Betty Ford and The Bridge to Recovery.

,Q &ROXPELD 8QLYHUVLW\¶V 0DLOPDQ 6FKRRO RI 3XE
that confirmed a link between trauma experienced in childhood and drug use in adolescence. From a national sample of nearly 10,000 U.S adolescents, researchers

found that psychological trauma, including; abuse, domestic violence, childhood illness, car accidents and natural disasters, experienced before age 11, increased the chances that teens would experiment with marijuana, cocaine and un-prescribed medication. The researchers argue WKDW WKH UHVHDUFK VKRZV ³DGRO can be a precursor to harmful drug use, mental illness and other problematic health behaviours in adulthood. Therefore, drug treatment programmes should consider specifically addressing the psychological harm caused by traumatic experiences in FKLOGKRRG´ &DUOLQ pg.705). HW DO

As well as incidents which may be seen as one-off traumatic events, trauma can also occur in childhood as developmental traumas or attachment traumas which may EHFRPH SDWWHUQV LQ WKH FKLOG¶V OLIH 7KH V\PSWRP experienced chronic and/ or multiple traumas is qualitatively distinct from one who has experiences an acute traumatic event (Terr, 1991). As well as symptoms associated with post- traumatic stress disorder, these traumas in childhood may develop into relationship difficulties in adulthood, increased rates of academic failure and high risk taking behaviours including substance mis-use (Cook et al, 2005).

Dr. Gabor Maté has written and spoken a lot about alcoholism, addiction & recovery and his research has been used to inform this documentary. A Hungarian-born Canadian physician, Dr. Gabor Maté specialises in the study and treatment of addiction, mental health and trauma. He is well known for his firmly held belief in the connection between mind and body health and the need to understand addiction in the context of trauma in order to be able to treat the person effectively (Mate, 2008).

In his book, In the Realm of Hungry Ghosts: Close Encounters with Addiction, Dr. Mate says, ³ the effects of early stress or adverse experiences directly shape both the psychology and the neurobiology of addiction in the EUDLQ´ Mate, 2008, pg.42). Mate (2008) argues that in any treatment of addiction and/ or mental illness we must be asking, ³QRW why the addiction, but why the pain. The attempt to escape pain is ZKDW FUHDWHV PRUH SDLQ´ pg.67). Mate (2008) goes on to say, ³7KH greatest damage done by neglect, trauma or emotional loss is not the immediate pain they inflict but the long-term distortions they induce in the way a developing FKLOG ZLOO FRQWLQXH WR LQWHUSUHW WKH ZRUOG DQG (Mate, 2008, pg.38)

In an interview with The Fix, an online resource for addiction information, Dr. Mate
H[SODLQV ³QRQH RI WKH VWUHHW OHYHO GUXJ XVHUV , Z
µGRF , ZDV WUDXPDWLVHG DQG ,¶P XVLQJ¶ 7KH\ are traumatised, they GLGQ¶W
MXVW WKRXJKW WKH\ ZHUH MXVW DGGLFWV 7KH\ GLGQ¶W
VRRWKH D GHHS SDLQ WKDW ZDV URRWHG LQ WUDXPD 7K
XQFRQVFLRXV DWWHPSW WR HVFDSH IURP SDLQ´
(https://www.thefix.com/gabor-mat%C3%A9-addiction-holocaust-disease-trauma-recovery).

Dr. Mate has also been critical of addiction and mental health treatment as he argues it does omits any reference to trauma. In his interview with The Fix he says, ³PD doctors seem to have forgotten what was once a commonplace assumption that emotions are deeply implicated in both the development of illness, addictions and disorders and in their healLQJ´ 'U 0DWH FRQWLQXHV ³LI ZH DFW that all behaviours are for the most part coping mechanisms for emotions that we are not able to deal with, then the focus could shift not just to changing behaviours, but actually understanding the emotLRQV WKDW XQGHUOLH WKHP 7KDW¶V IURP PHGLFDO SUDFWLFH´ (https://www.thefix.com/gabor-mat%C3%A9-addiction-holocaust-disease-trauma-recovery).

Dr. Jamie Marich is a clinician specialising in the field of emotional trauma. She is the author of Trauma and the Twelve Steps: A Complete Guide to Enhancing Recovery and Trauma Made Simple: Competencies in Assessment, Treatment, and Working with Survivors. Both books are informed by Jamie's work as a humanitarian aid worker in post-war Bosnia-Hercegovina, her clinical experience working with trauma and addiction, and her vast insights gained from training clinicians in the field. Jamie believes unhealed emotional trauma is a public health crisis that no-one is talking about.

This chapter sets the context for the documentary. It has defined the problem of co-morbidity, and discussed the difficulties in accessing services for people when they have a dual diagnosis. It has set out the argument of this paper which is that

services must change their attitude to the treatment of addiction and mental health and rather than continuing to treat them separately, we must ask as Dr. Mate says, ‘not why the addiction, but why the pain’. This chapter outlines why treating unhealed trauma is essential to the treatment of addiction and mental health difficulties.

## Chapter Three - Creating the Documentary

The format I have chosen to present this work is a 38-minute radio documentary. Radio has long been described as blind, invisible, ephemeral, exploratory, intimate, immediate, interactive, informational, conversational, and therein appearing to be less mediated, more authentic and more trustworthy, (Crisell, 1986, Douglas, 1999, Fleming, 2002, Lewis, 2000, Lewis and Booth, 1989, Tacchi, 1998). Therefore, radio in my opinion was the best media to use to approach the subject area discussed in this documentary.

An essential element in this documentary is the personal stories of people who agreed to share their experiences of addiction and mental health difficulties. According to Edmond (2015) traditionally radio has been characterised as the disembodied voice speaking into the ear of another individual but experienced by PDQ\ VLPXOWDQHRXVO\ ³)RU D EURDGFDVW PHGLXP -that is, a medium fundamentally defined by the indiscriminate spray of communication from one point to many ±radio has a surprisiQJ JULS RQ WKH LQWLPDWH´ (GPRQG SJ of perceived intimacy in radio allowed my interviewees to share their experiences of very difficult issues in a very personal way and in a way they would not have for a different media.

Moscote Freire (2007) asserts that even in an era oI ³PHGLD FRQYHUJHQFH´ U continues to be seen as intimate, personal trustworthy and exploratory (Moscote Freire, 2007, pg. 148). Siobhan McHugh (2012) discusses radio narratives as a specific genre: the COHRD (Crafted Oral History Radio Documentary). McHugh (2012) argues that this format combines the creative scope of the feature, the editorial gravitas of the documentary and the personal narratives at the heart of oral histories.

$FFRUGLQJ WR 0F+XJK ³5DGLR EHQHILWV IURP WKH LQ-depth primary research provided by oral histories which often record the experiences of the marginalised and the RYHUORRNHG´ 0F+XJK SJ $OVR UDGLR SURYLG people can remain anonymous, in dealing with such sensitive and personal issues as addiction, mental health and trauma, this is very important.

Lindgren and McHugh (2013) argue that radio documentaries are experiencing a ³UHQDLVVDQFH´ DQG WKH\ DVVHUW JOREDOLVDWLRQ RI U
sharing of content on social media has contributed to this resurgence in popularity of the radio documentary. Lindgren and McHugh (2013) maintain that due to the SRSXODULW\ RI SURJUDPPHV OLNH ³5DGLRODE´ DQG ³7KL
through sound, made popular by producers in the 1 ¶V KDV PRYHG WRZDUGV
first -person story, narrated format.

With this in mind I decided to take a first-person approach in making this documentary and use my own knowledge, experience and research of addiction treatment services in Ireland and America. I have worked in the Addiction field in Ireland since 1998. I began my career working in a needle exchange and contact centre for IV drug-users. In 2002 I was part of a team that established two community services for people in addiction, and their families in Ireland and I have developed and delivered rehabilitation programmes for people wanting to recover from alcohol and drug dependence. I have worked in California and spent time in a treatment centre for trauma in Kentucky and I have developed experience, knowledge and understanding of American treatment centres and responses to mental health, trauma and addiction issues there.

My motivation for making this documentary is to examine the difficulties that co-occurring disorders raise for people trying to get well. In my own practice, I consistently come up against barriers to treatment for people with a comorbid substance mis-use and mental health disorder. My frustration as a practitioner, together with my frustration at the lack of media coverage of the issue, and the research suggesting the increase in popularity of first-person radio documentaries encouraged me to share my own experience through the documentary.

I made the decision to make this documentary in March 2016 and when I began researching the topic I started by gathering media reports of mental health issues to see if what I believed about the under-reporting of dual diagnosis was true. Through my research I came across the Dual Diagnosis Ireland website which provided a lot of material and resources and provided a good starting point for studies and surveys

in Ireland on this topic. I then interviewed the founder of Dual Diagnosis Ireland, Carol Moore.

As my research expanded to international comparisons, I came across UKESAD, (UK and European Symposium on Addiction Disorders), an international conference on addiction and mental health which is held in London every year. I contacted the organisers and explained that I wanted to make a documentary on this topic and I asked if I could go and they agreed. I began researching the speakers at the conference and I made contact with those I wished to interview for the documentary. I was very keen to source speakers other than the usual commentators on addiction and mental health so often heard on Irish radio. I travelled to London in May 2016 and attended the conference and recorded the interviews.

These interviewees at UKESAD included Kathleen Kathleen is a psychotherapist with over 22 years of experience and an international expert on Violent Death Trauma, bereavement caused by murder, suicide, drug overdose, drunk driving, war, terrorism, or any other sudden death. She is the author of "A Grief Like No Other surviving the violent death of someone and she was chosen as an interviewee because of her expertise on unresolved grief and how that can develop into addiction and mental health issues.

Dr. Robert Simpson was chosen as he is a medical doctor with over 30 years' experience, and he provided the voice of the physician working with people with co-morbidity issues in a residential treatment setting. Dr. Simpson is the medical director of Cirque Lodge, a residential treatment centre in Utah.

Dr. Andrea Barthwell was chosen as an interviewee for her insight into treatment programmes as well as for her expertise on the difference between drug use and addiction. Dr. Barthwell has served as Deputy Director for Demand Reduction in the Office of National Drug Control Policy in the United States and she is a past president of the American Society of Addiction Medicine.

John McCann is CEO of ARK Interventions and he was chosen as an interviewee as he is a trauma intervention specialist. John has trained extensively in trauma based addiction strategies. James Parker, head of services at RAPt (Rehabilitation for Addicted Prisoners trust), overseeing their services in prisons and communities.

James has over 25 \HDUV¶ experience in the Health and Social Care sector and he was chosen as an interviewee for his experience with co-morbidity in the prison population, however, in the final draft, this interview was not used.

Interviews with participants on the Steps to Recovery programme happened by accident. I attended the talk given by Lesley Hart from the programme and while I was there I met people who had been through the programme. I interviewed six people at different stages of the Steps to Recovery programme. One of these people, Louise had experience of dual diagnosis and her interview is used in the documentary. I also interview Chris, a member of Narcotics Anonymous (NA). Chris was chosen as he is attending NA meetings for over 30 years and gave a perspective on 12-step, peer led recovery programmes.

I then concentrated on finding Irish experts in the field. From my own work I knew 3HWHU 2¶6XOOivan. Peter is an Irish psychotherapist who has worked in treatment centres here and in the USA and has had his own practice in Ireland for over 25 years. +DYLQJ ZRUNHG IRU RYHU \HDUV LQ WKH DUHD RI D developed his own residential treatment programme to help people address the childhood traumas underlying their addiction and mental health difficulties. Peter developed this short-stay residential course for people dealing with the effects of childhood trauma and he was chosen for his expertise on addiction and trauma.

, WKHQ PDGH FRQWDFW ZLWK 6W 3DWULFN¶V KRVSLWDO a psychiatrist from the dual diagnosis programme, this is a private residential programme specifically for people with co-morbidity issues.

I then concentrated on finding someone who had been through the Irish system. I was aware that I had recorded the experiences of people in the UK while at the UKESAD conference but I found it difficult to find people willing to share their experiences on a co-occurring substance mis-use and mental health disorder in the Irish health care system. In an effort to find people willing to be interviewed and conscious I could not, for ethical reasons approach anyone I knew through my own practice, I emailed some mental health services These services were also reluctant to forward my details or details about the documentary to their service users as they felt sharing experiences is a particularly sensitive issue.

In May 6W 3DWULFN¶V +RVSLWDO 'XEOLQ held an open day for mental health services, service users, family members and the general public to raise awareness of supports. I contacted the hospital and asked if I could attend and they agreed as long as I only spoke to services and not their service users. I attended and while I GLGQ¶W LQWHUYLHZ DQ\RQH , GLG QHWZRUN ZLWK DJHQF in a service supporting people from the transgender community. She told me that co-occurring disorders are a big issue among the clients she works with and she agreed to pass on my details to them, if any of them would like to be interviewed for the GRFXPHQWDU\ KRZHYHU , GLGQ¶W KHDU IURP DQ\RQH

(YHQWXDOO\ WKURXJK D YHU\ XQOLNHO\ VRXUFH , LQWHU young woman who has been through both the addiction and mental health services in Ireland and she agreed to gives her experience. I also interviewed Deitra, a young woman from Texas who gives her experience of treatment in a residential centre for trauma treatment in the USA.

I was very interested in speaking to the Minister for Health Simon Harris about comorbidity issues and the complex nature of assessment and treatment of these. I was particularly interested to hear his views on the separation of addiction and mental health services in terms of budgets and how that impacts practice and people µIDOOLQJ WKURXJK WKH JDSV¶. I wanted to ask him his opinion on the separation of health and mental health in government. I was not successful in interviewing Minister Harris. I also requested to interview Catherine Byrne Minister with responsibility for Drugs and Minister McEntee, Minister with responsibility for mental health. From these contacts I was successful in interviewing Minister Helen McEntee.

As some of the in WHUYLHZHHV KDG PDGH UHIHUHQFH WR *3¶V DQ to try to interview a GP and a psychiatrist. I contacted DR. Niall Crumlish, a psychiatrist based on a Community Mental Health Team (CMHT) in Dublin. He directed me back to the Irish College of Psychiatry who I had contacted on a number of occasions but had got no response. However, I eventually spoke to their communications person who said she would try to find a psychiatrist willing to be interviewed but I never heard back and by this time, the deadline for finishing my

interviews was approaching. As I could not do an interview with a psychiatrist from a community mental health team, Dr. 0DULH 1DXJKWRQ IURP 6W 3DWULFN psychiatrist who had agreed to do an interview with me so I decided to include some extra questions in my interview with her.

In an attempt to contact a GP, I contacted the Irish College of General Practitioners. The communications officer from this institute contacted me and invited me to go to a conference tKH\ ZHUH KROGLQJ RQ WZR LVVXHV WKDW KDG EHI becoming issues of concern; cannabis use and mental health issues among young people and addiction and depression in older people. The day before the conference I got a call to say it had been cancelled due to a poor uptake of attendees. I then was given contact detail for Dr. Hugh Gallagher, a G.P working in an addiction centre, however it was not possible to interview him due to the deadline for completion approaching.

In order to find an international expert on trauma I made contact with Dr. Gabor Mate through his website and his assistant replied to me. I interviewed Dr. Mate for his expertise on trauma and addiction. Dr Mate is a very high profile international expert on trauma and to get an interview with him is a great achievement. Rather than offering quick-fix solutions to complex issues, Dr. Maté weaves together scientific research, case histories and his own insights to present a broad perspective on addiction and trauma informed treatment.

)RU RYHU D GHFDGH 'U 0DWp ZRUNHG LQ 9DQFRXYHU¶V patients challenged by drug addiction, mental illness and HIV, including a stint at 1RUWK $PHULFD¶V RQO\ VXSHUYLVHG LQMHFWLRQ VLWH over 20 years of family practice and palliative care experience. Dr. Maté regularly speaks to health professionals and lay audiences across North America. He has numerous YouTube recordings on his work posted online with hundreds of thousands of views. Dr, Mate has received the Hubert Evans Prize for Literary Non-Fiction and the 2012 Martin Luther King, Jr. Humanitarian Award from Mothers Against Teen Violence.

I contacted Dr. Jamie Marich using Facebook. Dr. Marich hosts an online 12-step meeting called Trauma and the 12-Steps and she has written a book by the same name. Dr. Marich was chosen as an interviewee as she views unresolved emotional trauma as a public health crisis.

The interviews I conducted were all qualitative interviews. In a qualitative framework, research based on interviews seeks to penetrate social life beyond appearance and manifest meanings (Crouch and McKenzie, 2006). This requires the researcher to be immersed in the research field, to establish continuing fruitful relationships with respondents and through theoretical contemplation to address the research problem in depth (Crouch and McKenzie, 2006).

In doing the interviews for this documentary I found that my experience in the field of addiction, my client experience and knowledge of the topic professionally provided a commonality that interviewees responded to as well as a way to quickly establish a common relationship with them. I also found that telling the interviewees about my personal and professional experience helped them to understand why I was motivated to make the documentary which they could identify with.

Harvey (2011) focuses on the importance of gaining trust in an interview, asking open-ended questions, the appropriate length of an interview, asking awkward questions, m D Q D J L Q J U H V S R Q G H Q W V Z K R G R Q ¶ W D Q V Z H U W K H interviewees interested in the topic. While these were important issues to consider and research prior to conducting my interviews, the fact that all of the people I interviewed spoke about their own experiences, either of addiction, mental health or trauma and this was very unexpected and in most cases I had not been aware of these experiences prior to the interviews, I believe this demonstrates that I managed to build trust with the interviewees, to keep them interested and to ask questions that allowed them to open up and share very personal experiences. For example, . D W K O H H Q 2 ¶ + D U D G L V F X V V H G K H U H [ S H U L H Q F H R I W U D X murder of her son by a crack cocaine addict, Dr. Robert Simpson discussed his own experience of being an addict while practising medicine and Dr. Mate talked about K L V R Z Q H [ S H U L H Q F H R I W U D X P D D Q G 3 H W H U 2 ¶ 6 X O O L Y D and recovery experience.

In researching precedents for radio documentaries dealing with this topic a number of examples were found. One example provided a great resource for researching for this documentary, The Trauma Therapist Podcasts (www.thetraumatherapistpodcast.com). These are a series of podcasts by leading experts in the United States on various aspects of treatment for addictions, dual diagnosis; mental health and addiction and childhood trauma. What was important to learn from these podcasts in terms of making this documentary was that these are issues that people in the States are listening to and it provided me the opportunity to see how I could initiate conversations about these topics using radio documentary as a media in Ireland.

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season; a collection of programmes looking at mental health. One of these series was a 13-SDUW VHULHV FDOOHG ³%UDLQZDYHV´ H[DPLQLng addiction and mental health (http://www.bbc.co.uk/programmes/b03nhblm). These series gave me examples of how to mix personal stories with the views of experts throughout a documentary.

The R7( UDGLR ³'RF RQ 2QH´ VHULHV KDG WZR GRFXPHQWDU
which I listened to for research purposes. One was by a parent of a child with DGGLFWLRQ DQG LV FDOOHG ³7KH )DWKHU¶V +RXVH´ DQG dealt with their FKLOG¶V addictions (http://www.rte.ie/radio1/doconone/2009/1105/646268-fathers_house/)
The other RTE radio documentary I listened to was called ³<HDUV 2Q´ DQG LV PD
about woman in recovery and her son and it charts their progress of reuniting (http://www.rte.ie/radio1/doconone/2009/1119/646276-8yearson/)

I also listened to two BBC radio documentaries one on gambling addiction (http://www.rte.ie/radio1/doconone/2009/1119/646276-8yearson/)
and the RWKHU DERXW D IDWKHU¶V VRQ¶V JDPEOLQJ DGGLFWLRQ ³&KDQFH L
(http://www.bbc.co.uk/programmes/p03ply8y)
These documentaries were slightly different from mine as these had a personal story as the sole thread throughout. However, they highlighted the importance of including

personal stories in my documentary and illustrated to me how that can allow a listener to engage with the documentary.

<u>Location within the Documentary Tradition</u>

One of the biggest challenges was in deciding to include my own experience in this documentary. In order to make this decision I listened to and watched a number of
RWKHU GRFXPHQWDULHV ,Q 5XVVHOO %UDQG PDGH D
WKH :DU RQ 'UXJV´ ,Q WKLV GRFXPHQWDU\ KH VKDUHV KL
and his main thesis throughout the documentary is that making drugs illegal in the
8. FULPLQDOLVHV WKH DGGLFW DQG GRHVQ¶W KHOS WKH
5XVVHOO %UDQG¶V RZQ H[SHULHQFH GLVWRUWHG KLV DE
the documentary.

Another documentary I wat FKHG ZDV FDOOHG ³3UHVFULSWLRQ 7KXJV
Chris Bell, an American documentary maker. In this documentary he shares his own experience of becoming addicted to prescription pain killers. In my opinion, Chris Bell only interviewed those who would support his argument that prescription opioids cause addiction and the pharmaceutical industry is responsible for this. Also, both these documentaries failed to provide a model that the documentary makers viewed as an alternative to the problem they were highlighting.

Watching these documentaries made me realise that while my experience in working in the field of addiction is a motivator to want to make this documentary in order to highlight the gaps in services that I know are there, I also made a decision that I cannot let this experience impede me from being balanced throughout the documentary. I also decided I wanted to include a model of treatment that I believe could be effective and is absent in Ireland at the moment.

In my opinion an RTE television documentary made by Dr. Eva Orsmond called
³6XJDU &UDVK´ SURYLGHG D JRRG H[DPSOH RI D GRFXPHQ
someone motivated to highlight an issue through a media documentary, as a result of constantly meeting the situation in her own clinical practice.

I also listened to radio documentaries dealing with the issues of addiction and mental health as discussed above. None of these documentaries were the voice of a professional working in the area of addiction and mental health who had also been throuJK WKRVH VHUYLFHV DV D SDWLHQW , ZDVQ¶W VXUH L
and this decision presented a big challenge for me.

Given the qualitative nature of the interviews I conducted, the personal stories as well as professional and my decision to share my own personal and professional experience the style of this documentary is a mix of investigative documentary and feature programme due to the oral histories (in the story sense).

I decided to narrate the documentary and I found scripting for the narration a challenge. Alwyn Owen and Jack Perkins are documentary makers for Radio New Zealand who argue that the QHHG IRU VFULSWLQJ WKH QDUUDWLRQ L to introduce or end a programme, to link sections of the programme, to give a programme editorial direction, to tell a complete story as in a feature programme and to convey LQIRUPDWLRQ DV LQ DQ LQYHVWLJDWLYH GRFXPHQWDU\´ p. 5
).Owen and Perkins (2016) assert that the aim of scripting for narration is to say what needs to be said cleanly, economically and efficiently.

Ethical Issues

In dealing with subjects such as addiction, mental health and trauma, ethical considerations were involved. Riddle (2014) carried out research into the impact of mental health documentaries on people with lived experience of mental health issues. According to Riddle (2014) four main themes emerged; sensationalisation of mental health in documentaries, a fear of societal judgement, only showing the most severe cases of mental health rather than a spectrum of severity and a lack of understanding of mental health disorders. I believe in this documentary that I am very clear in my understanding of mental health and addiction issues and my purpose in making this documentary is to highlight inadequate treatment and a gap in services that needs to be addressed.

However, Norris & Jones (2005) conducted a study examining how adolescents in a racially diverse but segregated urban high school take on issues of equality and other contentious ethical issues using radio documentaries. I believe this example shows how radio documentaries can be used in a positive way to shine a light on difficult issues.

Having made the decision to share my personal experience, a degree of anonymity remained important for me. For example, while I share some of my background and training and the fact that I have worked in the field of addiction for over a decade, I don't specify where I have worked or what service I currently work for. This is a very important ethical decision for me as it ensures I keep a distance between my professional and personal experience. I have also used fake names for the interviewees “Jodi” and “Louise” to protect their anonymity.

For ethical reasons I did not include anyone, either client or professional that I have worked with through the service I am employed by. Again this was so that I can remain ethical in my approach to this documentary and to remain abiding by the ethics of my professional training and the service I currently work for.

While the topics discussed in this documentary are very sensitive and difficult issues for many, none of the people interviewed were patients or clients of any service and all interviewees got in touch with me to participate in the documentary outside of any influence, obligation or manipulation in any way. In this way I remained true to the code of conduct and ethics outlined by the National Union of Journalists.
https://www.nuj.org.uk/about/nuj-code/

Headline is the national media monitoring organisation responsible for overseeing media reporting of suicide and mental health issues. In keeping with their guidelines on reporting of these topics, information about support agencies for addiction and mental health are given at the end of the documentary.
http://www.headline.ie/mediaInfo/tipsForReporting/
There is also a warning at the beginning of the documentary about the topics covered and how they may be upsetting for some.

I maintained an even gender balance with both men and women interviewed for this documentary.

Limitations and Challenges

Despite many attempts I was not able to interview a psychiatrist working on a community mental health team or an Irish GP for this documentary. Dr, Marie 1DXJKWRQ LV D SV\FKLDWULVW ZRUNLQJ LQ 6W 3DWULFN questions to her in the absence of a community based psychiatrist, however she is a hospital based professional sR , FRXOGQ¶W DVN KHU HYHU\WKLQJ , ZD While Dr, Robert Simpson is a medical physician and could discuss the American medical system, however, he does not work within the Irish system. I do believe the voice of an Irish GP and a community psychiatrist may have provided some balance to the medical model of treatment which is discussed by some of the interviewees.

The issues of addiction, mental health and trauma are in and of themselves very broad topics. I found I was challenged by the scope of those issues and trying to craft them into a radio documentary with a beginning middle and an end that would engage the listener.

I had recorded approximately nineteen hours of material for this documentary. I found it a challenge to keep to the thread of my story with all the material I had and I felt I could have gone in a number of different directions with the material I decided to include in the documentary. For example, I could have made the documentary on the problem of un-prescribed tablet use and marijuana use among young people in Ireland or addiction and depression in older people. With the amount of material, I had, it was a challenge to remain clear about the story I wanted to tell in this documentary.

Soundscape

I was very conscious that the material for this documentary was heavily discussion and interview based and lacked a soundscape e.g. a particular location with a unique

set of sounds. Therefore, the foundation for my soundscape comes from music primarily as well as some sound effects to locate the listener in key places in the documentary e.g. in the beginning when I am talking about being in a laneway in Enniskerry, Co. Wicklow. I got the idea to use music or songs by artists and musicians who the media had reported had addiction or mental health difficulties. The week I recorded the interviews at the UKESAD conference in London, Prince was found dead, later to be confirmed as an opioid overdose. In July 2016 the singer Chakakan and her sister entered rehab for addiction to the same prescription medication that Prince was being prescribed. The timing of these incidents fits with the making of this documentary and gave me this idea which formed the basis of my soundscape.

As well as the songs I chose and the lyrics in them, I also used particular sound effects through the documentary at certain points to emphasise a point made by an interviewee or to create atmosphere. For example, I used a commercial from the States advertising pain medication to emphasise points made by Dr. Robert Simpson.

In order to create different threads of sound for the listener and in order to make a distinction in my narration, I used different music beds as a way to break up an interviewee and when I am providing links for interviewees and points throughout the documentary.

The opening of any piece for radio is so important. Owen and Perkins (2016) say, “It’s almost become a cult to begin a programme w cut. The idea is to grab the attention of the listener but there is a lot to be said for a simple announcement and then good clean opening narration” (Owen and Per Once I had made the decision to share my personal experience in the documentary, I decided that this would be the opening.

This chapter has described the process of creating this documentary, those interviewed and the reasons they were chosen. It has discussed some of the ethical issues as well as the challenges and limitations of this documentary.

## Chapter Four - Media Analysis

The value of this radio documentary lies in its focus of a neglected area of mental health and addiction in the Irish media. This is evidenced in the media analysis I conducted in the months of April and May 2016. During these months the issue of mental health featured very highly in media reporting primarily due to the fact that 12million euro was pulled from the budget for reform of the mental health services and was then reinstated for this purpose. Many newspapers, radio programmes and social media outlets gave huge coverage to this issue and reported the story from many angles including interviewing people with mental health issues, publishing stories written by people with mental health issues as well as giving coverage to organisations and campaigns working in the area of providing mental health services.

In my analysis of the coverage of mental health during this time frame there were only two journalistic reports on the problem of accessing services for people with a co-occurring disorder of substance mis-use and a mental health disorder. One was by the health correspondent in the Sunday Business Post and the other was a UTV Ireland documentary on mental health.

Even when there was an opportunity for a broadcast interviewer to expand on the issue when an interviewee referred to the problem, it was not picked up. There was coverage of the issue on an RTE Radio 1 programme when the mother of a young man who took his own life turned up at an outside broadcast and asked Minister Varadkar who was being interviewed for the programme his opinion on mental health services. My analysis of the media coverage is detailed in this chapter and demonstrates why I was motivated to make this documentary on this subject.

This chapter provides analysis of media coverage of mental health in Irish broadcasters and newspapers in April and May 2016. It highlights the gaps in coverage of the issue of co-occurring disorders. The findings of this analysis show that co-morbidity is extremely under-reported in Irish media and therefore illustrates the importance and relevance of this documentary.

Headline is an Irish organisation which monitors media coverage of mental health and suicide. Every week Headline publishes the articles that dealt with the topics of mental health issues published by a wide variety of newspapers and interviews on national broadcasters. I conducted a review of these articles and interviews for the months of April and May 2016 to see how many articles or broadcasts covered the issue of co-morbidity. During these months none of the articles reviewed by Headline covered the issue of co-occurring disorders.

During the week 23rd to the 27th of May the flagship programme on Newstalk FM, Newstalk Breakfast, covered a different aspect of the topic of mental illness each day on the programme. However, none of these programmes covered the issue of co-occurring disorders. There was no coverage of dual diagnosis on the RTE Radio 1 Morning Ireland programme during April and May this year.

This chapter clearly defines the lack of coverage of the issue of co-morbidity in Irish newspaper and broadcast media in the months of April and May this year. During those months there was a lot of coverage of mental health in the media, however, the issue of co-morbidity was not covered. Also, there was little journalistic reporting of this issue with coverage coming when family members initiated contact with the media rather than the coverage being initiated by journalists.

Chapter Five - Further Research

This dissertation already demonstrates considerable research to inform the context of my topic, to inform my research questions and to highlight the gaps in this area in terms of media coverage. This dissertation also demonstrates considerable research and artistic processing in terms of the best format to use and the reasons why a radio documentary was chosen as the medium in this instance. In order for the narration to be up to date, research was also undertaken into the most up to date reports, articles and findings some of which were used as one of the threads of narration throughout the documentary and quotes taken from these reports, articles and findings are used to illustrate points made by interviewees and to back up the arguments being put forward throughout the documentary.

The reports researched here pick up on points that interviewees make and broaden these issues for the listener. For example, on the 22nd of June 2016 Minister for older SHRSOH DQG PHQWDO KHDOWK +HOHQ 0F(QWHH ODXQFKH
IRU &KDQJH´ 7KLV UHSRUW GHWDLOV WKH ZD\ LQ ZKLFK
the views of service users, family members and careers are considered in order to design and develop mental health services (https://www.healthpromotion.ie/hp-files/docs/HMT00982.pdf). The voice of the patient is referred to by interviewees as being extremely important and this report illustrates that and the narration expands on the point for the listener.

The Irish Times published an article on the 24th of June 2016 reporting a division in the Seanad when Minister Harris introduced legislation to amend the Misuse of Drugs Act to include prescription medications. The report details how independent senators Lynn Ruane and Collette Kelleher strongly opposed the legislation (http://www.irishtimes.com/news/politics/oireachtas/new-drugs-bill-causes-division-in-seanad-1.2697000). This article highlights views of Independent Senator Lynn Ruane who I attempted interview with but I was unsuccessful, so this article provides a way to still include the points she makes in this article in the documentary.

On the 7th of June 2016, in response to figures released in an RTE news report, the College of Psychiatrists pXEOLVKHG DQ DUWLFOH RQ WKHLU ZHEVLW

:+(1 ZLOO ,ULVK 0HQWDO +HDOWK 6HUYLFHV EH ILW IRU S
Hillery, Director of Communication and Public Education for the College of Psychiatrists in Ireland and gives good insight into the position of psychiatrists and the current mental health services (http://blog.irishpsychiatry.ie/psychiatrists-asks-when-will-irish-mental-health-services-be-fit-for-purpose/).

On the 10th of June 2016 another article published on the Irish Psychiatry website gives the views of a trainee psychiatrist on the mental health services in Ireland (http://blog.irishpsychiatry.ie/the-12-million-euro-distraction-thoughts-on-the-real-issues-affecting-mental-health-services-in-ireland/). As some of the interviewees are critical of the mental health services and psychiatry, these two articles provide some insight into views of some psychiatrists and provide balance to some arguments.

I read an article in the Huffington Post in January of this year which was one of the first pieces which inspired me to think about doing my dissertation on this topic. The article was published on the 28th RI -DQXDU\ DQG LW ZDV FDOOHG ³'
)UHH 7KHUH¶V D WUHDWPLRQ WKH +XIILQJWRQ 3RVW $GGLFWLYH :K
XVLQJ LW"´ 7KLV DUWLFOH UDLVHV VR PDQ\ SRLQWV VRPH
of the questions I asked to the interviewees from the USA (https://www.bing.com/search?q=dying+to+be+free+huffington+post&form=EDGNTC&qs=AS&cvid=f3ee6f81fbd44d15827c24da922a9dd7&pq=dying%20to%20be%20free).

The New Yok Times published an article on the 27th of June 2016 reporting that new ways of dealing with pain had met with resistance in the USA. Two of the interviewees in the documentary refer to the opioid epidemic in the United States currently and this article refers to thDW DQG RXWOLQHV RQH PDQ¶V VWRU
prescription medication to deal with chronic pain (http://mobile.nytimes.com/2016/06/23/business/new-ways-to-treat-pain-without-opioids-meet-resistance.html?partner=rss&emc=rss&smid=tw-nythealth&smtyp=cur&referer=https://t.co/Wd0mqW5I9X).

I also followed a number of Twitter accounts in research for this documentary which allowed me to keep up to date with what those sites were publishing in relation to co-

morbidity, substance mis- X V H  D Q G  P H Q W D O  K H D O W K   7 K H V H  L Q F O X G
Radio, a reality radio show which features real people sharing their stories of overcoming addiction, @SAMHSA, a USA government website providing information on addiction and mental health, @the SHAIR Podcast, an alcohol and drug recovery podcast, @RCPI, The Royal College of Physicians of Ireland, @hrbireland, the Health Research board, @Green Ribbon IRL, a social media site to promote discussion about mental health, @DDN Magazine, Drink and Drugs News on substance mis-use, @PsychTimes, USA resource for psychiatrists and mental health professionals, @med_indonews, the medical independent.

This chapter further demonstrates the depth of research and analysis that has gone into the making of this radio documentary in terms of research of its subject matter through all types of media.

## Chapter Six - Conclusion

This paper provides evidence of the research conducted for this radio documentary. It demonstrates the depth of research undertaken in terms of a literature review to define the problem of co-morbidity, current treatments for co-morbidity and an explanation of childhood trauma and the link to addiction and mental health difficulties in later adulthood. It establishes the gaps in media coverage of co-morbidity and demonstrates the importance and relevance of reporting on this documentary.

The process of making the documentary is outlined here, including why radio was chosen as the media for this subject, how interviewees were researched and contacted, and the process involved in deciding to share my personal experience as well as my professional experience in the documentary. Ethical issues are discussed and the limitations and challenges involved in the creation of this documentary are reviewed.

Due to the amount of material recorded for this documentary further programmes could be made on some of the issues raised by interviewees, for example, co-morbidity among the homeless and prison population, depression and addiction in older people, marijuana and un-prescribed tablet use among young people, mental health care among GP¶s in Ireland, the separation of addiction and mental health and health in Ireland, etc.

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