



Newsletter
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'Surviving Recession: Promoting Mental Health and Preventing Suicide' IAS 13th Annual Conference

We were honoured that John Moloney TD, Minister for Equality, Disability and Mental Health accepted the invitation to open the 13th Annual Conference of the Irish Association of Suicidology 'Surviving Recession: Promoting Mental Health and Preventing Suicide' at the Dunraven Arms Hotel, Adare, Co. Limerick on 1st October last.

The Minister took the opportunity at the conference to launch the updated version of 'Media Guidelines for Reporting Suicide and Self-Harm' produced by Samaritans and The Irish Association of Suicidology.

In his opening address the Minister thanked the Board of the Irish Association of Suicidology for the invitation to officially open the annual conference. He welcomed the delegates who travelled from all over the country and also extended a special welcome to his fellow speakers who will cover a range of interesting topics in the course of the conference programme and went on to say:

"When John Connolly invited me to address this conference he mentioned that there would be an emphasis on the 'the ability to rise to

the challenges posed by difficult financial times'. Today's conference presents an opportunity to focus on those challenges and importantly what we can do to minimise the potential impact of the economic downturn.

There is certainly no doubt that the recession is putting greater stress on individuals, on families and on communities. In my role as Minister, I meet individuals and representatives of various groups every day and I will acknowledge that people have expressed their concerns and fears about the impact the recession is having on their lives and their work.

In this regard, I welcome initiatives designed to offer assistance in managing our mental health. In July, the HSE's National Office for Suicide Prevention produced an information booklet called 'Suicide Prevention in the Workplace' which provides organisations and workplaces with practical guidance on how staff can respond to and support persons who are at risk of suicidal behaviour.

In addition, information leaflets and a wallet card entitled

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Coroner fears suicide statistics may be inaccurate

THE DUBLIN City Coroner has expressed concern about the accuracy of suicide statistics, raising fears that the incidence of suicide may be greater than official figures indicate.

Dr Brian Farrell has called on the Central Statistics Office (CSO) to carry out a national survey of coroners' records to ensure that suicide mortality is properly recorded. "Our statistics on suicide are probably inaccurate," said Dr Farrell. "Official statistics show Dublin to have a lower suicide rate than the rest of the country," he said, referring to a 2007 report. "There must be serious doubt that this is the case.

"A national survey, based primarily on coroners' records, which contain extensive information in relation to all unnatural deaths, including

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EDITORIAL: RECESSION CORUMINATION AND SOCIAL CONTAGION

Research highlights the importance of positive friendships and the help and security that arise therefrom, in adolescents in particular. These act as buffers against relational and overt bullying and victimisation. These friendships likewise, particularly in adolescent girls are protective against anxiety and depression.

“How much talking is too much talking?” Is an Issue raised by the American Psychological Association studies suggest that excessive talking and obsessing about problems and negative opinions – called corumination – can contribute to emotional difficulties, including depression and anxiety. Corumination can be written as in text messages and on the internet. Teenage girls are particularly prone to discussing the same problem over and over again:

ruminating on their looks, dress and the break up of relationships, failure to get on the school team or to get a part in the school play. Girls can talk about these dramatic issues all day at school and continue the banter after school via the phone, email, instant messaging, texting and other high-tech channels. According to the research, there is a fine line between the positive feelings that result from sharing with close friends and the negative energy that comes from dwelling on problems and frustrations. Worse still, these unhealthy emotions are often contagious among girlfriends.

No one is suggesting that girls stop turning to their friends for support, but it is important that these young women find more productive techniques for addressing their problems. Experts believe that girls must learn to focus their energy on good experiences or on solutions to their problems rather than on the problem. Parents must be careful not to become complacent because their daughters are surrounded by good friends. Like isolated loners, girls with friends in the bad habit of corumination are more prone to depression and anxiety.

Social contagion is very often a factor in copycat suicide and indeed in a great deal of anti-social behaviour including criminal behaviour and violence. Social contagion occurs when members of a group adapt to their behaviour, attitudes or beliefs to those of other members of the group. The results of corumination

can be seen as one form of social contagion as can prejudices that stigmatise suicide and the mentally ill.

Perhaps we all indulge in corumination in our day to day lives particularly in times of hardship as that resulting from our current recession. Negative thinking understandable in such times can increase our sense of hopelessness and lead to depression and anxiety and a sense of loss as so many hopes are dashed or deferred. We can easily lose sight of our resilience and strengths and our ability to overcome adversity. John F Kennedy reminded us that “the Chinese use two brush strokes to write the word ‘crisis’. One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger – but recognize the opportunity”. In times of recession negative thinking and corumination becomes rampant increasing our anxieties leading to depression and despair and in extreme case suicide – an unnecessary death. Recessions come and go and we must never lose sight of our resilience as individuals, communities and as a nation. Corumination and negative thinking is nothing new as illustrated with this final quotation from a poem by John O’Brien written at the beginning of the last century

“We’ll all be rooned,” said Hanrahan,
In accents most forlorn,
Outside the church, ere Mass began,
One frosty Sunday morn.
It’s looking crook,” said Daniel Croke;
Bedad, it’s cruke, me lad,
For never since the banks went broke
Has seasons been so bad.

nothing changes.

John Connolly
Hon Secretary

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Many students have mental health issues

Many university students in Dublin are experiencing depression, suicidal tendencies and alcohol use problems, a new study shows.

The findings of Curran et al, published in the Irish Medical Journal, suggest that students are a vulnerable group and underscore the need for mental health education and psychosocial support.

Students would benefit from an expansion of mental health education, including alcohol education and psychosocial support services in

universities, the study concludes. Depression and suicide are clearly associated with stressful life events, and social support appears to be a key ‘protective’ factor. Alcohol abuse is associated with serious suicidal ideation.

The study examined the pattern of psychiatric disorders among medical and business students and showed that TCD and UCD students were vulnerable to psychiatric problems.

Gary Culliton, Irish Medical Times

'Surviving Recession: Promoting Mental Health and Preventing Suicide' IAS 13th Annual Conference

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'Looking after your mental health during tough economic times' were produced and distributed widely. The resources outline information on the impact unemployment and financial difficulties have on mental health and wellbeing, how people can look after their mental health, signs of common mental health problems and available support services.

Once off funding was made available this year to the National Office for Suicide Prevention to further develop services for those bereaved by suicide and to develop an information and **awareness campaign aimed at young people**. Consultations with young people were arranged under the auspices of the Office of the Minister for Children and Youth Affairs to inform the campaign and a report on the outcomes of this process - 'Teenage Mental Health: What helps? and What hurts?' was launched on 15th June 2009. This campaign is being launched later this month.

The simple fact is that mental ill health affects us all. The World Health Organisation estimates that about one in four people will experience some mental health problems in their lifetime.

Mental health promotion is a key ally in our quest to minimise the consequences of a recession and equally important to changing attitudes about mental health. For too long there has been a lack of openness in relation to mental health and consequently many mental health problems have remained unacknowledged, unrecognised and untreated.

One of my priorities is to break the taboo which often surrounds mental health and encourage people in distress to seek help from friends, family, or health professionals. The **media can play an important part** in raising awareness of the complexity of the issues surrounding suicide, encouraging discussion about suicide and mental health and disseminating information about support services.

There is a need, however, to **ensure that public discussion and media coverage of suicide and deliberate self harm remains measured, well informed and sensitive to the needs and well-being of people in distress**.

Which brings me on to my other task here today to **launch the IAS and Samaritans updated 'Media Guidelines for Reporting Suicide and Self-Harm'**. The guidelines highlight the need for those reporting on suicide to **treat the subject with sensitivity**. Indeed as one editor quoted in the guidelines says *"reporting on suicide is one the most delicate tasks facing journalists and one which carries a large degree of responsibility"*. However the media guidelines are an invaluable tool, presenting the facts



Minister John Moloney and Dan Neville at the 13th Annual Conference of the IAS at the Dunraven Arms Hotel, Adare, Co. Limerick on 1st October last.

offering helpful practical advice on appropriate language and debunking some of the potentially dangerous misconceptions surrounding suicide.'

I would encourage everyone, not just those working in the media, to read the guidelines as information included is a useful resource in any walk of life.

Finally, I would like to congratulate everyone involved in today's Conference. I am confident that the sessions will be informative and thought-provoking. One of the objectives of this conference is to **"foster and channel the inherent strength and resilience of our people and communities"**. I believe that by harnessing that strength, our resources and our commitment, we can make a difference and reduce the devastating effects suicide has on individuals and on communities."

The meeting was well attended and drew a great deal of interest and coverage from the media. Of significance is the fact that in 1996 the IAS was formally set up and launched in the Dunraven Arms Hotel at what proved to be its first annual meeting. A detailed report of the proceedings of our 13th conference will appear in the next edition of the Newsletter.

"Happiness depends more on the inward disposition of mind than on outward circumstances."

Benjamin Franklin

Lack of sunlight linked to heart disease

Vitamin D deficiency may be linked to heart disease and diabetes in older people, a new study indicates.

According to researchers from the University of Warwick in the UK, vitamin D deficiency may have a link with metabolic syndrome - a group of conditions including obesity, high blood pressure, abnormal

cholesterol levels and resistance to insulin, which combine to increase the risk of heart disease, stroke and diabetes.

In a study of more than 3,200 people aged 50-70 years, 94% had a vitamin D deficiency and 42% also had metabolic syndrome. The researchers say that more research is needed to establish why this is. Vitamin D deficiency is already well known

to have a significant impact on bone health. Levels are improved by moving out and about in the sunshine. Vitamin D is also found in several foods, most notably fish. Vitamin D supplements are also available.

Elderly people often become deficient in vitamin D because the time they spend outside in the sun is minimal.

irishhealth.com

Study: First-born children face more pressure than siblings

First-born children face twice as much pressure to succeed in school than their younger brothers and sisters, research suggests. But high parental expectations come at a cost, with many mothers saying they believe their oldest child will be the most susceptible to anxiety or depression later in life. In the survey of almost 10,000 mothers, taken by parenting website netmums.com, some 35% said they thought their first child would succeed most academically, compared with just 6% who said they thought it would be their middle child, and 15% who said their youngest child. In contrast, when asked which child they thought would be the happiest in life, just 7% of mothers said their oldest child, while more than a third (35%) said their youngest child.

The pressure put on oldest children means that 45% of the mothers questioned said that they thought their

first born would be the most likely to suffer from anxiety or depression, compared to just 6% who said their youngest child was most likely to face this in life. Some 39% said they identify most with their oldest child, while just 7% said their middle child and 6% said their youngest child.

The survey concluded: "This could explain why they have higher expectations for that child and perhaps therefore why they feel justified in putting extra pressure on that child to succeed. Is there an element of parents projecting their own aspirations onto their oldest child?"

Psychologist Tanya Byron said: "Much has been made of the difficulties that middle children face as a result of being sandwiched between siblings. Significantly though, this new research confirms the possible existence of what

could be called eldest child syndrome in some families. "It seems that there could be a tendency for parents to invest more time and energy in their eldest child, in part because as this survey shows parents tend to see more of themselves in their first child and therefore project their own aspirations onto them. "Evidence shows this can have beneficial effects on intelligence levels but the downside of this extra attention is that they may not develop the happy-go-lucky attitude that their younger siblings who may be raised in a more relaxed way often enjoy."

Irish Examiner
Alison Kershaw, 30/06/09

"If you do not hope, you will not find what is beyond your hopes"

St. Clement of Alexandria

Napping may affect anxiety and depression

Napping may have a significant effect on young children's levels of hyperactivity, anxiety and depression, according to new research.

Results indicate that children between the ages of four and five who did not take daytime naps were reported by their parents to exhibit higher levels of hyperactivity, anxiety and depression than children who continued to nap at this age.

Previous studies have shown that poor or inadequate sleep is linked with symptoms of hyperactivity, anxiety and depression.

For this study, parents or caretakers reported their child's typical weekday and weekend bedtime/rise time, napping patterns, family demographics, and completed a behavioural assessment of the child. Data for each child was collected continuously for seven to 14 days.

"There is a lot of individual variability in when children are ready to give up naps. I would encourage parents to include a quiet 'rest' time in their daily schedule that would allow children to nap if necessary," said Dr Brian Crosby of Pennsylvania State University, lead author of the study.

Dr Crosby hopes that findings of this study will encourage caregivers and other researchers to look at the ways napping impacts daytime functioning in children, as an optimal age to stop napping has not yet been determined.

The results of the study were presented at SLEEP 2009, the 23rd Annual Meeting of the Associated Professional Sleep Societies.

Irishhealth.com
Joanne McCarthy, 8/06/09

Coroner fears suicide statistics may be inaccurate *continued from page 1*

suicide, is required for comprehensive information and accurate statistics on suicide mortality," he said. "At the Dublin City Coroner's Court we are endeavouring to bring in suicide verdicts at inquest and we are recording the verdict on the Coroner's Certificate." The call follows a growing concern that many deaths in Dublin, which should be recorded as suicides by the CSO, are instead being classified as "undetermined" deaths on the basis of a form (Form 104) supplied to the statistics office by the Garda Síochána following an inquest.

A 2007 report by the National Suicide Research Foundation suggested that misclassification of suicides as deaths of undetermined intent was common in Dublin compared to the rest of the country and that such misclassification could explain most of the difference between Dublin's low suicide rate and the rate elsewhere. Dr Farrell, who expressed his concerns at a recent conference on suicide, said he believed gardaí attending inquests at the Dublin City Coroner's Court may be unduly influenced by the higher standard of proof required to bring in a verdict of suicide at inquests.

"They are perhaps documenting deaths as undetermined on the Form 104 where they should, on the balance of probability, be recording the death as a suicide ... At inquests at the Dublin City Coroner's Court the legal test of beyond a reasonable doubt is strictly applied in accordance with case law. The evidence must prove that the deceased killed himself or herself, that there is intention and that it is proved beyond a reasonable doubt.

"When the evidence does not meet the required standard at inquest an open verdict must be returned by the coroner but this does not necessarily apply to the gardaí completing Form 104."

The coroner said the introduction of a revised Form 104 was necessary to allow the Garda to give more comprehensive information to the CSO as to the means by which the death occurred.

"Effective suicide prevention programmes are dependent on the availability of quality information and statistics. We're not getting quality information statistically on suicides because at present the CSO are relying mainly on the existing Form 104 and are not utilising coroners' records."

A spokeswoman for the CSO said in determining suicide as a cause of death, the CSO considered the information provided in three forms: a form supplied by the Registrar of Births and Deaths (Form 102); the Coroner's Certificate; and Form 104 supplied by the Garda Síochána. One of the issues which contributed to the lower suicide rate for Dublin was the higher non-return of Form 104 for the Dublin area, she said.

A new Coroner's Bill is currently before the Oireachtas.

According to CSO figures, in 2007 the number of suicides was 460, or 10.6 per 100,000 population. In 2006 there were 409 and in 2005 there were 431.

irishtimes.com

Georgina O'Halloran, 5/05/09

"People with many interests live, not only longest, but happiest".

George Matthew Allen

Lack of training in suicide counselling

IRISH COUNSELLORS and psychotherapists dealing with suicidal people are not being given adequate specialised training to assist them and instead are having to learn as they go, according to a leading international expert on suicide.

Dr David Jobes of the Catholic University of America told The Irish Times that dealing with suicidal people should be included as a standard part of all mental health training programmes for those working in the area of counselling and psychotherapy.

Ireland was no different from the United States in this regard but it was surprising that no particular training programmes for dealing with suicidal people are included in mental health training, given suicide can feature in several mental disorders, he said.

Dr Jobes explained that he had asked the 100-plus clinicians attending the Irish Association for Counselling and Psychotherapy Southern

Regional Annual Conference in Cork recently how many knew someone who had died by suicide and virtually everyone indicated that they had.

"Yet, when I asked them how many had been specifically trained in nursing programmes and professional training programmes in graduate school and medical school to assess and treat suicidal people, only one hand went up – it's crazy but it's not unique to Ireland.

"When I speak in Ireland, at best maybe 5 per cent will have had curricular training in their professional training programmes and we're the ones who are to protect the suicidal person from themselves," he said.

Dr. Jobes said while most clinicians learn about dealing with suicidal people by experience – and experience can be a good teacher – it did seem strange that there was no training provided to deal with people who are contemplating suicide given that it is such

"a pervasive presentation".

"Why isn't it just a natural part of a psychology training programme? It should be a standard part of mental health training and it's not and it makes no sense – it's emblematic of these disconnects of the pervasiveness of suicide and of people acting as if it's not a problem.

"Suicide cuts across a dozen major psychiatric disorders, not just depression – it's associated with anxiety, substance abuse, schizophrenia, bi-polar disorder – all of those disorders often have a suicidal component. It's treatable but people often don't know how to treat it."

irishtimes.com

Barry Roache, 26/05/09

Letter to the editor

Institutional child abuse: Long term impact on mental health and emotional wellbeing

I congratulate the commission, chaired by Mr Justice Seán Ryan on the completion of the Report of the Commission to Inquire into Child Abuse, and in doing so bringing out the truth of the extent of physical, sexual and emotional abuse that took place in Irish industrial and reformatory schools over many decades.

I would like to express my admiration for the determination displayed by those courageous men and women who reported their experiences of abuse which in itself must have been confrontational and overwhelming in this forum.

Unfortunately, for the survivors of child abuse it has taken a very long time to 'open the door' for the truth to come out, but finally their traumatic history has now become visible for the people in Ireland and internationally. Therefore, this report can be considered a historical milestone. On the day of the launch, many European countries, the US, Canada and Australia covered the outcomes of this report, reflecting its significance worldwide.

However, I was surprised to read that some politicians consider this report as bringing a 'closure' to a dark period in Irish history. Based on the evidence that extreme and chronic traumatisation is associated with severe and long term negative consequences for the mental health and emotional wellbeing of the survivors of institutional childhood sexual abuse, it is my opinion that the report of the Ryan Commission is only now opening peoples' eyes and confronting us with the extent and severity of institutional child abuse. I would therefore state that finally the door has been opened and cannot be closed anymore.

Despite similar histories of institutions for children in countries such as Canada, Australia and the UK, the specific mental health care needs of these survivors have not been adequately explored in the international research to date.

In 2005, the HSE National Office for Suicide Prevention commissioned The National Suicide Research Foundation to investigate the relationship between institutional child sexual abuse and suicidal behaviour.

A first study comprising consultation meetings with survivors of institutional child sexual abuse and research involving specialist support services was completed in November 2007 (O'Riordan & Arensman, 2007). Long term effects among survivors of institutional child sexual abuse included social isolation, alcohol and/or drug abuse and suicidal behaviour. Various other mental health difficulties included depression, Post Traumatic Stress Disorder, inadequate coping skills, impulsive behaviour and anti-climax following attendance at the Redress Board.

Survivors explained that the experience of being abused in an institution has led to anxiety regarding the possibility of receiving nursing home care in later life. This fear of what might happen to them as they grow older must be given appropriate consideration as a risk factor for suicidal behaviour among survivors.

The trans-generational transmission of mental health difficulties was also indicated by a number of survivors who raised concerns about their adult children's own struggles with addiction, anger, depression and suicidal behaviour.

The study also provided information on factors that may protect people with a history of institutional abuse from engaging in suicidal behaviour, such as being in a relationship or married, having children, having followed education, being employed, receiving support through survivor groups and counselling. The value of survivor groups was underlined by the majority of survivors who had received support in many areas including emotional support, education, housing and preparation for Redress. Survivors were generally positive about the National Counselling Service and their relationship with their counsellors. Those who had completed counselling were frequently seen encouraging other survivors to avail of this service.

The study completed in 2007 can be considered one of the first steps towards increasing our insight into the long term effects of institutional child abuse on people's mental health and emotional wellbeing.

Based on the facts about the extent of physical, sexual and emotional abuse in institutions as presented in the report of the Ryan Commission, we have to face the reality that the long term effects may last for several generations. Therefore, we are far away from any closure.

*Dr Ella Arensman
Director of Research
National Suicide Research Foundation*

25th May 2009

Reference: O'Riordan M, Arensman E. Institutional child sexual abuse and suicidal behaviour: Outcomes of a literature review, consultation meetings and a qualitative study. National Suicide Research Foundation, 2007.

Note. Journalists are advised to include the following information on relevant help lines, such as:

HSE National Counselling Service: 1800 235 234

Connect, the out-of-hours Helpline of the National Counselling Service: 1800235235, offer support Wednesday to Sunday 6.00-10.00 pm

Faoiseamh Helpline: 1800331234, offer support on Mondays and Wednesdays from 11.00 am-8.00 pm and on Fridays from 11.00 am-4.00 pm.

Samaritans: 1850 60 90 90, offer support 24 hours a day

Babies Can't Wait

Infant & Early Childhood Mental Health Intervention

Infancy is a period of optimal emotional and cognitive development. The foundations of mental health are laid during the critical development that occurs over the first three years of a child's life. Research on early childhood development has stressed the importance of studying the relationship between the primary caregiver and the infant in understanding the infant's social and emotional development. Early identification of problems and effective intervention can have a significant impact on the prevention of child, adolescent and adult mental health difficulties. Best practice supports the principle that programmes based on developing strengths, beginning either pre-natally or at birth, have the greatest and most sustained effects. Taking a life-span approach to mental health necessitates early intervention from birth onwards.

Three psychologists in Wexford are using Infant Mental Health to work with the youngest clients being referred into their services. By promoting the development of healthy attachments between infants and caregivers, their aim is to break negative family patterns and provide the foundation stone for the development of positive mental health and well being throughout the lifespan. As part of the infant mental health practice psychologists may offer families, concrete assistance, emotional support, developmental guidance, early relationship assessment/support, advocacy and infant-parent psychotherapy, depending on the needs of the infant and his/her family. 'Infant-parent psychotherapy offers a parent the opportunity to explore thoughts and feelings that are awakened in the presence of the baby. In the intimacy of the home visit, a parent may share stories of past experiences and significant relationships, major fears, disappointments, and unresolved losses as they affect the care of a baby and their early developing parent-child relationship' (Weatherston, D. 1997).

Susann Keating, Rosarii O'Donnell & Paula Koechlin, Psychologists, HSE South, Wexford.

"Our greatest glory is not in never falling but in rising every time we fall."

Confucius

A Glass of Fruit Juice a Day Increases Diabetes Risk

An in-depth study has shown that drinking just one glass of orange juice a day could significantly increase a person's risk of diabetes. The American study followed the long-term health of 70,000 female nurses over an 18-year period. It found that the women who had one glass of fruit juice a day increased their odds of developing Type 2 diabetes by 18pc. The researchers suggest that "caution should be observed in replacing some beverages with fruit juices in an effort to provide healthier options".

Independent.ie

Money worries make women spend more

More than three quarters of women would go on a shopping spree to cheer themselves up, a new study suggests.

Looking at the findings of the study, which involved more than 700 women, researchers are now warning that the recession could force more women to overspend, which could increase their risk of mental illness.

In the study, from the University of Hertfordshire, 79% of the women said they would go on a spending spree to cheer themselves up.

Four out of ten women named 'depression' as the reason to go on a spending spree and overspend. Six out of ten said 'feeling a bit low' was their reason for overspending.

The women commonly expressed the view that shopping had the power to make them feel better.

However, not all the women in the survey felt cheered up by the spending spree experience.

One in four had experienced feelings of regret, guilt or shame after buying something in the week prior to the survey. And seven out of ten women had worried about money during the same period.

"This type of spending, or compensatory consumption, serves as a way of regulating intense emotions," the researchers said.

"If shopping is an emotional habit for women they may feel the need to keep spending despite the economic downturn. Or, perhaps worse still, if they can't spend we might see an increase in mental health problems such as anxiety and depression," the researchers added.

*irishhealth.com
21/05/09*

Depression and the recession

These days it seems that no matter where we look, we are confronted with the doom and gloom of economic recession. Newscasters and front page headlines are, on an almost daily basis, delivering notice of yet more jobs lost. And what can we expect in the near future; more doom and gloom to come, it would seem.

The financial stress on individuals, in addition to the general negativity felt by the wider community, is already having a huge impact on the mental health of our country.

The mental health of a society is based on key certainties, which are eroded in times such as these.

We are faced with endless uncertainty at present; uncertainty in the job sector - gone is the concept of a job for life, uncertainty in our banking sector, concern over energy reserves resulting in fluctuating oil prices, uncertainty over public finances etc.

The media is partly responsible for propagating this uncertainty. The view projected is a negative one and the picture presented is very black and white.

The portrayal and reporting of an economic recession can lower the general mood of the country people are naturally affected on an individual basis too. Taking redundancy as an example; how does losing one's job affect an individual?

The attainment of basic physical and material needs is essential in order to move forward with the attainment of more complex psychological needs and aspirations.

With that in mind, we can see how redundancy may lead to significant stress. Being made unemployed, is to be cast adrift at sea. An important avenue of social interaction is terminated and there is a huge sense of abandonment and a loss of that sense of belonging.

In addition, in today's world, people's sense of identity is very much enmeshed in their work. Their self-esteem and sense of worth is often determined by how successful they are in the workplace.

Now more than ever, what we do is tied up with who we are. People today, if they are lucky enough to still have jobs, work longer hours. One's occupation has always been important of course. It fulfils a fundamental need and provides us with challenges and a sense of achievement. It also provides routine and a day to day focus.

However, the pursuit of material success has arguably distorted people's appreciation of real priorities and perhaps the present economic slowdown will encourage a greater reflection and re-evaluation of what is truly important in life.

It is likely that healthcare professionals and in particular GPs will see a rise in the number of people seeking help for symptoms of general stress, anxiety and depression.

We will see the effects of economic stress and unemployment across all age ranges and members of society. In school leavers who cannot find work, it may lead to a retardation of personal growth and a continuation of the dependency faced at school.

In those retired or near retirement, there exists great concern for the future. Many have pensions tied up in shares and have suffered substantial losses in recent times.

How prepared are we as doctors to assist individuals in such distress?

People stressed by the recession may be suffering from adjustment disorder, which is characterised by a variety of clinically significant behavioural or emotional symptoms occurring as a result of a triggering event or stressor. It may be associated with - depressed mood; anxiety; or disturbance of conduct.

This disorder usually occurs within three months of the stressor. The condition may become chronic (lasting more than six months) should the stressor be chronic or the consequences and impact of the initial event be long-lasting.

Making the diagnosis of adjustment disorder is important as these patients generally benefit from some form of counselling. Rapid identification can prompt early psychological intervention that enhances the patient's quality of life or, at the very least, prevents further erosion of his or her ability to function.

Approximately three in ten people suffer from depression, with twice as many women as men presenting with symptoms warranting clinical intervention.

There is no doubt that healthcare professionals will see an increase in the disorder, given that the background social and monetary environment has an impact on the incidence with a link between depression and financial strain and damage to sense of self.

Research suggests that while employment status and financial strain are causally related to depression, income is not. In other words, a low income earner is not by that fact more prone to depression but should financial strain co-exist, his risk would increase.

Not only can the act of being made redundant lead to depression but the cascade of secondary stressors, such as financial insecurity and relationship strain which may follow on from it, can present as much a risk to the mental health of the job seeker as the job loss itself.

Secondary stressors also have an important impact on the mental health of the partner. Some research suggests that when a man loses a job, the associated stresses of unemployment and financial strain are taken on as common burdens by both members of the couple, whereas when a woman loses a job, she may be more likely to face those burdens alone.

There is a potential for drug or alcohol abuse in those with no known documented history, especially in instances of redundancy where drugs and alcohol provide a perceived escape from the reality of the situation.

Cocaine use among Ireland's middle classes took off hugely during the years of the Celtic tiger. Numerous redundancies are occurring across all socio-economic groups and healthcare professionals should be alert to the fact that individuals may no longer have the same level of income to sustain a costly habit thus a crisis may ensue.

In the Great Depression of the early 1930s, 13 million people in the United States lost their jobs and the income of an average American family dropped by 40% yet the suicide rate only increased from 14 to 17 per 100,000.

We are familiar with stories of bankers jumping to their deaths from their office windows, after sustaining huge losses in the Wall Street Crash of 1929. However few of these stories are based on fact.

Less than twenty Wall Street bankers are thought to have actually committed suicide at work immediately following the Crash and approximately one hundred professionals involved in the stock markets are believed to have taken their own lives.

The majority of the 23,000 Americans who committed suicide in the year following the Crash were ordinary people who suffered indirectly from the financial fallout. Examples would include the farmers who lost their farms, individuals who lost their jobs or savings, and entrepreneurs who lost their businesses.

We must however, be aware of the risk factors for suicide in our patient population. As well as unemployment, other risk factors include male gender, those living alone, divorced or widowed patients, those with a chronic physical illness, those with a previous psychiatric history, those with recent admission to a psychiatric hospital, patients with a history of attempted suicide or self harm in the past and patients who abuse alcohol or drugs.

The approach to the management of a patient presenting with symptoms thought to be related to recent financial strain could incorporate many of the following:

1. Giving general lifestyle and health advice such as taking more exercise, drinking less coffee, getting more sleep, engaging in some form of meditation or relaxation like yoga or listening to classical music. Quitting cigarettes, cutting down on alcohol consumption and following a better diet are not only beneficial from a health point of view but will also save money.
2. Encouraging the patient to see their circumstances as an opportunity rather than a crisis by reframing the situation and identifying the positives.

For example, in a patient made recently unemployed, one could point out that this may be a natural opportunity to pursue something they've always wanted to do. It may be a good time to do a course or attend classes in a new subject. Redundancy may provide an opportunity for one's spouse to spend more time with their family while giving their partner a chance to re-enter the workplace. It offers a natural time for a reality check and a period to prioritise what's important.

3. It may be helpful to discuss, where a patient interested in retraining, might start to make enquiries - for example FÁS Ireland or night courses in the local vocational school or adult learning centre.

4. Referring to local counselling services may be appropriate.
5. Doctors and health professionals can tactfully discuss the role of local charitable organisations such as St. Vincent de Paul or Barnardos.
6. It may also be fitting to advise a patient to contact their local Money Advice and Budgeting Service (MABS). MABS is a national, free, confidential and independent service for people in debt or in danger of getting into debt and a helpline exists.
7. Antidepressant drugs can be prescribed should the doctor feel they are indicated.
8. The healthcare professional needs to assess whether the patient is at risk of harming him or herself and should liaise with psychiatric services/crisis intervention services if appropriate.
9. It may be fitting to discuss the option of working abroad, which may be looked upon more favourably as other economies recover more quickly than ours.
10. In these difficult times, we will likely see an increased reliance on parental support. Patients may have a son or daughter whom they are concerned about, and as parents may choose to pass on some of their inheritance to their children at an earlier stage (hoping to alleviate current financial strain) rather than waiting until their death to do so. It may be advisable to suggest consultation with a solicitor in these circumstances.

The goal must be to assist people in difficulty due to the recession in a dignified manner using a holistic approach, aiming to prevent crises and emergency psychiatric presentations. Counselling and robust psychological support services will be seen as crucial components in achieving this.

In the midst of this crisis, we must also advocate politically for the retention of essential services, particularly in the area of retraining, not only for the health of patients but to allow them fulfil their potential.

**Olivia McElwee is a GP registrar with the TCD/HSE GP training scheme. This article first appeared in 'Forum', the journal of the Irish College of General Practitioners.*

*irishhealth.com
Dr Olivia McElwee
12/05/09*

New Developments at **SAMARITANS IRELAND**

Samaritans is a familiar name but often people are not aware of the range of services we offer in addition to the 24 hour telephone helpline service. Since the establishment of the charity's national office in Ireland in 2007, new developments have been implemented, all of which contribute to Samaritans ultimate aim that fewer people die by suicide.

Samaritans has recently launched a new strategy for 2009-2016 which outlines the steps we will take as an organisation to alleviate emotional distress and reduce the incidence of suicidal feelings and suicidal behaviour in our society. Key steps include;

- **Being available 24 hours a day to provide emotional support**
- **Reaching out to high risk groups and communities**
- **Working in partnership**
- **Influencing public policy and raising awareness**

We remain committed to the values that have always defined Samaritans;

Listening because exploring feelings alleviates distress and helps people to reach a better understanding of their situation and the options open to them.
Confidentiality, because if people feel safe, they are more likely to be open about their feelings.

People making their own decisions wherever possible, because we believe that people have the right to find their own solution and telling people what to do takes responsibility away from them.
Being non-judgemental, because we want people to be able to talk to us without fear of prejudice or rejection.

Providing human contact, because giving people time, undivided attention and empathy meets a fundamental emotional need and reduces distress and despair.

Samaritans is fully committed to both the Protect Life (NI) and Vision for Change (ROI) national strategies for suicide prevention and mental health provision. As part of this we are working to develop effective partnerships with other agencies working in these areas.

One aspect of this partnership working is the introduction of a new more cohesive signposting and referral system which will support a more integrated response to callers. As trained volunteers, we are not in a position to diagnose or assess callers, however, there are opportunities to make callers aware of services that exist for them and may make a significant difference to their distress.

Samaritans partnership with the Irish Association of Suicology on the production of the revised and updated Media Guidelines on the Portrayal of Suicide and Self Harm is something we hope to develop and build on to inform and positively influence media coverage of suicide and self harm.

Samaritans continues to be the largest provider of emotional support services in Ireland. In 2008, over 550,000 calls were made to Samaritans in Ireland, of which 315,368 dialogue contacts and there are currently 2,084 active volunteers.

This year, funded by the National Lottery, the 24 hour helpline in the Republic of Ireland has undergone a major infrastructural upgrade which has resulted in better call distribution and increased capacity on the service. Calls to the service continue to rise, both as a result of greater awareness of the service but also due to the increase in the number of alternative issue-specific support help-lines for which Samaritans provides out of hours cover.

Although best known for the 24 hour telephone help lines, since its introduction eight years ago, contacts via email continue to rise.

In September of this year emotional support via 'live' SMS text was rolled out across the 20 Irish branches. Emotional support by SMS has been adopted into Samaritans core services and the roll out has been carefully developed with a view to managing supply and demand. Great care is being taken to prevent adverse effects on the telephone service, particularly during the night when

demand is at it's highest.

We expect to see a significant increase in caller contact via these methods. People use increasingly diverse methods of communication and it is essential that a helpline service responds to these technological changes. Mobile technology increases confidentiality and privacy for callers and email and text provide absolute anonymity. SMS text in particular has proven very popular with adolescents and young adults. Details of this service will be made available in the autumn.

One of the least known but fastest growing aspects of the charity's work is the Prison Listener Scheme which currently operates in thirteen prisons in Ireland. The Listener Scheme involves Samaritans training prisoners to act as 'listeners' providing peer support for other prisoners and ensuring that someone is available to offer face to face emotional support within the prison 24 hours a day. Samaritans volunteers visit prisons regularly to support the Listeners themselves. Samaritans works closely with the Prison Services across Ireland to implement and operate this service and evidence suggests that the presence of an active 'Listener' scheme in a prison reduces the rate of suicide occurring there. www.samaritans.org/ourservices

Another less well known aspect of the charity's work is the Workplace Training Scheme. Samaritans in the UK, via Samaritans for Business has offered training on managing stress of all types in the workplace but most specifically managing suicidal contacts in the workplace. This programme has been less popular in Ireland but with the significant changes in the external economic environment we will be working hard to encourage firms to undertake this training. www.samaritans.org/training

continued on page 11

Volunteering for Samaritans

Until recently, Samaritans volunteers were compelled to maintain complete anonymity within their communities. Although this rule has been somewhat relaxed, the majority of Samaritans volunteers remain anonymous. Branch Directors and Regional Officers often have a more high profile role and attend local events and become involved in the media which helps the charity explain its work and make its services more accessible and perhaps a little less mysterious!

Volunteer numbers at Samaritans are currently strong. There are two ways in which to become a Samaritans volunteer; as a 'listening' volunteer or a 'support' volunteer. Becoming a 'listening' volunteer is a significant commitment; initial training takes place over 8-12 weeks and a commitment to annual ongoing training is

required. Most 'listening' volunteers give two to three hours of their time each week and will undertake an overnight shift once a month. All training takes place within one of the twenty branches throughout Ireland and all contact with callers to service is handled within the branch setting; be it via telephone, email, SMS or face to face. This is for the protection of both the caller and the volunteer. Outreach work in prisons, schools and other settings is equally well supervised.

Support volunteers are a less well known part of our volunteer base but as vital. Support volunteers undertake a 4 week training programme and although they have no contact with 'callers' to the services they do understand the ethos and work of the charity. Support volunteers help with a range of ancillary services from administration to fundraising. We are fortunate that many people from a range of

backgrounds who have made a significant contribution to the work of the charity in a variety of ways.

Samaritans remains essentially a community based service and as such is reliant on the goodwill and commitment of individuals to make a difference to their communities and a genuine concern about the issue of suicide in Ireland. The strength of Samaritans volunteer base, their work and that of the many other excellent charities and agencies involved in suicide prevention aims to contribute to the work of professionals, academics, clinicians and researchers in reducing suicide in Ireland.

For more information please visit; www.samaritans.org/ireland

"Do not wait to strike till the iron is hot; but make it hot by striking".

William B. Sprague

Support groups online

At times group therapy is not of help to those with major depressive illness when leaving home may be an insurmountable task. There are those for whom group therapy involves turning on the 'happy act' in the ingrained practice of being the person to raise the spirits of everyone else. Today there is no need to be alone or pretend in dealing with this illness as with access to the internet there is a world of support for anyone to find.

There are numerous groups like; Daily Strength, Med Help, Health Board Message Boards, Recover Your Life and others. Any search engine will help find the one that suits every need. Some offer help for those who self harm, others support for all aspects of any type of depression. It allows a person to feel less of a 'freak' and discover understanding and shared experiences from those who belong to support groups from all corners of the world. These groups make it easier to accept the nature of the illness. Help is offered twenty-four hours/day. When it is the middle of the night, there is always someone to

provide a listening ear who understands exactly what is happening. It is often a good surprise to find many people in different countries living different stories with similar events in their backgrounds where many of the symptoms echo one another. This leads to an acceptance that this is indeed an illness that one can deal with and reduce the feeling of aloneness that can accompany a diagnosis. Queries about meds and their side effects, and a rallying around of support when in suicidal mode are within easy grasp. Starting a post on any of the sites is simple to do and it ensures answers to particular problems and organizations can be recommended to anyone in financial difficulties (everyone is familiar with the good old shopping sprees) advising on the help that exists in most countries.

Encouragement offered when small steps towards immediate goals is the best that a person can do. Members respond with empathy to coax a person into such simple things as taking a shower etc. Messages will be sent if a person is absent from the boards and offerings

of support will continue until the individual checks in and finds many welcomes accompanied by a feeling of having an online family. A posting of a need for help gets immediate responses. The sharing of good experiences offers hope for anyone who is deep in depression or in the midst of a manic episode.

It is astonishing to find that in today's world that there remains a stigma attached to mental illness. The advertisements saying 'it's your mental health, take care of it' are not always understood by those close to individuals who must live with many forms of depression day to day.

With the ease of access from ones own home these support groups are accessible to all who need help but find a lack of availability of understanding in their own lives. Support groups are easy to find and all help is invaluable.

Geraldine Cummins

Citizens Information – Log On/ Lo-Call/ Drop In

Citizens Information provides information and advice on all your rights and entitlements and is free and confidential. It is an independent service that covers a range of subjects, including employment, housing, legal matters, health, welfare payments and immigration issues. Last year (2008) there were over 2.5 million online visitors to citizensinformation.ie, the phone service received 115,353 calls and Citizens Information Centres dealt with over 957,000 queries.

There are over 260 Citizens Information locations nationwide. This includes outreach centres that provide a service for those in more remote locations. No appointment is required. The contact details of your local Citizens Information Centre (CIC) are listed on the website or in the Golden Pages.

Who is the service for?

The service is for everyone. Whether you need help to access your rights and entitlements or need help filling out a form or need assistance with an enquiry or an appeal. The service has a particular remit to assist minority and marginalised groups.

How the service works

Citizens Information differs from many other information services in that it adopts a holistic approach to information provision and will explore all the options available to you. Information givers will always treat you with the utmost courtesy and consideration. All centres have private interviewing areas where queries can be dealt with in confidence. While the service is not directly linked to any government body it has well-established connections with all statutory and voluntary organisations.

For example, one newly unemployed woman went into her local Citizens Information Centre and the information officer:

- Explained how she could apply for jobseeker's benefit (she had never had contact with the local social welfare office before), the qualifying conditions, the rate of payment and went through the actual claim form with her.
- Explained her entitlement to a medical card. This included looking at the qualifying conditions, the means test criteria and going through her likely entitlements based on the information she supplied.
- Explained her options with regard to claiming a tax refund.
- Explained what options were open to her with regard to her mortgage repayments.

Leaflets, brochures and forms

CICs provide leaflets and brochures on a whole range of subjects. In the current recession one of the most popular leaflets is *Have you lost your job?* This leaflet outlines the benefits and supports that are there to help you and the steps you need to take to access these supports. The losingyourjob.ie website also gives more information on this topic. Your local centre also have a range of useful forms for supplementary welfare allowance, family income supplement, back to school and higher education grants to applications for passport and driving licences. The Citizens Information service is basically a one-stop shop for information.

Specialist advice services

Additional specialist advice services and agencies are available at a number of CICs. These include:

- Free Legal Advice Centres (FLAC)
- Money Advice and Budgeting Service (MABS)
- Office of the Director of Consumer Affairs
- Refugee Information Service
- The Office of the Ombudsman
- Threshold

Advocacy

The Citizens Information Service will help you to identify the information available to assist with your particular problem. It may involve helping you to apply for a service, make a complaint, or make an appeal, for example, at Rights Commissioner Hearings, Employment Appeal Tribunals or Social Welfare Appeal Hearings.

Voicing your concerns

Because the Citizens Information network has daily contact with people and their concerns it is ideally placed to identify key social policy issues that can be fed back to Government and local service providers. The Citizens Information Board is the agency that supports the Citizens Information network and part of its role is to commission social policy reports that highlight inadequate or inappropriate services and supports, thereby influencing policy developments around these issues.

The Citizens Information Board is the statutory body which supports the provision of information, advice and advocacy on the broad range of social and civil services to the public. It provides the Citizens Information website: www.citizensinformation.ie

"Knowing is not enough; we must apply. Willing is not enough; we must do".

Johann Wolfgang von Goethe

Problems

Author Unknown

Grasping to the ground
Holding on with nails
Blood flows
Pain get worse
Deafening out the outside world,
Tears,
Blood
Torture is the world
Killing the pain
While you kill yourself
Slowly,
Crushing
Ripping away your heart,
Internally bleeding
Internally screaming
No one hears
People cry their worries away
Fearing their past
Not knowing
All there is to fear is the future
Trying to forget
Letting the alcohol,
Drugs
And fake happiness cover their lives
To let them forget
Causing new problems
Causing new regrets
Taking matters into their own hands
Holding too close to their chest,
Feeling the internal pain
Piercing
Gasping for air
Clutching to their chests
Seeing the glimmer
Glimmer of the knife
The blood
Shining
Sparkling
As meant to happen
Losing the fear
Feeling the problem flow away
Feeling the problem is them
Blood covers the future
The non-forgotten past covers their soul



New Mental Health Directorate for HSE

The Minister of State at the Department of Health Hohn Moloney has welcomed the publication of the 2008 Mental Health Commission Annual Report which includes the Report of the Inspector of Mental Health Services. The Inspector called for a directorate for mental health within HSE.

The move from the institutional model of mental health services cannot stop, said the Mental Health Commission. The process of replacing antiquated Victorian asylum-type buildings with a modern community mental health system can and must continue despite the current pressure on scarce exchequer resources, according to the Mental Health Commission.

The Mental Health Commission's function is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services.

Commenting on the Inspector's view that the absence of a separate Mental Health Directorate is a serious drawback to the implementation of 'A Vision for Change' and to the achievement of high quality standards, the Minister acknowledged the recent decision by the HSE to appoint a national lead dedicated to mental health. The Minister said "This is a most welcome development and I look forward to working closely with this person in reforming our mental health services."

The Minister commended the Mental Health Commission for their continued commitment to the development and improvement of mental health services.

Publishing its 2008 report, the Commission acknowledged that the transformation of mental health services as envisaged by Government policy would be even more challenging now that the country is facing a period of great economic difficulty and exchequer shortages.

Dr Edmond O'Dea, Chairman of the Mental Health Commission said, "The new economic realities mean we must concentrate not just on the amount that is spent on mental health services, but how it is spent.

"It is more important than ever that the Government sticks to its commitment to ring-fence the proceeds of the sale of old mental health institutions and their surrounding lands, and spend this money on community mental health services. Cutting budgets for mental health services will only make matters worse and will inevitably lead to a negative impact on service users.

"While increased funding can help deliver quality services, a key issue is also the governance of those services. 2008 saw some examples of excellent audits, quality improvement measures and multidisciplinary management structures. What we need now is the formal structures and processes that can ensure best management of resources and good governance of the services at local and national level.

"The investment the Commission wants to see is in community treatment facilities, with greater access to a broad range of evidence based interventions to replace the institutional care approach. The early indications from the HSE are not encouraging. We are seeing cuts in the already limited.

Irish Medical Times
15/05/09

Call for action to improve mental health services

LEGISLATION SHOULD be passed to force improvements in mental health services here, an international expert on health rights has said.

The UN Special Rapporteur on the Right to Health, Anand Grover, was speaking at a conference hosted by the Irish Mental Health Coalition in Dublin recently. The conference, titled Mental Health: Human Rights and Legislation. What's Possible in Ireland? , heard that under international law all people had the right to the best available mental healthcare. Mr Grover said the HSE's A Vision For Change document – a national implementation plan for mental health services published in 2006 – was "without a doubt a very important policy document radically changing the way the mental health service is viewed in Ireland". "I have a number of serious concerns about its implementation, however," he said "Vision For Change requires legislative backing. There has been no legislation in order to implement this policy." Such legislation would enable people who were not receiving services outlined as their right in the document the power to go to court demanding them. Mr Grover said the suggested allocation of 150 million over seven

to 10 years was inadequate, while the timeframe of implementation was "far too unspecific". He said a key recommendation of the document had been the establishment of four child-appropriate in-patient facilities, although by April 2008 "there were still none to be seen".

"Budgetary allocations are still mainly focused on institutionalised care rather than on community-based care, and spending on mental health services has actually dropped over the past few years. "Figures show that the proportion of the health budget spent on mental health fell from 13 per cent in 1984 to 7 per cent in 2008." He said this represented "retrogression" in mental health policies here. "Also due to budgetary considerations, a high number of vulnerable patients remain in long-stay wards, living in unacceptable conditions. It means the right to health and other human rights are being infringed." He said an implementing authority should be appointed by the HSE as soon as possible. Among other measures he called for were the participation of

people with mental health difficulties in decisions affecting them.

Mary Keys, of the school of law at NUI Galway, called for the swift appointment of a National Mental Health Services Directorate, saying the Vision blueprint "cannot be implemented effectively" without it.

She said though people were not being committed to large institutions, little had changed when one considered how people were being committed to nursing homes or other long-stay accommodation due to a lack of appropriate care in the community.

John Redican, executive officer of the National Service User Executive, said the largely medicalised basis of the Irish mental health service was not always appropriate and at times infringed on a person's citizenship rights. He cited the example of medication that could affect a patient's fertility.

irishtimes.com
Kitty Holland, 19/05/09

"The best way to prepare for life is to begin to live".

Elbert Hubbard

Resilience

Why do some people develop PTSD (post-traumatic stress disorder) after a trauma and others remain symptom free? We're not sure, but researchers are looking more deeply into this question.

The ability to bounce back from adversity has been referred to as "resilience." It is a key ingredient in good mental health. We have long known that some people handle stress better than others. Why are some Vietnam combat veterans handicapped for life, while others become United States senators? Why do some adults raised in alcoholic families do well, while others have repeated problems in life? The characteristic of "resilience" is shared by those who cope well with stress.

Much of the research on resilience had looked at how adults react to the death of a spouse. Studies have found that many bereaved individuals exhibit few or no mental health

symptoms and continue to function normally or almost normally. In most studies a minority of people do develop symptoms.

Resilience after the World Trade Center Attack

A more recent study looked at 2,752 New York City area residents who were living in the area at the time of the September 11, 2001 World Trade Center attack. Some members of the sample were actually in the World Trade Center at the time of the attack, while others were exposed to the trauma in less extreme ways. Two thirds of the sample had either no symptoms of PTSD or only a single symptom. Resilience was lowest in Staten Island residents (48%) and unmarried couples (39%). Resilience was less common among more highly exposed individuals, but the frequency of resilience never fell below one third.

This study adds to our understanding of resilience, but we have yet to identify all of the factors that increase resilience. The authors of the World Trade Center study suggest that there are many different ways to become resilient. Future research may help us bounce back more strongly in the face of future trauma.

How to become More Resilient

We do know that social support helps. Maintain good relationships with family and friends, and turn to them in a time of crisis. You may feel stronger "going it alone," but you will bounce back more quickly if you have help from supportive people who care about you.

mentalhealth.about.com

Exercise and Depression

How to get up and get moving

Depression can be one of the most debilitating experiences in life. It makes you tired, so tired you want to go to bed and never get up. It can be a challenge to pull yourself out of that dark hole. Seeing your doctor should always be your first step in dealing with depression, but there are some ways you can deal with depression on a daily basis. Though it may seem impossible, exercise is one of the best ways to deal with depression.

Exercise and Depression

Depression is one of the most common problems people experience today, but it's also very treatable with medication, therapy and other self-help options. But, have you ever considered exercise as part of your treatment? Study after study has shown that exercise is a helpful way to treat depression because it:

- Increases your sense of mastery which can help for people who don't feel in control of their lives and moods
- Increases self-esteem
- Provides a distraction from your worries
- Improves your health and body, which can help lift your mood
- Helps you get rid of built-up stress and frustration
- Helps you sleep better, which can often be a problem when you're depressed

It may seem impossible to get moving when you feel depressed but that's exactly what you have to do. No matter how tired you feel, getting up and moving around can bring some immediate relief to your symptoms and getting in a little exercise is an excellent way to work off some of that added stress you're carrying around.

Keep It Simple

The problem with depression is that it makes you feel like you have no energy. Even getting out of bed can take a monumental effort, so it may be hard to imagine exercising at all when you're depressed. No matter what your thoughts are telling you, it really is possible to exercise when you're depressed. If you take some simple steps, you can add a little activity to your day to help lift your mood and work through your depression.

- Set simple goals. You don't have to train for a marathon. Set a goal to get dressed and walk around the block. Promise yourself you'll walk around the block at least 3 times that day. The next day, do more. Try to improve just a little bit each day.
- Go easy on yourself. You might not be able to handle a lot of exercise, so try to feel good about what you CAN do. Now is not the time to kick yourself.
- Do what you enjoy. If yoga feels good to you, spend a few minutes going through your favorite poses. If you usually enjoy the gym, get your bag packed and hit the treadmill. Even if you're not enjoying it right now, eventually you will.
- Make it social. Try to find a friend to walk with. Talking to people can help raise your energy and remind you that you're not alone.
- Go outside. Even a little bit of sunshine can help raise your mood a little. Try to get outside and get some fresh air, remind yourself there's a world out there and you can participate in it as much as you can handle.
- Work with your doctor. Be sure to talk to your doctor about your treatment options and your plans to exercise. He or she may be able to refer you to someone who can help you set up an exercise program.

Whatever you do, don't give up. You're not alone and you aren't doomed to feel this way forever. Try to participate in life as much as you can, even if it doesn't feel good. Sometimes you have to do what's right for yourself and wait for the good feelings to come later. Exercise can be a big help with your moods and the sense of accomplishment can add a new dimension to your day--something you can be proud of and feel good about. For more help with depression, visit our **Depression Guide's informative site**.

about.com

Teach Kids Online Safety

The Internet is not as dangerous a place for children and teens as we previously thought, according to a recent law enforcement task force report. Real threats remain, however, and parents need to educate themselves and their children about online safety and privacy.

Be aware of Internet safety.

There are six major areas parents need to be concerned about:

- Amount of overall Internet/computer use
- Inappropriate websites – violence, pornography, hate groups
- Internet predators, perhaps posing as children or teens
- Online abuse and bullying
- Divulging confidential family information or ID numbers
- Downloading/installing malicious software

Create a family policy.

Your Internet policy will depend on how old your kids are and what level of individual responsibility you're willing to grant them. The point is to have a policy.

- Use parental controls (see below) to enforce the level of safety you're comfortable with
- Ask the child to suggest a reasonable amount of daily computer usage. Reach agreement on this and then hold the child accountable. Renegotiate if necessary – again, the point is to have an agreed standard, not to expect that the limit will never be exceeded.

Emphasize safety and privacy.

Be sure that children understand that talking on the Internet is the same as talking to strangers.

- Talk to children about the dangers of giving away family secrets – whether it's bank account numbers or vacation schedules.

- Make sure children understand that anyone they "meet" on the Internet might not be who they claim to be.
- Teach children to be wary of free offers or attractive lures.

Use parental controls.

Install **parental controls** and kid-appropriate Web browsing and email software at an early age. Let your children decide when they want to ask for less restricted access, and talk to them about their decision. And remember, controls are not foolproof.

Parental controls are available at several different levels.

- Many Web portals, such as Yahoo! and America Online, offer child and teen-appropriate portals that block inappropriate content and activities.
- Your PC or your wired or wireless router may include a program that lets you monitor all websites visited and the amount of time each family member spent on the Internet.
- Third-party solutions, such as the parental controls in the Norton Internet Security™ and Norton 360™ free add-on packs, enable even greater control and flexibility.

Conclusion

The Internet is no more dangerous—or safe—than the real world. You can't protect your children from everything, but you can guide them toward sensible and responsible Internet behavior.

ClubSymantic (Norton)

"A hug is the shortest distance between friends"

Author Unknown

Men can suffer from eating disorders too

THAT'S MEN: The growing clamour about obesity is doing its bit to increase eating disorders among young males, writes PADRAIG O'MORAIN

ARE EATING disorders among men and boys on the increase? The answer is that we don't know, but it seems likely.

Stress is a factor behind disordered eating and in the current recession, stress levels are increasing in those families hit by unemployment or just fearful about being able to pay the bills.

I suspect also that the growing clamour about obesity is doing its bit to increase eating disorders among young males susceptible to fears about how they look.

Eating disorders are usually seen as a female issue, but it is estimated that males may account for between 10 per cent and 25 per cent of those suffering from the condition. Accurate figures are impossible to get because eating disorders are so often hidden.

Eating disorders can include anorexia or bulimia or a mixture of the two (binge eating followed by binge dieting, for instance). Of those who engage in binge eating about 50 per cent are men, according to the Bodywhys support group (www.bodywhys.ie).

A whole range of issues can contribute to the development of eating disorders. Extreme dieting can appeal to people seeking control over relatively chaotic lives. It can also create a sense of achievement.

Remember that most diets have a target weight in view and that achieving your target is seen as a victory. We've all seen the "aren't you great" segments on TV in which people who set out to lose a given amount of weight stand in front of the cameras in their new, approved-of bodies to be applauded.

It's hardly surprising, then, that some people don't stop when they reach their target – they just keep chasing that sense of achievement. That is why Weight Watchers, for instance, insists that people who reach their target should maintain it rather than seek to go on losing weight endlessly.

An eating disorder can, alternatively, be linked to self-hatred and not to achievement. This can arise from emotional, physical or sexual abuse in the past, though there can be other causes.

Eating disorders also help to ward off anxiety. An eating disorder can provide a massive amount of distraction from anxiety: weighing food, exercising, taking laxatives, seeking food when on an eating binge, weighing yourself, dressing to conceal your loss or gain in weight, talking about it to people who are worried about you, and so on.

The disorder also distracts the person from distressing memories which, in themselves, may be a source of massive anxiety.

And then there's what I think of, in my more cynical moments, as the obesity industry. A great many experts are industriously going around and warning us about obesity.

I am prepared to take the experts' word for it that levels of obesity have increased. But I wonder if the distinction between being overweight, or plump, or "well-padded" as against being obese is being lost in the clamour?

How many overweight schoolboys and schoolgirls are taunted and bullied on the back of the obesity scare – and God help those who are actually obese.

How many will go on to develop an eating disorder as a consequence? Time will tell, but perhaps experts issuing warnings about obesity might temper their words for the sake of those who are in the firing line for taunts from schoolmates and colleagues.

In general, it seems to me the greater the emotional wellbeing of families, the greater the chances that family members can avoid developing eating disorders. At the present time, emotional wellbeing should be high on every family's agenda, regardless of economic circumstances.

For all these reasons I was interested to see that Teen Counselling is to hold a seminar in Croke Park this Thursday, mainly for professionals working with teenagers.

The seminar isn't about eating disorders but aims to help practitioners learn more about counselling teenagers and their families.

Teen Counselling is a project of Crosscare, which provides social services on behalf of the Catholic Archdiocese of Dublin. The counselling service is free and is located in Drumcondra, Finglas, Clondalkin, Tallaght and Dún Laoghaire.

We could do with many, many more such services for teenagers and their families in Dublin and throughout the country.

*Padraig O'Morain is a counsellor accredited by the Irish Association for Counselling and Psychotherapy. His book *That's Men, The Best of the That's Men* column from *The Irish Times*, is published by Veritas*

Maternal stress link to schizophrenia

Women who endure acute psychological stress during pregnancy may be more likely to give birth to children who go on to develop schizophrenia, a major US study has indicated.

The research adds to a growing body of literature that attributes maternal exposure to severe stress during the early months of pregnancy to an increased susceptibility to schizophrenia in their offspring.

"The stresses in question are those that would be experienced in a natural disaster such as an earthquake or hurricane, a terrorist attack, or a sudden bereavement," said Dr Dolores Malaspina of the New York University School of Medicine.

The study also supports the theory that

the greatest vulnerability to schizophrenia is in the second month of pregnancy.

Data from almost 90,000 people, born in Jerusalem from 1964 to 1976, indicated that the offspring of women who were in their second month of pregnancy during the height of the Arab-Israeli war (the 'Six Day War') displayed a significantly higher incidence of schizophrenia over the following 21 to 33 years.

Females who had been in their second month of foetal life during the conflict were over four times more likely to develop schizophrenia than females born at other times. Their male counterparts were 1.2 times more likely to acquire the condition.

"The placenta is very sensitive to stress hormones in the mother. These hormones

were probably amplified during the time of the war," explained Dr Malaspina.

The researchers pointed out that pregnant women in general should not be alarmed about handling daily stress during pregnancy.

Dr Malaspina said that a developing foetus requires some exposure to maternal stress hormones as it normalises their stress functioning.

However, women experiencing anxiety or excessive stress would do well to address it before a planned pregnancy, and to ensure they have good social support systems, she added.

*irishhealth.com
Joanne McCarthy, 21/08/09*

The dark side of long days

Fresh research points to length of day as an unexpected possible contributor to rates of self-harm and suicide, writes MARINA MURPHY

UNDERSTANDING how length of day affects brain chemistry may help reduce the terrible human toll taken by suicide.

Researchers have found that the rate of self-harm rises as length of day increases, something that seems counter-intuitive to those of us who dread those long winter nights.

The longest day possible in the northern hemisphere, the summer solstice, is just around the corner, occurring on June 21st. The sun reaches its highest point in the sky at 5.45am on that morning, the point at which the days begin to shorten as the year progresses towards winter.

Countries at high latitudes have long summer days. In Ireland, daylight can last as long as 20 hours at the height of summer. In winter the reverse is true with very long nights. It is a commonly held belief that that depression and the rate of self-harm peak during the doom and gloom of winter.

A group of international researchers tested this by looking at how suicide rate varied with season. They studied the seasonal variation of all suicides in Greenland from 1968 to 2002.

The results show that, in fact, suicide rates peak in June and dip in December. The seasonal effect was most pronounced in the north of Greenland, where the sun does not set between the end of April and the end of August, according to the study in BMC Psychiatry.

It is thought that the explanation lies in the fact that production of the neurotransmitter serotonin in the brain is directly affected by daylight. Serotonin, popularly known as the body's "feel-good hormone", has many functions including the regulation of mood.

The authors speculate that light-induced imbalances in serotonin may lead to increased impulsiveness, which when combined with a lack of sleep, may explain increased suicide rates in the summer. There is already evidence that the amount of daily sunshine also affects production of melatonin, the sleep hormone, according to Dara Cannon, co-director of the Clinical Neuroimaging Laboratory at NUI in Galway. And, she says, there is a known relationship between melatonin and serotonin.

"It is incredibly interesting," she says. "These observations have the potential to at least partly explain why there is a seasonal effect on suicide rates."

Dr Cannon has previously used brain imaging techniques to study levels of serotonin in depressed patients. She says that there is evidence that greater hours of sunshine decrease the level of compounds that mop up serotonin in the brain.

The resultant increased serotonin levels should have a positive effect on mood. This is the effect sought when prescribing antidepressants. But some researchers have speculated that a spike in levels of serotonin with increasing daylight may give depressed people a sort of trigger, or motivational boost, to act on suicidal impulses.

Cannon points out that long daylight hours will be detrimental to a select group of people.

"We don't yet know how to define who they are, but they are likely those who are already depressed, those at risk of depression or those who have a genetic defect in the mechanisms that control serotonin levels in the brain," she says.

"The study also raises the possibility that there will be an effect of latitude and season on the efficiency of antidepressants that act on the serotonin transporter. However, the nature of these effects is not very well understood," she adds.

Recent statistics (2007) from the National Office of Suicide Prevention show that Ireland has the fifth highest rate of youth suicide in the European Union. We top the table with Estonia, Finland, Latvia and Lithuania, all of which are at high latitudes, greater than 50 degrees north.

At the other end of the scale are countries, such as Malta and Greece, where daytime and nighttime hours are more or less balanced, no matter what the season.

The most recent data always shows that suicide has the greatest monthly variation of any cause of death. There were 27 per cent, 20 per cent and 37 per cent more suicide deaths than expected in Ireland in April, May and June, respectively, and 10 per cent, 25 per cent and 15 per cent fewer than expected suicide deaths in September, October and December respectively.

irishtimes.com
Marina Murphy, 18/06/09

*To find what you seek in the road of life, the best proverb of all is that which says:
"Leave no stone unturned."*

Edward Bulwer Lytton

Hope In Time Of Uncertainty

Author Unknown

Your life darkens and the world disappears;
Everything becomes totally meaningless.
But, as with time, the clouds will pass and
Reveal the sun which was there all the time.

As you look into the sunlight, your face shines again
whilst your shadow appears behind you.
The future beckons as you hold out a nervous and shaking hand.
One step at a time
One day at a time
Slowly but surely your strength will grow
And slowly but surely life will grow.

There was a time when everyday seemed like yesterday
But there will come a time when today greets tomorrow;
When your mirror becomes a window;
It is then that you will see your future
And not reflect on the past.



Membership Form

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Please return to: **The Irish Association of Suicidology, 16 New Antrim St, Castlebar, Co. Mayo**

Make Better Decisions

What are all the options?

Good decisions are made "with the head and the heart". We actually make better decisions when we use our conscious mind together with our unconscious mind. Follow these steps if you are faced with a major decision in your life.

Before you start narrowing down options be sure you have considered all of them. It often helps to spend some time brainstorming. Are there options you haven't considered? What else might you do?

Start with a blank piece of paper and write down everything you can think of related to your decision. Focus on generating possibilities without being critical.

Sleep on it

Recent research suggests that we make better decisions when we use our unconscious mind as well as our conscious mind. Our unconscious mind is not limited to thinking about one or two things at a time. After generating different options, put the piece of paper away and go do something else. Watch a movie; read a book; or literally sleep on it - go to sleep for the night.

Narrow your options

Take a fresh look at the options that you generated. Do a few of them jump out at you as especially good choices? Underline them. Do others seem especially bad? Cross them out. Work toward coming up with two or three especially promising options.

Advantages and disadvantages

Divide a piece of paper into two columns - one titled "advantages" and the other titled "disadvantages." Draw a line (or two) across the page dividing it into two (or three) equal sized rows. Label these for the choices you are considering.

Write down all of the advantages and disadvantages you can think of for each of the two or three choices you are considering. There will be some overlap - the advantages of one option may also be disadvantages of a different option. There will also be some unique entries in each section.

It may become clear that one of your choices is better than another at the end of this procedure. Don't skip the next step, though.

Sleep on it

Put the piece of paper away and don't look at it for 24 hours. You may want to take it out again the next day, or you may wake up having made your decision. If you do look at the paper again, look at it from a distance - from across the room. Do any of the blocks stand-out?

If you still can't decide, then bring a trusted friend in on the process. Another person's input can help you see things from a different point-of-view.

mentalhealth.about.com

Upcoming Events

IAS Relocation

This November The Irish Association of Suicidology will be relocating to Dublin
P.O. Box 11634
Ballsbridge
Dublin 4.

43rd Annual AAS Conference "Family, Community Systems and Suicide"

April 21-24, 2010
Orlando, FL
www.suicidology.org

13th European Symposium on Suicide and Suicide Behaviour

1-4 September 2010
Rome, Italy
www.esssb13.org

The Euro Federation of Assoc. of Families of People with Mental Illness (EUFAMI)

26 & 27 November 2010
Vilnius, Lithuania
www.vilnius2009@eufami.org

If you would like to submit an article or if you wish to comment on any article published in this newsletter please e-mail us at info@ias.ie



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