

IAS The Irish Association of Suicidology

NEWSLETTER

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Males The Weaker Sex?

...Precarious and Fragile?

In 2003 this researcher completed pioneer research in to analysing the differences in social competence in children who attend integrated junior infant classes and children who attend segregated learning environments. Interestingly all of the children who presented with disabilities in the study were male. When one looks for an explanation one is presented with remarkable evidence which points to the vulnerability of the human male. Part of the explanation according to Kraemer (2000) is due to the "biological fragility" of the male foetus. Interestingly at conception there are more male embryos than female. However, from this development onwards the male foetus has greater risk of death and prenatal damage. Moreover according to Taylor (1985) a female neonate is the physiological equivalent of a baby boy aged 4-6 weeks old. In addition, it seems that by the time a male reaches birth the odds are somewhat against him. Developmental disabilities

including hyperactivity, ADHD, Autism and Tourettes Syndrome occur 3-4 more times in males than in females (Dare and O'Donovan1997; Kraemer, 2000). Although genetic factors are known to have an impact on the higher prevalence of conduct and oppositional disorders in boys, this does not explain why disabilities, which are non-sex linked, are more common in boys.

Kraemer further proposes that cultural expectations about masculinity somewhat shape the experiences of males as they grow up. He presents the example of how in rural Bangladesh more girls than boys' die during early childhood. Kraemer argues that because this is a traditional patriarchal society, males are favoured. Surprisingly even today in the modern, developed world, research indicates that parents still prefer to have a boy rather than a girl (The Economist April 2006)

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National Office for Suicide Prevention Publishes First Annual Report

The HSE National Office for Suicide Prevention (NOSP) published its first Annual Report (2005) at the end of September 2006, and, as required by legislation the report has been laid before the Houses of Oireachtas.

The report details the most up to date trends and data in rates of suicide and self-harm in Ireland and offers the first real opportunity to outline the progress in relation to the actions in Reach Out - the National Strategy for Action on Suicide Prevention, launched by the Minister for Health and Children, Ms Mary Harney in September 2005.

The report reveals that during 2005, 432 suicide deaths were registered by the Central Statistics Office, comprising 354 male suicide and 78 female suicides.

Some of the other key data outlined in the report show:

- Men under 35 years old account for around 40% of all suicide deaths

- Suicide is at least four times more common in men than women
- The Irish suicide rate has doubled since the early 1980s
- Ireland ranks 5th highest in the EU for suicides among 15-24 year olds
- Over 11,000 cases of deliberate self-harm are seen in Irish hospitals every year
- The highest rates of deliberate self-harm are among females aged 15-19 years

Commenting on the findings of the report, Mr Geoff Day, Head of the National Office of Suicide Prevention said, "Despite the relative stability in recorded rates, we must continue to reduce this level of suicidal behaviour while continuing to monitor age and gender patterns of suicide death. The figures reveal that suicide and self-harm are grave issues in Irish society, and it is a phenomenon that

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Findings of poll into Irish attitudes to alcohol abuse published

The Drinks Industry Group of Ireland (DIGI) has recently published the findings of an opinion poll of public attitudes towards the problems of alcohol misuse. The poll examined the public's views on who is to blame for the problem of alcohol misuse and what they think should be done about the problem. When asked without prompting to nominate who they thought was to blame for the problem of alcohol misuse, 31% of respondents spontaneously blamed "drinkers themselves" with 26% blaming "parents". The proportion of adults spontaneously blaming these two groups has risen by 3% points in each case over the past year.

Publicans and the Licensed Trade were blamed by 23% of respondents, 6% less than was the case a year ago, with 12% blaming the Government, a fall of 3%. Only 7% blamed "Alcoholic Drinks Ads", a fall of 2%.

The survey also questioned this adult sample as to the seriousness of the problem of alcohol misuse. In line with the level of concerns expressed in previous such polls, 43% of adults view the problem as "Extremely Serious" with a further 35% suggesting it is "Very Serious". A year ago the responses were 41% and 37% respectively.

In a related question, the survey asked people to comment on whether they regarded the situation today as "Better", "The Same" or "Worse" than five years ago. 70% responded that the situation was "Worse" than five years ago - the same percentage as last year. This is a decline on the findings in the early years of the poll when 76% (2002), 79% (2003) and 78% (2004) said they thought the problem was worse than five years previously.

"This research confirms two important facts, according to Michael Patten, chairman of DIGI said. "Firstly, it confirms that the Irish public is concerned about the problem of alcohol misuse." "Secondly it demonstrates clearly that the public want the better enforcement of existing regulations rather than the imposition of new measures such as higher taxes or the banning of alcohol advertising or sponsorship.

"For our part, the drinks industry shares the significant level of concern about the problem of alcohol misuse and we have agreed to the operation of a comprehensive set of rules and regulations to reduce the exposure of young people to alcohol advertising and to govern the operation of sports sponsorships by alcohol companies.

Males ...Precarious and Fragile? The Weaker Sex?

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Boys, besides this are throughout their lives more at risk of fatal and non-fatal accidents and injuries. What's more, the suicide rate throughout the world is indeed several times higher in young males than their female counterparts. The merits, and drawbacks, of coeducation-sex have been hot topics in education ever since the beginning of compulsory education throughout the world. Kraemer advocates that coeducation does indeed highlight another difference that was subsequently less evident. Boys it seems mature more slowly than girls. Girls get better grades at school than boys, and in most developed countries more women than men go to university. Women will thus be better equipped for the new jobs of the 21st century. In Britain far more women than men are now training to become doctors and surveys show that women consistently achieve higher financial returns than men do.

Disorders of addiction are also more common in males and men even when they do get ill, are the ones least likely to seek assistance from the doctor. Undoubtedly this will account for the higher incidence in suicides among males.

In later life, the shortcoming of being a male continues-men are more at jeopardy in developing circulatory disorders, diabetes, alcoholism, ulcers and lung cancer. (Masters et al, 1993 cited in Kraemer 2000) Men live on average seven years less than women. The facts are that the average man lives a shorter life than the average woman and for fifteen years of that life he can expect to be seriously or chronically ill. Some readers as a result may agree with the famous author Kingsley Amis when he states:

'Almost nothing is worth giving up for the sake of a few more years in a nursing home in Bournemouth.'

One may argue that if infant boys are less mature than their female counterparts then they are more than likely necessitate more attention than girls. Boys seem to be more affected by their mothers post natal depression. Murray et al (1993) found that this extends well in to preschool years when the maternal depression has lifted. Interestingly Murray

et al discuss one of the most notable effects of these results in inattentiveness and hyperactivity in boys.

Fundamentally, in another study embarked on by Fivush (1989), it was recognised that the communication styles of mothers towards their male and female offsprings differ. It materialised in this study that mothers could only judge their three year sons anger but not their daughters. Moreover it seems that considerable distinctions in the awareness of emotional states are already established by this young age. Kraemer (2000) states that when young boys are exposed to the distress of others they appear to be less sympathetic than their female counterparts. Fascinatingly, when a group of six year old boys and girls were exposed to the recorded sound of a baby crying, the girls were the ones more likely to speak kindly to what they believed was a real baby. Indeed it appears that twice as many boys simply turned the speaker off. However, when their heart rates were studied it was observed that the boys were more anxious and they could not tolerate the baby's distress (Fabes et al 1994)

In conclusion therefore it appears that the life of male infants is more difficult and "more likely to go wrong adding to the deficits already existing before birth" (Kraemer, 2000, p1612) Indeed it is evident that boys are more vulnerable from the beginning of life. As Kraemer writes,

Where caregivers assume that from birth a boy ought to be tougher than a girl, his inborn disadvantage would be amplified. Where males are more highly valued, as the Bangladesh study shows, they get relatively better care, probably because girls are neglected (Ibid)

The fragility of the male is evident, therefore, from the beginning of life. Both parents and doctors need to be aware of this. Fundamentally the "implicit assumption of the majority of scientific writers has probably been "boys will be boys", perhaps they will but the matter need exploring in a more coherent way (Ibid)

By Dr Judith E Butler

List of references with the editor.

Stronger Warnings Added to ADHD Drugs

Drugmakers GlaxoSmithKline and Shire have strengthened the warning on their drugs for attention deficit hyperactivity disorder (ADHD). The warning on Glaxo's Dexedrine and Shire's Adderall XR now alert doctors and patients that the drugs may cause serious side effects and that misuse of the drugs could result in sudden death from heart attack or stroke, psychosis, bipolar illness, aggression, growth suppression, and "serious" cardiovascular risks are among the side effects included in the warning.

In May, the U.S. Food and Drug Administration asked makers of similar central nervous system stimulants to add the warning, which follows recommendations made by two FDA advisory committees. "It's a very strong warning. It's appropriately worded," according to Dr. Steven Nissen, president of the American College of Cardiology and chairman of cardiology at the Cleveland Clinic. Dr. Stevens served on one of the FDA advisory committees that recommended the stronger warning.

National Office for Suicide Prevention Publishes First Annual Report

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continues to have devastating and tragic effects on a large number of individuals and families.”

The report describes the continued progress and explains some of the programmes already established in order to combat issue of suicide. Some of the initiatives mentioned in the report include:

- The development of deliberate self-harm response services in hospital Accident and Emergency Departments
- A medicine disposals project involving 157 pharmacies aimed at reducing accidental and deliberate overdoses
- The further roll out of the Applied Suicide Intervention Skills Training (ASIST) workshop for caregivers who want to feel more comfortable, confident and

competent in helping a person at risk of suicide

- Additional support for, and further development of community support and bereavement services

The Office's Development Plan, comprising twelve specific strategies aimed at examining the reasons for suicide and implementing effective suicide prevention policies are also detailed in the report. These proposals include:

- A national mental health promotion campaign
- A national research programme
- Data collection on suicide
- A pilot Primary Care deliberate self-harm service in the community setting
- Training and awareness programmes among relevant interest groups
- Continued development of bereave-

ment and support services throughout the country.

Commenting on the progress already made and on the future requirements in the field of suicide prevention, NOSP Research Officer said, “the Partnerships created at local and national level with statutory, voluntary and community organisations represent the building blocks on which we can make a real input in reducing the rate of suicide in Ireland. We must also ensure that good practice is intensified in the coming years so that a tangible difference can be made in tackling this issue”.

The National Office for Suicide Prevention took over the functions previously held by the National Suicide Review Group. The Annual Report is available www.hse.ie and on www.nosp.ie

DEREK CHAMBERS

Alcohol, fatal accidents and suicides

Most health professionals are aware of the association between alcohol and both fatal accidents and suicides. Researchers quantified the association in the counties of Monaghan, Cavan and Louth. They examined coroner's records for the years 2001 and 2002 and identified deaths due to accident, suicide or injury. Where available (in 81% of cases), they noted the concentration of blood alcohol.

The results for those who died in road accidents showed that young male drivers were more likely than any other group to

have a high blood alcohol concentration.

Those who were killed at night-time were eight times more likely to have a positive blood alcohol concentration than those killed during the day-time. A significant number of passengers who were killed in road traffic accidents also had high concentrations of blood alcohol. When looking at suicides, the authors noted that over 90% of those victims who were under 30 years of age had alcohol in their blood. Their concentration levels were among the highest reported in the international

literature. Their findings suggest that alcohol plays a far bigger role than previously thought, especially among young people by fire in Ireland.

Road traffic fatalities due to alcohol are preventable. Regrettably, Ireland has a relatively low enforcement of legislation related to drinking and driving. Research from other countries illustrates the fact that it is the fear of being caught, not the fear of accident or death, that is the greatest deterrent to drink driving. This study illustrates the huge contribution that alcohol

makes to accidental deaths and to suicides. The authors call for the evidence-based strategies of the recent Strategic Task Force on Alcohol to be implemented. They recognise that such implementation will face major opposition from the vested interests of the pro-alcohol lobby. They draw comparisons with the anti-tobacco legislation and point out that similar action against alcohol could help reduce the level of unnecessary death in Ireland.

Irish Medical Journal 2006; 99 (3): 80-3

Breast implants linked to suicide, but not cancer

A large Canadian study adds to evidence that women with breast implants do not face a higher risk of cancer or other major diseases, but they may have a higher-than-average rate of suicide. Among the more than 40,000 women in the study, those who'd received cosmetic breast implants had lower-than-average risks of dying from breast cancer, heart disease and a host of other major diseases. The findings, published in the American Journal of

Epidemiology, are in line with those of several past studies. Despite concerns that implants might be a risk factor for cancer or other major illnesses, researchers have generally found lower risks among breast implant recipients. “To some extent, what you're seeing is a screening effect,” said Dr. Howard Morrison of the Public Health Agency of Canada in Ottawa. That is, women who undergo elective invasive surgery are necessarily in good health, and may have

lower-than-average risks of various diseases. Together with past studies, the new findings should be generally reassuring to women with implants. But the research also confirmed another finding that several studies have now uncovered: women with breast implants commit suicide at a higher-than-average rate. “These findings agree fundamentally with those of past reports,” according to Dr. Morrison. “The one thing that lights up is this increased suicide risk.”

“What we can or cannot do, what we consider possible or impossible, is rarely a function of our true capability. It is more likely a function of our beliefs about who we are.”

Anthony Robbins

Two Decembers: Loss and Redemption

By ANNE MARIE FELD

ON the afternoon my mother died, she left work early. Her day as a computer programmer at Chase Manhattan Bank had skidded to an abrupt stop courtesy of a systemwide computer failure, and all employees got the afternoon off. It was late December. My 16th birthday. Gray, snowless, cold enough to make the lawn crunch underfoot, but close enough to Christmas to make a few uncrowded hours seem like a gift. Or in my mother's case, a curse.

Rather than enjoying some last-minute shopping or hitting the couch, she methodically cleared her desk, drove the Honda home, fired up a pot of Turkish coffee and hanged herself in our garage.

Twenty years later my father insists that she wouldn't have died that day if the systems hadn't gone down. He might be right. Work gave my mother a structure that sealed the madness inside, if only for small chunks of time. Idleness brought trouble.

My memories of my mother all have her working at something: cooking, staying up all night scraping wallpaper, poring over fat textbooks to get her master's degree. In home movies my sister and I, long-limbed and small-bodied, dance and do gymnastics in the foreground while my mother lurks in the background, washing dishes or zooming diagonally through the frame on her way somewhere else.

Though my mother worked full time, my sister and I never lifted a finger in that house. It was spotless, without the piles of clutter and tides of dust that mark my own house.

My mother's madness seeped in so quietly that my father, an optimist to the end, was able to ignore it, believing that it would get better on its own. In our house questions about what we did and how we felt went unasked. Or if asked, unanswered. My sister and I ate alone in our bedrooms beside flickering black-and-white televisions.

I wasn't told about my mother's two earlier attempts at suicide and would never have guessed. In my mind suicidal people raved and ranted. Madwomen were locked into attics, where they would moan and rattle chains. Occasionally they set fire to country estates. They certainly weren't grocery shopping or dropping the kids off at the community pool on their way to the office.

From fielding calls on the yellow rotary-dial phone in the kitchen, I knew that my mother saw a therapist, a woman named Barbara, whom she tried to pawn off as a friend. I knew better. My mother didn't have friends.

When I was 14, my mother started sleeping on the living room floor and wear-

ing a dark gray ski hat with three white stripes. She seemed to drink nothing but gritty coffee and red wine poured from gallon bottles stored under the kitchen sink. She would send me into the pizzeria to pick up our pie, convinced that the men spinning crusts were talking about her behind her back.

As I limped along in my teenage bubble, very little of this registered as alarming. This was how all families were. As my mother's madness amplified, she came to believe that our house was bugged and that her boss was trying to hurt her. But as long as there was a computer program to write or a carpet to vacuum, she could be counted on to do it and do it well.

In her insistence upon getting things done, on living an ordered life, my mother managed to miss out on the nourishing aspects of family life and life in general: laughing at silly things, lying spooned on the couch with your beloveds, sharing good food, the tactile delight of giggling children crawling all over you. Without this, family life is an endless series of menial tasks: counters and noses to wipe, dishes and bodies to wash, whites and colors to fold, again and again in soul-sucking succession.

On the morning of the day my mother died, I headed toward the door to catch the 7:10 bus to school. My mother and 12-year-old sister were just waking up in their sleeping spot on the gray carpet in the living room. They sang "Happy Birthday" to me, my mother's beautiful, low singing voice frosted with my sister's tinny soprano.

Eight hours later I stepped off the Bluebird bus, looking forward to an afternoon of "One Life to Live" and "All My Children" and was disappointed to see my mother's car in the driveway. I dropped my knapsack on the window seat, stroked the dog's dusty ears and called, "Mommy?"

Her purse sat on the table. I checked all the rooms but found them empty. Then I opened the door to the garage and stopped breathing.

I shut the door, ran up the stairs and outside, and sat on the cold concrete stoop, looking up the street. House after split-level house stretched along the curved road with one thing in common: no one was home. All of the parents in my neighborhood worked, and since I had taken the early bus home from school, the kids were still gone as well.

I sat hunched over my legs, arms circling my shins, as my heart slowed. Finally I stood up, slowly opened the screen door, went back into the house and dialed 911.

In the days that followed, my father, sister and I sloshed through a sea of awk-

wardness. The wife of a friend of my father's bought me a dress to wear to the funeral, a maroon velvet Gunny Sax monstrosity with puffed sleeves and lace trim. Regular funerals are hard enough; the funeral of a suicide tests even the most socially skilled.

When all the robotic "Thank you for comings" had been finished, my sister tried to open the coffin when no one was looking. My father stopped her just as she was about to lift the lid. "I just wanted to see her," she explained, almost inaudibly.

Other details needed handling, providing my first, metallic taste of the kind of chores that come with adulthood. For the first time in my life, a formal party had been planned for my birthday at a local catering hall. The party favors — clear Lucite boxes filled with Hershey's Kisses, decorated with pink and silver hearts — sat in bags in the garage, waiting.

But there would be no party. I picked up the phone and said, over and over, "I'm sorry, my Sweet 16 is canceled." By the time I was done, cold sweat ran down my wrist, wetting my sleeve. I didn't cry.

On the day the party was to be held, I stood in Loehmann's with my father. My mother's dress for the occasion, a gray wool sheath with long sleeves, lay on the counter. The clerk told my father that the garment couldn't be returned. My father looked at the clerk and said very quietly, "But she died." They took the dress back.

And as soon as I could, I fled. First to college, then to a place as far from Long Island as I could manage: San Francisco. Every night I would shimmy into a short black dress, tights and platform boots and belly up to small scarred stages, staring at would-be Kurt Cobains, or boys in porkpie hats whaling Louis Armstrong covers, or nodding my head to the beat as shaved-bald D.J.'s spun in corners of warehouses while hundreds of people raved, shaking water bottles over their heads until the sun shot weak rays through dirty skylights.

My rent was \$365. I had some savings; work seemed optional, as did stability. Over the next decade I would have 10 apartments, 13 jobs and at least as many boyfriends. I met Dave at a film festival, while waiting in line to see a movie called "Better Than Sex." We started seeing movies together, always picking films with "Sex" in the title. Months after we had run out of movies about fornication with no signs of doing so ourselves, he finally kissed me under a lamppost outside his front door. I was wearing knee-high black leather boots. He was wearing sheepskin slippers.

He phoned every day. He listened. He

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smiled a lot. He told me I was beautiful. He made up rap songs about our love. He wanted to talk about everything, from politics to my period. He wanted children. He was, as my best friend's father said, "a good citizen."

WE found a house together, a 1920's cottage on a street of Spanish Mediterranean houses in every color of the rainbow. We split the down-payment 50-50 and started packing. Driving alone through a torrential downpour to sign the title for our house, I lost it. I didn't do stable.

I convinced myself that Dave was a con man planning an elaborate sting to separate me from my down payment. The year we had spent together was the setup for the graft. Now I was going to be out \$25,000 and a boyfriend. It was a hop, skip and a jump from there to standing at the side of the road, homeless and utterly alone, the victim of aiming too high.

My hands were shaking when I pulled up outside the title company. Dave was standing there, holding an umbrella, waiting to walk me the 10 feet from the curb to the building. Eight months later, just back from our honeymoon, he carried me up our wonky front steps and across the threshold before collapsing from exertion on the blue sofa in our office. Another eight months after that, a plastic stick with a pink line told us that our remodeling plans were going to have to wait.

On my first visit the ob-gyn calculated the baby's due date: my birthday. I was terrified that my day of personal infamy would be shared by the next generation of my family. Friends spun it beautifully: "It'll be healing. It'll give you back that day."

The contractions didn't hit hard until Christmas night, four days after I turned 36. Fifty-six hours after the first tremors

hit my abdomen, three hours after the epidural wore off, I pushed my daughter into the world.

I wasn't thinking about my mother. Or about my sister, who stayed at the head of the bed, cheering me on when I thought my body would rip in two. Or about Dave, who watched tearfully as Pascale poured out. I thought nothing, and just lay there, shocked by pain and exhaustion. But when they finally returned her raw, chicken like body to me after bathing her, my first thought was that she looked like my mother.

Anne Marie Feld, a journalist and grant writer, lives in San Francisco. This essay is adapted from "Mommy Wars: Stay-at-Home and Career Moms Face Off on Their Choices, Their Lives, Their Families," edited by Leslie Morgan Steiner, to be published by Random House in March.

The New York Times 2006

All forms of tobacco exposure bad for the heart

Whether you smoke it, chew it, or inhale it second hand, any kind of tobacco is bad for your heart. New results from the INTERHEART study reveal all forms of tobacco exposure increase the risk of heart attack up to three times. Data from 27,089 people in 52 countries included sheesha smoking -- tobacco smoked through a water pipe (hookah), popular in the Middle East -- and beedle smoking -- tobacco rolled in a dried leaf and tied with a string -- which is common in South Asia. The study reveals both are harmful. Researchers report smokers have a three-fold increased risk of a heart attack compared to people who have never smoked. Those who had eight to 10 cigarettes a day doubled their risk of heart attack. And chewing tobacco also increased the risk two-fold. Results reveal stopping smoking decreased the risk, and light smokers -- less than 10 cigarettes a day -- had no increased

risk of a heart attack three to five years after they quit. But moderate and heavy smokers -- more than 20 cigarettes a day -- still had a 22-percent increased risk 20 years after kicking the habit. Among former and non-smokers the study reveals exposure to second hand smoke increased the risk of heart attack. Those with the most exposure -- 22 hours or more per week -- may increase their risk by about 45 percent. Study author Salim Yusuf, M.D., from McMaster University in Ontario, concludes, "Since the risks of heart attack associated with smoking dissipate substantially after smoking cessation, public health efforts to prevent people from starting the habit, promote quitting in current smokers, will have a large impact in prevention of heart attack worldwide."

The Lancet, 2006;368: 647-658

Scots Suicide Rate Highest in UK

Scotland has the highest suicide rate in the UK, according to figures from the Office for National Statistics. From 1991 to 2004 the suicide rate among men was 50% higher in Scotland than other UK countries, while the rate for women was double that of elsewhere. During 2002/04 the suicide rate among Scottish men was 30 per 100,000 compared with 22.4 in Wales, 18.3 in Northern Ireland and 16.7 in England. For Scots women the rate was 10 per 100,000 compared with 5.4 in England. The figures published in the Health Statistics Quarterly showed the suicide rate among women in Wales was 6 per 100,000 and 5.6 in Northern Ireland. The report said Scotland's highest rate of male suicide was found in Shetland, Blackpool for England, north Belfast in Northern Ireland and Denbighshire in Wales.

ACTION CALL ON PRISON MENTALLY-ILL

Better strategies are needed to deal with prisoners who are suffering from mental illness, according to Deputy Dan Neville, President of the Irish Association of Suicidology. He said mentally ill offenders should be offered the option of a treatment programme instead of prison. "A recent report shows that 60% of female and 35% of male prisoners have suffered from mental illness. This report again highlights the scandalous way the psychiatric services are under-resourced and how people who need medical intervention are ending up in prison." Deputy Neville said in most cases these prisoners are convicted for petty crime, and are not a danger to society. "We must address this issue for the sake of the ill prisoner, and in certain circumstances for the protection of other prisoners. "He said the recent tragic death in Mountjoy Prison highlighted the need to deal properly with prisoners who suffer from mental illness. Deputy Neville pointed out that of the prison population, 40% of women and 25% of men have attempted suicide or committed self-harm

“It takes a lot of courage to release the familiar and seemingly secure, to embrace the new. But there is no real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life, and in change there is power”.

Alan Cohen

Lessons from College

Why the rise in mental disorders among today's college students?

Expert observers agree college was once a place of privilege. Today more people are going to college, and colleges are now more representative of the population as a whole.

Birth of the Blues: Age of Risk

The overriding reason for the surge in serious problems on campus is that college is the age of depression. Depression, bipolar disorder, anxiety and other serious mental conditions first rear their head in late adolescence. Also, colleges are harvesting the first crop of kids who grew up on Prozac and other new-wave antidepressants. The drugs provided emotional energy that allowed cognitive abilities to prevail. Although colleges are now reaping the Prozac payoff, college being what it is, they must also deal with Prozac rebellion. It triggers many a depressive episode.

A significant proportion of students go off their medication once they get to college, figuring that now that they are out of the house, where problems first arose, their troubles should be over. They say, 'my parents were the problem, or 'I had no friends before, but now I do.' they go off their medication, and indeed, they don't feel bad immediately. It takes some time. Others seek to escape the possibility that they may have to be on medication for the rest of their life. They think, "I want to be like everyone else." The biggest concern is the number of depressed patients needing medication who have not yet followed through filling a prescription. They share the public prejudice against needing medication to feel well. Still others slip back into depression surreptitiously. They fall prey to a more disorganized lifestyle and experience the return of symptoms because of disrupted sleeping schedules. And then there is that stark fact of campus social life. Many students stop antidepressants to start drinking. The notoriously erratic sleep patterns of students can dramatically deregulate body systems and precipitate depression in those with no prior history of it. Many schools attempt to educate incoming students. We point out that if you don't sleep regularly, it will not only interfere with your academic performance but put you at risk for depression. Sleep deprivation can be the trigger that sets off a manic episode.

A World of Difference

Students today do live in a more complex world than their parents did. That alone can set the stage for depression. Most of today's college students have faced

competitive pressures from birth and are carrying a cumulative burden of stress. These students experienced competition to get into kindergarten. They develop areas of excellence, and have portfolios to get into the best prep school. Most of their self-esteem comes from a few areas of excellence. They fail to develop an internal system to sustain them in all environments. They've sunk under the weight of obligation at an early age. For those students not at a first-tier college, the pressure, ironically, may be especially intense. They really suffer a crisis in confidence about their future; they feel like they lost out already. So, many feel more pressure to succeed. In previous generations, troubled students disappeared from campus. Now we're seeing the opposite end of the spectrum. Parents have too much of an investment. They don't want students taking off time to get stabilised first.

Time of Challenge

Despite parties, spring break and grade inflation, the college years are a challenging time of life. Everyone underestimates the amount of change normally required to leave home and adapt. It's a huge stress. Young people are learning to regulate themselves in a hyper stimulating world. They're living on their own for the first time, having left their primary support system behind, and trying to figure out what to do with their lives. That's not even counting the academic demands of college, or the urge to begin exploring their own sexuality. The big issue for most students is how to separate out successfully from their family, moving from dependence to independence. That's a challenge under the best of conditions. It's especially difficult for the many that never got what they needed at home, or who got abuse or neglect.

Nil on Skills

With their hothouse childhoods, many students today come to college lacking the very skills that would help them cope most effectively with whatever challenges they encounter -- social skills and emotion-regulation skills. Lots of students learned pathological ways of relating to others, not only in their families but in their peer groups. Healthy connections to others are for most students the primary way to work out their problems, to solve the isolation and loneli-

ness students feel that precipitate their crises. Many students lack acceptance of internal events like sadness, anger and anxiety, such widespread problem behaviours as drinking and self-cutting as attempts by students to dissipate sadness and anxiety. College mental health directors report that the last four years has seen a "huge upswing" in students engaging in self-mutilating behaviour, cutting their wrists or burning their hands. It's the best coping mechanism they can come up with. Most are seeking relief from unpleasant affect.

Family Failings

College counsellors identify backgrounds of family dysfunction as a prime factor contributing to the increasing severity of student's psychological problems. Many students come to college lacking a supportive family base. They have to have an internalised sense of stability to draw on when under stress, otherwise they become overwhelmed and the bottom drops out. Large numbers of students come from families marked by alcohol abuse. The breakdown of family life following divorce takes a toll on kids, too. For those coming out of abusive families, college presents distinctive internal challenges. It's confusing, living with no family they suddenly realize there's a whole other way of being in the world. Once out of the unhealthy system they get a good look at it for the first time. And they typically have crises around going home, beginning with just before or just after thanksgiving. It's not easy for them to break free of a whole system of thinking that made it normal for them to clean up their mother's vomit after school every day. Coming in for counselling can itself be stressful. Parents sometimes expressly forbid their children to talk about what goes on at home. This is especially likely where the student represents the first generation to attend college.

Because they're there

Changes in the medical system play a big role in displacing the burden of mental illness onto colleges. There is a big economic component to what we are seeing. Many families regard college as a residential treatment facility. They are unwilling to challenge their kids, or to take them out of school.

Report highlights north-south suicide divide

There is a north-south divide in UK suicide rates, with the proportion of people killing themselves far higher in deprived areas of Scotland and northern England than in the affluent south, according to government figures published today. Deprivation remained the main risk factor for suicide, with the proportion of people taking their own lives in the most deprived areas of the UK twice the rate in the richest areas between 1999 and 2003. Most of the places with the highest suicide rates were in inner city areas such as Glasgow, northern Belfast and Camden in London, according to the Office for National Statistics. But isolated rural areas were also badly affected, with the Shetland Isles recording the highest male suicide rate in the whole of the UK: 47.5 per 100,000, more than double the national average. All of the

10 local areas with the highest suicide rates for men in the UK between 1998 and 2004 were in Scotland. Seven out of 10 of the areas with the highest female suicide rates were also north of the border, with the worst rate in Glasgow city - 15.8, more than two and a half times the average UK rate. Isabella Goldie, head of the Scottish branch of the charity the Mental Health Foundation, called on the Scottish executive to take urgent action to address the country's high suicide rates. She said: "It is concerning that Scotland has such a high suicide rate. Whilst we can partly put this down to socio-economic issues such as poverty, homelessness, drugs and alcohol, action is evidently needed. "Work needs to be done with schools, prisons, employers, equality groups and emergency services to prevent people taking their own lives.

We need to see the development of services that provide early interventions for those known to be most at risk, and a range of crisis responses made available to people when they need them. Services need to start working together at a community level to tackle the stigma and discrimination that often prevents people from seeking the support they need." Between 1991 and 2004 the suicide rate for men in Scotland was 50% higher than the overall UK rate, according to the ONS. The female suicide rate in Scotland was nearly double that for the whole of the UK over the same period. The ONS did not produce an overall suicide rate for each part of the UK because it decided that this would be misleading, as far more men kill themselves than women.

However, if the male and female rates are combined, the overall suicide rate in Scotland was 20 per 100,000 in 2002-04 compared to 11.05 per 100,000 in England. The second highest suicide rate was in Wales - 14.2 per 100,000 - followed by Northern Ireland - 11.95 per 100,000. Sophie Corlett, policy director for the mental health charity Mind, said: "It is particularly concerning that this analysis shows that suicide rates in the most deprived areas of England and Wales were twice what they were in the least deprived. Suicide is a complex issue, and it's important to be cautious when generalising, but it is clear that social deprivation and isolation are significant factors." The ONS report also showed that the number of babies dying in England from unexplained causes, including cot death, fell by 15% in one year. The unexplained death rate among infants fell from 0.48 per 1,000 live births in 2004 to 0.41 deaths per 1,000 in 2005. Sudden infant deaths, also known as cot deaths, were included in the rate, as were deaths where the cause could not be identified or was unknown even after a full investigation. The actual numbers dying from unexplained causes between 2004 and 2005 were 159 boys and 109 girls. A separate [report](http://www.ic.nhs.uk/pubs/smokingeng2006), published today by the Information Centre for health and social care, found that one in six deaths of adults aged 35 and over in England and Wales was caused by smoking. Of these it is estimated that about 24,500 died from respiratory diseases, such as bronchitis and emphysema, and 40,000 from cancer. Lung cancer was the biggest single killer with 85% of deaths caused by this illness - around 24,000 - caused by smoking. Deaths due to smoking were much higher among men than women, with the figures standing at 23% and 13% respectively.

Secret reports to reveal true level of suicide

TRUE levels of suicide may be revealed by the first study of confidential garda reports into unusual deaths. On behalf of the National Office for Suicide Prevention (NOSP), every death from unusual causes in 2002 is being examined to compare the verdicts of coroners with what gardai privately recorded. Most bereaved families are unaware that gardai must enter details of unnatural deaths on confidential forms sent to the Central Statistics Office (CSO). Form 104, completed after every inquest, requires gardai to categorise the cause of death as accidental, homicidal, undetermined or suicidal. While a cause of death at a coroner's court must be established beyond reasonable doubt, gardai arrive at their verdicts for Form 104 based on the balance of probability. Suicide statistics are based mainly on Form 104, but the study is expected to highlight a lack of uniformity in how different garda districts complete the form. Some gardai report in detail, but others give little information and do not categorise a death as suicide unless a coroner has done so first. Experts have consistently claimed that suicide in Ireland is not fully reported. Reach Out, the national strategy on suicide prevention started by the Health Service Executive (HSE) last year, recommended that Mary Harney, minister for health, sets a target for reduction when satisfied with the accuracy of figures. Provisional reports show that 457 people in Ireland died as a result of suicide in 2004.

John Connolly, secretary of the Irish Association of Suicidology, hopes that the report results would be used to address the serious problem of under-reporting. "From a study we did in Mayo over a 20-year period, we found that there was about 13% under-reporting," he said. "Hopefully, any working party on Form 104 might refine the process and make information gathering more accurate." He believes that those who fill in the form need special training to carry out a "psychological autopsy". "They need to be aware of disguised suicides, those hidden in drownings or car crashes. We know from research that about 6% of road traffic deaths involving single-occupant, single vehicles, are suicides. It is very hard to prove and gardai may have doubts." Dr Connolly said that while more information on suicide was needed, expanding the 24-question form would make it too difficult for the gardai to complete. "We could use information on the person's sexual history, as we know the gay, lesbian and bisexual community are more prone to being bullied and discriminated and have high suicide rates," he said.

Carmel Fallon helped to found STOP (Suicide, Teach, Organise, Prevent), a group for bereaved families, after she lost a son to suicide. She was not aware that gardai were required to compile information on those whose deaths required inquests, and hopes the study will lead to action. "It's okay if they do something about suicide but it can't be put up on a shelf as another statistic," she said. Her son Kevin killed himself after losing custody of his daughter. "In my case I feel strongly that something needs to be done regarding the law covering fathers and their rights to children. I hope something positive comes out from it. Suicide will always be with us but it definitely can be reduced."

Anguished parent warns of dangers of cyber bullying

John Halligan of Essex Junction speaks about teen suicide and bullying. His son, Ryan, committed suicide after being bullied.

Name calling in classrooms and halls is apparently as outdated as sending letters through the post office. The virtual world of the Internet has become the preferred domain of bullies, and children's capacity to humiliate and ridicule fellow students today is unparalleled, according to state and school officials familiar with the problem. "I had one child say to me, 'I'd rather get a black eye than have someone spread a rumor about me,'" said John Halligan, an Essex resident who spoke with Barre parents at Spaulding High School Thursday night about the viciousness of "cyber bullying." Halligan knows more than he'd like about the problem. His son, Ryan, committed suicide when he was 13 years old. The Albert D. Lawton Middle School student in Essex Junction was the victim of a coordinated online smear campaign aimed at casting him as gay. Halligan said he thought he knew about his son's in-school social woes. It wasn't until after his son's death, when he pored over his son's old computer files, however, that he realized the scope of the problem. "This kid spread a rumor online that Ryan was gay," Halligan said. "It got so out of hand that people who didn't normally bully Ryan just piled on. I felt extremely embarrassed as a parent. How did I let this get out of control?" Halligan worries his ignorance isn't unique and has begun counseling students and parents about the issue. Children today inhabit a virtual landscape that didn't exist when today's parents were in high school. That world, as Halligan learned, can be ruthless for the targets of bullies.

AOL's IM, or instant messaging, is a popular mode of communication. Halligan called the pages of instant messaging text sent to his son "the most difficult reading a parent could ever have to do." It turned out the instant messaging community involved many of the students at Ryan's middle school, and the rumor became so widespread and so vicious that Ryan was hiding in the bathroom between classes to avoid interaction with other students. Halligan referred to the series of "big misses" that prevented him and his wife from seeing the problem earlier. He pleaded with parents Thursday not to make the same mistakes. "There's so much unhealthy material out there,"

said Halligan, referring to Web sites that suggest "cool" ways to kill yourself and IM "buddies" who can have a "poisonous" impact on teen psyches. Halligan encouraged parents to go through their child's IM "buddy lists" with them to get the real names behind the screen names. "If they don't have it," Halligan said, "then it's a stranger and probably someone you don't want them talking to." He also suggested finding out if your child has a profile on sites like MySpace.com or buddypic.com, two Web sites that allow even young children to post profiles and pictures. Halligan further encouraged parents and administrators to talk more openly about depression and suicide. "There was the shock and horror of discovering my Internet safety rules were pretty inadequate," Halligan said. "Immerse yourself in their world. If you have no clue about what your kid is doing, you're at a wicked disadvantage." Halligan said he believes the impersonal world of the Internet allows kids to bully without the moral obstacles that prevent them from such behavior in the physical world. "When we communicate without the benefit of hand gestures, voice

inflection and eye contact we become numb to the impact we're having on each other," Halligan said. Doug Dows, director of the Safe and Healthy Schools program at the Vermont Department of Education, says cyber-bullying has created a problem previously unseen in public schools. "When I was in school, if some kids wanted to pick on me... it's usually one or two or three kids at a time," Dows says. "Today, because of all the different formats of cyber-bullying, a kid can go home one day and in 12 hours go back to school and have 20 kids not talk to him." Dennis Hill, assistant principal at Spaulding, says the phenomenon has hit Barre schools. "It's here," Hill says. "We've seen a fairly dramatic increase in the amount of work we do in schools related to cyber-bullying that goes on outside schools." Hill said the two-year-old anti-bullying statute that Halligan helped pass has helped give teeth to the school's stance against bullying, but he and Halligan called upon parents to monitor their children's behavior. "We've got to stop making excuses for our children's behavior," Halligan said. "Cyber-bullying is out of control."

Health Effects of Hazing and Bullying

Bullying and hazing affects children, adolescents and even adults. Although many associate these acts with children -- it should be a concern for the entire community.

Is hazing or bullying normal child's play...perhaps a right of passage or is it more? It's something more. It's something that we as parents, as teachers and as a community need to come together and come out against. It can have detrimental effects on children. Hazing and bullying can involve verbal abuse, slander, physical attacks and today -- there is a growing concern over cyber bullying. Kylie a victim of cyber bullying. says, "No one should have to go through this. It was awful. It ruined two years of my education. I lost a lot of friends and really had only the support of my family. It's just ridiculous how people do this."

The effects of bullying are also profound. Studies estimate that 160,000 children stay home every day for fear of bullies. The message parents need to get across to their children is that it is not their fault and they're not alone. They have parents, teachers, and friends who are prepared to listen to them and help them with this situation. One sobering statistic for parents of the children who bully or haze others. Boy's who are identified as bullies in middle school are four times more likely to have a criminal conviction by age 24.

“Life is a succession of lessons which must be lived to be understood.”

Ralph Waldo Emerson

Increase in bullying

Figures released recently by ChildLine, reporting a 12% rise in the number of calls about bullying. There is little consensus about why the numbers are increasing, and who or what is to blame. Some campaigners believe the anti-bullying message has been so effective that more and more children are seeking help.

However, others believe bullying is spiralling out of control because of flawed strategies in school. Bullies today often use modern technologies, despite repeated attempts by schools and parents to stamp out the problem. Last year, students at Duffryn High School, in Newport, were banned from taking their phones to school in an attempt to stop children bullying each other with cruel texts. One in 10 children has been bullied online, a survey by MSN/YouGov found earlier this year. Traditional anti-bullying strategies may not be appropriate in tackling these methods, and parents and teachers are often in the dark about how technology can be used to intimidate.

But the figures from ChildLine should not prompt parents to panic. It is thought that one reason for the rise in calls to ChildLine is that children now understand bullying is wrong and aren't scared to report it anymore. When children hear from friends who have reported it, they are more likely to speak out themselves. Traditionally there was something shameful about asking for help or being bullied.

For Mollie-Anna, who was bullied for nine months last year, her bully terrified her inside school and out. Her mother, Kerry Kilsby-White, says she was let down by the school but the support of Beat Bullying has been invaluable. As well as being taunted online, Mollie-Anna, 12, called her mother from a school toilet while the bully beat her up. Hearing her child's screams, Kerry says she called the school for help, but was repeatedly transferred to a voicemail. Frustrated, she called the police. Kerry, from Richmond, is angry at the school but also agrees parents can do more. She believes so many children are forced to call ChildLine because they cannot speak to their parents.

Although Mollie-Anna is now home-educated, Kerry ended the bullying by talking to the bully online. She discovered the bully was also a victim of bullying - from her own family.

School Begins and So Does Bullying

Love Our Children USA announced that bullying and teasing is at the top of kids, issues at schools and with school not long open, parents, teachers and school administrators should take caution and sensitivity in handling these issues. Childhood should be a time filled with wonder and joy, but the reality for many kids and teens is often much different. They're the victims of bullying at school or on neighborhood playgrounds. Kids who are intimidated, threatened, or harmed by bullies often experience low self-esteem and depression, whereas those doing the bullying may go on to engage in more serious antisocial behaviors. Some kids are so traumatized by being bullied, that they contemplate suicide. Bullies often have been the victims of bullying or other mistreatment themselves.

With the release of summer movies such as *Ant Bully* and *How To Eat Fried Worms*, which deal with bullying, the subject is hot. Ross Ellis, Love Our Children USA Founder and Chief Executive Officer remembers only too well what it is like to be bullied. Today it's a regular occurrence in schools starting as early as kindergarten. And many kids have committed suicide because the taunting was so torturous. Bullying can be so painful and clearly has played a role in recent school shootings across the country. While boys are more physical, girls use weapons, exclusion, slander, rumors and gossip. And beware of cyber-bullying which is on the rise. This social online cruelty is used in the forms of e-mail, cell phone; pager text messages, instant messaging, defamatory personal Web sites, and defamatory online personal polling Web sites, deliberate, repeated, and hostile behavior, and is used by an individual or group -- intended to harm others, especially amongst our youth.

While most kids use the Internet for friendly interactions, more and more kids are using these communication tools to antagonise, terrorise and intimidate others. parents must keep open communication with their children. Look for signs, school administrators can no longer sweep bullying under the rug. Students should be educated about the harmful effects of bullying. Every school should declare *No Bullying Begins Today.*" Schools should set up a web site where kids can anonymously report the person who is bullying them. That way victims can feel safe in making the report and

the school can deal with the bully.

Recent Statistics Show:

- 1 out of 4 kids is bullied.
- 1 out of 5 kids admits to being a bully, or doing some "Bullying."
- 8% of students miss 1 day of class per month for fear of Bullies.
- 43% fear harassment in the bathroom at school.
- 100,000 students carry a gun to school (in the US)
- 28% of youths who carry weapons have witnessed violence at home.
- A poll of teens ages 12-17 proved that they think violence increased at their schools.
- 282,000 students are physically attacked in secondary schools each month.
- More youth violence occurs on school grounds as opposed to on the way to school.
- 80% of the time, an argument with a bully will end up in a physical fight.
- 1/3 of students surveyed said they heard another student threaten to kill someone.
- 1 out of 5 teens knows someone who brings a gun to school.
- 2 out of 3 say they know how to make a bomb, or know where to get the information to do it.
- Almost half of all students say they know another student who's capable of murder.
- Playground statistics - Every 7 minutes a child is bullied. Adult intervention - 4% Peer intervention - 11%. No intervention - 85%.

Helping your children cope with either being a bully or being a victim often requires outside assistance, such as from your child's school or the community. School is the most likely place for bullying to occur, so discuss your concerns with your child's teachers and counselor and ask what they can do to help. School personnel can be influential in helping a child modify his behavior. Take advantage of any psychological counseling services that may be offered at your child's school or in your community. Bullying is a form of child abuse and bullies are very likely to grow up as an adult who abuses children.

More information about bullying and how to help your children and students can be found at the Love Our Children web site.

FATHER SHOCKED BY BULLYING MOVE

A father has spoken of his disgust after his son received a certificate from school congratulating him on "showing maturity in the face of bullying." Nathan received the certificate in the post at the end of the school term. His father Keith said "it felt like salt being rubbed into the wound" and made him question whether the school was being cynical about bullying. "No-one wants an award for being bullied," he added. Keith is also worried the taunts will start again when 14-year-old Nathan returns to school in September. Nathan has been kicked, punched, called names and had paint and nail varnish thrown over his clothes since he started at the school three years ago. His brother Josh, 13, who attends President Kennedy, has also suffered at the hands of bullies. "I have spoken to the teachers on numerous occasions about it and they talk to the bullies and tell them to stay away but they carry on anyway. "My children are at home at the moment but when they go back the bullying starts again. The teachers say bullying is an epidemic and Nathan is cheeky but I don't know where to draw the line. "I don't want my children to leave this school - it could be a case of out of the frying pan into the fire."

Grieving Youth: How to Support

Grieving is a natural reaction to a death or other significant loss. Grief over the loss of a loved one is a process that is incorporated into the lives of survivors, forever changing their lives. The grief reaction to suicide typically includes expression of shock, disbelief, denial, anger, guilt and shame.

The suicide of a friend or classmate can cause a special form of grief for children and teens. Children and teens will need your help - provide them with information, understanding and comfort. Follow normal household routines as much as is possible. This can provide a sense of comfort and safety to a grieving child.

Children express their reactions to a crisis in different ways. Children and teens may show anger, get upset easily, want to talk, or withdraw to make sense of it themselves. Younger children may be more open about their feelings than older children and teens.

The following lists provide ideas for you as you support your child or teen.

Do:

- Learn about the grief process
- Reassure him/her that he/she is not responsible
- Be absolutely genuine and truthful
- Demonstrate love and respect by being attentive
- Encourage talking about feelings and about the deceased friend
- Listen, no matter what!
- Offer to attend the visitation or funeral with a youth
- Allow crying--perhaps lots of crying
- Expect laughter--a sign of happy memories
- Follow the lead of the "survivor" with patience and kindness
- Offer opportunities for remembering;

i.e., special events, birthdays

- Expect that your presence may be important, while talking may be limited ("Silence is Golden")
- Share some of your experience with loss, but keep the focus on the person you are supporting
- Help to identify others to talk to (i.e., minister, priest, rabbi or counselor)
- Encourage expression of feelings by writing poems, songs, letters or making a scrapbook.
- Believe in healing and growth

Avoid:

- Giving a lot of advice
- Arguing over trivial matters
- Making moralistic statements about the person who died
- Minimizing the loss
- Discouraging or time-limiting the grieving process
- Assigning new responsibilities right away

Always, when talking to children about suicide, be clear that suicide is never a solution to any problem.

Pay attention to changes in your child's behavior being especially attentive to suicide warning signs. Anniversary dates may be times where increased vigilance is needed. If you have any cause for concern, don't hesitate to seek support from a school counsellor, pastor, therapist, or other helping professional.

"Silence is not just not talking. It's a void. It's a place where all things come from. All voices, all creation comes out of this silence. So when you're standing on the edge of silence, you hear things you've never heard before, and you hear things in ways you've never heard them before." *John Francis*

Suicide helpline for teens launched recently

A freephone helpline for young people at risk of suicide, depression and self-harm was launched in Ballyfermot. The Samaritans Teenhelp service was setup by community groups in response to high rates of suicide among teenagers in the area. The helpline became active on the 9th September.

Samaritans Teenhelp can be contacted 24 hours a day, seven days a week, at freephone 1800 945678.

Childhood Cancer Survivors at Raised Risk for Suicide

More than one in eight adult survivors of childhood cancer have had suicidal thoughts or attempted to take their lives, a new study finds.

Most people are doing fine, but there is a serious concern about the minority of survivors who have thoughts of ending their lives, a recent study carried out in the US reveals. The study included 226 patients, averaging 28 years of age, seen at a clinic that cares for adult survivors of childhood cancer. They were interviewed an average of 18 years after their initial cancer diagnosis. Overall, 29 of the patients reported some suicidal symptoms. Of those, 19 reported suicidal thoughts alone, one had made a suicide attempt but was no longer troubled by thoughts of suicide, and nine had made suicide attempts and were currently thinking about suicide. Only 11 of the 29 patients were considered to be significantly depressed, based on their responses to standard rating scales. This suggests that identifying childhood cancer survivors with suicidal thoughts requires more than asking questions about depression, the study authors said. Factors associated with increased risk for suicidal symptoms included younger age at cancer diagnosis and a longer period of time since diagnosis. Another risk factor included radiation treatments to the head, which can cause growth problems and physical disfigurement, memory and cognitive function impairments, and an increased risk of second cancers. Patients who felt depressed or hopeless, were in pain, had physical function problems, or were concerned about their appearance were also more likely to report suicidal symptoms, the researchers found.

The study was expected to be published in the Aug. 20 issue of the Journal of Clinical Oncology

Depressed Teens at Higher Risk for Pregnancy, STDs

Depression can help prompt sexually active teens to engage in risky sexual behavior such as not using condoms or contraceptives, a new survey shows. The study raises concerns about the sexual habits of millions of American adolescents, as an estimated 15 percent to 20 percent of teenagers in the United States are believed to experience major depression at some point in their pre-college years, according to the study's authors. Depressed, sexually active teens "have a greater likelihood of engaging in behaviors that increase their risk of HIV, other sexually transmitted infections, and unintended pregnancy," concluded study lead author Jocelyn Lehrer, a senior research associate with the Bixby Center for Reproductive Health Research and Policy at the University of California, San Francisco. The findings were published in the July issue of *Pediatrics*. The UCSF group gathered data from in-person interviews conducted with middle- or high-school students across the United States during 1995 and 1996. The 1995 interview was focused on depression, while the follow-up interview a year later tracked each student's sexual behaviors over the preceding year. All of those interviewed said they had experienced sexual intercourse prior to the

first interview, and none were married by the time the follow-up interview took place. In all, 1,921 boys and 2,231 girls were included in the current analysis, most of whom were non-Hispanic whites. According to the researchers, more than 9 percent of the boys and nearly 16 percent of the girls displayed symptoms reflecting a "high" level of depression during their initial interview. The study also revealed that the more depressed the teens were at the start of the year, the more likely they were to engage in risky sexual behaviors later on. This observation held true for both boys and girls. Boys who rated higher on a clinical scale of depression were more likely to say they had not used a condom or birth control the last time they had sex. As well, the more depressed the boy, the more likely he was to have consumed alcohol or drugs the last time he had sex. Girls with higher depression scores were also more likely to say that they had not used a condom or birth control the last time they had sex. These girls were also more likely to indicate that they had had three or more sexual partners in the past year. In absolute terms, "highly" depressed boys and girls were over 70 percent and 50 percent more likely to have engaged in at least one risky sexual behavior over

the prior year, respectively, when compared with the least-depressed boys and girls.

Many factors could account for the observed association. Youth who are both emotionally distressed and socially isolated may be more likely to seek or be successfully pressured into sexual activity, in the name of some kind of shared intimacy, or to maintain relationships that they value. Youth who are depressed may also be less confident in their ability to engage in self-protective behaviors, such as refusing pressure to have sex, discussing condom use with their partner, using condoms, and refusing substance use. Depression can also lead a teen to want to harm him or herself by taking sexual risks. Parents and health-care providers should be on the lookout for teen depression, and provide young people with emotional support when needed, and advise them of the dangers of engaging in risky sexual behaviors.

There is still a fair amount of stigma around mental health services, and what this study points out is that mental health is part of the complex of risky behaviors and characteristics that kids have, and so, if kids are depressed, they are less likely to protect themselves sexually."

(www.helpguide.org).

WE'RE A NATION OF DRUNKS!

THE abuse of alcohol is now a national disaster, according to Waterford Dail deputy Brian O'Shea.

The Labour Party spokesman on Community, Rural and Gaeltacht Affairs was a member of the Dail Committee which recommended that alcohol be included in a national substance misuse strategy. "It is clear that there is a very serious national problem in relation to alcohol abuse and the committee heard very disturbing evidence of massive binge drinking, fights and fatalities; teenagers getting sick on our streets; brawls and fighting in accident and emergency wards and the inevitable breaking up of relationships and families." "For far too long, the Irish psyche has accommodated an ambivalent attitude towards 'the drink' but it is now time to face the grim reality - we are a nation of drunks at best; at worst, we are heading towards becoming an island of people dependent on alcohol.

"The Oireachtas Committee of which I was a member was told that the latest

EU research indicates that our annual consumption of alcohol is 15 litres per capita of pure alcohol and that consumption is rising. "That is an extraordinary statistic when one takes into account that it is 15 litres of pure alcohol per man, woman, baby and nondrinker in the country. Surely, it is time for a national call of 'time, ladies and gentlemen' and for us to get going on a policy for serious action? "By including alcohol in a new national substance abuse strategy, we hope that we can finally anchor this important policy issue within a well-established structure which guarantees on-going policy work at the highest governmental level. "We also believe that it will create a framework for 'bottom up' or community mobilisation activity in relation to alcohol, comparable to that which has taken place in relation to the illicit drugs for many years. "It is also the committee members' belief that this inclusion will create greater clarity at the research/policy interface and,

in particular, challenge the dominance and popularity of policy measures which lack research support as to their effectiveness. "Finally, we believe that the outcome should be to satisfy public demand for a coherent policy response to alcohol-related problems. "I hope that the step we have recommended in this report will be the catalyst for finally getting results in tackling this catastrophic problem.

While there have been many reports in the past on what should be done about alcohol abuse, there has been no implementation of policy, mainly because there were no permanent management structures to give effect to recommendations. When alcohol is added to the National Drugs Strategy, this type of permanent management structure will be in place and it is my sincere hope that we have begun the process of national recovery from overindulgence in alcohol which the country so desperately needs,"

A sweet drink twice a day might help people beat the blues

A new, small study showed that two special high-carbohydrate drinks a day helped clear symptoms of Seasonal Affective Disorder (SAD), a seasonal depression that appears mostly during the winter, when people receive minimal sunshine. Sufferers tend to reach for sweets and other carbs, said lead researcher Dr. David Mischoulon, an assistant professor of psychiatry at Harvard Medical School. "Most people would eat more of the chocolate bars and the other sweets," he said. "But if you take the drink a couple of times a day, it's a couple of hundred calories, whereas one chocolate

bar may have more calories than that." Carbohydrates help to stimulate the brain chemicals tryptophan and serotonin, and therefore reduce mood swings, sleeplessness and other symptoms of depression, he explained. Yes, tryptophan is the amino acid whose presence in turkey and other foods is said to cause people to become sleepy. "That's an old wife's tale," said Mischoulon. "It's not the tryptophan. The reason people fall asleep after a turkey dinner is because they've eaten a huge amount of food." In fact, tryptophan turns into serotonin, which helps sleep

and mood, he explained. In the study, 18 people diagnosed with SAD, half of them women, were enrolled in the study. Those who were given a sweet drink, a concoction of various kinds of carbohydrates, twice a day showed improvement in symptoms of depression. Mischoulon presented the results Tuesday at the American Psychiatric Association meeting in Toronto. Still, he added, there is much work to be done if the drink is ever to be recommended as a treatment. A well-known SAD researcher thinks the drink will probably prove to be ineffective in the long run. "I would be skep-

tical," said Dr. Norman E. Rosenthal, medical director of Capital Clinical Research Associates in Rockville, Md., and author of *Winter Blues*. "In my experience, what happens is that although the carbohydrates seem to activate people with SAD, there is a backlash and they have to keep going back for carbohydrates," he said. "It doesn't turn out to be a sustainable kind of treatment," he said. "I have shifted in my recommendation away from regular high-carbohydrate meals to actually restricting carbohydrates."

Help a Friend with ABCD's of Drinking

Happy hour, power hour, Ladies' night, two for one – do I order beer, liquor or water?

Students at University have lots of decisions to make, including whether or not to drink alcohol. Many students choose to abstain: 22.6 percent of University undergraduates did not drink any alcohol in 2005, according to the National College of Health Assessment. Some students will choose to drink in a low-risk way, having one or two drinks; and some will drink in a high-risk way, having more than four or five. Whatever the choice, it's important to be aware of what may happen. High-risk drinkers increase their chances of experiencing legal, academic, social or health problems – even if they make that choice every now and then. Students who drink heavily often report doing or saying things they later regret, experiencing blackouts, falling behind in school or injuring themselves or others. Students who drink heavily also affect those who do not: many University students say they have had sleep or study interrupted or have had to "baby-sit" a drunk friend. Some University students say they have

experienced unwanted sexual advances or have felt unsafe because of someone else's choices. One scary – and preventable – result of high-risk drinking is alcohol poisoning. So, what do I do if a friend has had too much to drink and is passed out? There's a tough call to make – do I take that person to the hospital? Hope for the best? One quick and easy way to assess a potentially life-threatening situation is to remember the ABCDs of alcohol emergency:

A = Arouse. Turn the person on his or her side. Call the person's name; try to wake him/her up. If unconscious or in a stupor, get help immediately.

B = Breathing. If the person's breathing is too slow or irregular (fewer than eight breaths per minute or more than 10 seconds between breaths), get help immediately.

C = Color. If the person's skin is too pale, cold and clammy, or has a bluish tint (especially the fingernails and lips), get help immediately.

D = Discuss. It's important to share concerns with the person after the incident and suggest that he or she get help.

Students who want to know more about their drinking can take the e-CHUG – a confidential, online quiz that provides feedback on the physical costs of drinking, caloric intake, tolerance, family risk, college norms and BAC. The e-CHUG can be found at www.uhs.uga.edu/atod under "online self-assessments." It's important to remember that alcohol-related problems are preventable. If you choose to drink, drink only one standard drink per hour – that's 12 oz. of beer, 4-5 oz. of wine and 1.5 oz. of 80-proof liquor, and limit it to three drinks per day.

Can Beer Be Good for You?

Beer drinking may lead to more than just a beer belly. According to the Friedman School of Nutrition Science and Policy at Tufts University, beer contains high levels of an ingredient that helps deposit calcium and other minerals into bone tissue. And a recent study found the antioxidants present in dark beer help prevent clogged arteries, which should reduce the risk of heart disease. Most research showed the optimum benefits can be reaped with up to one drink a day for women and up to two a day for men. Still, it's a good idea to take a look at the size of your beer belly before you knock back a pint or two. The extra calories found in beer may cancel out any health benefits.

Self Medicating with Alcohol

Too many people self medicate with alcohol to make themselves feel better, according to a new study. Research from the Mental Health Foundation (MHF) in Britain found that 88% of people would find it difficult to give up alcohol completely while 77% said it made them feel relaxed. Almost two-thirds (63%) of more than 1,000 people questioned said alcohol made them feel happy, 51% felt less inhibited and 41% felt more confident while drinking. Almost half (44%) felt alcohol made them "able to fit in socially", 40% felt less anxious and 31% felt they could make friends more easily. The report's authors warned excessive drinking increases vulnerability to a range of mental health problems because regular drinking changes the chemistry of the brain.

“Do it now! Today will be yesterday tomorrow” *Annon*

Frequently Asked Questions for Parents

1. Q: Who considers suicide?

A: One in ten high school students consider suicide and in Maine, approximately 20 youth die by suicide each year. In general, people (of all ages) who are depressed or having trouble coping with their feelings may consider suicide if they don't have other coping skills. People of all ages, races, faiths, income levels, and cultures die by suicide. Popular, high achieving people, who seem to have everything going for them and those who are less well off, die by suicide. Suicidal youth come from all kinds of families, rich and poor, happy and sad, two-parent and single-parent. It is really important to understand that suicidal behavior knows no boundaries.

2. Q: Can a teen really be suicidal?

A: In part, that is exactly the problem. It is widely believed that childhood is free from the stress and problems of adult life and a time for fun. However, the world is a much different place now than it was when the parents of today's teenagers were teenagers themselves. We live in an information packed and high stress society. Competition for college acceptance and jobs is fierce. Teens are expected to go to school full time, participate in school activities, work 20-25 hours a week in their "part-time job" and manage to get their chores and homework done on the side. It doesn't leave much time for fun and those teens who do manage to have a social life, usually don't get enough sleep and this tends to make teens easily frustrated and angry. The expectations placed upon teens in our society can be very difficult to handle, as teens have not yet developed the skills needed to deal with these stresses. A loss that seems trivial to an adult can become life threatening to a teen if they cannot find a way to cope with the feelings or find a solution. Also, they need to solve the problem fast as they have been raised in a culture obsessed with "now" (e-mail, voice mail, cell phones, pagers, etc.) For teens this day is a big as it gets.

3. Q: Why do people die by suicide?

A: Suicidal behavior is one of the most complicated of human behaviors. This question cannot be answered briefly. There is no particular set of risk factors that accurately predict the likelihood of imminent danger of suicide for a specific individual. It is fair to say that suicidal people are experiencing varying degrees of external stressors, internal conflict and neurobiological dysfunction and these factors contribute to their state of mind. Depression, anxiety, conduct disorders, and substance abuse all con-

tribute to the possibility of suicide, but they do not cause suicide. A "final straw" for suicide is usually the last thing that a person who kills him/herself is thinking about, and many left behind want to blame that person or event, but the "final straw" was NOT the cause of the suicide. Many people who kill themselves had no "final straw" that others could see. The reasons behind a suicide often remain a mystery.

4. Q: Won't people think I am a bad parent if my teen is suicidal?

A: Some people may be quick to judge and not understand that given a certain set of circumstances, any of us could feel suicidal. It is more likely that people will think you are a loving and caring parent if you are helping to keep your teen alive. Professionals, in particular, deal with suicidal individuals every day. They understand how difficult life can be for a teen and that parents cannot protect their children from all the stress in the world. What you can do is listen to your teen and take action when they cannot. Take care of them.

5. Q: Every time I ask, my teen tells me that I won't understand. How can I help him to talk?

A: Acknowledge that you might not understand, but that you care very much and you will try to understand. Also keep in mind that this phrase tends to be used when they can't explain how they feel as well. Another option is to tell them you understand they don't want to talk to you, but would they agree to talk about it with someone else, like a counselor? If they agree, follow-up on it, you can even make the initial call yourself if they want you to.

6. Q: My teenager listens to horrible music, I'm worried that the violent lyrics will make her kill herself.

A: While you may not like your teen's choice in music, it is unlikely to make him or her kill him/herself if that was not already an issue. In fact, for most teens, music, even violent music, may actually allow them to vent some of their anger and frustration and help them to feel better. However, there are situations where a teenager who is already feeling depressed or feeling alienated may choose a certain type of music that increases those feelings. Discuss your concerns with your teen and get help if they feel like hurting or killing themselves.

7. Q: How can I help my child not to feel suicidal?

A: This begins by talking about suicide before it becomes an issue and the teen is in a crisis. We need to acknowledge

that suicide is an option that teens consider and open the channels of communication so that teens have somewhere to turn where they know they will be understood. One of the major reasons why teens don't turn to adults is that they feel they will not be understood. This website can help to educate you about suicide and what you can do.

8. Q: How do I ask if I think someone may be suicidal?

A: Suicide can be a difficult topic to discuss, especially with teens. Some possible conversation starters include:

- You haven't seemed like yourself recently, what's been going on?
- I know that some difficult things have happened recently, I'm concerned about how you're feeling.

Once you've opened up conversation, it's important to ask directly about suicidal intent. The following questions may be useful:

- Do you feel like things will never get better?
- Have you been feeling like killing yourself is an answer to your problem?
- Have you ever considered suicide? Are you suicidal now?

If you've ever had experience with suicide, you could talk with the person about how you felt in your situation. For example, "I remember feeling that way once before, I was so overwhelmed and I felt like dying was the easiest way out. Do you feel that way?"

If your child is suicidal, it is important to remove all lethal means from the household and get help. The Maine Crisis Hotline (1-888-568-1112) can be accessed 24 hours a week, 7 days a week and will help you to determine what type of intervention is necessary. Even if your child does not indicate that he/she is feeling suicidal, seeking out help is always an option--from a school counselor, professional counselor, clergy, etc.

9. Q: What should you do if your teen is talking about killing him/herself?

A: The Maine Youth Suicide Prevention Program recommends the following three basic suicide intervention steps:

1. Show You Care
Listen Carefully

2. Ask About Suicide
Ask directly in a caring, non-confrontational way

3. Get Help

IAS The Irish Association of Suicidology

Suicide Prevention; School as a Place of Healing

Sligo Park Hotel

29th/30th November & 1st December 2006

3rd Annual Training Seminar 6th National Conference

SOME OF THE TOPICS TO BE COVERED

- The critical but limited role of school and staff in identifying students who may be at risk for suicide and referring them to the appropriate school resources. This seminar will examine the evidence base for developing a suicide awareness programme for schools.
- Interviewing students at risk
- Why kids don't talk to teachers
- Teaching students how to get help
- Depression in adolescents
- Life goes on
- Skills building for crisis team members
- The important role of NEPS and SPHE in schools
- Diagnosing and managing behavioural problems in schools including suicidal behaviour.
- Child Sexual Abuse
- Children, Peer Groups & Suicide

AMONG THE SPEAKERS WILL BE:

Dr. Kate Ganter, Ms. Maureen Underwood, Dr. John Kalafat, Prof. Michael Fitzgerald, Ms. Rosaleen McElvaney, Ms. Sharon Eustace, Mr. John Lahiff, Marion Martinez, Dr. Keith Holmes, Mr. Michael Mullaley

COST: Training Teachers/Guidance Counsellors & Members (1day) 29th €80. • 2 day conf. 30th & 1st €190. 3days €230. Others: (1day) 29th €100. 2 day conf. 30th & 1st €190 3 days €250. Full programme and booking form will be circulated shortly or visit our website www.ias.ie Further information 094 9250858. joscott@eircom.net

IRISH ASSOCIATION OF SUICIDOLOGY
3rd ANNUAL TRAINING SEMINAR
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Suicide Prevention: School as a Place of Healing

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Depression still attracts high level of stigma, survey reveals

Conditions such as depression and schizophrenia still attract a high level of social stigma, a new survey has found. It also found that Irish people rate anxiety above other conditions such as diabetes, cancer and heart disease. The survey, conducted by Behaviour & Attitudes, asked people how mental health and other medical conditions rated in terms of perceived social stigma. Seventy five per cent said schizophrenia, 60 per cent said depression and 42 per cent said anxiety rated above other conditions such as Alzheimer's, Parkinson's disease and cancer. Fifty-seven per cent of those surveyed who had experienced depression personally believed there was a lot or some social stigma attached to having the condition. The report also found that more women than men claim to experience depression, with the ratio running at 2:1 for those who said they had experienced a period of depression. Commenting on the survey, which questioned 1,200 people in the Republic, Kilkenny GP Dr. Ronan Fawsitt said many people with mental conditions, particularly depression and anxiety, had great difficulty talking to their GPs and even their family about the problem. He said the survey had found that 64 per cent said they would find depression difficult to discuss with a doctor or other health professional. The study also revealed that 62 per cent said they would be embarrassed to talk to a friend about the condition. "It is a question of communication and breaking down barriers," he said. The survey also found that people see depression in particular as a very disruptive condition, ranking it as more disruptive than more serious conditions such as heart disease, arthritis and diabetes - a finding which surprised Dr Fawsitt. He said dealing with depression was forming an increasing part of doctors work. In his own practice, it could be up to 50 per cent of his caseload at times. He called for more trained counsellors to be attached to GP practices with expertise in cognitive behavioural therapy (CBT). Dr. Fawsitt said people should also be encouraged to go to self help groups such as GROW. Prof Timothy Dinan, consultant psychiatrist, Cork University Hospital, said and estimated 300,000 people had depression in Ireland. He said depression was "not a life sentence, it's a medical condition like any other and can be treated as such". The survey was commissioned by Lundbeck, a pharmaceutical company.

Heart Diseases biggest killer in EU but Young Adults more likely to die by Road Traffic Accidents or Suicide

Diseases of the circulatory system remain the biggest killer of people in the EU, new statistics have shown. According to the figures, heart attacks, strokes and other diseases of the circulatory system account for 41% of all deaths in the 25 member states. This rises to 52% among people over the age of 85. Cancer meanwhile is responsible for one-quarter of all deaths and is the largest single cause of death among the middle-aged. Altogether, 41% of deaths among those aged 45-64 are as a result of cancer. Among men, cancers of the respiratory system, such as lung cancer, are the most common, while breast cancer is the most common among women. Ireland has the fifth highest rate of breast cancer deaths in the EU (59.2 per 100,000). This is well above the EU average of 48.2 per 100,000. Young adults meanwhile are more likely to die as a result of 'external causes', such as road traffic accidents and suicide. Altogether, 38% of deaths in the 20-44 age groups were as a result of external issues, with suicide (12%) almost as common as transport accidents (13%). On average, men in the EU aged 20-44 are four times more likely to commit suicide than women, with the highest rates among men reported in Lithuania (90 deaths per 100,000), and Finland (43 per 100,000). In Ireland, 27 men per 100,000 in this age group commit suicide, compared to just five women per 100,000. The figures were published by Eurostat, the Statistical Office of the European Communities.

Research Shows Health Risk of Extreme Obesity May Be Underestimated

The health risks for women who are extremely obese may be underestimated as a new study indicates they have a higher prevalence of hypertension, diabetes, and high cholesterol than women do at lower levels of obesity. In the study, doctors examined the relationship between weight category and risk of death and coronary heart disease (CHD) in a large population-based sample of U.S. women, focusing on risk across degree of obesity. The researchers analyzed data on incident death and cardiovascular outcomes by weight status in 90,185

women who were followed-up for an average of seven years. "Overall, extremely obese women were more likely to die over the average 7.0 years in other examined weight categories," the doctors reported. "Calculating the weight related risks of morbidity and mortality based on findings in earlier population samples, which tended to reflect lower degrees of obesity, may underestimate the risks for extremely obese individuals and over estimate the risks for mildly obese individuals in diverse groups," the researchers wrote.

Spinal Fluid Proteins May Hold the Clue to Alzheimer's Disease

Early signs of the development of Alzheimer's disease can be seen in the cerebrospinal fluid of middle-aged adults who are genetically predisposed to the neurological condition, according to a new report. The two strongest risk factors for Alzheimer's disease are aging and the presence of the apolipoprotein E*4 gene (APOE*4), according to background information supplied by the authors of the study. The authors also noted that plaques that form in the brain during Alzheimer's disease which are made of beta-amyloid proteins begin forming years before affected individuals experience and symptoms of the disease. As beta-amyloid proteins, predominately of a type known as A beta 42, clump together, fewer are available to circulate through the nervous system. Therefore, lower levels of the A beta 42 in the cerebrospinal fluid surrounding the brain and spinal cord serve as biomarkers or chemical indicators of the development of Alzheimer's disease. Against such a background, American researchers estimated the combined effect of aging and the APOE*4 allele on levels of A beta in 184 adults. Those who were older and who had the APOE*4 allele were more likely to have lower levels of A beta 42. For those who did not have the APOE*4 allele, A beta 42 levels rose slightly until about age 50 years then begin to decline slowly. On the other hand, those with the APOE*4 allele experienced a slight decline in A beta 42 in their younger years and then a dramatic drop between ages 50 and 60 years. From the findings, the researchers concluded, "strategies aimed at prevention of Alzheimer's disease may need to be applied in early midlife or even younger ages to have maximal effect on amyloid deposition."

Try these 10 activities to help your mental health

Many people could benefit from therapy, but not everyone needs it. Most of us are equipped with the tools we need to help ourselves out of many emotional challenges.

Here are 10 things you can do to keep yourself off the therapist's couch:

- 1.** Talk about your feelings. Whether it be to a friend or a family member, a golf pro or your hairdresser, you need to share what's going on with you. Holding on to pain is a surefire way to stay in it.
- 2.** Exercise regularly. It's important to your state of mind. New research shows that it can be just as effective as antidepressants or anti-anxiety medications.
- 3.** Work on your relationship. Couples who talk about their issues, have date nights and learn to argue respectfully tend to have long-lasting and satisfying unions.
- 4.** Read self-help books. If you're having an emotional issue, there's a book on it and most likely a Web site. Read about how others have gotten through difficult times; you can learn from their experiences.
- 5.** Get involved in your community. Becoming part of something larger than yourself can be rewarding and can enhance your self-esteem. When you get wrapped up in yourself, you become a very small package.
- 6.** Stay connected with your family. Being alone in this big world is hard. Go to family events, even if they bore you to tears or you have to deal with occasional obnoxious behaviors.

The payoff is that, as time passes, these people and memories will become treasured – perhaps odd, but treasured.

- 7.** Give up your resentments. Holding on to negative emotions is unhealthy, unproductive and prevents you from receiving love. Learn to let things go and use your differences as a means of having debates or discussions, not for creating arguments or distance.
- 8.** Get regular medical check-ups. Changes in the body (especially the endocrine system) can result in or mimic emotional disturbance. Medications can be life changing in both positive and negative ways. Making sure your body is in balance, and that your prescriptions are appropriate, is crucial to your emotional fitness.
- 9.** Trust your intuition. Many answers to questions people have lie within them, but most people don't sit quietly and reflect on what it is they are feeling. Take some time every day to meditate, reflect, think and ponder.
- 10.** Find a higher power. For the most part, people who have a god in their lives tend to be more at peace than those who do not. Never underestimate the power of prayer.

Doing any of the above is helpful to your psyche. However, if you find that you are in constant emotional distress, can't stop crying, are worried all the time or if you are in an abusive relationship, seek professional help.

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