

## What to Do If Someone Discusses Their Feelings of Suicide with You

If a friend or relative comes to you with their feelings of depression or hopelessness, then you're clearly seen as someone who's sensitive and who can be trusted. It may not feel like it at the time, but it's quite a compliment if someone feels able to talk to you about this. Try to remember the following points:

- They have come to you because of the person you are - don't try to be any different. There are no right words to say - if you're genuinely concerned, you will show it without having to put on an act. Do try to remain calm and be sympathetic. Don't argue, or try to solve problems, or give advice. A problem that may seem not so bad to you and easily solved may be a major life trauma to someone else. How that person feels right now is the main point.

- Rather than trying to find the right words to say, encourage the other person to talk as much as possible about how they feel - and listen to them. Don't be afraid of silence in the conversation. One of the best definitions of listening is "not thinking of the next thing you are going to say". Ask questions that need more than just a "yes" or "no" answer - ask about how things feel. Letting the person unload their feelings will probably make them feel much better.

- The person may say something that you feel suggests they've considered suicide. Such statements could be: "I want to go to sleep and never wake up," or "I feel so low, I can't go on like this." There are as many ways to say it as there are people. If this does happen, ask in a calm, clear manner: "Are you thinking about suicide?" You're not putting the idea in their head. If they haven't considered suicide they'll probably just dismiss the idea - if they have considered it they'll probably feel relieved that someone has realised just how desperate they're feeling.

- If they answer yes, ask how far they've got in planning this - have they worked out the 'how,' 'where,' and 'when?' If they have worked out two or more out of these, they are probably seriously considering suicide. Continue to offer a listening ear and sympathy - but also be clear that they need to get professional help. They may well be nervous about this but an offer to go with the person will often be enough to persuade them to go. You could try your family doctor, your local community mental health team, the [Samaritans](#).

## SUICIDE AMONG WOMEN

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teenage girls. However, it's a mistake not to take it seriously. Many repeatedly attempt suicide and about one in 100 will die by suicide within a year of an attempt; a suicide risk approximately 100 times that of the general population. Everyone who has tried to kill themselves - old or young, female or male - must be assessed by a health professional, usually in hospital.

### LOSING SOMEONE THROUGH SUICIDE

As men are more likely to commit suicide, women are more likely to be left picking up the pieces. Losing someone you care for is intensely painful, but when the death was intentional there are particularly difficult issues to work through. The grieving process is characterised by agonising questioning and a search for some explanation. Talk to your doctor or contact the suicide resource officer in your Health Board or the IAS, who will have a list of local support groups for parents bereaved through suicide.

### HELPING SOMEONE WHO MIGHT BE CONTEMPLATING SUICIDE

If you're worried that someone you know may be contemplating suicide, there are several things you should do to help get them through the crisis.

- Listen to what they have to say - let them express their worries and tell you how they see life.
- Don't try to offer simple solutions. Suicidal people want someone who won't judge and give advice or opinions, but who will give their undivided attention.
- Encourage them to talk to their doctor or people used to dealing with this problem, such as The Samaritans.
- If they won't get help and you're worried they may be in immediate danger, call the emergency services (999) and let the professionals sort it out.

[www.bbc.co.uk](http://www.bbc.co.uk)

## Upcoming Events

### Spiritual & Ethical Issues of Suicide

10<sup>th</sup> Annual Conference of the Irish Association of Suicidology, Armagh City Hotel, Armagh.  
5<sup>th</sup> - 7<sup>th</sup> October 2005  
[www.ias.ie](http://www.ias.ie)

### Bereavement Seminar

Irish Association of Suicidology  
5<sup>th</sup> of October 2005, Armagh City Hotel, Armagh.

### Partnerships for reducing youth suicide

Irish Association of Suicidology  
5<sup>th</sup> National Conference.  
6<sup>th</sup> - 8<sup>th</sup> December 2005

Venue to be decided. [www.ias.ie](http://www.ias.ie)

### Suicide: Interplay of genes and environment

June 2-4 2005, Ghent, Belgium

Sensitivity, Depression and Suicide: Mechanisms for Vulnerability and Resilience.

### Scaling the Summit - Preventing Suicidal Behaviour in Diverse Cultures

XXIII World Congress - IASP International Association for Suicide Prevention Durban, South Africa, 12 - 16 September 2005.

[www.iasp1960.org](http://www.iasp1960.org)

## IAS The Irish Association of Suicidology

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# IAS The Irish Association of Suicidology

## NEWSLETTER

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## STUDENTS FROM INSTITUTE OF ART DESIGN AND TECHNOLOGY DUN LAOGHAIRE RAISE €8,700 FOR SUICIDE AWARENESS

Gorrillatone Promotion, a group of twenty two third year Arts Management students from the Institute of Art Design and Technology Dun Laoghaire, organised two fundraising events, an arts event and a golf classic, to raise awareness of suicide in Ireland through the Irish Association of Suicidology. The first, a night of contemporary music and hip-hop, took place in the Village Nightclub, Dublin with acts from both Ireland and England performing. The acts varied from percussion to D.J's to live performance hip-hop. A number of artists created artwork live, outside the venue and these pieces were later auctioned to raise extra money. They also organised a golf classic at Knockanally Golf Club, Enfield which got enormous support, both events raised in excess of €8,700 euro which will be used by the IAS to further their work in raising awareness of suicide through education and training.

Gorrillatone Promotion and the Irish

Association of Suicidology would like to thank Kerry McCall and Ruane for all their help and guidance and all those who sponsored the events especially Tommy Carberry, Garry White, Gerry Brady, Tony Lyons, Noel Lyons, Sandy Miller, Knockanally Golf Club, George Manzor, the teams that took part, those who sponsored the T boxes, Kevin Kennelly who sponsored the food, Pat Brady of College Cabs who gave his services free for the night and The Men in Black for the music. Due to the success of these events Gorrillatone Promotions intend to run similar events each year to support the IAS in its work to prevent suicide. We in the IAS are delighted that young people are now taking an interest in suicide prevention and would like to thank them for the tremendous amount of work they have put into organising these events and we are delighted with the amount of money they have raised for the association.

## "Don't blame me - Love me" G.H.

*These were the last words written by my beloved son Gerard just before he died on January 23<sup>rd</sup> 1983.*

Gerard's Dad and I got married on June 19<sup>th</sup> 1957 and to our absolute delight and joy our first little baby; Gerard Majella was born on May 3<sup>rd</sup> 1958. How blessed we both felt as we looked on the face of our beautiful little baby. I was ecstatic, as a young girl my greatest wish was that I would have my own child to love and cherish. Little did I think on that wonderful May morning that baby Gerard would later on be joined by three sisters and a brother, Mary, Liam, Carmel Anne and Eileen. We had a very happy home and watched with delight each child grow up very differently but very close to each other. They had their little squabbles like all children, but peace was always restored very quickly. So that's how life was in our comfortable home which Jim provided for us until January the 23<sup>rd</sup> 1983, when we parted with out beloved Gerard forever. Gerard was a quite boy, gently, kind, loving and so unselfish. He went to University and got a B.A. Degree but he tried in vain to get a job. He worked for both his uncles and was never idle, but unlike his sister Mary, who became a secondary teacher, he found it difficult to get a job and went from interview to interview to no avail. This situation did not seem to upset him unduly as he worked for local contractors and his uncles. Sunday January 23<sup>rd</sup> was no different from any other Sunday. Gerard came to Mass with me and joined us for lunch with a depleted family, Mary staying with her friends in Mullingar and Liam playing a match up North with the Meath team. Sometime after our lunch Gerard had a phone call, the Skryne club wanted him to play a match in the local football field which is close to our home. Gerard would have loved that invitation to play with his own team in the local field which was like a second home to him. When he returned from the match he

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Hi all

Greetings once again from the IAS. I would like to start by bidding farewell to two of our board members, Mr. Jack McLachlan and Dr. Tom Foster. On behalf of the board of directors I would like to thank them for their dedication and the valuable contributions which they made to the work of the association over the years. We wish them well in the future.

Our new year has got off to a good start with the students from the College of Art Design and Technology in Dun Laoghaire not only taking an interest in suicide prevention, but doing something about it. These students led by Timmy Kennelly and David Motherway, worried about the rising rate of suicides among the youth, decided to take action and organised two separate events to raise money to help raise awareness. Between them they raised a total of €8,700! The event was marked by the presentation of a cheque at the Knockanally Golf and Country Club, Enfield by the Lord Mayor of Clane Mr. Des Marron, in February where the youth turned out in force and it was evident from the atmosphere on the night that there was a definite community approach to suicide prevention. It was wonderful to see for the first time these students aged between 18 and 20 years with such enthusiasm and genuine concern for what was happening among their peers. They told of the overwhelming response they got everywhere they turned and they felt there was a genuine fear among people about the rising rates of suicide especially among young men. I would like to thank Timmy, David and their colleagues for the enormous amount of work they put into organising the events, The Lord Mayor Des Marron, the Captian of Knocknally Golf Club Dominic Fagan, Kerry McCall from the IADT and all those who made the events a success.

In early April the IAS held a number of teacher training seminars at various venues throughout the country. May I first apologise to those who did not get a place as the numbers were limited and the seminars were booked out within days of being advertised. The seminars were facilitated by Ms. Maureen Underwood who has 30 years experience in Crisis intervention, traumatic loss and suicide and Nicci Spinazzola a member of the New Jersey Governor's council on youth suicide prevention. During the training they spoke about the necessity of having crisis teams set up in schools and gave clear guidelines as to how this should be done. The training was welcomed by the teachers who felt that now had something practical to take back to the schools. The IAS hopes to run a follow up session later this year for all those who attended.

I hope you enjoy this newsletter and I look forward to receiving your comments on any article published. I would also like you to use this newsletter as a platform to voice your opinions and ideas.

I look forward to hearing from you.

*Josephine Scott*

Executive Officer/Editor

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## “Don’t blame me - Love me” G.H.

went up the road to baby-sit for my brother and his wife, they had two little boys and he was their regular babysitter. At seven o’clock I asked Eileen to let Gerard home for his evening meal and when he came into me I noticed that his face was very red and I asked immediately if he was unwell and felt his forehead, but it was not hot and he assured me that he was alright. As he was having his meal I commented on his appearance and again asked if he was alright. After he had to baby-sit and that saw him alive. He brother coming to the football field his game some few made a noose hanging the goal posts, cut both his wrists and put his head into the noose. That is how his only brother Liam found him at 1.30am. When he had not returned home at 10.30pm the family immediately got alarmed, as his babysitting chore was over and he should have come home. The family went to look for him, his Dad and my brother setting off first and they went straight to the football field, passed the goals twice and never saw him. Liam, my brother Brian and a Garda went out to look for him and they too went to the football field at the Garda request and as they were driving down along the field the Garda asked Liam to put the search light of the car onto the ditch but my brother said put it on the goals and Liam immediately recognised Gerard hanging on the cross bar. He screamed and Brian and the Garda went out to see who was hanging there and discovered it was Gerard. The Garda took Gerard down Brian and Liam came home to tell us that Gerard was dead. To heartbroken would be were absolutely uncontrollably along

There is no pain like the one suicide inflicts. Nobody who is well wants to die or wants to cause their family pain, but Gerard was obviously unwell and hid it so well from us. He left a long letter found in his pocket when he was brought to the hospital. He said “Dear Mum and Dad I have come to the point when I will take my life” he said he felt useless and had done nothing with his life, that he was leaving his books to Mary, Liam, Carmel Anne and Eileen, and among them they would find notes which were useless like himself - forget me. He asked us not to blame him but to love him and said, “I die happy with the knowledge that one day a better way of life will be brought about for everyone” and that is what we have on his headstone. At the end of his letter he wrote “I leave you with a quote - on a night like this you can understand a man wanting to die because things cease to matter when he sees through life completely. Farewell my fond companions Mum and Dad farewell and all my love”. He turned back one piece of the letter when he had it folded and wrote “No-one is to blame for this only me”. His team-mates and others carried his coffin to the church and they had already lined his grave with moss and put yellow flowers in the form of a cross at the head of it. When his coffin was lowered into the grave each one of the Shryne football team went forward and threw a red rose on top of it. I remember my precious Gerard with so much love and understanding and I seem to think of him a hundred times a day. I pray for him ever day and ask him to look after his family, remembering especially his ten darling nieces and nephews. May his dear soul rest in peace.

*His loving Mum Margaret.*

## Alcohol Blamed as 3,000 under 25s Attempt Suicide

Almost 3,000 people under the age of 25 were treated in hospital last year for attempted suicide or deliberate self-harm. More than 4,000 of a total of 8,800 patients treated for parasuicide in 2003 were under the age of 30, according to figures in the National Parasuicide Registry annual report, published recently by the National Suicide Research Foundation. Almost 1,000 of these were young women aged 15-19. Alcohol was a factor in more than 5,000 out of the overall number of 11,200 episodes

of self-harm. Research showed Irish teenage girls are the top binge-drinkers in Europe. The report found the peak times for attempted suicides were late at night and at the weekend. The report also found self-harm among men on the increase, with males aged 20-24 the highest risk group. Across all male age groups, numbers rose by 6.5% from 167 per 100,000 in 2002 to 177 per 100,000 in 2003, while the overall number of people attempting suicide or self-harm rose by 3.6%.

## LABOUR CALL FOR GREATER MENTAL HEALTH BUDGET

Mental health services should be allotted a minimum 10% of the overall health budget according to the labour party. Unveiling a major policy document on mental health recently, the party’s deputy leader, Liz McManus, berated the lack of priority being given to what she described as the “Cinderella of the Irish health system”.

She said she was disturbed that the proportion of the total health budget spent on mental health had fallen steadily over the past 15 years: from 13% in 1988; to 11% in 1997; and to the current level of 6.8%. Labour, she said, supported the establishment of a baseline figure of 10% of health spending for mental health services which, based on this year’s estimates, would be over E1 billion.

The Labour party document calls for an integrated approach to strategy, the removal of the stigma associated with mental illness, and adequate funding and staffing. It also advocates a community-based and early intervention approach that would radically reduce the need to place people in long-term residential care. Taking a long view, the party also argues that there will be a need to include strategies in relation to suicide, poverty and homelessness.

## PASSIVE SMOKE ‘CUTS LEARNING SKILLS OF CHILDREN’

Children who are exposed to tobacco smoke in the home achieve lower scores in tests of reading and maths, researchers have found. The US study, part of the largest to look at the effects of environmental tobacco smoke on children’s health, assessed the cognitive skills of youngsters who were exposed to passive smoking. The team found even low levels of exposure to smoking in the home and elsewhere caused the children’s test scores to drop. The researchers, writing in the journal Environmental Health Perspectives, measured exposure to environmental tobacco smoke by looking at levels of cotinine - a substance produced when nicotine is broken down by the body. Cotinine can be measured in the blood, urine, saliva and hair and is considered to be the best marker of exposure to second-hand smoke.

The researchers, from Children’s Environmental Health Centre in Cincinnati, measured the cotinine in the blood of 4,399 children aged six to 16. Standard reading, maths, logic and reasoning tests were then used to assess their cognitive skills.

Researchers said that reading, maths and reasoning scores were related to environmental tobacco smoke exposure. The greater the levels of exposure, the greater the decline in reading and reasoning ability. The effects of passive smoking was one of the main reasons the Government introduced the smoking ban last year.

# SUICIDE AMONG WOMEN

The bleakness of clinical depression can hardly be comprehended unless you’ve been there, but what persuades someone to take that final step, to totally give up hope, to feel so low that even your own children aren’t something to live for?

## STATISTICS AND TRENDS

Around the world there are about one million suicides a year, including more than 6,000 people in the UK and Ireland - that’s almost double the number dying from road traffic accidents. Around 1,500 of these are women.

Although the number of young men dying by suicide has increased dramatically over the past couple of decades, suicides among women have fallen substantially. It may be that women are simply better at expressing and dealing with their distress, although the fall has also been attributed to suicide prevention strategies, improved social conditions and changes that have affected the way people try to commit suicide, such as selling only limited amounts of paracetamol at a time (reducing the risk of impulsive overdose) and catalytic converters on cars (which makes using car exhaust fumes more difficult).

## WHAT LEADS TO SUICIDE?

The factors that lead someone to take their own life are complex. There is rarely one single trigger, although there may be an important ‘last straw’. In many suicides there has been a long history of mental health problems

People may be more vulnerable to suicide because of a genetic predisposition, personality trait or lack of support. In many suicides there has been a long history of mental health problems, the main ones among women being depression, eating disorders and schizophrenia. Relationship problems are also frequent factors among women. Other factors include physical illness, alcohol and drug abuse, social isolation and job problems. Even low cholesterol levels and the phases of the moon have been implicated. But one in five suicides, especially among the young, show no previous sign of emotional difficulties - just some sudden upset.

The final straw may be the end of an important relationship, having to face up to debt or a court case, or simply an event that stirs the emotions. This is particularly true for women. For example, after Princess Diana’s death in 1997 there was a 33 per cent rise in suicides among women. This increase was particularly marked among women of a similar age to Diana. Deliberate self-harm also increased. It’s thought that her death may have made people feel worse about their own personal distress.

## CAN IT BE PREVENTED?

Marriage and a strong religious faith appear to protect against suicide, although these are hardly things that can be prescribed or bought.

The World Health Organisation has recommended six broad approaches to prevention:

- effective treatment of those with mental disorders
- control of gun possession
- detoxification of domestic gas
- detoxification of car emissions
- control of availability of toxic substances
- toning down of reports in the media
- The website of the International Association for Suicide Prevention contains good general background information about suicide and how it can be prevented.

## ATTEMPTED SUICIDE

Suicide is rare under the age of 14, because young children lack the ability or understanding to act it out. Older children are much more likely to consider suicide impulsively. Younger women are more likely to resort to deliberate self-harm and attempted suicide, rather than suicide itself At least 140,000 people in England and Wales attempt suicide every year, and this number is rising dramatically, particularly among the young.

This isn’t failed suicide, but rather a ‘cry for help’ and it’s most common among

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## HRT Increases Stroke Risk by a Third

### Patients 'Need to know more about Medicines'

Patients taking prescribed medicine are not always fully briefed on its effects because of inadequate consultation time with doctors. A survey commissioned by the Irish Patients Association (IPA) found 61% of doctors believe the average length of a consultation is not enough time to fully explain the details about the medicines.

In addition, two-thirds of doctors were concerned in-pack leaflets which accompany prescription medicines are the only piece of written information available to patients.

Almost 45% said patients should seek further information on the internet or from their pharmacist. More positive findings of the survey, carried out by independent market research company MORI, found 96% of doctors believe patients are more informed about health issues than they were five years ago and nine out of ten agree that when patients are well-informed, they have a better consultation with them. However, more than half think patients should have even more access to information about their medicines.

Approximately one-quarter of doctors said they would recommend that patients seek information from the pharmaceutical company which developed the medication. Some 90% of GPs surveyed believe that pharmaceutical companies have a role to play in providing accurate and balanced information to patients taking their medication. Commenting on the results of the research, IPA chairman Stephen McMahon said: "The bottom line is that accurate and balanced information which is easily accessible from a variety of reliable sources benefits patients.

Hormone replacement therapy increases the risk of stroke by almost a third, a review of clinical trials revealed recently. Concerns about the safety of long-term HRT use have grown in recent years after a series of studies linked it with a higher risk of breast cancer, heart attack and stroke. While there were more than 450,000 prescriptions here for HRT in 2003, there were just 88,000 between January and May last year, according to figures from the General Medical Services Payments Board. Researchers who reviewed the results of 28 trials involving almost 40,000 patients have concluded that HRT increased the risk of stroke by 29%.

The team, from the University of Nottingham, said patients with a high risk of stroke should stop HRT unless there is a strong medical reason not to. The trials reviewed included a US study, involving almost 17,000 women over 50, which in 2002 linked HRT with higher risks of breast cancer, heart attack and stroke.

Britain's Royal College of Obstetricians and Gynecologists has also advised HRT should only be used in the short term to relieve menopausal symptoms. HRT has in some cases been prescribed to women to reduce the risk of osteoporosis - a measure which is now discouraged.

The latest review, published on *bmj.com*, found HRT was associated with a sharp increase in the risk of ischaemic stroke, caused by an insufficient blood supply to the brain. The severity of the stroke also increased with HRT use. The researchers said: "A poor outcome after stroke, judged as combined death and dependency, was increased by half with hormone replacement therapy. "We also found a non-significant increase in fatal stroke."

The number of prescriptions for HRT has fallen as more trials have emerged highlighting possible dangers. But many experts say that in the short term the benefits can outweigh the risks because of improvements to quality of life.

## EU Warning on Alcopops

The EU's health commissioner has warned the drinks industry to stop marketing products, including 'alcopops', to young drinkers or it will impose marketing restrictions on these products. Markos Kyprianou, the EU commissioner for health and consumer protection, also expressed concern that the scourge of binge-drinking is spreading across Europe. Mr Kyprianou said his instincts were to allow adult Europeans to make 'informed choices' about their diets and health, according to the *Netdoctor* website. But with vulnerable groups like children and the young, he said, industry would be given a chance to self-regulate, then, if that failed, action would follow.

Mr Kyprianou said binge-drinking had now spread 'everywhere' around Europe.

The European Commission will enforce a total ban this year on cross-border advertising of tobacco within the EU, a ban that includes sponsorship of Formula One racing cars. Asked if he would consider similar bans on beer companies sponsoring sports teams, Mr Kyprianou replied: 'those would be the issues we will explore.'

One issue that will be on the table is 'alcopops'; sweet, fizzy bottled drinks that critics believe are aimed squarely at young drinkers. Mr Kyprianou said: "we believe this is a product that encourages young people to drink. The industry does not agree. That's something we must discuss." Research is continuing and industry had better be ready to listen, he indicated. "If it's proved that the main market for these products is the younger crowd, then something has to be done about it," he said.

**'Yesterday is a dream, tomorrow but a vision. But today well lived makes every yesterday a dream of happiness, and every tomorrow a vision of hope'.**

## DEPRESSION IN CHILDREN: HOW IS IT TREATED?

At one time, doctors didn't believe that children could experience depression. But researchers have found that depression is quite common in kids. Treatment may include psychotherapy and medication. Opinions vary as to which form of treatment doctors should try first. Growing evidence indicates that for most children, the best approach is a combination of both. Studies show that a form of psychotherapy called short-term cognitive behaviour therapy relieves symptoms of depression in many kids. Children who are depressed often have an unhealthy, negative view of themselves and their experiences. Cognitive

**Signs and symptoms of depression in kids**

Depression is more difficult to diagnose in children because many behaviours associated with depression can also be normal in children. In evaluating a child for depression, a therapist considers the number, duration and severity of signs and symptoms.

**Preschool**

- Listless
- Decreased interest in playing
- Cries easily and more often than usual

**Primary school**

- Listless and moody

- More irritable than usual
- Looks sad
- Easily discouraged
- Complains of boredom
- More distant with friends and family
- Difficulty with schoolwork
- Talks about death

**Teenager**

- Always tired
- Drops out of favourite activities
- Has more arguments with parents and teachers
- Refuses to do chores or homework
- Engages in harmful behaviour, such as cutting himself or herself
- Has suicidal thoughts

**Studies show that a form of psychotherapy called short-term cognitive behaviour therapy relieves symptoms of depression in many kids**

behaviour therapy helps children develop a healthier, more positive view. Research suggests that this type of therapy can be faster and more effective than other types of therapy in some kids. Even when symptoms of depression go away, a therapist may recommend that a child continue psychotherapy for a time. This may further develop and enhance the child's coping skills - reducing the risk that depression will recur.

Medication can also help. The development of newer antidepressant medications and mood-stabilizing drugs has improved the treatment of depression in children. Medication may be useful when a child:

- Has severe symptoms that likely won't respond to psychotherapy alone
- Doesn't have convenient or timely access to psychotherapy
- Has a psychosis or a bipolar disorder
- Has chronic or recurring depression

It's generally best for a child to keep taking the medication for several months after symptoms of depression go away. This can reduce the risk of recurrence. Some research indicates a link between antidepressants and increased suicidal thoughts and behaviours in children being treated with these drugs. As a result, in October 2004, the Food and Drug Administration strengthened warnings about antidepressant use in kids - not to prevent their use but to encourage doctors to carefully weigh the risks and benefits before prescribing them. An important part of treating depression in young people is educating the child and family members about the illness and its treatment.

## Dan Neville TD Honored for work in Suicide Prevention

Dan Neville TD, President of the Irish Association of Suicidology was awarded Campaigning Politician of the Year at the Magill Irish Politician of the year

Awards last week. He was honored for his work in campaigning for greater awareness of suicide nationally.

**You don't get to choose how you're going to die, or when. You can only decide how you're going to live, now.**

—Joan Baez

## Kids' psychiatric services a 'scandal'

According to Fine Gael's deputy health spokesperson, Dan Neville, there is a 'virtual absence' of psychiatric services for young people and admitting children and adolescents to adult psychiatric units has serious consequences. Mr Neville pointed to the second report of the working group on child and adolescent services, which was published in June 2003. It recommended that services should be developed specifically for 16 - 18 year olds and that in each health board area, a child psychiatrist with a special interest in psychiatric disorders in adolescents should be appointed. He said that the consequences of failing to implement these recommendations were serious, not only for the children involved but also because of the impact on adult services.

"Because there is very limited inpatient provision for children nationally, there have been instances of children being admitted to and retained in adult units. This has been particularly prevalent in the psychiatric unit in the Mid West Regional Hospital in Limerick. "When the

Inspector of Mental hospitals visited the area, there were three children, one as young as 13, in the unit. In addition, one of these youngsters had been there continuously for over a year", Mr Neville

**The absence of an adequate psychiatric service for children and adolescents in Ireland has been slammed as a 'national scandal'.**

explained. He said that apart from the unsuitability of this situation, there were also other effects. For example, due to the presence of children, it is necessary to keep the unit doors locked at all times. This restricts the freedom of other patients in the unit.

The party is calling on the Minister for Health to invest in specialist mental health services for children and adolescents.

*Irish Health.com*

# Youth Suicide Prevention

## Evidence briefing summary

By Jean Kilroe

This youth suicide prevention evidence briefing is a shared initiative between the Health Development Agency in England, the Institute of Public Health in Ireland and HeBE, Programme of Action for Children. Conducted north and south of the border this report makes a series of recommendations on targeting social policies to help young people particularly at risk of suicide.

Youth suicide is a major global public health issue. While suicide rates are higher among 20-24 year olds, suicidal behaviour that may precede suicide is established in the earlier years. Suicide consistently ranks as one of the leading causes of death for adolescents between 15 and 19 years of age.

Research from around the world has consistently indicated that suicide and suicide attempts in young people are complex behaviours with multiple causes (Beautrais, 1998). Studies of youthful suicidal behaviour consistently report that many young people who die by suicide or who make serious suicide attempts have a recognisable psychiatric disorder at the time of their attempt, such as depression, anxiety, conduct disorders and substance abuse.

Protective factors are predominantly the reverse or mirror of risk factors. A previous history of suicide attempts, a history of depression, substance misuse, poor family circumstances and certain personality traits such as poor problem-solving ability, impulsiveness and aggression, and the availability of the means to commit suicide are key risk areas needing attention when future prevention programmes are designed.

### Methodology

In limiting this review to an analysis of the evidence from review-level studies and by applying the traditional hierarchy of evidence that places primary importance on randomised controlled trials (RCTs), we have had to exclude a considerable body of research based on non-randomised studies and on expert consensus.

In reading this review one must remember that when studies find an intervention that has not been effective this does not necessarily mean it is ineffective. The study may not have had adequate power to detect a small positive difference, but ruling the intervention as ineffective is too judgemental, as future studies using the intervention, perhaps delivered by different individuals or adapted in some way, may turn out to be effective.

### Findings

#### Curriculum-based suicide prevention programmes

Five reviews (Ploeg et al., 1999; Harden et al., 2001; Guo and Harstall, 2002; Gunnell, 1994; Patton and Burns, 1998) looked at the evidence for school-based interventions. Insufficient evidence was found to recommend universal (non-targeted) school-based programmes, or programmes applied to high-risk groups and/or behaviours.

In one review, attitudes about suicide improved in five studies, were unchanged in two and worsened, especially among males, in two studies. Holistic, multi-dimensional self-esteem based programmes were found to have positive impacts on young people's mental wellbeing, but were not measured for impact on attitudes to suicide or suicide as an outcome.

#### Recognition, management and prevention of youth suicidal behaviour by primary care practitioners

Two systematic reviews (Hider, 1998; Gunnell, 1994) suggest

that it is possible to predict young people at higher risk of suicide. Only one small evaluation study which investigated the effectiveness of education of GPs on risk factors was found. It revealed a positive impact of GP education on general suicide rates. The apparent potential for GPs in identifying and managing at-risk youth remains unproven.

#### Interventions targeting family risk factors

Two reviews (Hider, 1998; Patton and Burns, 1998) found some evidence that universal interventions to diminish conflict and enhance cohesion between parents and children had persisting benefits in terms of the behaviour and mental health of offspring but no effect on suicide was found. The impact of interventions to promote family cohesion on youth suicide prevention has yet to be studied adequately but may be a potential area for effective intervention.

#### Suicide prevention programmes for at-risk groups

Four systematic reviews (Guo and Harstall, 2002; Patton and Burns, 1998; Hawton et al., 2003; Gunnell, 1994) examined interventions targeting at-risk groups of youths. No strong studies were found on 'postvention' programmes (support in the aftermath of a suicide), intensive follow-up, or studies comparing general practice to outpatient care. There is some weak evidence for programmes for at-risk youth focusing on behaviour change and coping skills. There is a lack of evidence from studies with suicide as an outcome.

#### Potential points of access to those contemplating suicide

Three systematic reviews (Patton and Burns, 1998; Hider, 1998; Gunnell, 1994) looked at interventions to promote access to support or advice for those at risk of suicide. There is no current evidence for effectiveness of crisis hotlines but there is some weak evidence for contact cards. Primary care practitioners were identified as a potential point of assessment and management for those at risk of suicide.

#### Prevention of access to means

Three systematic reviews (Gunnell, 1994; Hider, 1998; Patton and Burns, 1998) considered the evidence on limiting access to suicide means among youths. There was a lack of studies that have evaluated the effect of restrictions on access to means of self-harm on actual suicide rates.

There was some evidence for restricting the amount of paracetamol sold per packet. Evidence on firearms' restriction is contested, as substitution of other methods may occur.

#### Media restrictions

One systematic review (Gunnell, 1994) looked at the potential for preventing youth suicide through influencing how the media reported incidents of youth suicide. The potentially contagious nature of youth suicide could be reduced through responsible reporting of incidents of suicide. The evidence for preventing youth suicide through influencing responsible media reporting is conflicting.

#### Psychosocial and pharmacological treatments for deliberate self-harm

One systematic review (Hawton et al., 2003) looked at the treatment of deliberate self-harm. The evidence was weak due to the small size of the primary studies. Problem-solving therapy and the provision of a contact card showed some promise. There was some limited evidence of the effectiveness of depot flupenthixol (a long-acting anti-psychotic drug) and dialectical behaviour therapy. There was some evidence for the use of cognitive behavioural therapy to prevent suicidal behaviour among high-risk young people. No indication of

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# Youth Suicide Prevention

## Evidence briefing summary

Contd. from Page 4

benefit was found for the antidepressants mianserin or nomifensine, with mixed results for paroxetine. There was a potential effect of selective serotonin re-uptake inhibitors (SSRIs) seen in treating depression but not suicide.

There is insufficient current evidence to recommend pharmacological interventions with the possible exception of SSRIs for young people with mental illness. There is limited evidence for dialectical behavioural and cognitive behavioural therapy for their impacts on deliberate self-harm.

#### Recommendations

While we cannot say that any intervention provides strong evidence of effectiveness using the criteria recommended by the HDA methodology, there are a number of approaches that provide some evidence of effectiveness and these should be pursued and evaluated rigorously.

Multi-year (interventions with young people that extend over many years of their lives), multi-component strategies to address high-risk behaviour in school including prevention, intervention and postvention need to be developed and evaluated systematically.

Promising interventions that need further development and evaluation:

- Interventions to improve the material and physical circumstances of people's lives need to be developed and evaluated
- Restricting access to paracetamol
- Education and general coping skills training as they have beneficial effects on suicidal potential and depression
- 'Moderate' studies (ie studies that were rated as having used moderately robust methodology) gave encouraging evidence for indicated suicide prevention programmes (these are programmes aimed at those identified as at-risk of suicide) targeting at-risk youths
- Problem-solving therapy and provision of emergency contact cards as they showed some effectiveness in preventing deliberate self-harm
- Promoting responsible reporting by the media.

The full evidence briefing - Crowley, P., Kilroe, J. and Burke, S. (2004). Youth suicide prevention. London: HDA - can be accessed via: [www.hda.nhs.uk/evidence](http://www.hda.nhs.uk/evidence).

## CAN YOU STAY THIN BY SLEEPING MORE?

The study was published in the Archives of Internal Medicine, from the Eastern Virginia Medical School in Norfolk, found that people who sleep less tend to be fat.. The study covered 1,000 people and found that total sleep time decreased as body mass index – a measure of weight based on height – increased.. Men slept an average of 27 minutes less than women and overweight and obese patients slept less than patients with normal weights, it said. In general the fatter subjects slept about 1.8 hours a week less than those with normal weights. "The findings suggest that major extensions of sleep time may not be necessary, as an extra 20 minutes of sleep per night seems to be associated with a lower body mass index," it added. They caution that this study does not establish a cause-and-effect relationship between restricted sleep and obesity (but) investigations demonstrating success in weight loss via extensions of sleep would help greatly to establish such a relationship.

<http://reuters.com>

# Inspiring Thoughts

- Anger is a condition in which the tongue works faster than the mind.
- You can't change the past, but you can ruin the present by worrying over the future.
- Love...and you shall be loved.
- God always gives His best to those who leave the choice with Him.
- All people smile in the same language.
- A hug is a great gift... one size fits all. It can be given for any occasion and it's easy to exchange.
- Everyone needs to be loved...especially when they do not deserve it.
- The real measure of a man's wealth is what he has invested in eternity.
- Laughter is God's sunshine.
- Everyone has beauty but not everyone sees it.
- It's important for parents to live the same things they teach.
- Thank God for what you have, TRUST GOD for what you need.
- If you fill your heart with regrets of yesterday and the worries of tomorrow, you have no today to be thankful for.
- Man looks at outward appearance but the Lord looks within.
- The choice you make today will usually affect tomorrow.
- Take time to laugh, for it is the music of the soul.
- If anyone speaks badly of you, live so none will believe it.
- Patience is the ability to idle your motor when you feel like stripping your gears.
- Love is strengthened by working through conflicts together.
- The best thing parents can do for their children is to love each other.
- Harsh words break no bones but they do break hearts.
- To get out of a difficulty, one usually must go through it.
- We take for granted the things that we should be giving thanks for.
- Love is the only thing that can be divided without being diminished.
- Happiness is enhanced by others but does not depend upon others.
- For every minute you are angry with someone, you lose 60 seconds of happiness
- that you can never get back.
- Do what you can, for who you can, with what you have, and where you are.

-Author Unknown-

## CHALLENGING STIGMA: ONLY 1 ARTICLE OUT OF 24 WORTHY OF PRAISE

Schizophrenia Ireland launched its *Media Watch Report 2004: Challenging Stigma* on 9th March. The Media Watch project aims to promote greater awareness of schizophrenia and prevent the use of discriminatory language and inaccurate facts by highlighting the coverage of schizophrenia in the media.

John Saunders, Director of Schizophrenia Ireland, said “we are extremely concerned with a number of pieces that discuss schizophrenia and mental illness in the Irish media—there are appalling examples of headlines and repeated misuse of the words schizophrenia and schizophrenic. They blatantly illustrate that oftentimes journalists do not follow the guidelines set out in *The Guide for Journalists and Broadcasters Reporting on Schizophrenia*, which was produced with the National Union of Journalists. Such articles demonstrate insensitivity to the tens of thousands of people affected by schizophrenia in Ireland, and further the discrimination of people with mental illness. Out of the 24 media pieces that we highlight in the report, only one illustrated a balanced and informed approach worthy of congratulations.”

According to the World Health Organization (WHO), stigma is one of the most important problems encountered by people with severe psychiatric disorders. It lowers their self-esteem, contributes to disrupted family relationships and adversely affects their ability to socialize, obtain housing and become employed. The stigma and discrimination associated with having a mental illness are often so devastating that they prevent people from seeking help for fear of being labelled.

The WHO has also highlighted that research over the last 30 years has convincingly demonstrated that the mass media are one of the most significant influences on belief systems. Since people with stigmatised illnesses do not usually disclose their circumstances, people often form their attitudes through the news reports, films and television programmes they see. For that reason, the media have a significant role to play in reducing stigma towards people with mental health difficulties.

Schizophrenia Ireland is the national organisation dedicated to upholding the rights and addressing the needs of those affected by schizophrenia and their caring relatives. The organisation offers a wide range of services including support groups, information helpline, social and vocational rehabilitation initiatives, suicide prevention programmes and counselling.

## The Role of the Coroner in Effective Postvention: A Northern Ireland Perspective

Dan Thompson CBE

If effective suicide postvention contributes to prevention, then coroners wish to, and should, be involved. Coroners are caring people. They wouldn't do the job otherwise in Northern Ireland where the so-called part-time (on duty 24/7..?) majority are paid a pittance and provided with little or no administrative support.

There is a prospect of change however. The present system has been reviewed by government and welcome reforms proposed. Unlike previous reviews, reform will happen this time, driven by political zeal and notwithstanding a treasury threat of no money.

The single most important reform anticipated is the introduction of suitably trained civilian coroner's officers to investigate deaths and act as family liaison officers. Presently, police officers conduct coroner's investigations. While most discharge their responsibility sensitively, the attendance of uniformed police at the scene of a self-inflicted death may appear inappropriate and intimidating to the family. Suicide is not a crime and should not be investigated in a manner as if it were.

To be effective, postvention must be a co-ordinated team exercise with, I suggest, the coroner's officer at its core. The Coroner's Officers Association of England and Wales describes its mission to act as “advocates for the dead to safeguard the living” which suggests an appreciation of postvention as a priority. We wait impatiently in Northern Ireland to catch up.

HM Coroner for South Down

## Cannabis and Psychosis

Frequent cannabis use during adolescence and young adulthood increases the risk of psychotic symptoms later in life, according to a new study. The risk of developing symptoms was much higher in young people with a pre-existing vulnerability to psychosis. The study took place in Germany and involved

2,437 people aged 14-24 years. Participants were assessed for substance use, predisposition to psychosis and psychotic symptoms, and were monitored for four years. The results showed that cannabis used moderately increased the risk of psychotic symptoms.

## Acne Treatment

A lotion which can be bought over the counter in chemists is just as effective at treating acne with a course of antibiotics, it has been claimed. Experts compared five treatments in

a *lancet* study. They were surprised to find benzoyl peroxide lotion was as effective as antibiotic treatment.

*Irish Times*, 21<sup>st</sup> December 2004

## British Doctors Back Assisted Suicide

A new study has shown that more than half of all British doctors would welcome a law that allowed them to help terminally ill patients die. According to a report published in the *British Medical Journal* (329, 2004, 939), the survey of 1,000 doctors was carried out by pollsters Medix UK at the behest of the voluntary Euthanasia Society.

The response also revealed that 45 per cent of doctors believed their colleagues were already carrying out assisted suicide in some cases, although the practise was illegal in Britain and doctors who were found to be doing so faced life in prison if convicted.

More than a quarter of respondents, 27 per cent, said they had been asked at least once in the past for help in dying by a terminally ill patient. In response to the survey's findings, the BMA's Ethics Commission chair, Dr. Michael Wilks, called for the law to be upheld and not weakened. “The BMA is opposed to euthanasia doctor-supported suicide because those are the wishes or the majority of the membership,” he said.

## Paracetamol Restrictions

A study has followed up the effectiveness of legislation which has restricted the control and sale of paracetamol containing products in the UK. It evaluated the number of fatal overdoses, large overdoses and paracetamol-related liver transplants. The results showed that suicidal deaths from paracetamol and aspirin products fell by 22 per cent in the first year; this reduction was maintained over the next two years. Similar but more restrictive legislation regarding the size of packs was introduced in Ireland around the same time as the UK initiative.

## Prescriptions to Combat Depression Raise Concern

A senior government adviser on mental health has expressed concern that doctors are over prescribing anti-depressants with little evidence of any public health benefit.

Dr. Dermot Walsh, the former Inspector of Mental Hospitals, in an interview with *The Irish Times* said the increase in prescription of anti-depressants was also accompanied by a worrying rise in suicide rates. “There is evidence that widespread depression has resulted in a decrease in the incidence of depression”, he said. “There is no question that prescription rates have increased greatly. But there is no evidence that depression itself has decreased during this period. If anything, the lengths of stay in psychiatric hospitals has increased and, worryingly, the rise in suicide mirrors almost exactly the increased use of anti-depressants”.

**Official figures suggest around one in 10, or 300,000 patients, are prescribed anti-depressants each year.**

Figures showing increased admission rates and length of stay in psychiatric hospitals are contained in a report co-written by Dr Walsh on the mental health services and published by the Health Research Board. Dr. Walsh's comments come at a time of increased questioning of the effectiveness and safety of a range of anti-depressant drugs known as SSRIs (Selective serotonin reuptake inhibitors). Official figures suggest around one in 10, or 300,000 patients, are prescribed anti-depressants each year. The state pays out millions of euro for such drugs under the medical card and drugs repayment scheme.

Dr. Walsh said there were of the public wanted “more it came to ways of dealing depression.

**The public is not very happy about the pill culture**

clear signs that members talk and less tablets” when with mental illness or

“There are other ways of dealing with mild and moderate depression. The public is not very happy about the pill culture, and that has come through clearly in a consultation process over the future of the mental health services,” he said.

This point was raised by Britain's National Institute for clinical Excellence last week, which recommended to doctors that anti-depressants should not be used for the initial treatment of mild depression because the risk-benefit ratio was poor. The Irish Medicines Board, the regulatory body for medicine, said it was participating in an ongoing European review of SSRIs and related anti-depressants. Dr. Walsh said the education of doctors and patients was vital in dealing with the over-prescription and overuse of anti-depressants. However, drug companies were taking over the education role, he said. “The psychiatric profession is largely educated by the drug firms: they take them away, give them dinner as part of product promotions. The information that is presented at these events is, for the most part, totally unscientific. Naturally, they try to target the young doctors,” he said.

## Coffee cuts liver cancer risk

People who drink coffee every day are significantly less likely to develop cancer of the liver, the results of a new study indicate. A team of Japanese researchers looked at the coffee drinking habits of over 90,000 middle-aged men and women, over a 10-year period. During that time, 334 were diagnosed with liver cancer.

The study found that those who drank one or two cups of coffee every day halved their risk of this type of cancer. This risk decreased slightly more if they drank three or four cups every day, while those who drank five or more cups a day, saw the risk fall by 76%. The results stood even after other factors were taken into account, such as smoking and diet. The

researchers pointed out that no *distinction* was made between caffeinated and decaffeinated coffee, mainly because decaffeinated coffee is rarely consumed in Japan.

They added that they were unsure why coffee appeared to have this effect, but suggested it may be due to antioxidants found in the drink. Antioxidants are substances that help protect the body against the effects of disease, poison, radiation and smoking.

Details of this study are published in the *Journal of the National Cancer Institute*.

[www.IrishHealth.com](http://www.IrishHealth.com)

## Teachers' role in cutting suicides stressed

Schools can play a critical role in preventing suicide among young people, according to a US consultant.

Since young people spent the majority of their time in school settings, educators were often in the best place to observe the signs of self-destructive behaviour that might indicate increased risk of self-harm, Ms. Maureen Underwood, a clinical

social worker in New Jersey, told the Irish Association of Suicidology's national conference in Galway recently.

However, not every teacher needed to be actively involved in prevention activities if there was passive support for an overall preventive strategy. She said this should include training for specific members of the school community, and the establishment

of liaison procedures with local mental health agencies to facilitate referral.

Ms Maureen Underwood's address followed criticism made at the conference of the Department of Education for its lack of commitment to anti-bullying policies.

Irish Times, 27<sup>th</sup> November 2004

## Change Your Life with a Positive Approach

By Carmel Wynne

Many people fail to achieve their potential. They have ability and talent. What stops them is lack of self-belief. Your potential for a happy and successful life is powerfully influenced by what you believe you are capable of achieving.

So many of us protect ourselves from being let down by seeing things in a negative way. As a result of childhood disappointments we form limiting beliefs about ourselves that discourage us from taking risks. As a result we get depressed and never reach our full potential. The founders of Neuro Linguistic Programming (NLP) discovered new ways of understanding how the human brain works. NLP is a brilliant and powerful model for communication, personal growth and achievement of our potential. Founded on the modern sciences of biology and linguistics it explains how we create and maintain our inner thoughts and feelings. The 'Neuro' part refers to the nervous system. 'Linguistic' refers to the ability to use language. The 'Programming' part is borrowed from computer science.

Your thoughts, feelings and actions run like habitual programmes in the brain. Just as

**Just as you can upgrade and change computer programs you can change your mental programmes.**

you can upgrade and change computer programs you can change your mental programmes. Your thoughts have a structure that you can alter. You can transform how you think. When you sit there feeling miserable you feel down. When you get up and push yourself to go for a walk you feel better. When you change your thinking about a situation you change your feelings. It's not the situation but how you think about it that makes it pleasant or unpleasant. Understanding this offers you life-changing possibilities because your mind is so powerful. It's

amazing how your brain responds to what you believe is true. What is considered overcrowding in a train is experienced as atmosphere in a nightclub. If you hold the belief that too many people in a train make for an uncomfortable environment you are right. If you think that lots of people crowded together in a nightclub make for a wonderful atmosphere your brain produces feelings of enjoyment in response to your thoughts.

Changing beliefs is not easy. Yet one tiny change can have a huge impact on your life. Think what would happen if you stopped using the word 'Failure'. It would bring

**Changing beliefs is not easy. Yet one tiny change can have a huge impact on your life.**

about significant changes in how you think and feel. Substitute the word 'Feedback' and you eliminate all the negative connotations that are linked with failure. Feedback encourages constructive thinking and has a positive impact on creativity. Failure is a concept that creates negativity. It breeds pessimistic thinking. The feelings of inadequacy and discouragement that accompany the belief that you are not measuring up can lead to depression. When you eliminate the concept of failure and replace it with the idea of getting feedback the whole focus shifts. Feedback puts attention onto learning what works and doesn't work. This information allows you to take risks and seek different solutions. Feedback allows for flexibility. When you recognise something is not working why not discard the word 'Failure' and substitute 'Feedback' You will find that your internal experience is different. I'm aware of how I respond to language. When I change 'I feel depressed' to 'Depression is in me' I stop identifying with the depression. I recognise there are other feelings in me. I

need hardly tell you that no two people respond to the same event in identical ways. Some people are naturally optimistic

**Optimists view downturns in their lives as temporary blips in the graph**

and others are pessimistic. Psychologist Martin Seligman has discovered three major attitudes that distinguish the two. Optimists view downturns in their lives as temporary blips in the graph. Basically they see troubles and difficulties as delayed success. They view misfortune as situational and specific.

The three Ps of pessimism are Permanence, Pervasiveness and Personalising. Pessimists generalise, think they screw up everything and blame their own incompetence or ineffectiveness. Helplessness, passivity and inaction influence the attitude of pessimists to setbacks. Their belief that they screw up everything creates expectations of failure. Realistic optimists maintain a positive attitude in the face of adversity. Their 'Can do' attitude allows them use their skills to actively address problems. I can repeat the negative internal dialogue

**Change happens the moment you change your mind.**

that leads to feelings of failure or I can think in a more positive way. Your mind is so powerful that learning to think in a positive way offers life-changing possibilities.

Change happens the moment you change your mind.

*Carmel Wynne is a Life and Business Success Coach, author of 'Coaching - The Key to Unlocking Your Potential', Master Practitioner in NLP, Psychotherapist and Keynote Speaker.*

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## Talking about Suicide Won't Plant the Idea

Asking teenagers about suicide won't make them more likely to contemplate it, as some parents and school officials fear, a study suggests. In fact, the study found that simply asking troubled students about any suicidal impulses appears to ease their distress and might make some of them less likely to try killing themselves. The results confirm what many mental health experts already believe and should alleviate parents and schools mentioning suicide idea in teens' minds, Madelyn Gould, a Columbia University

**“Without asking a kid directly, it's sometimes hard to pick up,”**

and New York Psychiatric Institute. National data suggest that each year more than 3 million youngsters ages 15 to 19 think seriously about committing suicide. About 1.7 million try it, with more than half of the attempts requiring medical attention; and about 1,600 succeed. “Without asking a kid directly, it's sometimes hard to pick up,” Dr. Gould said. Her study involved 2,342 students at six suburban New York high schools who answered two mental health questionnaires two days apart. Half the students – the experimental group – also received about 20 suicide-related questions on both surveys. The questions included whether they had considered suicide and whether they thought it would be better if they

other half got questions only on survey. The groups' emotional distress similar before and survey. Roughly 4 groups said they ideas since the Among teens with attempts, the group had slightly fewer suicidal ideas than the comparison group after the first survey. Among depressed teens, the experimental group had slightly less emotional distress than the comparison group after the first survey. Those results bolster the idea that asking troubled teens about suicide gives them a chance to “unburden themselves,” while not asking may signal “that you don't care”

**Asking troubled teens about suicide gives them a chance to “unburden themselves,” while not asking may signal “that you don't care”**

Dr. David Fassler, a child psychiatrist, said that when it comes to teen suicide, “we need to do a better job of identifying these kids as early as possible.”

[www.intelihealth.com](http://www.intelihealth.com)

## Suicide: Psychiatric funding is not adequate

There is no point in the Government instigating reports and failing to act on them. I have sought the suspension to Dáil Éireann under Standing Order 31 to debate the ongoing crisis in the psychiatric service where funding is inadequate and people who need individual care are failing to get adequate help leading to suicide. There is no issue as sensitive, or as traumatic, to any family or friends who have suffered the loss of a loved one in this way and, when we consider the fact that there were over 450 cases of suicide registered last year, the issue can no longer be ignored. In many cases home based services provide the best answer and I certainly encourage that. However, the individual circumstances of each person must be taken into account, accepted as the reality of the situation and treatment delivered accordingly. I make no apology for saying I have strong feelings over this issue, motivated by recent circumstances of a close neighbour and dear friend, but it is an issue I have continued to raise privately over a long period, unfortunately without any satisfactory results. The Government has a report on their desk for quite a long period. Once again, I suggest there is no point in instigating reports and failing to act on them.

Seymour Crawford,

Fine Gael TD for Cavan/Monaghan, Leinster House

## Mayo Wheelers - Team up to Save Lives

A CHALLENGING cycle is to be undertaken in June to raise funds and awareness for the Irish Association of Suicidology (IAS). The Polar expedition by the Mayo Wheelers Club, from the South Poll Pub in Anascan, Co. Kerry to the North Poll Pub in Lifford, Co. Donegal will cover 300 miles over a three day period. Cycling clubs along the route are to be drafted in to help with the logistics and the fund raising effort. Final details of the route have yet to be arranged but it is expected that up to thirty cyclists will take part in the event on June 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> - the bank Holiday weekend. Each of the participants will be expected to raise €600 each to cover their expenses.

The secretary of the Mayo Wheelers, Mr. Joe McGuire said he expected a very enthusiastic response from cyclists. He added: “We are delighted to undertake the cycle on behalf of the IAS who are doing tremendous to promote a greater awareness of suicide and how it is impacting on our society. “There will be very few towns or villages along the cycle route that will not have been affected by suicide in their communities”. “We will be seeking the support of cycling clubs along the route to help us with accommodation, collections and the general organisational aspects of the fund raising cycle.” Cyclists wishing to take part can contact: Brian O'Loughlin, Chairman, Mayo Wheelers on 087-2425761; Joe McGuire, Secretary, Mayo Wheelers on 086-8702062 or Gerry Walsh, treasurer, Mayo Wheelers.

## Sad Tips

Sufferers of Seasonal Affective Disorder (SAD) often find their symptoms at their worst in the darkest days of December. Tips to alleviate symptoms suggested in the current issue of *Healthy Way* magazine include healthy eating, in particular, cutting down on caffeinated and sugary drinks and ensuring adequate amounts of foods rich in Omega 3 essential fatty acids (e.g. oily fish, linseed, wheatgerm, avocados, porridge, brown rice and wholemeal pasta) exercise and light therapy.

**‘Love is composed of a single soul inhabiting two bodies’.**