

IAS The Irish Association of Suicidology

NEWSLETTER

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President McAleese Calls for Combined Efforts to Fight Suicide

Battling Ireland's suicide epidemic needs a combined effort from all groups in society, President Mary McAleese said at the National Forum on Suicide Prevention held in Dublin recently. Almost 500 people died as a result of suicide in 2005 and around 11,000 people were treated for deliberate self-harm at Accident & Emergency clinics.

President McAleese, who is a patron of the Irish Association of Suicidology, said she wanted to see a culture where people with suicidal thoughts don't hesitate to seek help from family, friends or health services.

She told the first meeting of the National Forum "International evidence shows that reducing the suicide rate requires a collective, concerted effort from all groups in society - health, social services and other professionals, communities, voluntary and statutory agencies and organisations, parents, friends, neighbours and individuals.

"I look forward to seeing the growth of a culture and environment where

people in psychological distress don't hesitate to seek help from family, friends and health professionals - a culture where we recognise the signs and signals of that distress and help guide ourselves, or others, to good help, a culture where we focus early in life on developing good coping skills and avoiding harmful practices."

The National Forum on Suicide Prevention was organised by the Health Service Executive and the National Office for Suicide Prevention. Minister of State at the Department of Health and Children Tim O'Malley said the Forum was designed to bring together a diverse range of organisations and individuals to implement the Government's 'Reach Out' strategy." A fundamental aim of the new strategy is to prevent suicidal behaviour, including deliberate self-harm, and to increase awareness of the importance of good mental health among the general population. Mr O'Malley reiterated that the Government shares the public concern about the levels of suicide in this country.

HSE establishes national office for suicide prevention

Reach Out - A National Strategy for Action on Suicide Prevention was launched in September 2005 by the Tanaiste. The Strategy sets out a 10 year plan of actions which aim to reduce the high levels of suicide and deliberate self harm in Ireland.

More people die in Ireland through suicide than are killed on our roads. Particularly, Ireland has the fifth highest youth suicide rate in Europe which makes this a serious public health issue not just for the health service but for all our communities.

The Health Service Executive has established a National Office for Suicide Prevention

§ To monitor and encourage the implementation of the actions in Reach Out

§ To commission research and best practice and to disseminate good practice throughout Ireland

§ To coordinate suicide prevention activities

§ To regularly consult and communicate with groups and organisations working in suicide prevention.

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Dear Members.

Is Bullying The Subtle Killer?

As I write this I am reading, with great sadness, the headlines of a newspaper 'Girl, 13 Bullied to Death'. The tragic victim leaves a note naming her tormentors. What unimaginable pain and suffering was this girl going through when she felt her only option was to take her own life? How could students be capable of such cruelty as to drive a fellow student to her death? Why did this happen? A recent study based on interviews with 209 students found that 34.5% of them had been bullied. Where are the anti-bullying policies and if they exist are they being implemented? Bullying frequently destroys, and sometimes takes, lives. The myth has existed that those who are targeted by bullies were in some way different, timid, irritating or annoying. It is now accepted that anyone can be targeted by the bully.

Bullying is a form of psychological abuse which has a lifelong effect on the victim. I recall a recent story where a grown man was hitching a lift, and when he got into the car he recognised the driver as the person who bullied him in school 20 years previously. He panicked, asked the driver to stop the car, and got out. The feelings of terror he experienced, at that moment, were as real as when he was bullied years before. Some schools have excellent policies in place and seem to be able to 'nip it in the bud', however, I have been told of a school where a child was slapped across the face by the bully, the principals response was to put them both in the office and asked the bully to explain to the victim why nobody liked her, he then left. The bully is the one with the problem; however, in some cases it appears that the authorities would see the victim as 'the problem' in the school. If we are to stamp out bullying in schools, anti bullying policies must be implemented. We all must stop the 'Ostrich syndrome' and tackle the problem head on; it is the responsibility of school management to create a safe environment for students to learn, which is their human right. Children are bullied for a huge variety of reasons, all to do with how they are perceived by the bully. It is often those with fine qualities that provoke jealousy in others that are targeted. Bullying causes indescribable pain and suffering to those victims.

Bullying and its effects are difficult to recognise primarily because of the subtle nature. It chips away at self-worth, self-esteem and confidence. It makes competent people feel stupid and inadequate. It makes articulate people stutter and stumble over words. It makes the pretty and beautiful feel ugly. It gets inside the head of the victim and "messes with it". It is the last thing a victim thinks about at night and the first think they think about in the morning. It causes them to forget what it's like to be happy. It forces people to resort to drastic measures, even SUICIDE. We must find ways to deal with it, our children should not have to suffer at the hands of others, and nobody should have to die because of it. Bullying only thrives when it is allowed the space and opportunity to do so and we all must take action now.

If you would like to comment on this article, or if you would like to share an experience, I would be delighted to hear from you. Maybe through sharing experiences we can make a difference. Let's hope so.

Josephine Scott

Executive Officer/Editor

SUICIDE RISK ASSESSMENT

Litigation following attempted or completed suicide is a growing problem in Ireland.

In the USA suicide is the leading cause for litigation against psychiatrists and other practitioners in the behavioural sciences. It is therefore important that all personnel involved in the assessment of suicide risk and the care of suicidal persons should be aware of the risk factors for and the warning signs of impending suicide and trained in the assessment and management of the acutely suicidal patient. Our management and care must always be patient centred and clinically appropriate and not dictated by fear of litigation; nor must risk management interfere with treatment.

Suicide is a complex multifaceted phenomenon and rates of suicide are

**There is no standardised
suicide risk prediction scales
to identify patients who will
end their lives by suicide.**

dictated by biological, psychological, emotional, social, cultural and economic factors. Suicide has a low base rate and in general individual suicide is difficult if not impossible to predict in the long term. Knowledge of the risk factors for suicide (table 1) is very important but they are not very helpful in predicting which individuals will eventually take their own lives. Some of the risk factors are fixed and unalterable such as being male and aging some such as mental illnesses and social factors may be modified.

Risk management and safety management are very important. Many rating scales and tools exist for the assessment of risk, dangerousness and suicidal intent. It is wrong to place too much reliance on them. Many of the scales do not include all the risk factors for suicide and may mislead and not include the risk factors specific to the patient undergoing assessment. There is no standardised suicide risk prediction scales to identify patients who will end their lives by suicide. Assessment scales and guidelines are no more than aids to proper and detailed clinical assessment. According to Shekelle et al. 2001 just about 90% of practice

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Contd. from page 2.**Suicide Risk Assessment**

guidelines are valid 3.6 years after their introduction half the guidelines are no longer valid after 5.8 years. However, that said, semistructured screening instruments have been shown to improved clinical assessments and the documentation and detection of lifetime suicidal behaviour (Malone et al 1995). Some of the factors taken into consideration in assessing suicide risk are detailed in table 2. The patient should be seen in a quite relaxed setting and in an unhurried manner, a counsel of perfection probably impossible to achieve in a busy Accident and Emergency department. Suicide risk assessment is just one part of taking a proper history and a comprehensive mental state examination. In this process careful listening is most important as is watching for non verbal cues and body language. The answers to routine questions are never routine.

As in all such encounters establishing a therapeutic alliance and building up trust and rapport is essential. Judgemental and challenging approaches are counterproductive and unhelpful. At the best of times one can never be one hundred percent certain that the patient is not withholding information or just giving the answers they think we want to hear. Information is often withheld in an attempt to avoid hospital admission or for those already in hospital to get early discharge or leave of absence. That is important to remember as a risk time for completed suicide is while on leave from hospital and in the month or two following discharge. These latter points underline the importance of a comprehensive and thorough suicide

Information is often withheld in an attempt to avoid hospital admission or for those already in hospital to get early discharge or leave of absence.

risk assessment prior to leaving hospital.

In approaching the subject of suicide one should start with open-ended non-directive questions, in language appropriate to the patient, before entering into specifics. One of the myths about suicide is that talking

about suicide encourages it and perhaps implants the idea in the patients mind. For that reason in the past the subject was often avoided to the detriment of the patient. In discussing suicide remember that the majority of patients will have thought about it and will welcome an opportunity to discuss it and ventilate their feelings which they may have found very frightening. This creates and opportunity for positive intervention, therapy and change. In history taking evaluation of recent life events is essential. Evaluate and record the immediate and long term and immediate risk factors for suicide. A list of risk factors which is not exhaustive is provided in table one. Some of the risk factors can be treated or modified in particular some physical and psychiatric illness, access to means of suicide and some social factors may be alleviated. Suicidal ideation, suicidal intent and the presence of a suicide plan must be explored in depth. Suicidality can be

The most significant risk factor for completed suicide is a history of a previous suicide attempt.

seen as a continuum ranging from vague feelings that life is not worth living to serious suicidal intent with a lethal plan to end life, a fixed time and the acquisition of the means to accomplish it. The most significant risk factor for completed suicide is a history of a previous suicide attempt.

Research shows that of a hundred people who attempt suicide in any given year one will go on to complete suicide within one year and over 10% will do so within ten years. According to Motto (1990) and others, there is the greatest psychological resistance to the first attempt at suicide; subsequent attempts require less intensity of motivation and people turn to suicidal behaviour at a lower threshold in an effort to 'solve' their problems. This latter will of course depend on the finality and lethality of the chosen means. The commonest means of suicide used in Ireland are rapidly lethal and therefore chances of intervention are very slim. All of these are, of course, only important in the context of the patient's current mental state, life and social situation.

Examination of the mental state for the presence of psychiatric illness and alcohol and substance is extremely important. Sometimes depression can be of such a degree that the patient does not have the capacity to formulate and execute a suicidal plan. While confidentiality is important and must be respected it is wrong to guarantee confidentiality to persons who are a danger to themselves and most experts and guidelines on the assessment and management of the suicidal patient stress this.

Table 1 Risk Factors

- Male
- Increasing age
- Marital status - single, widowed or divorced
- A history of psychiatric illness particularly major depression
- Family history of affective disorder
- A previous suicide attempt
- Family history of suicide
- Easy access to means of committing suicide
- A history of personality or behaviour disorder
- Drug or alcohol abuse
- Family breakdown or conflict and other relationship breakdown
- Physical or sexual abuse
- Absence of a confiding relationship
- Unemployment
- Disruptive disorders and legal problems
- Copycat suicides
- Physical illness
- HIV-aids
- Social isolation/living alone
- Prison

Table 2 Predictability of risk No predictable risk

- No suicidal ideation
- No history of a suicide attempt
- Good contact with significant others
- Satisfactory social support
- Not living alone

High Risk

- Current high lethal suicide plan
- Obtainable means to complete suicide
- History of previous suicide attempts
- Not able to communicate with a significant other
- Attempt would probably be fatal without rescue unless help is available and accepted immediately.

DRUG SUICIDE RISK FEARS RENEWED

The researchers looked at 1980s studies into Seroxat.

Further concerns have been raised about potential suicidal side effects of a commonly used antidepressant. The drug Seroxat (paroxetine) is already banned from use by adolescents because of an increased risk of suicidal thoughts. In the journal *BMC Medicine*, University of Oslo scientists said existing studies indicated these warnings should be extended to adults. GlaxoSmithKline, which makes the drug, said it had helped millions.

By ignoring what mental health service users themselves have said about the medication and its effects, the drugs regulators may well have caused lives to be lost Sophie Corlett,

Mind Paroxetine is one in a class of drugs known as Selective Serotonin Re-uptake Inhibitors (SSRIs). In 2003, around 19 million prescriptions for SSRIs were handed out in England for the treatment of depression and anxiety. Concerns over suicidal side effects for those taking paroxetine were first raised by the BBC's Panorama programme in 2002. Last year the Medicines and Healthcare products Regulatory Agency's (MHRA) Committee on Safety of Medicines concluded that a modest increase in the risk of suicidal thoughts and self-harm for SSRIs could not be ruled out, but the benefits for adults outweighed the risks.

Safety review

The Norwegian researchers, analysed the results of 16 trials involving the drug. The studies were presented to drug regulatory agencies in 1989, prior to the drug being licensed for use by doctors in the early 1990s. In each, patients had either been given paroxetine or a placebo (dummy pill). The researchers carried out a statistical analysis of all the results, taking into account the length of time patients were on the drugs. The studies included 916 patients on paroxetine and 550 patients on placebo. There were no actual suicides in any of the studies. However, there were seven suicide attempts in the group on paroxetine, and only one in the placebo group.

Writing in *BMC Medicine*, the team led by Dr Ivar Aursnes, said: "Patients and doctors should be warned that the increased suicidal activity observed in children and adolescents taking certain antidepressant drugs may well be present also in adults. "We also conclude that the recommendation of restrictions in the use of paroxetine in children and adolescents conveyed by regulatory agencies lately should include usage in adults."

'Confirmation'

A spokesman for GlaxoSmithKline: "We take the safety of all our medicines extremely seriously and will, of course, review this study carefully when it becomes available."

He added: "At this stage, it's not clear

what method the researchers have used to arrive at these numbers or which clinical trials they have selected. "However, we can say that these conclusions in no way reflect the picture that has been built up about the benefits and risks of paroxetine in adults through an extensive clinical trials programme involving 24,000 patients or through the use of this medicine in tens of millions of people around the world."

An MHRA spokeswoman said it kept the safety of all SSRIs under close review and all new evidence was carefully reviewed and considered to see if new advice was needed.

Sophie Corlett, director of policy at the mental health charity Mind, said: "This study would seem to be an extremely worrying addition to growing evidence raising serious concerns over the safety of paroxetine. "It confirms what Mind service users have long been telling us anecdotally. "By ignoring what mental health service users themselves have said about the medication and its effects, the drugs regulators may well have caused lives to be lost."

Margaret Edwards, of the mental health charity Sane, said: "Seventy per cent of those being treated with the new anti-depressants respond well, and the risks of suicide from untreated depression must be borne in mind in balancing the risks and benefits."

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HSE ESTABLISHES NATIONAL OFFICE

The National Office has agreed a 10 point plan which is funded by €1.2m additional development monies in 2006,

§ Initiate a national mental health and well being campaign through the media
§ Develop deliberate self harm services to ensure coverage in all A&E departments

§ Pilot a Primary Care response to deliberate self harm

§ Encourage the media to improve

reporting of deliberate self harm and suicide

§ Agree a national research programme on suicide and deliberate self harm

§ Complete research into the link between institutional abuse and suicide

§ Begin to implement the extensive training and awareness programmes identified in Reach Out

§ Commission and implement actions arising from a review of services for those bereaved through suicide

§ Examine the need for a national confidential enquiry into deaths from unnatural causes

§ Agree an approach to reach out to young people using texting, messaging and email formats

The National Office is headed by Geoff Day former Chair of the National Suicide Review Group and former Assistant Chief Officer with the North Eastern Health Board. The Office is based in Dr. Steevens' Hospital, Kilmainham, Dublin 8. Tel.: 01-6352179.

Reach Out can be obtained from www.hse.ie or www.nsrq.ie

Expert Group Appointed to Monitor New Mental Health Strategy

A group has been appointed to monitor the implementation of the new mental health strategy. Mr Tim O'Malley TD, Minister of State at the Department of Health has appointed Dr Ruth Barrington, Chief Executive Officer of the Health Research Board, to chair the group.

The other members include:

Dr Tony Bates, Principal Psychologist, St. James's Hospital; Mr Pat Brosnan, Director of Mental Health Services, HSE Mid-Western Area; Dr Teresa Carey, Inspector of Mental Health Services; Mr Paul Flynn, Service User; Dr Terry Lynch, GP and Psychotherapist; Ms Bairbre Nic Aongusa, Principal, Mental Health Services, Department of Health & Children.

"This Monitoring Group will play an important role in ensuring that the recommendations of A Vision for Change are implemented in a co-ordinated and timely manner," the Minister said. Minister O'Malley also intends to invite a representative from Northern Ireland to join the Monitoring Group.

Study: Air Pollution May Cause Suicide

Higher suicide rates in a North Carolina county may be caused by air pollution from local paper mills a study shows. The increase in suicide rates in Haywood County, N.C., were noted as possible byproducts of emissions from a plant in the area in a report Tuesday to the annual U.S. Psychiatric and Mental Health Congress in Las Vegas.

The study is also comparable to one released at last year's conference regarding higher suicide rates in Salisbury, N.C. The suicide rate in Haywood County jumped from 11.8 per 100,000 residents from 1990 to 1996, to 21.1 from 1997 to 2002. That's a rate nearly twice the state average. Lead author of the study, Dr. Richard H. Weisler, of the University of North Carolina at Chapel Hill School of Medicine, said the spike in suicides coincides with a change in the local mills operations to clean wastewater using a process which releases chemicals like hydrogen sulfide into the air. Weisler said in animal studies the exposure to hydrogen sulfide led to altered brain chemicals. That can cause depression, nervousness and dementia, among other affects. Weisler said more studies are needed for more conclusive data.

Never give approval for suicide

At least some chronically suicidal people seem to be looking for professional approval for their suicide. After years of psychological pain and suffering, repeated failures and losses, and a deep and abiding sense of hopelessness that never seems to pass, some suicidal folks are (often quite openly) looking for someone in authority to say, "I understand. It's okay to kill yourself."

Professionals don't have to say okay to a sufferer's suicidal thinking and planning in so many words, they just have to hang their heads at the end of a long tale of woe and sigh. Or give a month's supply of a potentially lethal drug with the advice, "Now, George, you know if you take this all at once - especially with alcohol - it could kill you."

Whatever else you do, don't become an unwitting, co-conspirator in a patient's subtle search for professional approval to suicide. I have had suicidal patients put it to me bluntly: "Why can't I kill myself? Why won't you let me?" I tell them just as bluntly, "Because I believe you can not only survive, but thrive. "One of my favorite lines to someone who believes suicide is the solution is, "I agree, something needs to die here. But I don't think it's you!"

The actual ending of a life by one's own hand, with or without approval from someone in authority, is a moral, and sometimes, legal question. As a healer, I make it very clear that nobody dies on my watch. In more than three decades of practice there has been only one exception to this policy, and on that occasion I made it very clear that the decision was the patient's, not mine.

Asked only to consult on the case, and in close consultation with his hospice worker, his parents, family and friends, and his physician, this handsome, skilled, intelligent, educated, cognitively intact, clear-headed man was dying of AIDS. He had weeks left to live, not months. Having elected what he called "self-delivery" by "controlling his medicine intake" (he didn't like the word suicide, and neither did I in his case),

I took the position that if there is such a thing as "rational suicide" this young man made the definitive case. I did not give my blessing to his plans, but neither did I challenge his right to a dignified death of his own choosing.

Steve had been a quarterback on famous college team, a business leader and a man of many friends and always in charge of his destiny. If what he elected to do with a mind unimpaired by a disordered brain was the timing and control of his own ending, who should make that determination? He had been evaluated for suicide potential and risk by county mental health officials and deemed unsuitable for involuntary detention or hospitalization.

Steve's story is a whole book, but let me finish with the footnote that he did not die following a massive overdose. As he said when I saw him a few days after his attempt, "I guess Jesus didn't want me and the Devil was afraid I'd take his place." As of this writing, Steve is still alive, having endured this dreaded disease for more than 18 years, the last nine of which he has been "terminal."

My point here is not the exception of Steve, but the more common problem of suicidal people seeking approval for their plans to die. If someone suicidal is in search of someone in power to grant permission to suicide, I make sure I am not that person. I don't give approval for suicide, either explicitly or implicitly - which means that I make every effort to never agree with them that they are in such a state of intractable and untreatable psychological pain that they have earned my permission to stop living.

No way!

Even the worst psychological pain eventually diminishes.

Like the seasons of the year, things change. Cures are found. Miracles are a daily event. The Bible says, "This too will pass. "As a therapist, you may feel this sufferer's search for approval. You may feel it rubbing against the grain of your life-is-worth-living wood. It may feel like a rough spot in the

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NEVER GIVE APPROVAL FOR SUICIDE

flow of the interview, a bump in a smooth road, or perhaps like a fingernail snagging on silk. It may feel as if you are being asked to officiate at a funeral when nobody you know has died.

Pay close attention to these fleeting feelings, these gifts of fear. When someone, no matter how cleverly or obliquely or subtly presents his or her case for ending their suffering by suicide, somehow you will sense and share their personal fear of the Great Unknown they are contemplating. However you recognize this felt fear, this feeling that something bad is about to happen, *trust it!*

It may be something odd in your stomach, the hair rising on the nape

of your neck, or a jump in your heart rate, whatever it is, *trust it* - it could make the difference in saving a life from suicide. The intervention is simply saying something like this:

You just said something that scared me.

Tell me more?

Tell me what you're thinking?

However it happens, the suicidal, suffering patient may try to convince the therapist that they are a hopeless case and dying. The patient says, in effect, "Please stop fighting for me to live."

If the therapist is ever convinced the patient can't make it - that he or she

is terminal and not worth rescue - all is lost. In my own work, I have found

chronically suicidal patients actively seeking my validation for their world view and, into the bargain, asking for my approval to get it over with.

They don't get it. To avoid becoming an accomplice in a patient's suicide, make up your mind right from the start that *nobody dies, everybody lives*. Sure, one day we all die and, yes, for all of us the hearse is waiting at the curb with the engine running. But at least for today let's keep on keeping on until something unplanned and natural carries us off. Last word of advice: If you feel yourself giving up on a suicidal patient, get help from a supervisor or colleague. Don't wait. Do it right now. Excerpt from *Counseling Suicidal People, A Therapy of Hope*.

By Paul Quinnett, Ph.D.

A PROJECT FOR RAISING AWARENESS OF SUICIDE IN SCHOOLS

We ask School Guidance Counsellors to take on board this very worthwhile project as a vehicle for raising suicide awareness in their school. The Irish Association of Suicidology is hosting the Biennial Congress of the International Association for Suicide Prevention (IASP) from 28th August 2007 to 1st September 2007 in Killarney, the title of the conference is "**Preventing Suicide Across the Lifespan: Dreams and Realities**". We expect to have about 800 delegates in attendance including all the leading experts on suicide in the world. Suicide is a universal problem and accounts for more than half of all the violent deaths that occur worldwide each year. It is important that personnel from developing countries attend as the knowledge gained and contacts made during the conference will be of immense benefit to them in developing strategies in their own countries where services, if they exist, are rudimentary. The cost of attending the conference including travel, subsistence and conference registration will be in the region of

€3,000 per delegate. This is well beyond the means of persons in developing countries. We are aware that pupils in Irish schools have in the past undertaken many projects to

help people in these countries. Hopefully each school would undertake projects to raise money towards sponsoring delegates from these countries to make it possible for them to attend a very important conference. Their attendance at the conference will certainly save lives from what has been described as an unnecessary death.

For further details and information contact : Tel. +353 94 92 50858

www.ias.ie.

Pain is temporary. It may last a minute, or an hour, or a day, or a year, but eventually it will subside and something else will take its place. If I quit, however, it lasts forever. — Lance Armstrong

'DISTURBING' CHILD SUICIDE RATE

UK Government figures show the average suicide rate between 1994-2004 among 11-17 year olds in Wales was five times higher than in the same age group in England. The numbers are based on suicide verdicts recorded by coroners and do not include open verdicts, which are often given when the coroner believes the victim was making a "cry for help" and did not mean to kill themselves.

1,000 children call suicide line

The number of children contemplating suicide in a bid to escape their problems increased by 14% in the past year according to new figures released by ChildLine. Between April 1, 2004 and March 31 2005, 1,034 children and young people called ChildLine primarily about feeling suicidal - a 14% increase on the 910 children who called in 2003/04. They talked of feeling suicidal over problems including abuse, bullying, stress over exams, and low self esteem. ChildLine called on the Department of Health, the Scottish Executive and the Welsh Assembly to carry out an in-depth study of young people committing suicide, and suicide attempts, to ensure children on the verge of suicide get the help they need. TV psychologist Dr Tanya Byron said: "Suicide is a tragedy, which can and must be prevented. Often children will talk about multiple problems - which can include physical or sexual abuse, neglect, stress and low self-esteem - which have led them to this absolute crisis point." ChildLine president Esther Rantzen said: "All young death is agonising but suicide is among the cruellest of all - because it's preventable. The charity said on-site counselling and support services should also be available, including schemes that enabled children to help and support each other.

Depression

Depression affects approximately 20 per cent of people at some time in their lives, although up to two-thirds may not get treatment owing to a combination of factors misdiagnosis, failure or reluctance to seek help as a result of social stigma, or even chronic depression, whereby the sufferer may be so disabled they cannot access help themselves. Whilst treatment is often in the form of conventional medicines, research by leading scientists advocates using omega-3 and omega-6 fatty acids to alleviate and even banish symptoms of depression. Leading clinicians and researchers at the Mental Health Unit, Basildon Hospital and the Lipid Neuroscience Department at Imperial College, London, use VegEPA for patients with depression, with extremely positive results.

This is excellent news in view of the following statistics:

- **Two-thirds of people in the UK suffering from major depression are never correctly diagnosed and therefore never treated for depression**
- **Everyone will, at some time in their life, be affected by depression their own or someone else's, according to Australian Government statistics. (Depression statistics in Australia are comparable to those of the US and UK.)**
- **The rate of increase of depression among children is a staggering 23 per cent per annum.**
- **The World Health Organisation (WHO) has warned that by 2020 major depression will rank second on the list of illnesses to pose the greatest global health burden, in terms of early death, lost man-hours and use of medical resources. (Heart Disease is top of the list.)**
- **Fifteen per cent of the population of most developed countries suffer severe depression.**

HOW CAN YOU BUILD A SUICIDE PREVENTION ALLIANCE WITH YOUR TEEN?

Just by asking the question in a caring, non-confrontational way, parents can provide assurance that somebody cares and will give the young person the chance to talk about problems.

Parents are often prompted to talk to their children about cigarettes, drugs, sex, and other topics that confront adolescents, but suicide is rarely discussed, although it is one of the leading causes of death for American teens. Teenagers, especially, often experience strong feelings of stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up. For some, suicide may appear to be a solution to their problems and stress. "If you feel your child may be contemplating suicide, the best thing you can do is ask them," said John Campo, Chief of Child and Adolescent Psychiatry at Ohio State Medical Center and Columbus Children's Hospital.

Just by asking the question in a caring, non-confrontational way, parents can provide assurance that somebody cares and will give the young person the chance to talk about problems. Talking with young people about suicide won't put the idea in their heads, experts say. In 2000, suicide was the third leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds, according to the American Academy of Child and Adolescent Psychiatry. Their lack of experience tends to make them think there's no other way out. We need to be patient and we need to build an alliance with them. Most suicidal young people don't really want to die, but

they lack the coping skills of adults and have difficulty finding another way to end their pain. Often parents don't ask the question because they're afraid of the answer. What if they say 'yes'? In that case, it's time to seek professional help. That person doesn't have to be a psychiatrist. It can be your GP, or a school guidance counsellor. Seeking help early on can reduce the number of suicides and suicide attempts and help children develop into well-functioning adults. "If they're depressed as adolescents, research shows they will be depressed as adults. Ninety percent of all suicide behaviours are associated with some form of mental illness or substance use disorder. Depression and suicidal feelings are treatable mental disorders.

A recent study supported by the National Institutes of Health's (NIH), National Institute of Mental Health (NIMH) and the Centre for Disease Control and Prevention (CDC), revealed that suicide attempters treated with cognitive therapy were 50 percent less likely to attempt suicide again as opposed to those who did not receive therapy. If a friend or family member mentions or attempts suicide, take it seriously. Let the person know you really care. Talk about your feelings and ask about his or hers. Listen carefully to what they have to say. Never keep talk of suicide a secret, even if they ask you to. It's better to risk a friendship than a life. Do not try to handle the situation on your own.

Those who think they have not time for bodily exercise will sooner or later have to find time for illness.

— Edward Stanley

Love is a drug

Romance may be tied to reward system that can cause addiction

And stare into your partner's eyes. Psychologist Art Aron conducted an experiment in which he had pairs of the opposite sex stare into each other's eyes for about two minutes. Most of the couples who were strangers reported feelings of attraction. One couple went on to get married. People all over the world describe falling in love in similar terms: euphoria, exhilaration, elation. It's an intense craving for the person they adore. But just how does the brain process romantic love?

Anthropologist Helen Fisher, author of "Why We Love," studied the brain circuitry that makes falling in love the intense, passionate emotion it is. She found that the brain sees romantic love as a reward, stimulating activity in the same areas that light up when a person seeks any kind of a reward, whether it's chocolate, money or drugs.

"It became apparent to me that romantic love was a drive – a drive as strong as thirst, as hunger. People live for love, they kill for love, they die for love, they sing about love," Fisher said. "There are myths and legends about love. The oldest love poetry is over 4,000 years old. The world is littered with all kinds of artifacts that stem from this basic mating drive."

Fisher went on a quest to unravel the mystery of the brain in love. She teamed up with Art Aron, a psychologist and professor at Stony Brook University in New York and Lucy Brown, a professor in neurology and neuroscience at the Albert Einstein College of Medicine in New York. They studied 17 people who recently had fallen madly in love – people who were spending 80 percent of their waking hours not being able to think of anybody else. The subjects had been in love an average of seven months.

The findings were published last year in the *Journal of Neurophysiology*. For the study, Fisher developed a questionnaire about passionate love, including such questions as "Would you die for your partner?" She said

she was shocked by the answers to that query: All of the subjects said they would. What especially surprised her was the casual way in which they responded.

The participants were put into an MRI machine and asked to stare at photographs of their sweethearts and then neutral photos that called for no positive or negative feelings. When the researchers were able to look inside the brain in love, they said they were struck by the results. The part of the brain that lit up the strongest was that associated with rewards and pleasure, a finding not nearly as poetic as romantics would have thought. It turns out that, to the brain, love is just another reward, much like chocolate or money, or like a drug to an addict. This brain system gets used every time you want something. Romantic love, it turns out, is a reward, the researchers say.

"We certainly think of romantic love as something that's magical, and the

Chilli peppers 'make cancer cells commit suicide'

An ingredient which makes chilli peppers hot, also triggers prostate cancer cells to commit suicide. Tests showed that Capsaicin triggered 80 per cent of the cancer cells to start the process leading to cell death. It also reduced the size of tumours by a fifth with no major side effects in mice. The rodents had been genetically modified to have human prostate cancer cells. Habaneras are the highest rated pepper for Capsaicin content typically containing between 60 to 120 times the levels in the more popular Jalapeno. However the Britain's Prostate Cancer charity has warned men not to increase their intake of hot chillies. Eventually it may be possible to extract the capsaicin and make it available as a drug. However, high intake of hot chillies has been linked with stomach cancers. For now men with prostate cancer should avoid fatty foods, eat less red and processed meat, increase their fish intake and enjoy a wide and plentiful range of fruit and vegetables every day."

The US study was published in the journal *Cancer Research*.

magic is here and here," Brown said, pointing to the part of the brain that lit up during the experiment, the brain stem region known as the ventral tegmental area. There, pigmented cells known to contain dopamine send messages to a part of the brain called the caudate nucleus. When Brown started the study, she said she thought she was studying a strong positive emotion. "Now I have changed the way I think about early-stage romantic love," she said. "It's a motivation; the person [we're in love with] is a goal. Emotions come and go. We feel euphoria, but we feel anxiety, too. This core system that is driving the person who is in love toward their sweetheart, that is much more important in a sense than an emotion." Aron added, "When you're intensely in love, and especially if it's being reciprocated, there is an incredible sense of exhilaration. You feel this person is the most wonderful person in the world, and if they were part of you – if you were together – your life would be perfect."

Fisher agreed: "Romantic love is not only an emotion, it's a basic mating drive, and it's stronger than the sex drive." Although the early characteristics of romantic love don't last forever – the pounding heart, the obsessive thinking and craving – in good relationships they will transfer to a different level, a stage of love called "attachment," Fisher said. In her own studies of more than 800 people older than 45, Fisher found that they showed just as much romantic passion as those under 25. In fact, romantic love can be triggered at any age. Fisher said she interviewed an 8-year-old boy who perfectly described his intense passion for an 8-year-old girl. She said she also knows couples in their 70s and 80s who are madly in love.

When asked if placing love under a microscope takes away some of the mystery and romance, Fisher smiled. "You can know every ingredient in a piece of chocolate cake, and you still sit down and eat that chocolate cake and it's wonderful," she said. "In the same way, you can know all the ingredients of romantic love and still feel that passion."

Father hits out at Channel 4 suicide stunt

The father of a North Belfast teenager who took his own life has blasted Channel 4 for showing a programme in which a man attempted to escape from hanging himself.

The stunt was carried out in the opening programme of a heavily trailed series called 'Death Wish Live' which has been running recently on Channel 4's sister channel E4., the programme was called 'Cheating the Gallows', and the station's publicity described how escapologist Jonathan Goodwin would be trying "to avoid being hung execution-style on live television." In the event, Goodwin had to be cut free by an assistant when he failed to free himself after 30 seconds. He said: "I was told it was dangerous and stupid and it turns out that the advice was right." He was examined afterwards by paramedics and was said to be suffering from rope burns. Philip McTaggart, whose son Philip hanged himself two years ago, said he was disgusted by the programme. "It's an absolute disgrace that people are making entertainment out of people who are depressed or

unhappy or feeling down. You wouldn't get away with it if it was cancer or some other sort of disease."

"I was at a support group recently and some of those who were there had seen the programme and had to turn over because they were really very upset. I don't think Channel 4 realise how sensitive an issue this really is. Talking on the basis of the island of Ireland where 600 people would take their lives each year, and even in England, Wales and Scotland where there is a very very high number of people taking their lives, this is such a sensitive issue that should not be made into entertainment. "Any loss of a child under any circumstances is difficult enough, but when a parent loses a child through suicide it is more difficult because of the stigma that is attached to it and this type of programme is not doing anything to help break down the barriers. Making entertainment out of this is horrendous and to think that families would see this does not bear thinking about. Channel 4 should look at this again." Philip fears that the work of groups such as the suicide prevention group Pips will be put back because of the E4 show.

SUICIDE BILL IS BACKED BY DOCTOR

ONE of Scotland's most senior doctors has backed a proposed bill that would make mercy killing legal. Dr Gordon Peterkin is the first medical director publicly to support euthanasia. The former family doctor, now medical director at NHS Grampian, has offered written support for a private member's bill to legalise assisted suicide, saying that many modern treatments to keep patients alive were "harmful to patients and disruptive to families". The Scottish parliament bill Dying with Dignity, proposed by Jeremy Purvis, the Liberal Democrat MSP, would allow doctors to help terminally ill adults end their own lives. At present doctors can provide dying patients only with pain relief and face prosecution if they shorten lives.

Under the proposed law, expected to be voted on by MSPs next year,

Look at each day as a chance to invest life into life. Each day is a chance to work miracles in the lives of others. — Jim Rohn

any competent terminally ill adult with less than six months to live would be allowed to obtain lethal medication from their doctor. The dose would be self-administered after the patient made two verbal requests to die to their doctor, after another doctor had confirmed their prognosis and after the patient was made aware of alternative treatments.

Peterkin responded to a consultation on the bill in a personal capacity, making it clear that he supported the proposals. "Attempts to prolong life at all costs [mean] doctors end up treating people they know are going to die as experimental animals," he said. "I have had relatives who have been well cared for but over-enthusiastically treated, where they could have been more comfortable and dealt with in a more pragmatic and sensible way.

"In terms of treating people, you can keep them alive for a long time, we now have more technology to enable us to do that, but individuals end up having a most uncomfortable time. You're simply making patients miserable and to my mind that is not fair."

The secret of green tea

Scientists already knew green tea plays a role in preventing cancer, but now they know why: EGCG, or Epigallocatechin gallate. EGCG works in precisely the same way as the chemotherapy drug methotrexate: Both hinder the action of an enzyme that incites cells to divide, according to Spirituality & Health (July/August 2005). Since EGCG causes less damage to healthy cells than chemotherapy, it could become a promising cancer treatment. Green tea can have risks, though. Women who drink lots of it around the time they become pregnant face a higher likelihood of having a baby with birth defects. And there's another concern: Researchers at the University of Mississippi have found that nutritional supplements containing large amounts of green-tea extract—comparable to hundreds of cups a day—can actually promote tumour growth. But drinking moderate amounts of green tea is still good for you.

THE REPORT OF THE EXPERT GROUP ON MENTAL HEALTH POLICY “A VISION FOR CHANGE”

This report represents significant new policy document for the Mental Health Services for the next ten years. It updates previous for the Future”, and sets out in detail the shape that Mental Health Services should take for the future. I was privileged to serve on the group, a broad based selection representing a wide range of opinions and interests chaired by Professor Joyce O’Connor. The long term impact it will have on suicide rates will be difficult to define but it certainly attempts to address key issues in regard to accessibility of services, and overcoming of the barriers such as stigma, mental health promotion and education that inhibit current service use. he values at the heart of the policy followed on from an extensive consultation process including a large number of submissions received from over 150 groups and individuals.

This resulted in an emphasis on the following values: a comprehensive coordinated service, conducted in partnership with users, located in the community, in which people would have full citizenship rights, equitably allocated across the country and inclusive to all disparate elements in Irish society. This set of values leads to proposals to have a person-centred, multidisciplinary community based team approach offering comprehensive best practice interventions to service users. Services will have a recovery orientation, with a focus such that individuals can lead productive and meaningful lives despite persisting vulnerabilities and with a capacity to minimise the risk of relapse.

The cornerstone of all mental health services as proposed would be the Community Mental Health Team. While such teams have been in existence before now, they rarely have met all the desirable features as proposed in Vision for Change. It is proposed that Community Mental Health Teams composed of a broad base of different skills and professions would work closely together, and also involving users, families and other community resources to provide need based care plans for individuals with mental health problems. In addition A Vision for Change sets out all the various specialties that should be developed in order to provide all the different sub populations and their needs.

To date specialties have inconsistently been available in Ireland for people with enduring mental health needs, people with learning disability, eating disorders, and for people with substance misuse problems.

In addition, general hospitals should have a mental health capacity to respond to suicidal crisis countrywide. These should be styled to improve assessment and follow up. In regard to suicide prevention in particular, recommendations are in broad agreement with the “Reach Out” prevention plan. It is proposed that there would be agreed protocols and guidelines for engaging with people known to be at high risk of suicide or in it’s immediate aftermath. This is an attempt to standardise levels and models of care countrywide. Of particular importance in regard to suicide risk would be that this care would as often as possible be delivered in a home based way and would work to the principles of assertive outreach and early intervention, assertively reaching out to people before a crisis or full blown illness has fully developed. Many people in suicidal crisis in Ireland have difficulties in accessing services on a 24 hour basis, and given the preponderance for suicide to

Start by doing what’s necessary; then do what’s possible; and suddenly you are doing the impossible.
— St. Francis of Assisi

New suicide support centre opens in north Belfast

A new Centre offering support to families who have lost loved ones through suicide has officially opened its doors on March 25th in north Belfast. PIPS House in Duncairn Gardens will offer advice and support for bereaved families as well as those living with family members who self-harm. Community, voluntary and statutory agencies have all worked on the initiative, which offers drug and alcohol advice facilities and counselling. Visitors will be able to take part in a number of classes including art and family support as well as being able to receive complementary therapy by Ashton Stress Centre practitioners. The centre will also be a base for the setting up of a number of neighbourhood response teams in the area.

occur at night times and weekends, this is especially relevant.

In contrast to prior reports, A Vision for Change also sets out detailed managerial recommendations in order that Mental Health Services can be planned in a more equitable and rational basis. In many parts of the country Mental Health Services are funded up to several times less than other parts, and this has a huge impact on the quality and range of care that can be provided. These managerial structures should help to iron out these inconsistencies in the future. It is also suggested within A Vision for Change that all the old mental hospitals should close and that purpose built facilities replace them in community locations with a reduced emphasis on inpatient care. This will depend upon a full provision of community based alternatives, and it will take some time before the community and professional stakeholders buy into this model of care. The hospital orientation of Mental Health Services up to now has provided a wide safety net for people in crisis, but there are considerable downsides in terms of stigma, disconnection with the community, and inappropriate and long hospital stays. The public expectation that suicidal crisis should be met with hospitalisation will have to change, but confidence in the system will only come from demonstration that the recommendations in A Vision for Change will provide a better alternative.

In the medium term the political will and resources to change mental health services must become more visible and put in place. The document is to be viewed as a whole and can only work if it is implemented as a whole. Implementing this will require identifying and putting in place new monies and infrastructure to ensure the policy proposed will deliver its promise.

Professionals within the services will have to rethink their models of care and reposition themselves in regard to service users and carers to improve understandings and collaboration between all parties. Service users and carers will have to rethink their expectations of Mental Health Services, reduce their dependency on hospital admission, and perhaps come out more into the open with regard to advocacy to ensure that the changes proposed in the document would eventually be enacted and hopefully improve the long term mental health of the population

Young republicans in move to cut suicide rate

Ogra Shinn Féin has called for an all-island approach to suicide awareness in a bid to reduce the alarming rate of deaths. Ireland has the second highest suicide rate in Europe with 577 reported deaths by suicide in 2004 - more than the number of people killed in road accidents - yet Government spend on mental health has fallen from 11% of Department of Health spending to 6.9% since 1997. The youth wing of Sinn Féin said they were preparing to

lobby the Irish and British governments to ensure that prevention policies receive the priority, funding and resources required. The campaign would focus on providing information, improving awareness and the demand for an all-Ireland approach. Young men are most at risk, in particular those living in areas of high social deprivation, and it is also estimated that every 45 minutes someone in Ireland attempts

to die by suicide.

Addressing the Ogra Shinn Féin national conference, party president Gerry Adams said: "It is the biggest killer of young people in our country. That makes suicide a national disaster. Our country urgently needs a national plan to address this crisis." Mr Adams added that he was awaiting a meeting with Tánaiste and health Minister Mary Harney to discuss possible ways of tackling suicide.

Child Suicide Rate Alarms Youth Commissioner

The Queensland Commissioner for Children and Young People says she is deeply concerned about figures that have found children are taking their lives at a younger age in the state. The first ever report by the commission shows between January 1, 2004 and June 30, 2005, nine children under the age of 14 committed suicide in the state.

Overall, 19 young people took their own lives with six of those Indigenous. Queensland's child suicide rate has been linked to an increase in the number of children lacking stable adult influences in their lives. Professor Ian Hickey from the national depression program beyondblue says children need to be able to honestly communicate with adults. "Not just one parent compared to two parent families but why the connection with teenagers, sporting coaches, churches, schools etc ... children really need a rich environment of functional adults in order to grow up emotionally healthy," he said. Prof Hickey says the figures reflect a national trend. He says it is time to start focusing on the mental health of young people. "The key message is that the really big health challenge that faces our young people is their mental health and their mental wellbeing," "There's been a tendency to focus on physical health and particularly on obesity but really the major health challenge that we now face amongst teenagers and young people is their mental health."

Heartbroken parents call for better suicide prevention

The heartbroken parents of a teenage suicide victim pleaded with Northern Ireland's health chiefs to act before tragedy is inflicted on any more families. Danny McCartan, 18, hanged himself at a derelict house near his north Belfast home in April. The apprentice joiner's dreams of starting a new life in the United States were shattered after anti-depressant tablets bloated his body and brought back the weight taunts that tormented his childhood. With their grief still raw, his parents Gerard and Carol held talks with Health Minister Shaun Woodward at a major suicide prevention conference in Belfast recently. Their anguish has been compounded by the cancellation of a scheduled psychiatric assessment just before Danny's death. Mr McCartan said: "I just hope nobody has to go through what we have had to go through.

"Suicide can come to anybody's door at any time. "Something needs to be done for the people of Northern Ireland and we're hoping things start to move." At one stage Danny was on 18 different types of medication a day, as well as being assessed by a psychiatrist.

"The day he died Danny came down and spoke to the CPN, he was willing to go into any place to get his head all cleared but we were told there were no beds. "Danny left the house at 2.30pm on April 11, and we got a rap on the door at 9.30pm. "Danny was found hanging in a derelict house on his own. "There's a whole lot of answers we are still looking for. "I believe if Danny had seen the psychiatrist he would still be alive."

No Link Between Cholesterol and Suicide in Alcoholics

Rebutting previous research, a new study refutes the idea that low cholesterol levels can help predict alcoholics' suicide risk.

While this study of 110 alcoholic psychiatric patients found no link between cholesterol levels and suicide attempts, it did identify a "profile" of alcoholic patients at risk for suicide. The findings appear in the March issue of *Alcoholism: Clinical & Experimental Research*. "Up to 7 percent of alcoholic patients die from suicide, and about one-third of

these patients attempt suicide at least once in life," study corresponding author Eberhard A. Deisenhammer, an associate professor of psychiatry at Innsbruck Medical University in Austria, said in a prepared statement. "However, since many alcoholics are reluctant to seek treatment for their problem, a significant portion of potentially suicidal alcoholic patients go undetected. We wanted to investigate if elevated serum

Depression and Suicide Attempt Both Influence Seizure Risk

Major depression and attempted suicide independently increase the risk for unprovoked seizure, researchers have found.

“These data suggest that depression and suicide attempt may be due to different underlying neurochemical pathways, each of which is important in the development of epilepsy,” Dale Hesdorffer, from the Gertrude H Sergievsky Center in New York, USA, and colleagues report. The researchers explored the risk of unprovoked seizure associated with specific symptoms of depression by interviewing 324 patients with epilepsy, with a median age of 34 years, alongside 324 similarly aged individuals without the condition. The results,

published in an early online issue of the *Annals of Neurology*, showed that a history of major depression increased the risk of unprovoked seizures 1.7-fold. But, the researchers note that, after adjusting for age, gender, and cumulative alcohol intake up until the onset of depressive symptoms, suicide attempt was the only depressive symptom that remained significantly associated with an increased risk of developing unprovoked seizure, with an odds ratio of 3.9.

“These data and recent evaluations of selective serotonin reuptake inhibitors in depressed adolescents suggest that different neurotransmitters may influence depression and suicidal

behavior,” Hesdorffer and team comments. They suggest the need for further study to determine the underlying mechanisms explaining the increased risk of unprovoked seizure with either variable, and to explore the possible contributions of family history of depression or suicide attempt.

“Clearly, patients presenting with a new onset unprovoked seizure should be evaluated for a history of suicide attempt and major depression,” say the investigators.

“This history may be useful in directing choice of treatment and efforts to prevent later completed suicide.”

Ann Neurol 2005; 58:

Taking charge of feelings so they don't rule your life

Screams, curses and lamentations... That was what was coming out of Jill's mouth. For 15 solid minutes she made clear to me that no one understood her and that her life was unbearably difficult. She was furious with the misfortune that plagued her. It was unending. And then suddenly, in the middle of the tirade, she stopped

yelling. She put on a friendly face and asked me if I wanted a cup of tea. I was dumbfounded. What had happened to her angry indignation? Then I heard someone fiddling with a key in the front door and understood the reason for the sudden shift: Her roommate had returned unexpectedly. Amid her screaming bout, Jill had heard

footsteps and was pretending nothing was wrong. At that moment, I discovered it is apparently possible to make a radical shift in mood. As easily as Jill “switched on” her anger, she was able to “switch it off.” Can everyone do this? Tom could. I met Tom back in the days when we spent a lot of our time in pubs and the legendary Dutch “coffee shops” where marijuana is allowed. At one point, Tom just about lived in a coffee shop. For years he did his very best to smoke as many joints as he could, thus postponing all the tough decisions on work, money and relationships for as long as possible. I recently ran into Tom. He told me he had suddenly had enough. One morning, while he was rolling a joint, he had a clear thought: “Starting today, I only want to see the beauty and opportunities in my life.” In one day Tom became a different person. His wife says: “Since then I haven't once seen him depressed or grumpy, even if he's been up and down with our child all night.” Tom flipped the switch. The stories of Jill and Tom show that emotions can take you for a ride but that there is another part of you that remains unmoved. And yes, you're capable of flipping the switch any moment and turning off your dark, angry emotions. So do you suppress

50 Primary Pupils 'Are Heroin Addicts'

Up to 50 children of primary school age in Glasgow are regularly using heroin.

The shocking figure was revealed as it emerged that an 11-year-old girl had collapsed at a primary school in the city last week after smoking heroin. Community leaders, health workers and politicians said the young girl's case highlighted the need to tackle the drugs problem at an even younger age. The girl admitted to social workers that she bought £10 bags of the class-A drug outside a shopping centre in Pollok, in the south of the city. She told doctors she had been smoking heroin for more than two months.

The Scottish National Party's deputy justice spokesman claimed that

charities battling Scotland's rampant drug problem had told him they were dealing with dozens of children of a similar age taking heroin. He said the youngsters were more likely to smoke the drug, a practice known as “chasing the dragon”, than inject it. Of the 11-year-old girl, he said: “Unfortunately, she's far from alone in that, I understand there are probably as many as 50 primary school addicts in Glasgow”.

Last year, experts at the University of Glasgow found that children as young as ten have experimented with heroin and cocaine. The researchers found that children aged between ten and 12 north of the Border were twice as likely to take drugs as their English counterparts.

Contd. on Page 13

What Causes People to Commit Suicide

Nearly five years after Lisa Grubbs' father killed himself by swallowing too many pills, the Port Orange mom-on-the-go still doesn't know why.

William "Bill" Thompson, 57, didn't leave a note.

The question of what causes people to commit suicide vexes families and professionals alike, especially in Volusia County, which in recent years has had one of the state's highest suicide rates. There are probable causes, such as the depression Thompson suffered, but most everyone gets the blues, loses a job, fights loneliness from time to time. What propels people past their natural fear of death? For nearly 20 years, Thomas Joiner, author of the new book, "Why People Die By Suicide," has been seeking answers.

They haven't been easy to come by. For all the suicides that occur — the number annually outpaces homicides — its victims aren't around to explain themselves. Meanwhile, federal research money allocated to understanding suicide is "pitifully low," Joiner said.

He believes people who have attempted suicide, or at least considered it, could provide some answers. Meanwhile, psychological autopsies, or careful research of suicide victims — including interviews with their families — has given him some theories. People who are suicidal go through a period of what he calls "habituation," or little by little getting used to pain while reducing their natural fears. "People who are prone to cut on themselves, hurt on

themselves ... that lays the groundwork for more serious self-injury," Joiner said. "Anyone with frequent injuries, accidents, self-injecting drug use would be another example, daredevil behavior, getting regularly hurt." Physicians sometimes fit this profile. "They have high suicide rates," he said. "They have plenty of opportunity to get used to pain and injury, and in their case, it's vicarious through their patients."

Anorexics, athletes and prostitutes also have higher-than-normal rates of suicide. Joiner, who is the Bright-Burton professor of psychology at Florida State University, also believes people who perceive themselves as burdens on others and people who feel they don't belong are susceptible to "suicidal desire." Some communities seem to be more vulnerable. Volusia County, for instance, had 100 suicides in 2004, while Flagler County's total number of suicides more than doubled three years ago when 13 people killed themselves. Medical examiners' records show those figures were down in both counties in 2005. Joiner said regions that have high suicide rates play into his habituation theory. Another factor could play into why certain communities have more suicides than others. It's called the "culture of honor." There are some regions, typically more in the South and the West, where people are more apt to respond to a "cultural insult," such as the loss of a job, Joiner said. A more prevailing factor, though, is mental illness. More than 90 percent of people who die from suicide have a

clear mental disorder at the time of their death, he said.

William Thompson's family knew he struggled with depression, but didn't know it would lead to his death. "There's probably things we didn't do that we could have done," Grubbs said. "It's a day-by-day thing. When they're having a good day, you let them go with it."

Sometimes, a dramatic upswing in a depressed person's mood can be a mirage, a warning sign disguised as a gift. Thompson had been an area supervisor for McDonald's and had also sold cars. "A lot of people knew my dad and were stunned," his daughter said. "He put up a good front." How he died cast a stigma on the family. "You feel like you're going to be the family who couldn't do enough to save their loved one," Grubbs said. "It's taken us a long time to get through that." That stigma has slowed human understanding of suicide and how to stop it, said Terry Smith, a former chairman of the Florida Suicide Prevention Coalition and Flagler-Palm Coast High School teacher. "We can talk about every other ailment," he said. "But when we get to our mind, it's not something we want to talk about much or at all." Smith, whose daughter Stephanie died from a self-inflicted gunshot wound in 2001, and Grubbs have found some solace in educating others about suicide. Joiner, too, is spurred on in part by personal experience. His own father committed suicide in 1990.

CDC Suicide Fact Sheet

emotions: switch them on and off. The only thing you have to do is find the one who's at the controls. The only thing you have to do is find yourself.

Contd. from page 12.

Taking Charge of feelings....

your feelings when you switch them off? Yes, I think you do. But is that so bad? Isn't it much worse when you suppress yourself by allowing your emotions to get the upper hand? Emotions are fun and exciting to play and experiment with as long as you know you have (rather than are) them. When you feed your emotions, writes Eckhart Tolle in his book A New Earth,

they are like "pain-bodies" that get bigger and bigger until they completely swallow you. Tolle even compares emotions to parasites because they feed on your energy. Do you become cool and calculating if you choose no longer to feed your pain-bodies? If you choose not to pick a good fight or stir things up? No, because the more distance you can take from your emotions, the less they will run you. The less you'll tend to suppress them. Only then can you play with your

**With love and patience,
nothing is impossible.**

— Soka Gakkai

ADOLESCENT SUICIDE: COMMUNICATION IS KEY TO EPIDEMIC, OFFICIALS SAY

Roger Williams says his daughter, Amy, chose a permanent solution to a temporary problem when she shot herself in 1996.

Nearly a decade after their 16-year-old daughter took her life, Roger and Sherri Williams still ask questions they know will never be answered. They desperately want to know the young woman their daughter would have become, and, they admit, they still feel the gnawing anger of parents whose child died by choice. "You think about it now. She'd be 26 years old," Mr. Williams said of his daughter, Amy. "What would she be like now?"

Amy was a pretty, blonde sophomore at Northwood High School planning to enroll in the dental program at Penta Career Center the next year when she skipped school one April day in 1996. She left a note for her family and another for her boyfriend, tried to call her boyfriend but got an answering machine, then dialed 911. She shot herself and died before police and paramedics broke down the back door and found her in her bedroom.

"Amy loved her family, loved her life," her father said quietly. "I think she had a temporary problem, but she chose a permanent solution." Nationwide, suicide is the third leading cause of death for adolescents. The numbers are staggering. Dr. Nancy Carroll, a child and adolescent psychiatrist at Connecting Point, a nonprofit private children's service agency in Lucas County, said every day in the United States 11 young people between the ages of 15 and 24 take their lives. Girls are more likely to attempt suicide; boys are more likely to complete it. Between 1952 and 1995, suicides nearly tripled among adolescents and young adults, she said, and from 1980 to 1997, the suicide rate among children ages 10 to 14 increased by 109 percent. "If you look at suicide in general, the belief is the common denominator is hopeless, helpless pain

- unbearable, intolerable pain, not being able to feel like they can tolerate it anymore," Dr. Carroll said.

It's imperative that adults talk to their children about the stresses in their lives, try to understand the problems that weigh so heavily on them, and take any warning signs that their child is thinking of suicide very seriously. "Talk about it openly, know what the risk factors are, and look seriously at your child's risk factors," Dr. Carroll said. "If they broke up with their girlfriend, that's a risk factor. If they're drinking, that's a risk factor."

It's imperative that adults talk to their children about the stresses in their lives,

She also advised locking up weapons a child could get to and use in an impulsive moment. William Donnelly, who heads the Wood County Suicide Prevention Coalition, said mood changes, a desire to escape from life, depression, alcohol, or drug use are all contributing causes of suicide.

"Part of what we need to do in our community is help everyone understand that feelings about killing yourself need to be taken seriously, that there is help available, and how to get the help," he said. "We need to help people learn how to listen to not just kids but all people who need help, to not diminish their feelings, and to work to connect them to support and help."

Three suicides in the last two years at Bowling Green High School, including a 17 year old, who hung himself in a school bathroom during the school day, have school officials looking at their role in stopping the deadly trend. Few schools have formal suicide prevention programs in place, but most say their staff is trained to be alert to warning signs. Teresa Puglisi, guidance director at Toledo's

Bowsher High School, said each year the 1,400-student school has six or seven students come to a guidance counselor with suicidal ideas. "Some of them come and tell us that they are really depressed, and we might get them in rescue crisis," Ms. Puglisi said. "It's not rampant, but it's enough - and those are the students that tell us. There are a number of students who just deal with their depression and manage." The stigma associated with suicide at times makes it hard for people with such thoughts to get help.

Mr. Williams challenged people - especially adolescents - to shake off their discomfort.

"These kids have to realize that if their friend is walking down an alley and someone pulls a gun out, they're going to try to save them," he said. "But when their friend says, 'I'm pregnant' or 'I'm thinking of killing myself,' they don't want to tell anyone."

Jennifer Feehan, Blade

Suicide touches 57pc of youth

MORE more than half of Australia's youth has been touched by suicide. An alarming 57 per cent of those surveyed in the Australian Democrats' annual poll of 15 to 20-year-olds knew a young person who had attempted or committed suicide. The survey also found that 64 per cent of respondents rated family matters, such as divorce and separation, as the issues that concerned them most, that 65 per cent would be discouraged from attending university if the proposed 25 per cent increase in HECS fees was introduced, and that 60 per cent opposed mandatory detention of asylum seekers.

Serotonin Synthesis Gene Haplotype Linked To Depression, Suicide Attempts

Researchers have found preliminary evidence to suggest that a haplotype of tryptophan hydroxylase (*TPH2*) is associated with depression and suicide attempt.

TPH2 encodes the rate-limiting enzyme for brain serotonin biosynthesis, dysfunction of which has been linked to negative mood states including anxiety and depression, note Zhifeng Zhou, from the National Institutes of Health in Rockville, Maryland, USA, and colleagues. The researchers therefore looked for evidence of *TPH2* haplotype linkage to anxiety/depression phenotypes and suicide attempts. They initially re-sequenced *TPH2* in 190 individuals from a variety of ethnic and clinical populations to find 16 single nucleotide polymorphisms (SNPs) that were associated with anxiety/depression, suicidal-impulsive behavior, or suicide attempt. The majority of these resided in the same portion of *TPH2*. Zhou *et al* then examined six of the common SNPs in

more detail and found that two haplotypes were in “yin” and “yang” configuration.

The yin haplotype was increased in frequency in suicide attempters among both Finnish Whites and African Americans. This haplotype was also associated with major depression and anxiety disorders in US Whites and with major depression in African Americans. In contrast, the “yang” haplotype appeared to protect against depression and anxiety, at least in White populations, the team reports.

In addition, the yin haplotype was associated with reduced cerebrospinal fluid (CSF) levels of 5-hydroxyindoleacetic acid (5-HIAA), an intermediate phenotypic marker of serotonin turnover, in individuals without psychiatric disorders, whereas there was no association between *TPH2* haplotype and 5-HIAA levels in suicide attempters. “This provides evidence of genetic determination of serotonin turnover

in healthy individuals whose serotonin function is not greatly perturbed by environmental factors,” say Zhou and co-workers.

“In controls, each copy of the vulnerability haplotype may lower the CSF 5-HIAA concentration by an average of 16% to 17%.” They add: “The lack of association of the *TPH2* haplotype with 5-HIAA levels in suicidal individuals is consistent with the effect of various environmental factors on serotonin function and 5-HIAA levels.”

The researchers report in the *Archives of General Psychiatry* that a *TPH2* functional locus remains to be found. “A guide to this discovery process can be the study of alleles specifically associated with the yin vulnerability and the yang protective haplotypes reported herein,” they say.

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Web suicide pacts surge in Japan

The number of Japanese who killed themselves in suicide pacts made over the internet rose sharply last year. Police said 91 people died in the pacts in 2005, compared with 55 in 2004 and 34 in 2003, when the records started. Alarm at the rise has led to increased vigilance by internet service providers, who now report suspected suicide pacts to the authorities. Japan has one of the highest suicide rates in the world, and the pacts may appeal to those scared to die alone. Police figures showed 34 internet-arranged suicide pacts were recorded last year. Of the 91 people who died, 54 were men and 37 were women, with most being in their twenties or thirties. But the number of cases may now be falling. Twenty of the 34 cases took place in the first three months of last year, before internet service providers started working with the authorities

to tackle the problem. In one case in February, three men and three women who had contacted each other via the internet shut themselves in a car and lit charcoal burners, poisoning themselves with the carbon monoxide. Suicide has become a widely discussed topic on many websites in Japan, and there is even a guidebook to the best places to kill yourself. The authorities have talked about closing down or regulating the websites. But organisers argue that they offer a compassionate service to those who have given up all hope of the future. Increasing numbers of young people in Japan are feeling alienated by modern life. Several thousand are termed “hikikomori” - recluses who never leave their room, finding entertainment only on the internet. The suicide pacts still make up a relatively small

proportion of Japan’s suicides. More than 34,000 Japanese took their own lives in 2003, according to the National Police Agency - an increase of more than 7% from the previous year.

This trend is not confined to Japan. There have been reports an increase of similar chat rooms on the net in other countries for instance the USA and England. The Australian response to this sinister trend has been to introduce legislation banning sites that advocate suicide. This is apparently not possible in many jurisdictions. It is important that we should all be aware of these sights and awake to the possibility that vulnerable young people, in particular, surfing the net will come across these very dangerous sites and be seduced by their message and end their lives tragically.

Coffee is Biggest Source of Antioxidants in Irish and US Diet, Study Suggests

Coffee is likely to contribute far more health-giving antioxidants to the Irish diet than fruit and vegetables, research suggests. The evidence comes from the US where scientists measured the antioxidant content of more than 100 different food items, including vegetables, fruits, nuts, spices, oils and beverages. This information was combined with data from the US Department of Agriculture on the contribution of each food item to the average American's diet. Coffee emerged as easily the biggest source of antioxidants, taking account of the amount per serving and level of consumption. Black tea came second, followed by bananas, dry beans and corn. Both caffeinated and decaffeinated coffee appeared to provide similar antioxidant levels. Antioxidants help to rid the body of harmful free radicals, destructive molecules that damage cells and DNA. They have been linked to a number of health benefits, including protection against heart disease and cancer. Studies have associated coffee drinking with a reduced risk of liver and colon cancer, type II diabetes, and Parkinson's disease. It is recommended that people drink only one or two cups of coffee per day. It is also important not to ignore the benefits of fresh fruit and vegetables. Unfortunately, consumers are still not eating enough fruits and vegetables, which are better for you from an overall nutritional point of view due to their higher content of vitamins, minerals and fiber. The research showed that dates were the richest source of antioxidants. Cranberries and red grapes also contained high levels.

The Troubles Linked To Mental Health Problems

A new survey carried out in the North and the six border counties has found a considerable proportion of the population suffer significant mental health problems which they attribute directly to The Troubles. 3,000 people were surveyed and one of ten reported symptoms that are suggestive of Post Traumatic Stress Disorder. The survey is the work of researchers from the School of Psychology at Queen's University in Belfast. They called it "The Legacy of the Troubles project". The mental health problems were twice as common in the North compared to the six counties immediately south of the border. One in ten reported symptoms that are suggestive of clinical Post Traumatic Stress Disorder. Orla Muldoon, a senior lecturer in Queen's, says the survey's findings indicate the scale of trauma caused by The Troubles. It also shows that the effects of the conflict have not been felt evenly across the population.

Contd. from page 10. No Link Between Cholesterol and Suicide in Alcoholics

cholesterol levels could serve to identify these individuals early enough to help them," he said. While recent studies have found that individuals with lower cholesterol levels may be more likely to either attempt or complete suicide, there is no firm evidence linking cholesterol and suicide risk. For their study, Deisenhammer and his colleagues interviewed and took blood samples from the 110 study volunteers grouped according to whether or not they had attempted suicide during their lifetime. The blood samples were checked for total cholesterol, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol and triglycerides. The researchers found no association between cholesterol levels and suicide attempts. However, they did identify a profile of alcoholics

at risk for suicide. Those who had attempted suicide were younger, more often smokers, had more frequently co-abused benzodiazepines (used to relieve anxiety and insomnia), and scored higher on the two standard tests, the Montgomery and Asberg Depression Rating Scale (MADRS) and the MADRS "suicidal thoughts" item. "Maybe future studies will show that there are subgroups of patients for which cholesterol may be useful as a biological suicide marker," Deisenhammer said. "Until that time, doctors and relatives of alcoholics should consider the possibility that their patient/husband/colleague may be, or become, suicidal. Until we have easily applicable biological risk markers at our disposal, they will need to assess suicide risk primarily through conversation."

Upcoming Events

September 2006

11th Annual Conference
Irish Association of Suicidology
West County Hotel, Ennis
Women's Health and Suicide
www.ias.ie

November 2006

6th National Conference
Irish Association of Suicidology
Suicide Prevention:
School as a Place of Healing
www.ias.ie

April 28-29, 2006

American Association of Suicidology
18th Healing Conference,
Seattle, WA
www.suicidology.org

28th April - 1st May 2006

39th Annual American Association
of Suicidology Conference,
Seattle, Washington
Science and Practice in Suicidology:
Promoting Collaboration, Integration
and Understanding
www.suicidology.org

8 September 2006

1st International Suicide Postvention
Seminar - Portoroz, Slovenia
Current Understandings of Survivor
Issues: Research, Practice and Plans.

8 September 2006

5th International meeting:
Portoroz, Slovenia.
"Suicide: Interplay of Genes and
Environment", from Suicidal Mind to
Brain: From Familial Studies to
Proteogenomics,
Org.: Institute of Public Health of the
Republic of Slovenia.

9-12 September 2006

11th European Symposium on Suicide and
Suicidal Behaviour, Portoroz, Slovenia

Suicide in Europe: from Greenland to
Caucasus, from the Urals to Gibraltar.
www.esssb11-slo.org

August 2007

XXIV IASP World Congress, Killarney,
Ireland

Preventing Suicide Across
the Lifespan: Dreams and Realities
www.iasp2007.org

Mental Health Ireland

Annual Conference
19th - 21st May 2006
Talbot Hotel, Wexford