

IAS The Irish Association of Suicidology

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IAS MOVE HEADQUATERS

Dear Members,

Welcome to the first quarterly newsletter of the Irish Association of Suicidology (IAS), through which we hope to keep you as up-to-date as possible with what's happening in the area of Suicide Prevention at home and abroad.

As many of you already know, the IAS was set up in 1996 in response to concern about the rising suicide rates in Ireland and the grief and suffering caused to families and communities by these unnecessary deaths. The IAS is a voluntary organisation which believes that everybody has a role in suicide prevention. With this in mind we try to bring people together by holding conferences and workshops throughout the country. These conferences offer opportunities to listen, to share, to catch up on the latest research and practice issues in Suicidology from national and international experts, and act as a network for organisations and individuals with an interest in suicide prevention. We hope that this newsletter will form another platform where you, our members, have a chance to share information on a more regular basis.

With the rising rate of suicides in young people and requests from teachers for information on how to cope with, a student who is suicidal, and the aftermath of a suicide of a student or staff member, the IAS published 'Suicide Prevention in School: Best Practice Guidelines' a hand book for teachers. We hope that these guidelines will help teachers to put in place a suicide prevention strategy for their schools. On foot of several

enquiries from journalists and broadcasters who were concerned about how to report the issue of suicide in either a factual or dramatic context, the IAS in cooperation with the Samaritans, drew up Media Guidelines on Portrayal of Suicide. By working in partnership with the media, we hope to improve the public's understanding of this very difficult issue.

The IAS has relocated its headquarters from St. Mary's Hospital to a new premise at New Antrim St. Castlebar. On behalf of the board of directors I would like to thank the Western Health Board for their support in setting up the organisation and for their continued support down the years. The Department of Health who provide us with core funding, the National Lottery, the Curriculum Development Unit of the Department of Education who help out financially with our specialised conferences. To you, our members, a special thanks for your support. With your help the IAS will continue the ever growing challenge of suicide prevention.

I do hope you will find this newsletter of interest and that it will prove a valuable source of updated information. If you feel you would like to comment on any of the articles or if you would like to contribute to future issues of our newsletter please send your correspondence, by e-mail, to me at joscott@eircom.net. I look forward to hearing from you.

Josephine Scott
Executive Officer

Facing up to suicide:

a mother's struggle towards acceptance

Mary Hutchinson

"My son died on October 27th 1996. Raymond was twenty-three when he took his own life. He was a warm, thoughtful and considerate young man who I firmly believe had no idea he would bequeath such a painful legacy to his family and friends. The journey since his death has not been easy. Life over the years and particularly at the beginning has been unbearable, painful, lonely, isolated, fearful and negative. Seven years on we are still trying to understand more fully what it means to be a survivor of suicide. The fact that I hadn't thought my son's death was a possibility didn't make me feel any less responsible; guilt can be very irrational. Looking back, I suppose his suicide should not have been the totally unexpected event it seemed at the time;

***They are not dead
who live in the
hearts they leave
behind"***

(North American Indian proverb)

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Turning the Tide of Suicide 3T's Project

On 3rd February 2004, Ireland's golf superstar Pádraig Harrington presented €10,000 cheque to the Irish Association of Suicidology on behalf of the 3T's (Turning the Tide of Suicide) project the brainchild of Prof. Kevin Malone. Kevin is a member of the board of directors of the Irish Association of Suicidology, since returning to Ireland he has done a great deal of work in suicide awareness and prevention through the 3T's project and public lectures. He has done high quality scientific research on suicide and has published numerous articles in leading international journals. Members of the IAS will remember his fascinating talk, at our recent conference in Killarney, on Brain Imaging in patients who abuse alcohol and drugs of addiction. The 3T's project aims to raise awareness of the problem of suicide in modern Ireland, while also raising much-needed funds for organisations addressing suicide.

The second annual 3T's golf competition will take place in 2004, involving Ladies' Club Captains, PGA professionals and the winners of nine Men's and Ladies' competitions run either in conjunction with an existing event or as a new competition to be held at the end of May at the participating clubs. The winners in each club will then progress to a number of provincial finals, the winners of which will in turn play in the final event on the new South Course at the K Club in August 2004, with the overall winning team of four securing entry to a golf tournament in South Africa. The entire proceeds of the 3T's golf tournament will benefit the Suicide Prevention Programme by funding research, intervention and support.

For further details, please visit the 3T's website (www.3ts.ie)

Launch of New Book

A book '*Confronting bullying in the workplace, school and home*' has just been launched by the Awareness Education Office, for further details contact Fr. Tony Byrne or Sr. Kathleen Maguire, 087 2431127
e-mail awarenesseducation@eircom.net

HeBE/NSRG National Strategy for Action on Suicide Prevention

The Health Board's Executive (HeBE) and the National Suicide Review Group (NSRG) have come together, with the support of the Department of Health and Children, to develop a National Strategy and Action Plan for the reduction of suicide and suicidal behaviour in Ireland. This Strategy and Action Plan will build on the Report of the National Task Force on Suicide which was published by the Department of Health and Children in 1998 and will take account of developments that have occurred in Ireland in the past five years.

The consultation process is now underway. The process, which will involve key stakeholders from the statutory, voluntary and community sectors, began in Maynooth on February 24th when the first of 5 planned consultation days was convened by the MHB and SWAHB.

The dates of the remaining consultation days are as follows:

- NEHB and NWHB, 21/04/04, Monaghan.

For further details contact your local health board resource officer for suicide prevention.

STUDY CLAIMS ATKINS DIET AFFECTS MENTAL HEALTH

It has been claimed that the Atkins diet could lead to mood swings and depression among slimmers. Researchers have said the diet could increase the risk of long term health problems, such as Kidney Damage, high cholesterol, and diabetes. A study carried out in the United States has said the diet could also affect mental health.

Suicide Facts 2002

- 451 people died by suicide 371 males and 80 Females
- Highest number of suicides occurred in the Eastern Regional Health Authority a total of 122, 91 males and 31 females followed by the Southern Health Board with 87, 70 Males and 17 females.
- The highest no of suicides occurred in the age group 25 - 44, 165 males and 30 females
- Hanging is the most common method of suicide among males claiming 249 lives in that year.
- The overall rate of suicide in Ireland dropped from 13.5 to 11.5

SCHOOLS CAN HELP TACKLE SUICIDE

SCHOOLS should be used to encourage young people to seek help when they are experiencing problems, according to a major study on suicide and mental health. The study, *The Male Perspective, Young Men's Outlook on Life*, found almost 60% of men turned to their mother for support but only 37% went to their father. Of 363 young men in the Mid-Western Health Board region found 83% had few or no serious personal, emotional behavioural or mental health problems in the past year. But of those who reported having a problem for which they felt they needed professional help, 70% did not try to get that assistance.

Problems can be discussed in confidence with the Samaritans on 1850 60 90 90.

Men Reluctant to Seek Help

In the areas of seeking help prior to suicide, research has revealed that only 5.5% of people under 35 years of age attended their family doctor in the week before their death. The fact that young men, the most vulnerable group with regard to suicide, do not readily present to services represents a major frustration for clinicians. Young people and parents appear to have a lack of knowledge and difficulty accessing existing services. *Ir J Pshch Med 2004;21(1):6-10*

Alcohol Misuse

Dr. John Connolly

It seems to me that it is very difficult to speak or write about alcohol and its relationship to suicide and attempted suicide and the increase in general random violence in our streets, without appearing to preach or to be a killjoy. This says a lot about us as a nation and our attitude to drink, the role it plays in our lives and our toleration of the absurdity of drunkenness and its attendant bad behaviour. I write as some one who is not averse to having a drink and as one who no doubt has contributed to the increase in wine sales in particular in Ireland over the past decade. It is a tragedy that something which can act as a social lubricant and can bring people together in a convivial social situation and foster good fellowship and friendship can, when misused and abused, cause such havoc, pain, suffering and indeed tragedy to individuals their families and society. It takes a major tragedy such as the death of a young student in an affray after a night out to really bring home to us the awfulness of it all. None of the protagonists set out on that evening thinking that they would be involved in such an incident. None of them went out intent on or planning to end a life. Yet at the end of what was to be a happy outing one young life was brutally ended and four others destroyed. Many others will have been touched and damaged by what they witnessed. Our hearts must go out to the

Suicide and para suicide are frequently associated with alcohol misuse.

families of those involved. This however is only the latest high profile case in a rising tide of street violence perpetrated by ordinary descent people under the influence of alcohol.

Alcohol misuse is likewise involved in a high proportion of fatal and non fatal road traffic accidents. Our attitudes to drinking and driving are fortunately changing and people are less tolerant of those who indulge in that behaviour. Young people in particular are less likely to risk driving while under the influence than middle aged or older people. In time this should reduce death on the road. There is another type of violence, violence towards the self; suicide and suicidal behaviour which receives less publicity than those forms of destructive behaviour mentioned above. Suicide and para suicide are frequently associated with alcohol misuse. Interna-

tional research shows that there is a direct relationship between levels of alcohol

Depression as we well know is a major risk factor for suicide. In addition many people who are depressed turn to alcohol in the mistaken belief that it is a stimulant and will help their condition only to find that they get more depressed.

consumption and rates of completed suicide. The higher the level of alcohol consumed in a country, usually expressed in litres of absolute alcohol per capita, the higher the suicide rate. As levels of alcohol consumption

fall so too do suicide rates.

This was well illustrated in Gorbachov's Russia during Perestroika when the availability of alcohol was reduced. Unfortunately that policy was reversed by his successor and suicide rates increased again quite dramatically. In the past ten years in Ireland suicide rates, particularly among young men, have risen dramatically in parallel with a 40% increase in alcohol consumption. Of interest is that in most of the other member countries of the European Union levels of alcohol consumption have fallen as have rates of youth suicide. While the association between alcohol consumption is clear, how it operates is not. Alcohol is a depressant and does make people depressed. Depression as we well know is a major risk factor for suicide. In addition many people who are depressed turn to alcohol in the mistaken belief that it is a stimulant and will help their condition only to find that they get more depressed. Another pathway to suicide and suicidal behaviour is that under the influence of alcohol

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Aspergers Syndrome and Suicidal Behaviour

Professor Michael Fitzgerald

Aspergers Syndrome is a condition of which there is an extremely low awareness among mental health professionals in Ireland. There is a lack of awareness of the high suicidal risk in persons with Aspergers Syndrome. In today's medical

Ludwig Wittgenstein, who has Aspergers Syndrome, has had suicidal thoughts throughout his life

press (Irish Psychiatrist 4th March 2004) there is a detailed discussion of a person with Aspergers Syndrome, Michael Ventris, the man who deciphered Linea B a greek tablet, completed suicide. Aspergers Syndrome is characterized by eccentricity, poor eye contact, stiff gaze, very poor social relationships, speaking with a high pitch tone of voice and obsessive

interests e.g. deciphering ancient scripts.

A new book, *Autism and Creativity (2004)* by Fitzgerald M. Published by Brunner Routledge, gives detailed descriptions of a number of persons with Aspergers Syndrome. Ludwig Wittgenstein, who has Aspergers Syndrome, has had suicidal thoughts throughout his life, was treated for depression by Prof. N. Moore in St. Patrick's Hospital, Dublin, and spent time writing in Co Mayo in the west of Ireland.

In the same book the mathematician Ramanujan also has Aspergers Syndrome and attempted suicide Unless in therapy, empathy and Theory of Mind skills are dealt with, it will be difficult to help persons with Aspergers Syndrome to improve their depression and reduce their suicidal idea.

DAIL WATCH

Suicide Research Funds Cut as Deaths Rise

THE Government has almost halved its spending on suicide prevention and research programmes from €1.11 million to €655,000. This is despite the fact there were 451 suicide deaths registered in 2002, an increase on the figures in the previous year. A spokesman for the Samaritans expressed dismay that the Government's spending on suicide prevention programmes and research had been cut. "It is very important that the issue of suicide prevention does not slip from the Government's agenda," the spokesman said. But, the department said an increased "cumulative total of more than €13m has been provided towards suicide prevention and for research since the publication of the report of the National Task Force on Suicide in 1998". The report showed there were 451 suicide deaths registered in 2002 compared to 448 for 2001. Across the health boards, there was little variation in suicide rates. The lowest was in the Eastern Regional Health Authority.

Mental Health 'ignored'

Fine Gael deputy health spokesman, and President of the Irish Association of Suicidology, Dan Neville (Limerick West), attacked the Minister for Health over his handling of mental health services. "The Minister for Health continues to totally ignore his responsibility for mental health services" said Deputy Neville. "In 2004, apart from a small extra allocation to the Central Mental Hospital, there has been no increase in the financial allocation to the mental health services in 2003," he said. "The Government has again chosen to ignore the great stress, pain and suffering caused by the scandalous lack of resources to deliver a semblance of mental health service," said Deputy Neville. "The contribution is now just seven per cent of the total health budget, yet one-in-four people will suffer from a psychiatric condition at sometime in their life," he said. Deputy Neville also accused the Minister of abandoning any policy to reduce levels of suicide. "The recent announcement of new National Strategy Committee is a smokescreen for inactivity," he said. Deputy Neville said there was no need for to formulate a national strategy on suicide as a strategy had been in place since January 1998 when the Report of the National Task Force on suicide was published by the then Minister for Health & Children Mr. Brian Cowen. "There are 86 recommendations on ways of preventing suicide and parasuicide, yet six years afterwards a Minister has now decided that a strategy committee should be formed to do so," said Deputy Neville.

Irish Medical Times, March 2004

The Government Failing to Properly Address Bullying in Schools

THE GOVERNMENT is failing to properly address bullying in schools, a leading expert told the Oireachtas. Addressing a meeting of the Oireachtas Education Committee, Dr Mona O'Moore from Trinity College said adequate measures to combat bullying would prevent children becoming involved in violent behaviour.

By intervening and tackling bullying in schools you can achieve a reduction in violence in society in the long term," she said.

"There is a chance to stop the actual development of violent behaviour," apart from fostering violent and aggressive behaviour, bullying in younger life very often affected people throughout their entire lives. Some 34,500 school children in both primary and secondary education suffer bullying defined as repeated incidents of aggressive behaviour directed persistently against them.

Dr O'Moore, said a pilot programme in Donegal schools had been so successful that Norway had ploughed government resources into developing the same model nationwide there. However, similar backing from the Irish Government had not been forthcoming. Although the system is to be extended to another 168 schools through the efforts of the anti-bullying centre, Dr O'Moore criticised the Government for not establishing and supporting a national anti-bullying programme "If all schools were encouraged to introduce the Donegal model Ireland would see a more tolerant, less violent society," she said.

"We should be re-issuing national guidelines to schools. The fact that they are actually out of print at the moment sends a signal that the Department of Education and Science isn't taking bullying as a serious issue," Dr O'Moore said, adding that there was a tendency of tardiness on the part of the Department of Education to support anti-bullying research and initiatives.

As an example, Dr O'Moore pointed to the fact that Windmill Lane studios were lined up to make an awareness video for the classroom but an answer on funding could not be had from the department of Education.

"I'm just desperate, I have to say. It's not a costly thing at all but I can't get an answer from them either way," she said.

What's Happening in Northern Ireland?

If Your Heads Away Just Say

'If your heads away just say' is the message of a hard hitting new advertising campaign to alert young men to some of the potential triggers to mental ill health and possibly suicide. The launch of the television advertisement took place on 9 March 2004 at the Verbal Arts Centre, Bishop St, Derry. The campaign was developed through a partnership approach by North and West Belfast Health and Social Services Trust, the Western Health and Social Services Board, Belfast Education and Library Board, The Samaritans, Westcare Health Promotion Department and the Western Investing for Health Partnership. It aims to reach 15 to 25 year old men in a format and medium that they can relate to. The advertisement has already run in 2 cinemas in north and west Belfast and generated 3,500 website visits in one month.

The suicide rate for Northern Ireland has grown steadily over the past number of years and currently stands at approximately 12 per 100,000 of the population compared with 13 per 100,000 in the UK, which accounts for 20% of all deaths amongst young men. Deaths by suicide in young men are comparable with the number of deaths by road traffic accidents in Northern Ireland. Young people from North and West Belfast and the Western Board area frequently tell us that they do not know where to go for information or advice. This campaign has been arranged to bridge that gap. Ongoing work with young men has identified issues which cause them stress and pressure and also the best way to get messages to them. These include drugs/alcohol abuse, peer pressure, relationships, violence/joy riding and family pressures.

The advertisement shows each of these issues as potential triggers and ends with the line - 'if your heads away just say'.

The advertisement will be supported by a range of promotional literature including a pocket size card, which will be distributed to schools, colleges and youth clubs and a web site - www.heads-away-just-say.com.

The advertisement, which is part of North and West Belfast Trust and the Western Health and Social Services' suicide

prevention strategy, ran from 9 - 23 of March 2004 on Channel 4, Ulster Television, Channel 9, City Beat and Q102.

THE STRATEGY INCLUDES:

- Improving statutory and voluntary health and social care services, particularly in terms of their accessibility to young people
- Enhancing the inter-personal skills of young people especially in the areas of confidence building, assertiveness and problem solving
- Maximising economic growth, employment creation and training opportunities
- Increasing the public's understanding of depression, suicidal behaviour and suicide itself
- Promoting positive mental health and suicide prevention strategies within local organisations
- Removing or reducing access to the methods of suicide
- Working in partnership with the media to promote positive mental health messages
- Encouraging and supporting research into all aspects of suicidal behaviour.

For Further Information Contact:

Sally 028 7186 0086

e-mail: skelly@shssb.ni.nhs.uk

Suicide Risk Training Announced

The Health Promotion Department, Westcare and Foyle H&SST are pleased to announce that they will be delivering the highly respected Applied Suicide Intervention Skills Training (ASIST) programme in the Foyle area over the next twelve months to anyone who works with people at risk of suicide. The 2 day ASIST programme was developed in Calgary, Canada several years ago by Living Works Incorporated and is the most widely used suicide prevention training in the world. The emphasis of the workshop is on suicide first aid and on helping a person at risk stay safe and seek further help. Participants will learn how to:

- Recognise opportunities for help
- Reach out and offer support
- Estimate the risk of suicide
- Apply a model for suicide intervention
- Link people with community responses

The 2 day course will be run monthly in the Verbal Arts Centre, Derry and anyone who would like further information should contact Sarah Davidson Health Promotion Department 028 7186 5127

The work of our Northern Directors

The Northern directors of the IAS meet every few months in Belfast serviced by secretarial support provided free of charge by Grafton Recruitment for which we are very grateful. Our main preoccupation is obtaining government funding by identifying a project the Department of Health, Social Services and Public Safety might support. We have already expressed our disappointment at the low level of funding allocated to mental health in Northern Ireland as identified in the recent Mental Health Review but shall endeavour, nevertheless, to secure some financial backing. We have also suggested to the centre that the 2005 Annual Conference be held in the City Hotel, Armagh which is close to the border and has modern conference facilities and we look forward to a good attendance on that occasion.

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FACING UP TO SUICIDE

-Mary Hutchinson

one of the things I've discovered since then, is that survivors sometimes only achieve some understanding with hindsight. Raymond had been displaying signs of depression in the months leading up to his death, but neither I nor anyone else close to him recognised them. The

"I still hurt. I still cry. I still miss my son. . I don't think that will ever change".

letter he left for me confirmed this when he spoke of how tired he was of his life, and how he needed a way out of the pain he was in. He said that all those around him were blind to his pain and could not see. I wish he could have told us at the time and made us understand.

There is no 'cure' for grief. But eventually the extremes of pain and distress depart and you have to face the fact that life moves on whether you want it to or not. Time has changed many things in my life and not least my perception of how to live life one day at a time. Never could I have envisaged my son's death and I have come to see I have absolutely no control over life other than how I live it now. I still hurt. I still cry. I still miss my son. I don't think that will ever change. But I do have another son, a good partner and family and friends who all need and love me, and so I do have a reason to live on, even without Raymond.

As I write this tonight I am listening to a news item on television that is covering some of the issues surrounding the suicides of thirteen young men in North Belfast, in the six weeks since Christmas. This community views its young people as being in crisis and has taken steps to provide counselling facilities. Let's hope that this initiative encourages their young people, especially the young males, to articulate and vent their feelings in order to prevent further deaths.

As I listen further and the details unfold, my heart aches for the families and friends concerned and I pray that they will find the strength to bear their great loss and that they also receive the support and understanding that they will so desperately need

Tips for Mental Fitness: 22 Ways to Mind Your Mental Health

TIPS FOR STRESS MANAGEMENT

1. Don't let your emotions get "bottled up" inside.
Share your feelings with others.
2. Learn to manage your time efficiently.
3. Avoid unnecessary arguments or quarrels.
4. Do a "stress rehearsal". Prepare for stressful events by imagining yourself feeling calm and handling the situation well.
5. Minimize your exposure to things that cause distress.
6. Practice a relaxation technique daily.
7. Be a good Samaritan. Spend time helping others.

TIPS FOR ENJOYING LIFE

8. Balance work and play.
9. Engage in activities you enjoy and look forward to.
10. Discover the "elf" in yourself. Learn to have fun.
11. He who laughs, lasts. Improve your laugh life.

12. Participate in activities with people who share your interests.
13. Reward yourself with little things that make you feel good.
14. Challenge yourself to do something new.
15. Surround yourself with cheery people. Avoid stress carriers.
16. Shun the "superman" or "superwoman" syndrome.
No one is perfect.

TIPS FOR A HEALTHY ATTITUDE

17. Set realistic goals for yourself.
18. Be flexible in dealing with people and events. Avoid "psychosclerosis" a hardening of the attitudes.
19. Accept the things you cannot change in yourself and others.
20. Forgive yourself for mistakes.
21. Take satisfaction in your accomplishments.
Don't dwell on your shortcomings.
22. Clean up "psychological pollution".
See the "positive" in events.

Long Term Risks of Ecstasy Use

Recent research published in England indicates that ecstasy users were 23% more likely to suffer long-term memory problems than people who don't take illegal drugs. Even moderate users experience memory difficulties, University of Newcastle researchers said.

Much of the research has focused on the effects ecstasy has on nerve cells that produce serotonin. Serotonin is a chemical that influences mood, memory, aggression, appetite and sexual behaviour. Ecstasy users suffer higher levels of depression than those who have taken other illegal drugs. Since 1998, brain imaging techniques have indicated that MDMA (the ecstasy ingredient) damages these nerve cells, limiting the ability of the cells to produce serotonin in the future.

Dr Eamon Keenan a clinical psychiatrist working at the Eastern Regional Health Authority is concerned that, with the focus on cocaine, ecstasy is being pushed to the

back burner. He said: "I still see people suffering from depression from ecstasy use, both an immediate depression someone using a bit at the weekend and getting disphoric during the week or, more serious, people may develop long term depressive disorders." He said these cases usually result from heavy use, but that some occasional users can also suffer severe reactions.

- People received treatment for ecstasy across all the health boards in 2000 (about 3% of all drug cases).
- The number of people treated for ecstasy has increased by 32% between 1996 and 2000.
- A survey of drug use, published by the NACD last October, found that 3.8% of 15-to-64-year-olds had taken ecstasy at some stage in their lives. That translates to around 50,000 people, including more than 23,000 young adults.

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Alcohol Misuse

Dr. John Connolly

judgement is impaired and some people behave in an impulsive manner and no doubt this accounts for a number of suicides. The maximum recommended level of alcohol intake per week believed to be unlikely to cause physical or emotional problems, is twenty one units for a man and fourteen units for a woman. A unit of alcohol is a half pint of beer or a small measure of spirits. In our binge drinking, drinking to get drunk culture these limits are exceeded, by some people, in a night out, often several nights per week. Risky binge drinking is most common in the age group 15 to 24. Answers to the problem are difficult to find. Efforts to change attitudes to drinking are too often defeated by the powerful advertising campaigns aimed at young people by

In the past ten years in Ireland suicide rates, particularly among young men, have risen dramatically in parallel with a 40% increase in alcohol consumption.

the drinks industry. Parental example, guidance and control are of great importance. Peer pressure can likewise be a force for good or ill. The cry is too often heard that there is nothing to do in rural Ireland, that the pub is the only social outlet for young people and that alcohol pervades all aspects of Irish life; sporting, cultural and social. That situation can and must be turned around. If government and local authorities are unwilling take up the challenge and provide facilities for young people surely community action can ensure that they do. The third special conference of the Irish Association of Suicidology; Alcohol, Substance Misuse and Suicidal Behaviour, was held in Killarney in November 2003. Speakers from Ireland and abroad delivered talks on all aspects of this problem and many interesting interactive workshops were held. The proceedings of the conference will be published shortly and will be available from our head office. They are essential reading for public representatives, parents, teachers, the helping professions and in fact anybody interested in making Ireland a better place in which to grow up.

FACTS ABOUT ADOLESCENTS AND ALCOHOL

- Damage from alcohol in adolescents can be long-term and irreversible. short-term or moderate drinking impairs learning and memory far more in youth than adults.
- Adolescents need only drink half as much to suffer the same negative effects.
- Individuals who first use alcohol in the age range of 11 to 14 years are at much greater risk of subsequently developing alcohol use disorders.
- Adolescent drinkers scored worse than non users on vocabulary, general information, memory, memory retrieval and at least three other tests
- Adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence
- Adolescents who binge once a week or increase their drinking from age 18 to 24 may have problems attaining the goals of young adulthood—marriage, educational attainment, employment, and financial independence. And rather than "out growing" alcohol use, young abusers are significantly more likely to have drinking problems as adults.

Report of the National Parasuicide Registry

Dr. John Connolly

The second report of the National Parasuicide Registry for the year 2002 was recently released by the National Suicide Research Foundation and is available on the web: www.nsrff.ie. Parasuicide embraces attempted suicide and deliberate self harm.

There has been an increase in the incidence of parasuicide in the past few years in Ireland. The increases were greatest in the Mid-Western (11.9%) and the Southern (12.7%) Health boards. Between 1998 and 2002 the male female ratio for suicide was 4.5:1. In men the ratio of completed suicide to para suicide is 1:12, while for women it is 1:73. Para suicide is commonest in the young. For women in the age group 15 to 19 the rate was 626 per 100,000 of the population. The peak rate for parasuicide in men was in the age group 20 to 24 at 407 per 100,000.

Parasuicide peaked in January, June, July and December the majority presenting on Sundays and Mondays usually between 8 pm and 4 am. Seventy two percent were due to overdose of medication. Alcohol was involved in 42% of parasuicides more commonly in men than women. In 2002 the total number of parasuicides presenting was 8,304. Seventy one percent of these were admitted to hospital for further treatment after assessment in the casualty department. The number of parasuicide presenting at the hospital may be just the tip of the iceberg. Parasuicide is a risk factor for subsequent completed suicide particularly in the young.

Professor Ivan Perry director of the Registry said that parasuicide, indicator of the mental health of the nation, is a major cause of suffering and distress to individuals and families and requires appropriate assessment and treatment. The presentation of a person at casualty following parasuicide is a unique opportunity for therapeutic intervention in a group high at risk of subsequent completed suicide. According to Hawton et al. the management of parasuicide in adolescents requires a multidisciplinary and multiservice response. The majority of parasuicides have an identifiable psychiatric disorder. Family doctors have a special role in the prevention of suicidal behaviour in detecting and treating depression and in the after care of parasuicidal patients. Psychosocial and psychopharmacological interventions to prevent repetition of para suicide have been disappointing. Brief psychotherapy seems more beneficial than treatment as usual and problem solving therapies shows beneficial effects in dealing with depression and hopelessness and specific problems.

ASIST APPLIED SUICIDE INTERVENTION SKILLS TRAINING

ASIST was designed in Canada by the public service corporation Living Works. The workshop itself is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognise and estimate the risk of suicide. The workshop provides the participants with the necessary attitudes, knowledge and skills to recognise and assess the risk of suicidal behaviours, learn how to intervene to prevent the immediate risk of suicide and undertake appropriate management or referral of a person who is at risk of suicide.

In May 2003, the Suicide Resource Office (South Eastern Health Board) delivered for the first time in Ireland the ASIST (Applied Suicide Intervention Skills Training) to Health Services staff from the region. Since then, seven of the ASIST workshops have been delivered to personnel from both the Health Services and the Community. For further details contact the Suicide Resource Office- 051 874013 or www.livingworks.net

Ireland Tops Anti-Anxiety Drug Usage Across EU

IRISH people use highly-addictive anti-anxiety drugs more than anyone else in Europe, according to evidence presented to the EU in Brussels yesterday. Prescription drugs like Valium and Diazepam kill more people in Dublin each year than heroin and crack cocaine while the tablets are suspected of being a major factor in suicides across the country. About 145,000 Irish people with medical cards were regularly prescribed the drugs known as benzodiazepines or benzos in 2000. The number of medical card prescriptions trebled in the five years from 1995 to 2000, according to Barry Haslam, who is campaigning for guidelines on their prescription and use. There are twice as many prescriptions for them in Ireland each year than in Portugal, the second highest users, said Mr Haslam. former addict and founder of the Beat the Benzos campaign to force governments to recognise the damage that these prescription drugs can do.

Yesterday he brought his campaign to the European Commission and presented them with evidence from professional reports and surveys throughout the EU. The European Commission has agreed to prepare guidelines on the use of these drugs for patients and doctors and on providing support for addicts. Health Commissioner David Byrne has supported the idea.

National Suicide Review Group Seeks Projects Officer

The National Suicide Review Group wishes to commission the services of a Projects Review Officer through an appropriate research, academic or professional organisation. Since 2000, through Department of Health funding, the NSRG has provided grant aid to over 60 projects addressing primary prevention, crisis intervention, bereavement support and research. A considerable body of work has been completed and at this stage it is appropriate to critically examine the efficacy and value for money of this work in order to build on the positive outcomes. It is envisaged that a contract will be awarded for a maximum period of 12 months. The level of funding awarded will be in the region of €40,000 depending on the experience/qualifications of the project officer. The applicant organisation will be the employer of the project officer and will administer expenses and office set up etc.

Closing date for applications is April 23rd 2004. For information e-mail: derek.chambers@whb.ie or Phone: 087-6470734. Ann.Callanan@whb.ie Phone: 091 548424

Upcoming Events

September 29th–October 1st 2004

Irish Association of Suicidology

- 9th Annual Conference

'*Suicide Prevention—What you can do*

www.ias.ie

November 24th–26th 2004

Irish Association of Suicidology

- 4th National Conference - School based

Interventions in Crisis Management & Suicide Prevention

www.ias.ie

April 14th–17th 2004

American Association of Suicidology

- 37th Annual Convention

- 14th Healing Conference 17th

Miami, Florida

w.suicidology.org

May 4-7, 2004

Innovative Practices for Suicide Prevention

Montréal, Canada

www.crise.ca/congres/

May 6th -7th 2004

Suicide Prevention Advocacy Network

(SPAN) California—Statewide conference to

formulate a state plan for suicide prevention, Sacramento, CA.

Tel 001 760 753 4565

July 2004

SPAN USA—8th Annual National Suicide

Prevention Awareness Event, Washington.

www.spanusa.org

September 10th 2004

The International Association for Suicide

Prevention, with the WHO—World Suicide Prevention Day.

www.med.uio.no/iasp

November 2004

American Foundation for Suicide

Prevention—6th Annual National Survivors of

Suicide day, various sites, www.afsp.org

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