

# IAS The Irish Association of Suicidology

## NEWSLETTER

## Suicidal Behaviour and The Male Brain

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*Prof. Michael Fitzgerald*

About 80% of all suicides are male. Alcohol and substance misuse is commoner in males and unemployment may be a more significant risk factor in males who complete suicide. It appears that it may be harder for males to find their role and identity in our society where 'a credit card is all you need'.

It is hardly surprising then that the unemployed males who may see themselves at the bottom of the male hierarchy is more likely to suicide.

Unemployed males would appear to suffer significant identity diffusion, may be on a different track to other males, employed and driving their BMWs.

Indeed the difficulties with the male finding a role and being lost are particularly a feature of young male adulthood. The Sunday Times in 2004 stated that; the sperm bank is the perfect father' and had another statement as follows 'women longing for a baby (but) decide to go it alone'. The male has become more marginalized in our society in recent times. Females have entered the

workplace in great numbers but still have retained their fundamental biological role that is in reproduction.

**"Males in severe psychological distress using the 'stiff upper lip' strategy are particularly at risk."**

The male brain has strengths in mechanics, engineering, and mathematics. The talents do not help in the mental processing of psychological distress. In addition males tend to be more aggressive, impulsive, and are therefore at increased risk of engaging in fatal suicidal behaviour. Simon Baron-Cohen points out that good systematisers are also skilled at understanding and exploiting natural systems. The males are therefore good as hunters and trackers. The male is good at mechanical systems and constructing tools. The male is good at making weapons and fighting. Good systematising helps the male to be good at working on the stock markets. Males are particularly good at climbing hierarchical poles. The combination of low empathising (male) and high systematising (male) means a

rapid ascent to the top of the 'social pile'. Males are more single minded. Nevertheless all these features may make suicide more likely.

Males in severe psychological distress using the 'stiff upper lip' strategy are particularly at risk. If it is possible that some of them feel that being in distress is to be unmasculine is to be lacking machismo, which is experienced as intolerable, who then in this highly distressed state undertake suicide. Males are better at map reading. The male language is sometimes more egocentric. Males are more aggressive and get involved in more crime and homicide. Systematising is our most powerful way of understanding and predicting the law - governing the inanimate universe. Understanding the inanimate universe is not much good when a human being male is highly stressed and contemplating suicide. A great deal of this material is also covered in my book Autism and Creativity: Is there a link between Autism in Men and Exceptional Ability? Published by Brunner-Routledge, 2004. The

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## Hi all

It has been a busy time for the organisation since our last newsletter. We held our very successful 9th Annual Conference, 'Suicide Prevention: What You Can Do' at the end of September with a record attendance. This year we introduced, for the first time, a half day seminar for the bereaved. In this session Dr. Adrian Hill shared his personal experience on the death of his mother and the deep hurt, confusion and shock he felt about the way his mother's death was handled. Sr. Kathleen Maguire and Fr Tony Byrne dealt with coping mechanisms the need for understanding when dealing with suicide and the different approaches to bereavement support. Carla Fine spoke about her physician husband's suicide and discussed how the bereavement process of suicide survivors is shrouded in stigma and silenced by shame. Christy Kenneally drew our attention to changes in methods of communication and highlighted how people conceal, and are at times 'expected' to conceal grief, especially grief surrounding suicide. A bereavement seminar will form part of all future IAS annual conferences.

This seminar coincided with the launch of our information leaflet 'Managing Grief and Loss After Suicide' A useful guide for families trying to cope in the aftermath of the suicide of a loved one. The leaflet takes us through the initial reactions, Grief, shock, denial and anger. The struggle for meaning, Why? How relationships can suffer as a result of suicide bereavement. How to involve the children and how to cope with other people's reactions. It also gives a list of helpful organisation which may be contacted.

Our Fourth National Conference 'Schools Based Intervention in Crisis Management and Suicide Prevention' took place in Galway at the end of November this was attend by a large number of teachers, guidance counsellors, psychologists and health care workers. On behalf of the board of directors I would like to thank all those who presented both national and internationally, all of you who attended the conferences and everyone who helped to make both conferences the success that they were.

Let's hope through our learning from such events we can do our bit to insure that suicide takes a back seat in our homes this Christmas.

If you would like to comment on any of the articles in this newsletter or make a contribution to future editions I will be delighted to hear from you.

May I take this opportunity on behalf of the board of directors and on my own behalf to wish you a very Happy Christmas and a Happy and Healthy New Year.

*Josephine Scott*

Executive Officer

## MOST UNDERAGE DRINKERS BUY ALCOHOL IN PUBS

More than half underage drinkers typically buy alcohol themselves in a pub, according to a survey. The study, carried out among post-primary students, found binge drinking and illegal drug use had jumped since 1997. The research revealed that while the prevalence of cigarette smoking had fallen, the drop was smallest among adolescent females. The survey, carried out in the North Eastern Health Board (NEHB), said between 1997 and 2002:

- Regular alcohol consumption fell, from 57% to 54%.
- Getting drunk more than 10 times increased from 24% to 27%.
- Lifetime cigarette smoking fell from 57% to 51%.
- Regular cigarette smoking dropped from 31% to 18%.
- Lifetime illegal drug use jumped from 35% to 41%.
- Regular drug use increased from 12% to 15%.

"This study highlights that while fewer young people in the region are regularly smoking, regular alcohol consumption continues to remain high and is the main drug of misuse within the adolescent population," said NEHB's public health department and study co-author Declan Bedford. "In particular, binge drinking at weekends is a problem that has intensified since 1997." The survey found more than a fifth of students were drinking more than 10 drinks a week, with no differences between males and females. The number of students drinking more than 10 drinks on a Saturday night doubled from 3.5% in 1997 to 6.9% in 2002.

"The high levels of regular drinking on a weekly basis by adolescents clearly highlight how serious the problem of alcohol consumption is in the region," said Mr Bedford.

Half of respondents said they bought alcohol themselves in a pub. This broke down to 80% of those aged 16 to 18 and 28% of those aged less than 16. "Despite being under the legal age requirement, it appears that young people have little difficulty sourcing alcohol themselves," the report said. The survey, published in the Irish Medical Journal, noted substantial decreases in lifetime and regular cigarette smoking since 1997. It found while 16% of males smoked regularly, this increased to 22% among females. There was a significant increase in lifetime use of illegal drugs.

## THE COST OF A MIGRAINE!

The Migraine Association of Ireland has claimed that the condition costs the Irish economy €125,000 every day in lost productivity. An estimated 400,000 Irish people suffered from migraine and the average sufferer took two days off work every year and lost another four through "reduced effectiveness". A new preventative treatment for the condition was launched recently at a meeting of hospital-based migraine specialists in Dublin.

## LIFE'S CHALLENGES

Jobs that are both challenging and afford opportunities to take responsibility seem to protect against the development of dementia. Researchers found that people who had worked in jobs that had been intellectually demanding, had afforded scope for a high degree of control, and had required socialising with people other than immediate work colleagues were less likely to have dementia.

# WEB 'MAY FUEL SUICIDE PACT RISE'

The internet may be fuelling a rise in suicide pacts, a leading psychiatrist has warned.

Dr Sundararajan Rajagopal said a disturbing new trend in suicide pacts involving strangers who met on the web was emerging. In October, nine people in Japan died after meeting over the web and using special sites to plan their deaths. Dr Rajagopal, of London's St Thomas' Hospital, made his comments in the British Medical Journal.

He said traditional suicide pacts account for less than 1% of all suicides, and almost always involves people well known to each other. *Suicide pacts are often associated with a rare psychiatric disorder called folie a deux.* Two people share the same or similar delusional beliefs. The relationship among people with this disorder is also

usually enmeshed and isolated from the rest of society. Most are spouses, and most of them are childless. About half have psychiatric disorders and a third have physical illnesses. However, there is a risk that the internet is helping to break this mould by fuelling a phenomenon dubbed cybersuicide. An increasing number of websites graphically describe suicide methods, including details of doses of medication that would be fatal in overdose.

Dr Rajagopal said such websites can perhaps trigger suicidal behaviour in vulnerable people - particularly adolescents - by giving deeply depressed people an opportunity, which they might not otherwise have, of getting in touch with others who feel the same way. He said the recent suicide pacts in Japan might just be

isolated events in a country that has been shown to have the highest rate of suicide pacts. However, it is possible they might herald a new disturbing trend. Dr Rajagopal said that if the web was increasing the risk of strangers making suicide pacts then it was most likely to impact on young people living alone. He said GPs and psychiatrists should be aware of the potential risk, and ask patients whether they have used the web to obtain information about suicide.

In total, 26 people in Japan are thought to have died in suicide pacts in less than two months. Two girls in South Wales arranged a suicide pact after becoming friends via an internet chat room. Rebecca Ling, 14, survived the overdose attempt while her best friend Laura Rhodes, 13, died earlier this year.

## 21 THINGS TO REMEMBER

1. No one can ruin your day without YOUR permission.
2. Most people will be about as happy, as they decide to be.
3. Others can stop you temporarily, but only you can do it permanently.
4. Whatever you are willing to put up with is exactly what you will have.
5. Success stops when you do.
6. When your ship comes in.... make sure you are willing to unload it.
7. You will never "have it all together."
8. Life is a journey... not a destination. Enjoy the trip!
9. The biggest lie on the planet: "When I get what I want, I will be happy."
10. The best way to escape your problem is to solve it.
11. I've learned that ultimately, 'takers' lose and 'givers' win.
12. Life's precious moments don't have value, unless they are shared.
13. If you don't start, it's certain you won't arrive.
14. We often fear the thing we want the most.
15. He or she who laughs.... lasts.
16. Yesterday was the deadline for all complaints.
17. Look for opportunities... not guarantees.
18. Life is what's coming.... not what was.
19. Success is getting up one more time.
20. Now is the most interesting time of all.
21. When things go wrong.... don't go with the flow.

## Doctors Must Combat Adolescent Suicides

Doctors can combat increasing adolescent suicide rates by asking simple, pointed questions when faced with young patients showing signs of sadness or depression, according to Professor Michael Fitzgerald a professor of psychiatry in Trinity College and Chairperson of the Irish Association of Suicidology. Speaking at the 4th National Conference of the Irish Association of Suicidology in Galway Professor Fitzgerald said because more than half of all people who die by suicide have been to see a doctor within a month before, doctors can no longer afford to be wary of asking direct questions about a patient's mental health. "If an adolescent looks down or sad, one should ask them if they are down in themselves, if they feel life is worth living? Have they thought about ending it all? Very often they will give you quite a good answer," he said.

There is no way to distinguish very sad adolescents from those who are potentially suicidal "unless you ask them" according the Professor. He said special attention should be given to males, who are less communicative than females and far more likely to take their own lives.

## CORONER CALLS FOR STANDARDISED SUICIDE RECORD

The Kildare Coroner, Prof. Denis Cusack, has called for a standardised system of recording suicide verdicts. Prof. Cusack said a review of the system is necessary to eliminate variations in how deaths are recorded. Writing in the *Journal of Clinical Forensic Science* with Ms. Cliona McGovern, lecturer in legal medicine at UCD, Prof. Denis Cusack highlighted discrepancies arising from differences in the opinion of coroners and Garda inspections. The authors reviewed deaths in Kildare from 1995 to 2002 and found a number of differences between likely suicides and the figures recorded by the Central Statistics Office. The review found there were 10, 19 and 9 suicides in 1999, 2000 and 2001, whereas the CSO recorded 8, 20 and 16 deaths respectively in the same years. If coroners do not issue a suicide verdict where the case meets the legal criteria, the situation is left to the garda inspector. If the inspector's opinion is at variance with the coroner's verdict, the CSO will not record a suicide. This variance is unacceptable, according to the authors.

"This is a matter of grave concern. Until there is a consistent method of recording the deaths, the actual number of suicides will remain uncertain. Without this information resources cannot be targeted at people who need them most. We suggest that the standardisation of recording suicide verdicts be implemented as soon as possible. In some jurisdictions, said the authors, coroners may be reluctant to bring in a verdict of suicide and therefore return an open verdict or a verdict of "death in accordance with the medical evidence". The reluctance of some coroners to return a verdict of suicide can have a social, historical or religious reasons" the report said. In some cases where the Garda inspector must judge whether to

## GAY GROUP BLAMES CHURCH FOR SUICIDES

ANTI-GAY messages from the Catholic Church are fuelling a rise in suicide rates among gay young men, according to a Cork-based support group. The Southern Gay Men's Health Project (SGMHP) said the "constant tirade of homophobic comments" from the Church was having a devastating affect on young gay men. The group was responding to a letter from the 33 Irish Catholic Bishops entitled *Life is for Loving: A Reflection on Suicide*. The letter urges anyone thinking about taking their own life to reconsider. It also attributes the rise in suicide in Ireland to a weakening of the faith that accompanied the country's economic growth.

But SGMHP, said clients of theirs had blamed the Church for their suicidal tendencies. "Homophobia is a cause of suicide. Prejudice and oppression are causes of suicide," project manager Martin O'Sullivan said. "Gay people do not take their own life because they are gay: they do so because of fear of society's reaction to them.

"While we support the right of the Church to have its own beliefs, we do not support anybody's right to promote homophobia. Mr O'Sullivan said his group is constantly listening to men in great distress, trying to come to terms with their sexuality, who have considered suicide. "We are aware of many more who have taken their own lives," he said.

"Recent comments from the Church in Spain on gay partnership rights have further fuelled the homophobic attack by the Church on the lesbian and gay community," Mr O'Sullivan said. He also said SGMHP is finding it difficult to deliver education and training courses in secondary schools because of their Catholic/Christian ethos. The group has written to Ireland's 33 Catholic bishops offering them training. In 1997, the Garfalo study found gay men are seven times more likely, and lesbians 2.5 times more likely than heterosexual counterparts, to attempt suicide.

*Southern Gay Men's Health Project, 8 South Main St. Cork. Helpline: (021) 4271087 Mon-Fri, 10am- 6pm*

**"When you get into a tight place and everything goes against you 'till it seems as though you could not hold on a minute longer, never give up then, for that is just the place and time that the tide will turn."**

**Harriet Beecher Stowe**

## Diet Affects Our Future Behaviour

Children who have a poor diet are more likely to become aggressive and anti-social. A University of Southern California study found a lack of zinc, iron, vitamin B and protein in the first three years of life caused bad behaviour later on. At eight years old, children fed poorly were more likely to be irritable and pick fights than those fed healthy. Aged 11, they swore, cheated and got into fights. At 17, they stole, bullied others and took drugs.

record a suicide, he or she may be of the opinion that the death was not suicide and it may be treated as "accidental death". The figures are further influenced by some coroners choosing to return a verdict

"death in accordance with medical evidence" as opposed to a verdict of suicide.

*Irish Medical News, Nov. 2004*

# IT'S A WONDERFUL LIFE

Dr. Justin Brophy

Christmas time is certainly a time when many people with depression feel more distressed particularly when fractures in relationships come to the fore in people's minds.

Bereaved people feel their loss more acutely and people who have become estranged or isolated can feel particularly disconnected and alone. While there is no clear association between suicide and Christmas, many clinicians will report an increase in despair and suicidal ideation during the month of December carrying through to the New Year. At a recent

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***"Many towns are situated along such waterways and this can present an immediate and lethal method for those feeling suicidal living in these environments"***

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conference run by Life Savers on water safety John Connolly, Secretary, Royal Life Saving Society, Rep. of Irl., quite happily stated that Ireland does not have a drowning problem it has a suicide problem. It is quite clear that the challenge this presents to those attempting to reduce suicides is very significant. Ireland has many fast flowing deep inland rivers and some canals. *Many towns are situated along such waterways and this can present an immediate and lethal method for those feeling suicidal living in these environments.* Similarly lakes and the sea shore afford quiet places for those living in these locations with a lethal and apparently quick form of death. It is no coincidence that Christmas time one of the regular movies that is screened is the well known Jimmy Stewart film 'It is a Wonderful Life'. The film shows a man metaphorically 'drowning' in despair contemplating his suicide by drowning.

The film goes on the show how he turns his life around using work as a means to regain a sense of belonging and reciprocity with their community. The principal character, George Bailey presents a credible portrait of despair, frustration and defeat, and many people with depression can identify with this. Eventually he triumphs over these difficulties in a quietly heroic way as indeed do many other people with depression.

Ireland is relatively unique in that most drownings here are suicides, and the reverse of a pattern in many other parts of the world. Much can be done to improve this situation through the support of bodies such as Irish Water Safety and Life Savers. The hazards of rescuing a suicidal person in fast flowing water at night are very considerable however and most efforts should be targeted at preventing or reducing the likelihood of entry into water in the first place. This however is difficult and a 1998 study in Germany showed that even video supervision of a bridge used for suicide from an adjacent police station did not reduce the number of suicides. *Media coverage plays an important role and lurid reporting of drownings by suicide still occur in the Irish press.* Resuscitation as a technique indeed has its' origins in trying to resuscitate drowning victims often by suicide in London of the 1700's, fuelled at that time by the number of people who used to live under bridges on the Thames in conditions of absolute squalor. Such an underclass still exists in Irish towns and cities and many fall victims to suicide and are beyond the reach of most conventional mental health services. Outreach programmes to such individuals are likely to reduce drug and alcohol misuse, homelessness and social marginalisation in such communities and would likely lower the suicide rate. However they need to be proactive and be in place outside office hours. We should consider such services in devising suicide prevention strategies for the future.

Returning to 'It is a Wonderful Life' it seems to me that much of the discourse around suicide emphasises the morbidity of the victims and prevention efforts are targeted in addressing these. Perhaps we could do with more stories of the George Bailey type where a more life affirming philosophy could assert its' importance. The preciousness of human life, the frailty of human nature and the need for tolerance, forgiveness and healing in the lives of people in despair are messages that must get out consistently and credibly to a young audience. Community and spiritual leadership in this area must be stimulated and encouraged and indeed given space

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***"Media coverage plays an important role and lurid reporting of drownings by suicide still occur in the Irish press"***

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and time to do so. Encouraging the survivors of suicide and depression to share their stories and to get them into the public domain could become a key preventative focus in the future. Personal testimonials have immense credibility and suitably documented, dramatised and presented are likely to be very persuasive. They could be screened not just for Christmas time although, I still look forward to the annual screening of 'It is a Wonderful Life' and hope it continues for many years still. After all it is a wonderful life and anyone who has overcome depression or other adversity knows in the most wonderful way of all.

**Don't be afraid to be yourself, the people who matter don't care; the people that care don't matter.**

## Letters to the Editor

Hi,

For too long now suicide has been a taboo subject in Ireland, I feel the Irish take the Catholic Church approach to suicide when it comes to it. I'm 37 years old and I know of at least 40 people in my life time that has ended there life. Tragically, my query is, is the present day government doing anything about this epidemic, coz that's what it is, an epidemic in the highest order. I've seen the families that are left behind to deal with this first hand, and believe me its not a pretty sight, its like a stigmata that has been cursed upon these people, most of them never recover, I live in cork and not a week goes by when someone here has not died by there own hand, its a national disgrace when the government pump millions in to our infrastructure on new road's bypasses and road safety campaigns, when more people die by suicide. It's high time this subject was brought out of the dark age's and put at the top of the agenda. Let's as a country put an end to this misery and open our hearts to the suffering.

Awareness is what we need. It should be included in the school curriculum to make people more aware as this is never going to go away until we face this national tragedy head on. I believe we have the ability and awareness in this generation not to pass this on to the next generation. Sorry if I went on too long but I feel this issue needs to be addressed at government level at once. I myself have witnessed suicide at first hand when my uncle committed suicide in front of me 18 months ago and the sad thing about it was it could have been prevented; remember prevention is better than cure. We were all raised to believe life was so sacred, so what makes a person think it is worthless. I'm smothered in depression here over seeing so much tragedy in my life, but one thing I do have is total awareness.

Regards

*Name and e-mail address with the editor*

## LET'S GET TOGETHER FOUNDATION

The "Let's Get Together foundation" is an organisation based in Middleton, Co. Cork founded by family and friends who have lost a loved one to suicide. The organisation was officially founded in May 2004. The foundation is a non-profitable organisation which is solely funded by donations and fundraising by the public. The aims of the organisation are:

- National media campaign to create an awareness of suicide issues and services available.
- To set up a national help-line for those at risk of suicide.
- To provide, counselling, support and assistance to persons who have been Bereaved by Suicide.
- To provide referrals to appropriate professionals.
- To liaise and exchange information with similar Support Groups, both nationally and internationally.
- To provide counselling, support and assistance for people who are feeling suicidal/depressed.

*Further information from Tony Buckley  
Tel: 0876200565/0214613106*

## HELPING A SUICIDAL FRIEND OR RELATIVE

### Be quiet and listen!

If someone is feeling depressed or suicidal, our first response is to try to help. We offer advice, share our own experiences, try to find solutions.

We'd do better to be quiet and listen. People who feel suicidal don't want answers or solutions. They want a safe place to express their fears and anxieties, to be themselves.

Listening - really listening - is not easy. We must control the urge to say something - to make a comment, add to a story or offer advice. We need to listen not just to the facts that the person is telling us but to the feelings that lie behind them. We need to understand things from their perspective, not ours.

Here are some points to remember if you are helping a person who feels suicidal.

### WHAT DO PEOPLE WHO FEEL SUICIDAL WANT?

- Someone to listen. Someone who will take time to really listen to them.
- Someone who won't judge, or give advice or opinions, but will give their undivided attention.
- Someone to trust.
- Someone who will respect them and won't try to take charge.
- Someone who will treat everything in complete confidence.
- Someone to care.
- Someone who will make themselves available put the person at ease and speak calmly.
- Someone who will reassure, accept and believe.
- Someone who will say, "I care."

### WHAT DO PEOPLE WHO FEEL SUICIDAL NOT WANT?

To be alone. Rejection can make the problem seem ten times worse. Having someone to turn to makes all the difference.

To be advised. Lectures don't help. Nor does a suggestion to "cheer up", or an easy assurance that "everything will be okay." Don't analyze, compare, categorize or criticize.

To be interrogated. Don't change the subject, don't pity or patronize. Talking about feelings is difficult. People who feel suicidal don't want to be rushed or put on the defensive.

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

## LIMERICK HIGHEST FOR ATTEMPTED SUICIDE

Studies by the National Suicide Research Foundation (NSRF) have found Limerick has the highest rate of attempted suicide among both men and women. Reports said the studies found that the incidence of attempted suicide among Limerick men was 425 per 100,000. Galway was found to have the second-highest incidence at 260 per 100,000. Limerick also had the highest rate of attempted suicide among females, but the difference between Limerick and the next highest location - Westmeath - was not as significant. The NSRF also said 53% of over-18s who attempted suicide in Limerick had consumed alcohol when they made the attempt, compared to a national average of 44%.

## MENTAL HEALTH 'MUST GET EQUAL STATUS TO PHYSICAL WELL-BEING'

THE National Health Strategy needs to be reviewed to give the promotion of mental health equal status to that of physical health, according to Mental Health Ireland.

Speaking on World Mental Health Day, the voluntary organisation identified the relationship between physical and mental well-being as a factor relevant to every individual. However, it said efforts to promote healthy living under the existing health strategy tended to overlook the area of mental health. A recent study showed that one in 10 people experienced some form of mental illness, while three-quarters of people know someone with mental health problems.

Mental Health Ireland has commissioned the most comprehensive study ever undertaken to examine attitudes to mental health and survey people's understanding of relationships between mental and physical health. The results of the study, which will be carried out by Professor Kieran O'Boyle, will be used to inform policymakers about a specific national mental health promotion strategy.

The Irish Heart Foundation has identified poor mental health as a major contributory factor in cardiovascular disease. Similarly, it is understood that physical illness can cause distress, anxiety or depression and hamper recovery.

## ONE-IN-THREE DEATHS IN 15-24 AGE GROUP CAUSED BY SUICIDE, FINDS REPORT

Suicide accounts for almost one-third of all deaths in the 15-24 age group in Ireland, according to a report published recently. The shock figure was revealed at a conference on youth suicide prevention in Belfast. The report - Youth Suicide Prevention: an evidence briefing - makes a series of recommendations on how governments north and south of the Border should act to prevent youth suicide. Dr Philip Crowley, one of the

authors, said more people in the 15-24 age group were taking their own lives than were killed in road accidents.

The situation was worst in Ireland, he said. In the Republic there were 12 suicides in the age group per 100,000 of population in 1991, but it had risen to 17.5 by 2001. In the North the rate rose from 10.5 to 14.2 in the same period. "Unemployment and suicide are linked,

especially in young men and rates of suicidal behaviour are higher among manual occupation groups," said Dr Crowley. "Social measures need to prevent suicide by addressing the broader socio-economic and environmental determinants of health." Youth Suicide Prevention is a joint initiative between the Health Development Agency the Institute of Public Health in Ireland and Programme for Action for Children in Ireland.

## OLDER FATHERS A SCHIZOPHRENIC RISK

Children of older fathers are more likely to develop schizophrenia in later life, according to new research. These findings add weight to the theory that accumulation mutations in the sperm of older fathers contributes to the overall risk of schizophrenia. The study involved over 700,000 people born in Sweden between 1973 and 1980. The analysis was based on records of people admitted to hospital between 1989-2001 with a diagnosis of schizophrenia or other non-

affective psychosis.

There was a strong association between increased paternal age at conception and their offspring's risk of schizophrenia, which remained even after taking account of a range of other factors that could have affected the results. Overall, 15.5 per cent of cases of schizophrenia in this group may have been due to the patient having a father who was aged over 30 years at birth, say the authors. The association seemed to be relatively specific to

schizophrenia compared with non-affective psychosis and was stronger in those with no family history of the disorder. This supports the theory that accumulation mutations in the germ lines of older fathers might risk of schizophrenia, the doctors added.

*Irish Medical Times, Nov. 2004*

*Available from BMJ online*

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

## RED MEAT LINK TO ARTHRITIS RISK

Eating a large amount of red meat has been linked to an increased risk of developing rheumatoid arthritis, scientists say. A study showed people who ate meat every day had double the risk of the disease compared to those who ate meat less, perhaps twice a week. Researchers studied the dietary habits of 25,000 people. The University of Manchester study is published in the journal *Arthritis and Rheumatism*.

Rheumatoid arthritis (RA) causes inflammation of the membrane lining the joint, causing them to feel tender, stiff and swollen. Around 387,000 in the UK have the condition. Study participants were aged between 45 and 75 were recruited via GP lists between 1993 and 1997. All were asked to complete a seven-day food diary detailing exactly what they ate, and how large the portions were. Red meat in itself is not dangerous to health, but should be eaten in moderation as part of a balanced, healthy diet. Researchers then looked at the incidence of RAs among the group until 2002.

They found 88 people had been diagnosed with RA, or a related form of arthritis, and compared their diets with 176 healthy participants to see how their eating habits differed. The researchers suggest something in meat, perhaps collagen, could trigger an immune system response, which may also affect joints. Iron is another possible candidate. It has been shown to accumulate in the rheumatoid synovial membrane, causing tissue damage. "A low-fat, high-fibre diet, with plenty of fruit and vegetables for people with arthritis is vital to maintaining good general health."

## SUICIDAL THOUGHTS CAN BE CONTROLLED IN ELDERLY

Educating doctors and using "care managers" when treating seniors for depression not only eased the depression but also reduced suicidal thoughts.

***"Depression is the greatest risk factor for suicide in this age group."***

Although there are some questions about the real-world applicability of these findings, which appear in the *Journal of the American Medical Association*, the research does shed important light on a neglected field.

"The most striking aspect of suicide in the elderly, especially elderly males, is that it receives little to no attention," says Dr. Anand Kumar, a professor of psychiatry at the University of California, Los Angeles, and president of the American Association of Geriatric Psychiatry. "What's positive about this is that there's public health attention, albeit a small amount, being paid to a very important topic."

Nancy Osgood, a professor of gerontology at Virginia Commonwealth University Medical College of Virginia, says the

finding offers hope. "It showed that something could be done to reduce the severity of depression and suicide ideation in older adults. We didn't know that before."

However, she cautions, "it might be possible to do in the real world, but it would be expensive". While older Americans make up about 13 percent of the population, they account for 18 percent of suicide deaths. Depression is the greatest risk factor for suicide in this age group. Despite these numbers, the illness is often improperly diagnosed and treated, especially in primary-care settings.

"Often depression is not identified in primary care," says study author Martha L. Bruce, a professor of sociology in psychiatry at Weill Medical College of Cornell University in White Plains, N.Y. "This is where you're going to find patients who have problems. This is an untapped population."

The current study looked at the impact of a specific intervention in a primary-care setting. The study authors enrolled seniors at 20 primary-care practices in New York

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## REDUCTION IN SUICIDES

There has been a reduction in the number of suicides, according to official figures provided by the Minister for State, Tim O'Malley, with responsibility for mental health.

There were 54 suicides in the first three months of this year, according Central

***"The statistics for the first three months of this year were lower than for the same period in the previous three years."***

Statistics Office figures. The statistics for the first three months of this year were lower than for the same period in the previous three years. The figures for January to March were: 70 in 2001, 67 in 2002, and 71 in 2003. Figures for the second and third quarter of 2004 are not yet available.

**"If you are ever going to see a rainbow, you have got to stand a little rain."**

## SOME FATAL TRAFFIC ACCIDENTS MAY BE DISGUISED SUICIDES

A small percentage of fatal road traffic accidents could be disguised suicides, research has indicated. Dr John Connolly secretary of the Irish Association of Suicidology (IAS) believes approximately 6% of fatal single-vehicle crashes nationwide could have been deliberately caused by drivers. This is consistent with leading research internationally, which has indicated that between 1% and 7% of such accidents are suicides. It has also been suggested that these are conservative estimates. Dr Connolly, studied several single-

vehicle crashes in Co. Mayo over a 14-year period. There was a suspicion of suicide in six - or 4.5% - of the 134 fatalities which occurred between 1978 and 1992. He said that, on the balance of probability, about 6% of such fatalities nationwide were attributable to suicide. There were 68 fatal single-vehicle accidents in Ireland in the first half of this year, which resulted in 76 people losing their lives. Dr Connolly said that while the probable percentage of single-vehicle accidents which were suicides was relatively small, it was important

for health workers to recognise that the phenomenon existed. This was particularly true of single-vehicle accidents where just one occupant was involved. "If a certain percentage of single-occupant road traffic deaths are suicides, a number of such accidents where people survive might actually have been attempted suicides," he said. If health care professionals were alert to this, he added, survivors could receive treatment in order to prevent them attempting suicide again.

*Continued from Page 1*

## Suicidal Behaviour and The Male Brain

extreme male brain theory of autism is based on superior systematizing. The systematisers capacity increases planning ability and makes completed suicide more likely.

The female brain according to Simon Baron-Cohen is hardwired for empathy, and the male to understand and build systems. In the long term it is likely that the human genome will pinpoint multiple genes of small effect that control empathising and systematising. Females are better at sharing and turn taking, at responding empathically to distress of other people, are better at being sensitive to facial expressions, and value relationships more.

Empathising is the drive to identify another person's emotions and thoughts, and to respond to these with appropriate emotion. Females are high in empathising and low in systematising. Females are much better than males at reciprocal communication. Females are also better at reading non-verbal behaviour. Females tend to be more compassionate and tolerant. Females have superior capacity at communication and interpersonal relationships which may mean that they are less vulnerable to completing suicide.

The female has a more clearly defined role with reproduction and rearing children. Females are more developed human beings in terms of empathy and interpersonal skills. They have better social skills. They have better capacity to make social connections and are therefore less alienated and socially disconnected. This may reduce their suicide risk.

## JAPAN SUICIDES REACH RECORD HIGH

Unemployment and financial problems are partly to blame. The number of suicides in Japan has risen to its highest level since records began. 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. Three-quarters of those who took their own lives were male, and a third were aged over 60. Experts believe that health problems were the main reason, followed by economic pressures. Prime Minister Junichiro Koizumi said there were no quick remedies for dealing with suicide, but his government would continue its efforts to improve the economic situation. Twenty-seven out of every 100,000 people in Japan die by suicide, according to the latest figures - one of the highest rates in the world.

The figures are the highest recorded since police began collating suicide statistics in 1978. Health problems accounted for almost 45% of suicides, but more than a

quarter of cases were due to economic and financial troubles, a police spokesman said. Among people aged 19 or younger, figures jumped 22%. Among primary and middle school pupils rates rose by almost 60%. "Children are very easily influenced by their surroundings," said Yukio Saito, head of the Inochi no Denwa - Phone of Life - hotline. "If adult suicides rise, child suicides will also increase."

In an editorial on Friday, Yomiuri newspaper called for the government to do more to understand why the Japanese are more prone to killing themselves than other people.

One reason for the high suicide rate could be the fact that it is not as culturally taboo as it is in the West, and can even be viewed as an honourable way of taking responsibility for failure the Yomiuri said. A recent Health Ministry report showed that suicide in Japan was the sixth most common cause of death - after cancer, heart disease and other illnesses.

## Truths for Living

The more generous we are,  
the more joyous we become.

The more cooperative we are, the more  
valuable we become.

The more enthusiastic we are, the more  
productive we become.

The more serving we are,  
the more prosperous we become.

The more outgoing we are,  
the more helpful we become.

The more curious we are,  
the more creative we become.

The more patient we are,  
the more understanding we become.

The more persistent we are, the more  
successful we become.

- William Arthur Ward -

## 'Smells' Predict Risk of Alzheimer's

Scientists yesterday revealed a top 10 list of smells, including lemons and leather, which can be used to help predict which patients will develop Alzheimer's disease.

The inability to smell certain odours can determine which patients with minimal or mild cognitive impairment will go on to develop Alzheimer's, the researchers said.

The smells they believe are the best predictors of the disease are strawberry, smoke, soap, menthol, clove, pineapple, natural gas, lilac, lemon and leather.

The team, from the New York State Psychiatric Institute, said their odour identification test was a strong predictor of Alzheimer's. Their results were similar to tests measuring reduction in brain volumes on MRI scans and memory tests in acting as potential predictors.

Estimates suggest that 2%-5% of people over 65 and up to 20% of those over 85 suffer from Alzheimer's, a progressive brain disorder which gradually destroys the memory. The five-year study involved

## Water 'helps low blood pressure'

Drinking tap or bottled water could help people suffering from low blood pressure who faint while standing up, scientists have said. Researchers from Imperial College London found drinking two glasses of water (480ml) can raise blood pressure.

They had studied of 14 people whose bodies had problems regulating blood pressure and whose blood pressure fell when they stood up. The Journal of Neurology, Neurosurgery and Psychiatry published the research. The autonomic nervous system is responsible for the control of bodily functions not consciously directed, such as blood pres-

sure, heart rate and sweating. The researchers focused on 14 patients with autonomic failure. Seven had pure autonomic failure (PAF), a disorder affecting only the autonomic nervous system. The others had multiple system atrophy (MSA), a neurodegenerative disease marked by a combination of symptoms affecting movement, blood pressure and other body functions. The patients were asked to drink 480ml of distilled water. The PAF patients registered a significant rise in blood pressure five minutes after their drink. For the MSA patients the effect was the same, but took 13 minutes to become apparent.

## VICTIMS MORE LIKELY TO BECOME BULLIES

A growing number of children being bullied at school are bullying others as they try to cope with their own difficulties. Teachers have urged the Department of Education to review their guidelines to take such changes into account text, email and chatroom bullying. Psychologists have also warned that so-called bully/victims - children who are victim and tormentor - are often the most vulnerable in the playground. Studies have shown that 10-14% of primary school children are bully/victims as are a further 4% of secondary school children. In a presentation for the Psychological Society of Ireland annual conference recently, Dr. Conor McGuckin and Dr Christopher Lewis warn bully/victims must be identified.

"The bully/victims we have identified are the children who suffer the most acute mental and physical problems because of

their bullying," Dr. McGuckin said. "These children are the most likely to suffer psychosomatic illnesses like bedwetting, ear aches, tummy aches and depression." He called for the 1993 bullying guidelines to be upgraded and individual school bullying policies to be implemented. The Association of Secondary Teachers of Ireland (ASTI) agreed that the teachers' guidelines must be updated as the phenomenon of bullying is changing with the advent of newer technologies. "Classroom sizes are still big and social changes like the advent of mobile phones and widespread e-mail usage mean that it's not just happening in the schoolyard. We also need to look at it from a disciplinary perspective," an ASTI spokeswoman said. A Department of Education spokeswoman said: "We are tackling it (the problem) on a number of fronts, including by building pupils' self esteem."

testing 150 patients with mild cognitive impairment using the 10 odours every six months, alongside 63 healthy elderly subjects. The researcher said studies involving the brains of Alzheimer's patients showed that nerve pathways involved in perceiving and recognising odours were affected at a very early stage.

Alzheimer's Society head of research Dr

Susanne Sorensen said: "The sense of smell is affected in dementia like the other senses, but anecdotal evidence suggests that the ability to smell and identify some odours disappears faster than the other senses. "There is still no 100% certain way of diagnosing Alzheimer's disease while a person is alive and the physician relies on several tests to reach a best clinical judgment.

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## SUICIDAL THOUGHTS CAN BE CONTROLLED IN ELDERLY

City, Philadelphia and Pittsburgh. The practices were randomly selected to dispense either "usual care" or a special intervention designed for this study.

In the intervention group, physicians worked closely with "depression-care managers" who helped them recognize depression in patients and gave treatment recommendations. Depressed patients were first prescribed a selective serotonin reuptake inhibitor (SSRI).

If the person did not want to take medication, the physician recommended psychotherapy with the care manager. The depression-care managers were master's level professionals such as social workers, nurses and psychologists. The study sponsors paid for treatment.

***"Suicide ideation depends on how serious it is and how preoccupied the person is."***

Depression severity and suicide ideation were measured at the beginning of the study and four months, eight months and one year later. People who were treated by care managers lost their suicidal thoughts more quickly. At the end of four months, rates of "suicidal ideation" had dropped 12.9 percentage points, compared with 3 percentage points in the usual care group.

The intervention group also showed a response to treatment and a reduction in the severity of their symptoms. At eight months, about 70 percent of intervention patients who had had suicidal thoughts no longer had them, compared to about 44 percent of "usual care" patients. The effects were seen most dramatically in those participants with major depression. The study did not have a sample size large enough to assess suicide attempts or suicide.

"This is only dealing with suicide ideation," says Dr. Herbert Hendin, medical director of the American Foundation for Suicide Prevention in New York City. "Suicide ideation depends on how serious it is and how preoccupied the person is." A lot of patients,

# Mental Health – Coping Techniques Relaxation

Take a look at a cat, or almost any other animal, when it's resting. Its body is free of tension, its brain has switched off, it has gone into 'peaceful' mode. Because of our busy, stressful lives, many human beings have lost the ability to do this, so we have to relearn it. Planned relaxation calms anxiety and helps your body and mind recover from everyday rush and stress. Music, a long soak in the bath, or a walk in the park do the trick for some people, but for many others it's not so easy. If you feel you need help with learning to relax, try a relaxation or meditation class. Your GP and local library will have information about these.

### A basic relaxation exercise to try

1. Choose a quiet place where you will not be interrupted.
2. Before you start, do a few gentle stretching exercises to relieve muscular tension.
3. Make yourself very comfortable, either sitting or lying down.
4. Start to breathe slowly and deeply, in a calm, effortless way.
5. Gently tense, then relax, each part of your body, starting with your feet and working your way up to your face and head.
6. As you focus on each area, think of warmth, heaviness and relaxation.
7. Push any distracting thoughts to the back of your mind; imagine them floating away.
8. Don't try to relax; simply let go of the tension in your muscles and allow them to become relaxed.
9. Let your mind go empty. Some people find it helpful to visualise a calm, beautiful place like a garden or meadow.
10. Stay like this for about 20 minutes. Then take some deep breaths and open your eyes, but stay sitting or lying for a few moments before you get up.

it's not severe ideation. Transient ideation of suicide in people who are depressed is very common." The real question is whether such a practice can be offered in the real world. Kumar acknowledges the seed of an idea has been planted and the intervention is "potentially realistic."

"It sort of draws attention to something that's lurking beneath the radar," he says. "It's the first study to demonstrate that standard psychiatric interventions are very helpful in a [primary-care] setting. This treatment is a pretty well established approach to depression, but in a setting where people don't get treated."

Bruce believes the model is feasible, but that its cost-effectiveness and other aspects need to be worked out. "The next

step is looking at how do you take something like this and sustain it in a practice and disperse it to other practices," she says. "This is a big concern. How do you get this out there in real life?" Others believe there may be ways to modify the practice to make it feasible.

"If we focused on severely depressed patients [which is where the study showed the most dramatic improvement], if physicians could be taught to easily and adequately identify severely depressed older people in their office, I think that would be a lot less expensive," Osgood says. Alternatively, she adds, perhaps people who are not quite as highly trained as the care managers in this study could be trained to coordinate care.

## GPS GET NEW ANTI-DEPRESSANT RULES

Doctors are to be issued with new guidelines on the prescription of anti-depressants, amid concerns too many people are taking them. The National Institute for Clinical Excellence guidelines cover drugs such as Prozac and Seroxat used by hundreds of thousands of people in the UK. The guidelines are set to say people with mild and moderate depression should seek alternative treatments. But manufacturers say these drugs have fewer side effects than previous ones. The group of people who will benefit from these drugs is smaller than some GPs think.

Andrew McCulloch, Mental Health Foundation said Seroxat and Prozac belong to a family of drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs). Around 13 million prescriptions are written for SSRIs each year in Britain. They have become increasingly popular over the last decade, as doctors considered them safer than the older tricyclic drugs which carried a high risk of overdose.

Last year the MHRA banned the prescription of all SSRIs except Prozac to under 18s after concerns the drugs could make some suicidal. A spokesman of the MHRA said "There are a lot of people out there suffering from mild to moderate depression who would perhaps benefit from a combination of counselling and exercise. "But instead, many of them are being offered a pill, which will help some but not others."

People who are on SSRIs are advised not to stop taking them, or reduce their dose, without speaking to their GP.

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# Warning Signs of Suicide

Suicide is rarely a spur of the moment decision. In the days and hours before people kill themselves, there are usually clues and warning signs.

The strongest and most disturbing signs are verbal - "I can't go on," "Nothing matters any more" or even "I'm thinking of ending it all." Such remarks should always be taken seriously.

Other common warning signs include:

- Becoming depressed or withdrawn
- Behaving recklessly
- Getting affairs in order and giving away valued possessions
- Showing a marked change in behaviour, attitudes or appearance
- Abusing drugs or alcohol
- Suffering a major loss or life change

The following list gives more examples, all of which can be signs that somebody is contemplating suicide. Of course, in most cases these situations do not lead to suicide. But, generally, the more signs a person displays, the higher the risk of suicide.

### Situations

- Family history of suicide or violence
- Sexual or physical abuse
- Death of a close friend or family member
- Divorce or separation, ending a relationship
- Failing academic performance, impending exams, exam results
- Job loss, problems at work
- Impending legal action
- Recent imprisonment or upcoming release

### Behaviors

- Crying
- Fighting
- Breaking the law
- Impulsiveness
- Self-mutilation
- Writing about death and suicide
- Previous suicidal behaviour
- Extremes of behaviour
- Changes in behaviour

### Physical Changes

- Lack of energy
- Disturbed sleep patterns - sleeping too much or too little
- Loss of appetite
- Sudden weight gain or loss
- Increase in minor illnesses
- Change of sexual interest
- Sudden change in appearance
- Lack of interest in appearance

### Thoughts and Emotions

- Thoughts of suicide
- Loneliness - lack of support from family and friends
- Rejection, feeling marginalized
- Deep sadness or guilt
- Unable to see beyond a narrow focus
- Daydreaming
- Anxiety and stress
- Helplessness
- Loss of self-worth

If you are worried about someone you know tell someone about it.

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