

# IAS The Irish Association of Suicidology

## NEWSLETTER

### INSIDE THIS ISSUE

One in Six People think of Suicide p2

Doctors prescribe sleeping pills to teens

Suicide Rates p3

Alcohol & Suicide A Personal Story p4

What is Depression? p5

Suicide, Parasuicide, Suicidal Thoughts and Persons of Genius p7

Conference Details & Application Form p9

Suicide & The Media p10

Dispose of Unused Medicines Properly p12

## BULLYING A FACTOR IN CHILDHOOD DEPRESSION

Self-harm and depression are two areas that affect many young men and women in Ireland. However, most people would be unaware of the increasing number of children as young as ten who are suffering from these conditions. According to Clinical Psychologist Ms. Marie Murray: "Clinical pictures show there is an epidemic of self-harm among young girls at the moment and it's a sign that they can't cope, they are depressed and upset." She added that there was currently "very serious and nasty bullying" taking place in primary schools right across Ireland. Such concern was echoed late last month in a new joint report 'Moving Up: The Experiences of First-Year Students in Post-Primary Education', compiled by the Economic and National Council for Curriculum and Assessment. (The report stated that as many First Year's reported having been bullied by older students, there was an urgent need for schools to have effective bullying policies in place, and to encourage positive interactions between students.) Self-harm can occur when a person is suffering from depression, which may be brought on for many reasons. This may be due to the absence or death of a close family relative, attention deficit disorder, or even an unidentified learning disorder that leads to a child struggling with both school and homework. "We were poor at recognizing depression among people in the past. We have got better, but the frequency has now increased" explained Prof Carol Fitzpatrick of the Mater Hospital.

Depression can often develop as a result of bullying, and in certain cases children may resort to inflicting self-harm. The Department of Education gives the following definition: "Bullying is repeated aggression, verbal psychological or physical, conducted by an individual or group against others."

All types of bullying can lead a victim to become unhappy, lonely, experience sleep problems, develop an aggressive behaviour and become depressed. Due to the prosperous society in which we now live, one of the latest forms is 'text bullying'. A relatively new phenomenon in the West; text bullying involves victims being sent hoax messages which can be as severe as "come home quick, your father has died". According to Ms.Murray, this type of bullying reflects the development

*Continued page 6*

## Date Rape & Alcohol

Dr. John Connolly

A piece in the Irish times recently announced that in the very near future a device will be on sale in this country that will enable people to test their drink to discover whether or not it has been spiked. There has over the past few years been a lot of publicity about so called date rape drugs being slipped into the drink of unsuspecting young people rendering them incapable of protecting themselves against assault sexual or otherwise and blotting out their memories to what happened to them during and immediately after their drinking session.

Sometimes spiking of drinks is given as a reason why a particular person became aggressive or otherwise behaved out of character following a drinking bout. I have even heard that some people may have taken their life or behaved in a suicidal fashion because their drink was spiked.

All of these things are of course possible and there may be isolated instances where they actually happened.

*Continued Page 5*

### WORLD SUICIDE PREVENTION DAY

World Suicide Prevention day will be held on September 10<sup>th</sup> 2004. On this day numerous events, conferences and local activities will call public attention to one of the world's largest causes of premature and unnecessary death - Suicide. The Irish Association of Suicidology join with the International Association of Suicide Prevention and the World health Organisation to ask all voluntary organisations, local communities, government agencies and anybody involved in suicide prevention to conduct activities on this day to promote increased awareness about the problem of suicide and the many ways which can reduce suicide rates and decrease suicidal behaviours.

## Dear Members,

Thanks to those of you who sent your comments, suggestions and good wishes on our first newsletter. We welcome comments and contributions from all our readers, please keep them coming. Through your participation we can keep up to date with what is happening around the country in the area of Suicide Prevention. Since our last newsletter the Central Statistics Office has released the statistics for 2003, we can see a slight reduction in the number of suicides, 444 compared with 451 in 2002. I'm sure you will all agree a reduction in suicides, no matter how small, has to be seen as something positive.

It is coming to conference time again, our 9<sup>th</sup> Annual Conference, "*Suicide Prevention: What You Can Do*" takes place on the 29<sup>th</sup> & 30<sup>th</sup> of September and the 1<sup>st</sup> of October in the Talbot Hotel, Wexford. This year the conference will have a different format. Due to demand from our delegates we will host a Bereavement Seminar on Wednesday 29<sup>th</sup> starting at 2.30pm. Our speakers are people who have personal experience of bereavement by suicide or work with bereaved persons. I'm sure some of you will recognise the names, Carla Fine, author of '*No Time to Say Goodbye*' Adrian Hill, who will join us from Canada and will speak on '*Mens' Experiences of Grief Following Death by Suicide - Healing for Survivors*' and Fr. Tony Byrne who has done so much work over the years with the bereaved.

On Thursday and Friday our conference continues as usual with experts from around the globe joining us to share their knowledge and experience in the world of suicide prevention. Dr. Annette Beautrais from New Zealand will speak about '*Global Perspectives of Suicide Prevention Strategies*' while Dr. Maila Upanne Development Manager Stakes Mental Health Unit, Finland will deliver her address '*Can Suicide be Prevented? Suicide Prevention project in Finland*'. We have among our national speakers, Dr Tony Bates, Principal Clinical Psychologist, St James's Hospital and Lecturer/Course Director Dept. of Psychiatry TCD. Tony will look at '*What can Psychological Therapies Teach us about Suicide Prevention?*' and of course our own Dr. John Connolly who is well known to you all for his on-going work in suicide prevention, he will bring us up to date on what's happening in Ireland. The Voluntary Organisations will bring us up-to-date on what they feel we can do and Theresa Mason will give us a summary of the excellent work being undertaken by the resource officers around the country.

Overall this promises to a very interesting and educational conference and I do hope you will join us, the success of the conference, as always, depends on the support from you, our delegates. Booking forms are available from our office at 16, New Antrim St., Castlebar, Co. Mayo. Tel: 094 92 50858

If you are doing work in the area of suicide prevention and would like to share it at our conference, space is still available in our Poster, Workshop, and paper sessions, please send us an abstract before the 30<sup>th</sup> of July.

I look forward to hearing from you.

*Josephine Scott*

Executive Officer

# ONE IN SIX PEOPLE THINK OF SUICIDE

MORE than one in six Irish people have suicidal thoughts, the highest rate in a survey of six European countries, research shows. According to Prof. Patricia Casey, Ireland and Britain had the highest prevalence of depressive disorders at 12%. The research showed that such thoughts were clearly linked to a depressed mood. All post-suicide studies had clearly identified depressive illness and alcohol dependence as being overwhelmingly the strongest suicide risk factors. Alcohol was a factor in over two out of three cases of deliberate self-harm and must be treated aggressively, she said. While the State had a regulatory role to play, parents must take the lead in instilling in their children a sense of respect for alcohol. "We must do this, if we are to hope to overcome the darkness that binge drinking manifests," she said.

The professor of psychiatry at Dublin's Mater Hospital was particularly anxious that the public also realised that depression, an illness that carried a lifetime risk of up to 30%, was a very treatable illness. Unfortunately, she said, there were still many myths about depression. In particular, there was the mistaken belief that drugs were second best and that taking anti-depression drugs was a sign of weakness or an easy way out.

Some people also believed that all a depressed person needed was counselling to find the root cause.

"This may be the case when the low mood is due to circumstances [termed stress reactions] but, if a depressive illness is diagnosed, then counselling alone will not be of any benefit," she warned.

Prof Casey said it was unfortunate that recently there had been a "vitriolic attack" on psychiatry as a profession. She was not an apologist for poor standards of care or for unfeeling doctors but, in stigmatising the speciality of psychiatry, we stigmatised those who needed psychiatric help for what were potentially fatal disorders.

"When suicidal ideas develop in the context of depressive illness then anti-depressants are the most effective treatment and to not prescribe these treatments could leave the doctor open to charges of medical negligence should suicide be the end point," she warned.

"The challenge to psychiatry is to be able to distinguish the sad and unhappy from those who are ill - a distinction that is always missed by the critics of psychiatry who see everything as a reaction to circumstances and never an illness.

## Doctors 'Prescribe Sleeping Pills to Teens'

Doctors are prescribing teenagers as young as 14 sleeping pills to cope with exam stress, according to the chairman of the Oireachtas Committee on Health and Children. Deputy Batt O'Keeffe claimed a crackdown on "irresponsible prescribing by GPs" was necessary, as well as tougher regulations to deal with the issue. But a parents group said his committee would do better to address the causes of teenage stress. Mr O'Keeffe said he would be raising the issue with the Irish Medical Council (IMC) and the Irish College of General Practitioners (ICGP). "Quite simply, it is wrong to prescribe sleeping tablets to children as young as 14. Sleeping tablets are addictive, health experts have described them as extremely dangerous," he said. Deputy O'Keeffe said the matter was brought to his attention by a prominent parents' group, which said it had evidence that GPs were prescribing sleeping tablets to teenagers. "We would recommend that sleeping pills and other anxiolytic medications not be prescribed to young people, especially around exam times as they can impair performance," said ICGP chairman, Dr Richard Brennan. The IMC, which regulates the medical profession, said any evidence of misprescribing by doctors should be presented to the council.

## Suicide Rates 1997 - 2003

|                  | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 <sup>1</sup> |
|------------------|------|------|------|------|------|------|-------------------|
| <b>Provinces</b> |      |      |      |      |      |      |                   |
| Leinster         | 11.2 | 12.5 | 11.9 | 12.2 | 11.9 | 9.9  | 10.6              |
| Munster          | 15.4 | 16.5 | 13.4 | 14.7 | 17.2 | 14.0 | 12.9              |
| Connacht         | 14.8 | 15.4 | 11.6 | 11.0 | 13.3 | 12.9 | 9.3               |
| Ulster (part of) | 14.8 | 10.9 | 9.5  | 12.7 | 10.5 | 11.3 | 11.2              |
| Carlow           | 23.8 | 11.8 | 4.7  | 4.6  | 18.1 | 6.5  | 12.8              |
| South Dublin     | 8.6  | 9.0  | 8.9  | 8.3  | 12.5 | 10.5 | 6.6               |
| Dublin C.B.      | 10.5 | 13.2 | 13.5 | 12.5 | 11.5 | 9.1  | 12.3              |
| Fingal           | 10.0 | 7.0  | 6.9  | 9.7  | 9.6  | 6.6  | 8.5               |
| Dun Lgh. Rdown   | 9.4  | 10.8 | 10.7 | 8.1  | 7.4  | 6.3  | 8.2               |
| Kildare          | 13.9 | 8.7  | 5.7  | 14.2 | 8.4  | 9.8  | 10.8              |
| Kilkenny         | 7.9  | 16.9 | 18.0 | 21.6 | 18.8 | 14.9 | 13.5              |
| Laois            | 9.3  | 16.6 | 9.2  | 10.8 | 12.5 | 6.8  | 6.7               |
| Longford         | 6.6  | 9.7  | 19.3 | 9.5  | 18.7 | 16.1 | 6.3               |
| Louth            | 12.9 | 17.0 | 11.6 | 13.5 | 7.2  | 6.9  | 15.5              |
| Meath            | 11.7 | 9.8  | 14.1 | 9.6  | 16.3 | 14.2 | 8.1               |
| Offaly           | 10.0 | 16.6 | 14.8 | 29.1 | 19.1 | 20.4 | 10.8              |
| Westmeath        | 6.3  | 20.1 | 19.9 | 13.6 | 13.4 | 11.1 | 8.2               |
| Wexford          | 19.9 | 16.9 | 14.9 | 21.1 | 17.2 | 13.7 | 19.4              |
| Wicklow          | 13.5 | 17.2 | 16.0 | 8.4  | 8.3  | 9.6  | 9.4               |
| Clare            | 10.5 | 15.6 | 12.4 | 8.1  | 13.0 | 11.6 | 12.4              |
| Cork C.B.        | 28.0 | 16.2 | 13.7 | 20.3 | 20.7 | 19.5 | 20.8              |
| Cork Co.         | 15.5 | 17.7 | 11.6 | 13.0 | 23.1 | 16.3 | 11.5              |
| Kerry            | 13.3 | 20.2 | 14.6 | 15.2 | 14.9 | 7.5  | 6.7               |
| Limerick C.B.    | 13.3 | 20.7 | 24.2 | 31.3 | 5.4  | 13.0 | 16.4              |
| Limerick Co.     | 9.6  | 14.7 | 11.1 | 12.7 | 10.8 | 14.0 | 12.2              |
| Tipperary N.R.   | 11.9 | 10.1 | 16.7 | 14.8 | 16.2 | 11.5 | 22.6              |
| Tipperary S.R.   | 11.8 | 18.2 | 15.4 | 13.9 | 16.2 | 12.6 | 14.9              |
| Waterford C.B.   | 14.0 | 4.6  | 9.1  | 9.0  | 17.7 | 17.9 | 6.6               |
| Waterford Co.    | 22.8 | 16.9 | 13.0 | 14.7 | 16.3 | 10.5 | 8.6               |
| Galway C.B.      | 19.0 | 13.7 | 10.2 | 8.4  | 8.2  | 6.1  | 7.5               |
| Galway Co.       | 16.5 | 14.9 | 12.5 | 10.9 | 12.9 | 15.4 | 11.0              |
| Leitrim          | 23.7 | 19.5 | 15.5 | 15.3 | 22.6 | 23.3 | 11.4              |
| Mayo             | 14.2 | 14.0 | 11.3 | 14.6 | 14.4 | 16.2 | 8.4               |
| Roscommon        | 13.3 | 13.2 | 11.2 | 11.0 | 9.1  | 9.3  | 5.5               |
| Sligo            | 5.3  | 21.1 | 10.4 | 5.1  | 16.9 | 6.9  | 11.8              |
| Cavan            | 20.6 | 7.4  | 7.3  | 12.7 | 16.0 | 10.6 | 13.9              |
| Donegal          | 12.9 | 10.5 | 10.4 | 9.6  | 10.9 | 14.5 | 10.0              |
| Monaghan         | 13.5 | 15.3 | 9.4  | 20.5 | 3.7  | 3.8  | 15.0              |
| State            | 13.0 | 13.9 | 12.2 | 12.8 | 13.5 | 11.5 | 11.2              |

1 YEAR OF REGISTRATION DATA - SOURCE CSO CORK

## National Educational Psychological Service (NEPS) Published two books

In December 2003, NEPS published two books. Responding to Critical Incidents: Advice and Information Pack for Schools and also a book for psychologists. A copy of the school book has been distributed to all primary and post primary schools in the country. Part of the work of (NEPS) is to assist schools in responding to critical incidents. The role of school psychologists is that of supporting the adults who support the students. They offer advice and support to key staff on the management of the incident. Psychologists may also meet with individuals or groups of students, parents or teachers depending on the particular situation. The school book offers a step by step guide on how a school can respond to a critical incident. The publication promotes a preventative approach by encouraging schools to create a psychologically and physically safe school through the development of anti bullying policies, peer support programmes, suicide awareness programmes and the inclusion of SPHE programmes in the curriculum.

For further information contact, Sharon Eustace, Senior Psychologist Tel: 01 4614866 Fax: 01- 4614868

## Strategies to Promote the Mental Health of Lesbians and Gay Men'

June the 1<sup>st</sup> 2004 sees the launch of the report 'Mental Health: Lesbians and Gay Men: Strategies to Promote the Mental Health of Lesbians and Gay Men'. This piece of action research was conceived and commissioned as a partnership project between Gay HIV Strategies (an NGO) and the Health Promotion Service of the Northern Area Health Board. The document aims to outline and increase understanding of the key issues in relation to sexual orientation and mental health. It also hopes to explore the potential to meet the needs identified and propose some mechanisms through which action could take place. One positive outcome so far is that funding has been secured to employ a project worker on a part time basis to commence implementing the recommendations in the report. Copies of the report will be available from the NAHB health promotion service e-mail :teresa.mason@erha.ie.

## Lack of Counselling 'Forces GPs to Prescribe Drugs'

Family doctors have said they have no choice but to medicate people suffering from depression given the complete lack of counselling services, particularly for medical card holders. The Irish College of General Practitioners (ICGP) said the Government had spent only €20 million on primary care in the last two years. Under its Primary Care Strategy, the Government proposed to roll out over 10 years a network of primary care centres, encompassing GPs and counsellors, under a €1.27 billion plan.

According to Dr Eamonn Shanahan, chair of the ICGP, "the amount of investment by this government and previous governments has been minimal. Medical card holders with depression had no access to alternatives to medication, such as counselling. The group that are at greatest risk are the unemployed, under-employed, elderly and medical card patients who have not got access to alternatives for drug treatment. He said counselling was very effective, but was also time-consuming and therefore expensive to deliver. 300,000 people suffer from depression. Around 500 people take their lives every year.

# Report on Alcohol Misuse by Young People Launched

A report on Alcohol Misuse by young people was launched recently by Houses of the Oireachtas Joint committee on Health and Children. The report has the following ten key recommendations that it believes should be implemented as a matter of top national priority.

**A National Alcohol Control Centre** be established, under the aegis of the Department of Health & Children, to advise on alcohol control measures; to monitor and co-ordinate the implementation of measures in place and to advise on the control and regulation of the manufacture, sale, marketing and consumption of alcohol products.

**Suppliers of Alcohol be Required to Have Identification** ie: barcodes included on each item of alcohol sold by them as a propriety as provided for under Section 22 of the Intoxicating Liquor Act, 2003.

All Local Authorities be required to issue a **Report on Local Levels of Drinking in Public Parks by Young People** in liaison with the Gardai and their application of the bye-laws in this regard so that alcohol misuse by young people be strictly prohibited in all public parks as a top national priority.

A **'Hardcore' Advertising Campaign** be introduced to make parents and young people

aware of the links between binge drinking and violent crime, serious incidents and long-term physical and mental illness. This advertising campaign could include an advertisement based on a Hospital Emergency Department situation and should use a multi-media approach. It should also focus on targeted environments such as Pubs, Night-Clubs, Schools, Third Level Institutions, Hospital Emergency Departments, Garda Stations, Family Planning Clinics, and Libraries.

**That Significant Increases in Excise Duty on Pre-Mixed Ready-to-Drink Spirits;** 50% to 100%, be imposed in the December 2004 Budget given the evidence that shows the profound negative effect these drinks have on young women in particular.

The Department of Enterprise, Trade and Employment introduce **Price Controls for Non-alcoholic Drinks** served in licensed premises within a period not exceeding six months.

**A Mandatory National Training Programme** be established for all front-of-house, security staff, as a joint initiative between the Department of Justice, Equality & Law Reform and the licensed trade within the next twelve months. All security staff would be required to successfully complete this course before assuming or resuming their duties. This should

be provided for in legislation with heavy fines and/or pub closure for non-compliance.

**Specialist Nurses** with the requisite training in para-suicide, alcohol and drugs misuse be appointed in each Hospital Emergency Department with the necessary back-up resources to ensure patients are given effective follow-up treatment services.

**A Screening Strategy** for early detection of harmful alcohol misuse be administered as part of routine admission procedures in each Hospital Emergency Department. There should also be liaison between the hospital and the Gardai and other relevant bodies, such as local schools, for subsequent follow-up action.

**A Complete Ban be Imposed on all Alcohol Advertising** within a three year period and a complete ban on acknowledgement or credit, including the use of logos on labels, for sponsorship of sports events, clubs or teams that cater for members under 25 years of age, by any area of the alcoholic drinks industry. The Irish Government should also seek to make this an EU wide initiative.

*A copy of the full report can be obtained from the Government Publications sales office Tel: 01 6476834 or through any bookseller.*

## ALCOHOL AND SUICIDE - A PERSONAL STORY -

Tommy Roche knows that if he had not stopped drinking, he would not be here today.

The 32-year-old Limerick man has seen another side to alcohol, which he describes as "a respecter of nobody". It blighted his own life from an early age and was also a contributing factor to the deaths of three members of his 11-strong family. His brother, Alan, had problems with drink and drugs and took his life four years ago at the age of 22 on the grounds of the local football club. When the family returned home from the funeral, another brother, Jeffrey, aged 26, had also taken his own life.

"A lot of people who are addicted to drink and drugs don't complete suicide. But alcohol makes it a lot easier because it takes away sense and makes it easier for them to do the wrong thing," said Tommy. In 20% of suicides here, alcohol has been consumed prior to death.

Tommy appeared on the Late Late Show to appeal for funds to set up a treatment centre. The singer, Sinead O'Connor, was one of those who responded and agreed to donate the proceeds from the sale of her house in Atlanta, Georgia. Although media reports of the sale were exaggerated it sold for nearly €500,000 last year rather than the headline figure of €1 million, it provided the boost Tommy needed to establish the Aljeff Treatment Centre, named after his two brothers. A suitable site for the centre has not

yet been found, but Tommy and his staff have established counselling services, regular information seminars for Limerick parents and empowerment courses for the counsellors who treat addiction but run the risk of becoming depressed themselves. Tommy beat his own alcohol addiction. "I was sick of becoming sick, but saw other alcoholics go to early graves. If I had not stopped drinking, I would not be here today. There's a lot of people like myself who can't drink. I've learnt to stay out of the orchard," he said. He now travels everywhere from Waterford to Achill Island to give talks on addiction. "We tell the truth and we take the gloss off alcoholism, but I've no problem with a person drinking if they can have a great time and go home. One of the first miracles Jesus performed was with alcohol." He had to overcome another personal tragedy two years ago when a third brother, John, took his own life at 25. However, his fight against alcohol and drug addiction is continuing and he hopes there will be better co-operation forthcoming from the drinks industry, such as funding Aljeff talks in schools. "At the moment, we're like three rugby teams on a soccer pitch trying to play Gaelic. There is no point Aljeff and people like us giving one message and the drinks industry giving another. We can all pull together in one direction."

## No Psychiatric Health Service for Troubled Teens

TROUBLED teenagers between the age of 16 and 18 have no psychiatric health service at a time when the rate of self-harm is a huge cause of concern. This is the situation almost a year after the Department of Health agreed that more resources should be used to bridge the serious gap in psychiatric services for adolescents in that particular age group. Dan Neville TD, President of the Irish Association of Suicidology, has accused Health Minister Micheál Martin of putting the lives of troubled adolescents at risk by failing to provide adequate psychiatric health support services. "The only additional funding in the mental health area in 2004 is in relation to improvements at the Central Mental Health Hospital in Dublin, where the conditions are pre-Dickensian", according to Dan. Adult psychiatric services are not resourced to deal with adolescents, "Patients of this age require a developmental perspective and appropriate multidisciplinary input, which would centre around family, school and social interventions," he said. Every year about 600 girls and 300 boys per 100,000 population between the ages of 15 and 19 deliberately harm themselves, with 1% dying by suicide within a year.

## Date Rape & Alcohol

From Page 1

Interestingly according to doctors in the sexual assault unit in the Rotunda Hospital in Dublin in a report said that they have never come across a so-called date rape drug in the blood tests of young ladies attending there. They have however come across blood alcohol levels in teenagers that they had only previously seen in the post-mortem room.

In a nutshell alcohol is the most commonly used date rape drug. At the level at which alcohol is consumed in binge drinking sessions it is not surprising that people get into trouble and are vulnerable to sexual assault, physical violence, suicidal behaviour including suicide and accidents. At the levels of alcohol consumed in binge or at risk drinking bouts it is no surprise that the following day they have alcohol induced memory blackouts in which they are unable to account for what went for on large sections of the previous night.

We must not lose sight of the fact that alcohol consumed at the reckless levels recorded in many of our adolescents is the commonest and most dangerous drug on sale in Ireland.

# What is Depression?

Depression and depressive illnesses are often misunderstood by society in general and even the medical community, making education even more important for individuals who may be suffering from depression and suicidal thoughts.

**1. WHAT IS DEPRESSION?** It is a disease affecting the entire mind and body, causing a person to feel miserable in many ways. Changes in brain chemistry make it happen. It is a brain disease.

**2. WHAT CAUSES DEPRESSION?** We do not know. We used to think it was due to something unhappy in a person's life or to some psychological hang-up. We now know, however, that this disease happens to people who have no reason "to be depressed." In other words, depression can strike normal and healthy people

**3. DOES HAVING A DEPRESSION MEAN THAT A PERSON IS GOING "CRAZY"?** NO, but it will very often make him think he is.

**4. IS IT A COMMON DISEASE?** Yes, it is the most common disease seen in all of medicine; however, it is often confused with other illnesses. For example, many people who think, or who are told, they have low blood vitamin deficiency, sinus headaches, low sugar, menopause, burnout, and "all run-down and need a rest" may actually have depression that causes their troubles.

**5. WHAT TROUBLE DOES A PERSON HAVE WHO HAS DEPRESSION?** A person who has depression will usually feel most of the following things:

- He will feel very tired all the time, even when he has not worked or exerted himself very much.
- His sleep will usually be affected in one of two ways. He will either go to sleep and then wake up during the night and remain awake, or else he will sleep too much - even during the day. He will not get restful sleep.
- He will feel very irritable. He will get upset very easily over little things that ordinarily would not upset him.
- He will feel very sad for no reason, and, in fact, may break into tears without knowing why.
- His normal sex drive will be decreased; in fact, it often will go away altogether.
- He will often have a headache that is present most of the time. Almost any chronic pain elsewhere such as in the stomach or back can be caused by depression. These pains are not imaginary; they are quite real and often severe.
- He will find it difficult to enjoy things. He will feel little enthusiasm even for things he used to look forward to.
- He will often be constipated or have other digestive symptoms such as abdominal pain or

diarrhea. He may lose or gain weight.

- He will find it difficult to concentrate, make decisions, remember things and get things done.
- He will feel like he is an ineffective, worthless person, even though there is no reason to feel that way.

**6. IS THIS REALLY A SERIOUS DISEASE?** Yes. In a mild depression, the person will often think he just has a case of the blues, or that he is just getting older. His efficiency will be affected. In a more severe depression, it is a very serious disease. This disease can cause a previously healthy and happy person to take his own life.

**7. CAN A PERSON DO ANYTHING TO FIGHT BRAIN DISEASE?** Not by his own efforts. This is a disease over which a person has no control, and it will do him no good to "try to fight this myself."

**8. IS THERE ANY EFFECTIVE TREATMENT?** Very much so. There are several medicines that are usually very effective in treating depression. They are also very safe medicines.

**9. ARE THERE MEDICINES TRANQUILIZERS, SLEEPING PILLS, PAIN PILLS, HORMONE PILLS?** No, none of these. They are called antidepressants. *Continued Page 7*

## Camera Phones the New Form of Bullying

Camera phones are creating huge problems in schools, and the damage they can cause in areas such as changing rooms is enormous. They are now a source of great risk in our schools and can seriously damage and infringe on people's rights. Dressing rooms and the like offer huge opportunity for abuse of such technology and something must be done now at a national level to set down a code of practice for their use. Teachers and school managers are particularly concerned at the effects such abuse could have on students. The Irish Vocational Education Association (IVEA) at their recent conference backed a motion urging the Department of Education & Science to set up an appropriate code of practice throughout all schools concerning the use of camera phones.

## Bullying a Factor in Childhood Depression

*Continued from page 1*

from the classical school yard push to a more sophisticated and planned type of "torture".

If one is in anyway different, or has a sensitive or intelligent nature, one can become an easy target for a predator to bully. In a society where children are very materialistic, young girls in particular are being asked to grow up much more quickly. If they are in any way different to their peers, they can become more vulnerable to bullying.

### *To address bullying effectively it must be part of all school policies*

Unfortunately pressure from society filters down and reflects on children, explained Prof Fitzpatrick.

A nationwide study on bullying behaviour in Irish primary schools was conducted by Dr Mona O'Moore, founder of the Anti-Bullying Research and Resource Centre, TCD, in 1997. It showed that 74 per cent of children who said they were bullied reported that it occurred in the playground, with 31 per cent stating it occurred in the classroom.

According to Prof Fitzpatrick, to address bullying effectively it must be part of all school policies. "Some schools have now taken this on board," she said.

Bullying remains one of the underlying causes of self-harm, which can range from self-inflicted scratches or burns to developing bulimia or anorexia.

Taking overdoses of medications such as paracetamol, anti-asthma drugs or anti-depressants is also on the increase in children, according to Prof Fitzpatrick. "They are crying out for help and it's an indication they are in serious trouble from their own emotional point of view," she explained.

So why do some young children bully and make the lives of others a misery? There is always a reason why a young child gets involved in such behaviour. By being the bully the child automatically eliminates themselves from being a potential victim. Research indicates that the bully may also have seen violence at home or on television and, hence, may believe it to be the norm.

Growing up in an unhappy environment every day can make young people very angry, and in coping with their anger and unhappiness they may take it out on others in the classroom. According to Ms

### *Growing up in an unhappy environment every day can make young people very angry, and in coping with their anger and unhappiness they may take it out on others in the classroom*

Murray, the exposure to violence can desensitised people. "There is often little or no distinction between television and reality," she added. The long-term consequences of bullying can be severe, with children holding negative ideas about themselves for the rest of their lives. They may also develop severe depression, alcohol or drug abuse, and a tendency towards aggressive behaviour. One study has shown that 80 per cent of men who were bullied as children experienced problems forming loving heterosexual relationships. Sadly, it even manifests itself in an increased propensity to commit suicide, claimed Ms Murray. Many medical professionals believe much more needs to be done in order to reduce the incidence of bullying among Irish children, and thus reduce the rates of depression and possible self-harm. However, Prof Fitzpatrick pointed out that the problem was quite complex. "There is no simple remedy as depression among young people is tied up with changes in family and society."

Pressure on the mental health services is also a key concern. In its recent presentation to the Joint Committee on Health and Children,

## Steps To Happiness

### **Everybody Knows:**

You can't be all things to all people.

You can't do all things at once.

You can't do all things equally well.

You can't do all things better than everyone else.

Your humanity is showing just like everyone else's.

### **So:**

You have to find out who you are, and be that.

You have to decide what comes first, and do that.

You have to discover your strengths, and use them.

You have to learn not to compete with others,

Because no one else is in the contest of \*being you\*.

### **Then:**

You will have learned to accept your own uniqueness.

You will have learned to set priorities and make decisions.

You will have learned to live with your limitations.

You will have learned to give yourself the respect that is due.

And you'll be a most vital mortal.

### **Dare To Believe:**

That you are a wonderful, unique person.

That you are a once-in-all-history event.

That it's more than a right, it's your duty, to be who you are.

That life is not a problem to solve, but a gift to cherish.

And you'll be able to stay one up on what used to get you down.

Author: Unknown

the Irish College of Psychiatrists stated that while the Working Party on Child and Adolescent Psychiatry had highlighted in June 2003 the need for the development of services for 16 and 17 year olds, no money was made available in 2004 Letters of Determination. The College has recommended that this service be provided for 14 to 18 year olds.

The first Report of the Working Party recommended the establishment of seven units to provide a total of 144 beds for the age group 0 to 16 years. At present there are approximately 20 beds in the whole of the country. Including the 16 to 18 year olds would require extra 80 beds, giving a total complement of 224 beds. "These figures speak for themselves," the college stated.

Meanwhile, services to children under the age of 16 years are "comprised", according to the college, due to the lack of adequately resourced outpatient multi-disciplinary teams. Hence, there are waiting lists of more than a year in some areas.

In conclusion, Ms Murray explained that the way one person behaved was only half of the equation - the other was how society responded. This is particularly relevant if the tragic cycle of depression and self-harm is to be broken.

*Medicine Weekly, 12<sup>th</sup> May 2004*

## Newly Diagnosed Diabetics Death Risk

Young people admitted to hospital for diabetes have an increased risk of death in the following three years, not only from natural causes but also from suicide, according to a new study. Researchers in Oxford analysed all NHS hospital admissions from 1968 to 1996 for diabetes in people aged under 30 years. Deaths were monitored for three years to 1999. There were 4,992 admissions for diabetes among people aged under 30 years and there were 58 deaths during the three-year follow-up period, including 29 from diabetes, 14 from other diseases, nine from suicide, and six from accidents. Although, in absolute terms, death in young people with diabetes is uncommon, this study showed that death within three years of hospital admission was nine times more common than in the general population. Their findings also suggest that the survival of young people with diabetes, whose disease was serious enough to warrant admission, is unlikely to have improved much in the past 30 years.

BMJ 2004

## What is Depression ?

*Continued from Page 5*

**10. ARE ANTIDEPRESSANTS ADDICTING?** Absolutely not. A person cannot become addicted even though he takes these medications for months or years. People who take insulin and high blood pressure pills are not addicted; neither are people who take antidepressants. A person who does not have depression would feel no effect if he took an antidepressant. They work on the brain chemistry that gets out of balance and results in depression.

**11. DO THEY HAVE SIDE EFFECTS?**

Unfortunately, they have pesky side effects; they rarely have serious side effects. The chief side effects are dry mouth, constipation and drowsiness. Drinking water or sucking non-caloric mints can effectively overcome dry mouth. Constipation is corrected by adding bulk to one's diet. The sleepy effects are taken care by taking the medicine before bedtime. The body usually adjusts to all these side effects. Some newer antidepressants do not have side effects.

**12. ARE ANTIDEPRESSANTS THE SAME AS "PEP PILLS" OR "UPPERS?"**

Absolutely not. Pep pills give anybody a sudden boost of energy whether they have depression or not. Pep pills are all dangerous, and not used for depression. Antidepressant pills, on the other hand will do nothing to a person without a depression, but will help a person who has depression by returning his brain chemical to normal.

**13. HOW LONG DOES A PERSON HAVE TO TAKE ANTIDEPRESSANTS?** It varies. Sometimes as little as three months, other times longer than a year. These medications can be taken safely for as long as they are needed, even for a lifetime.

**14. DOES THIS DISEASE HAPPEN TO A PERSON WITHOUT ANYTHING IN HIS PERSONAL LIFE CAUSING IT?**

Yes. However, many people have things in their personal life that are bothering them a great deal, and if they happen to get depression while these things are bothering them, then everything gets much worse. For example, if a person is having difficulty in their marriage or job and they get a depression also, then the difficulties with the marriage or job will get worse, because their ability to cope with their difficulties is impaired.

**15. WHAT SHOULD I TELL MY SPOUSE OR RELATIVES ABOUT DEPRESSION?**

Have them read this. A person with depression will almost always find that their spouse or relatives are very much affected by the way he feels. Most often relatives will not realise that a person's symptoms are due to a disease, and will think you simply do not love them any more. They may think the fault is somehow theirs. It is very important that they know that depression is simply a disease - just as pneumonia or diabetes are diseases, and that you or they are not responsible for it. It is a great help to have your loved ones understand what is happening, why you need medication, etc.

## Suicide, Parasuicide, Suicidal Thoughts and Persons of Genius

Professor Michael Fitzgerald

Dr. Arnold Ludwig studied the New York Times Book Review Biographies from 1960 to 1980 and found that 18% of the poets he studied had completed suicide. According to Jamison Ludwig 'compared individuals in the creative arts with those in other professions (such as businessmen, scientists, and public officials), he found that the artistic group showed two to three times the rate of suicide attempts' (Jamison, 1993).

Jamison also points out that 'biographical studies, as well as investigation conducted on living writers and artists, show a remarkable and consistent increase in rates of suicide'. She points out that 'the artistic groups demonstrate up to 18 times the suicide rate' compared to the expected rate in the general population. This is higher than found in the Ludwig study.

Jamison points out that the following artists

completed suicide: Heinrich von Kleist, Ann Sexton, George Traki, Marina Tsvetateva, Ernest Hemmingway, Malcolm Lowry, Virginia Wolff, Vincent von Gogh, Arshile Gorky, Mark Rothko, Nicolas de Stael, Thomas Lovell Beddoes, John Berryman, Thomas Chatterton.

Jamison also points out that the following made a 'suicide attempt': Charles

Baudelaire, William Cowper, Edgar Alan Po, Percy Bysshe Shelly, Francis Thompson, Maxim Gorky, Hermann Hesse, Hector Berlioz, Eugene O'Neill, Mary Wollstonecraft, Robert Schumann, Dante Gabriel Rossetti.

**Suicidal Thoughts:**

A. Alvarez stated in his book 'The Savage God' that a suicidal depression is a kind of spiritual winter, frozen, sterile, unmoving. The richer, softer, and more delectable nature becomes; the deeper that internal winter seems, and the wider and more intolerable the abyss, which separates the inner world, from the outer. Thus suicide becomes a natural reaction to an unnatural condition. Perhaps this is why, for the depressed, Christmas is so hard to bear. In theory it is an oasis of warmth and light in an unforgiving season, like a lighted window in a storm. For those who have to stay outside, it

*It is hopelessness even more than pain that crushes the soul*

accentuates, like spring, the disjunction between public warmth and festivity, and cold private despair. Lord Byron also suffered considerable suicidal thoughts. Percy Bysshe Shelley also experienced considerable suicidal thoughts. Graham Green experienced suicidal thoughts. William Styron in his book 'Darkness Visible' wrote about his suicidal depression and stated 'the pain is unrelenting, and what makes the condition intolerable is the foreknowledge that no

*Continued on Page 8 and Page 10*

## 14,000 Cases of Self-Poisoning in Four Years

Latest figures show that there were close to 14,000 cases of self-inflicted poisoning in the past four years. The data, collated by HIPE, demonstrates that there has been a gradual decline in figures between 2000 and 2003. The number of cases in 2000 stood at 3,731-of which more than 60 per cent involved female patients. In 2001, the total number of self-inflicted poisonings fell marginally to 3,641 however, the percentage of females involved rose to almost 63 per cent. In 2002, a total of 3,394 cases were recorded, but females continued to account for more than 60 per cent. Provisional figures for last year have recorded just 2,900 self-induced poisonings, but this is expected to rise as additional information comes to light. Female patients made up almost 62 per cent of this figure.

HIPE data has also shown that 1,243 hospital discharges were diagnosed with paracetamol overdose last year. This makes up almost half of the total number of self-induced poisonings in 2003. Nineteen of these cases were also diagnosed with a liver condition on discharge. Although provisional, these figures suggest a small decrease on the previous two years. In 2002, 1,390 cases of paracetamol overdose were diagnosed. Thirty-six of these were diagnosed with a liver condition on discharge. In 2001, 1,568 overdoses were diagnosed and 35 were found to have a liver condition on discharge.

## Researchers Conclude that Newer Anti-Depressants are not Safe for Children

Researchers have concluded that antidepressant drugs cannot confidently be recommended as a treatment option for childhood depression.

The researchers reviewed six published trials of newer anti-depressants in children.

They analysed each study's methods and the extent to which authors' conclusions were supported by data. Drug companies paid for the trials and otherwise remunerated the authors of at least three of the four larger studies. The trials consistently exaggerated the benefits of drugs and downplayed the side effects. Improvement in control groups was strong, while additional benefit from drugs was of doubtful clinical significance, the researchers reported. Biased reporting and over confident recommendations in treatment guidelines may mislead doctors, patients, and families, the researchers commented.

Many will undervalue non-drug treatments that are probably both safer and more effective. It is vital that authors, reviewers, and editors ensure that published interpretations of data are more reasonable and balanced than is the case in the industry dominated literature on childhood antidepressants, the researchers concluded.

BMJ 2004;328:879-883

## GP'S INFLUENCED BY DRUG COMPANIES, SAY 60% OF DOCTORS

More than half of doctors believe their fellow GPs are influenced by drug companies when prescribing anti-depressants, a survey has found. Some 15% of GPs polled said they had enjoyed purely social events such as rugby trips abroad paid for by the pharmaceutical industry. The figures were revealed recently on the RTÉ Prime Time programme investigation into the prescription of anti-depressants. Information gathered by the programme revealed: 300,000 people were prescribed anti-depressants in 2002: one in ten of the adult population. This included 200,000 medical card holders representing one in six of all card holders. The number of prescriptions doubled between 1993 and 2002, to 1.5 million.

A survey of GPs carried out by Lansdowne Market Research on behalf of Prime Time showed that:

70% had some concerns about the side-effects of anti-depressants;

75% were visited several times a week by drug company sales representatives;

30% said sponsorship by drug companies would have an influence on them;

60% said the sponsorship would have an influence on other GPs.

Prime Time carried out an experiment in the programme in which they sent a young man to 15 GP surgeries complaining he had depression-related symptoms. Even though he fulfilled only three of the five minimum symptoms recommended by the World Health Organisation, all 15 doctors prescribed him medication, 14 of them anti-depressants. In a follow-on experiment, the youth went to another 15 surgeries and complained of only one symptom. In nine cases he was prescribed medication.

Dr Seán McGrath, who was not one of the 15 GPs, said increased prescription rates in the country reflected the fact that GPs were recognising depression more. He rejected

claims that GPs prescribed anti-depressants in return for trips and said doctors prescribed on the basis of the clinical evidence available to them. Dr Terry Lynch, author of 'Beyond Prozac', claimed GPs knew very little about counselling, even though it was as effective as medication. "Pharmaceutical companies have managed to infiltrate into doctors' minds the message that medication is the way," he said.

*Continued from page 7*

## Suicide, Parasuicide, Suicidal Thoughts and Persons of Genius

remedy will come not in a day, an hour, a month, or a minute. If there is mild relief, one knows that it is only temporary; more pain will follow. It is hopelessness even more than pain that crushes the soul. So the decision-making of daily life involves not, as in normal affairs, shifting from one annoying situation to another less annoying or from discomfort to relative comfort, or from boredom to activity but moving from pain to pain. One does not abandon, even briefly, one's bed of nails, but is attached to it wherever one goes. For Leo Tolstoy "the thought of suicide came to me as naturally then as the thought of improving life had come to me before".

It would appear that the great artist experiences both tremendously deep and complex emotions. They have access to emotional experiences and the extremes. The complexity of their emotional life is great. All this is very helpful for their creativity but also makes them more likely for suicidal thoughts and suicidal behaviour.

They are less logical and rational than non-artistic people and are governed by the logic of emotions. Of course the logic of emotions is very often not logical. This makes them more vulnerable to suicidal experiences.

K. Jamison in her book 'Night Falls Fast' states that 'I have a hard-earned respect for suicides ability to undermine, overwhelm, outwit, devastate, and destroy'. Jamison is an Honorary Professor of English at the University of St. Andrews in Scotland, has Bipolar disorder and has attempted suicide. This experience appears to be more common in persons with major artistic creativity than the general population.

Of course one has to be very careful with selected samples of geniuses with artistic ability. They are no way representative of the total population of persons with artistic creativity.

*Continued on page 10*

## Depression Hits Heart

People who suffer from depression are more likely to suffer from heart disease, according to cardiologist Professor John Horgan. Evidence to prove that depression is an increasing risk factor for coronary heart disease is growing, he said. Prof. Horgan pointed to a survey of male cardiac patients studied from the time they entered college until they were 55. This showed that 45 per cent of those who suffered a depressive episode died, compared to just five per cent of the men with a good psychological history. Suggested reasons were abnormalities of blood coagulation and an impaired sugar metabolism.

They also found that the impact of depression was not gender related since studies of female patients with a high incidence of depression also showed an increase risk of heart disease, he said. However, incidences of the disease in women were slightly lower because premenopausal women have far lower rates of coronary heart disease.

Prof. Horgan was speaking at the World Congress of Cardiac Rehabilitation and Secondary Prevention.

*Irish Medical Times, 28<sup>th</sup> May 2004*

## IAS The Irish Association of Suicidology

### 9<sup>th</sup> Annual Conference SUICIDE PREVENTION: WHAT YOU CAN DO?

29<sup>th</sup> 30<sup>th</sup> Sept & 1<sup>st</sup> Oct 2004  
2.30p.m. - 6.00p.m.  
9.00a.m. - 5.30p.m.  
9.00a.m. - 1.00p.m.

Talbot Hotel, Wexford

#### CONFERENCE OBJECTIVES

This conference will illustrate

- That suicide is a complex multifaceted problem
- Suicide prevention needs a multidimensional response
- Suicide prevention is everybody's business and each of us has a part to play in translating a Suicide Prevention strategy into action.

#### Wednesday 29<sup>th</sup> September

##### **Bereavement Seminar**

2.30 - 6.00

Session 1. 2.30 - 4.00

##### **No Time to Say Goodbye: Surviving the Suicide of a Loved One**

Carla Fine

Author of "No Time to Say Goodbye:  
Fr. Tony Byrne

## UPCOMING EVENTS

- **September 29<sup>th</sup> - October 1<sup>st</sup> 2004**  
Irish Association of Suicidology  
9<sup>th</sup> Annual Conference  
Suicide Prevention - What can you do  
www.ias.ie
- **November 24<sup>th</sup> - 26<sup>th</sup> 2004**  
Irish Association of Suicidology  
4<sup>th</sup> National Conference - School Based  
Interventions in Crisis Management &  
Suicide Prevention  
www.ias.ie
- **August 25<sup>th</sup>-28<sup>th</sup> 2004**  
10<sup>th</sup> European Symposium on Suicide  
and Suicidal Behaviour  
Copenhagen, Denmark
- **September 10<sup>th</sup> 2004**  
The International Association for Suicide  
Prevention, with the WHO -  
World Suicide Prevention Day.  
www.med.uio.no/iasp
- **September 12<sup>th</sup>-16<sup>th</sup> 2005**  
XXIII World Congress - IASP  
International Association for Suicide  
Prevention  
Durban, South Africa

Coffee 4.00 - 4.30

Session 2. 4.30 - 6.00pm

##### **Mens' Experience of Grief**

Adrian Hill

Executive Director of the Legal Profession  
Assistance Conference and Treasurer of the  
Canadian Association for Suicide Prevention.

#### Thursday 30<sup>th</sup> September

Session 1 9.30 - 10.30

##### **Michael Kelleher Memorial Lecture**

##### **Global Perspectives of Suicide Prevention Strategies**

Annette Beautrais

Principal Investigator, Canterbury Suicide  
Project  
New Zealand.

10.30 - 11.00 Coffee

Session 2 11.00 - 12.30

##### **Can Suicide be Prevented? Suicide Prevention project in Finland.**

Dr. Maila Upanne

Development Manager Stakes Mental Health  
Unit Finland

##### **Suicide Prevention Strategy in Ireland**

Dr. John F. Connolly

Hon. Secretary,  
Irish Association of Suicidology

Lunch 12.30 - 2.00

Session 3 2.00 - 3.00

##### **Suicide Prevention?**

Dr. Tony Bates

Principal Clinical Psychologist, St James's  
Hospital Dublin. Lecturer/Course Director  
(M.Sc. Cognitive Psychotherapy) Department  
of Psychiatry TCD.

Coffee 3.00 - 3.30

Session 4 3.30 - 5.15

##### **Advocacy Group Schizophrenia Ireland Aware Grow Gay/Lesbian Organisation Samaritans**

Work of the Resource Officers in Suicide  
Prevention  
Theresa Mason

5.30 - 7.00

#### POSTER SESSION

#### Friday 21<sup>st</sup> November

9.30 - 11.00

#### PAPER PRESENTATIONS

10.00 - 11.00

#### WORKSHOPS

11.30 - 1.00

#### GENERAL MEETING

## REGISTRATION

Wednesday 29<sup>th</sup> September

12.30 - 2.30

Thursday 30<sup>th</sup> September

8.00 - 9.30

Special Accommodation rates available from  
the Talbot Hotel €55 p.p.s. per night B&B €65

Single pre night B&B

Tel: +353 (0)53 22566

e-mail:

reservations@talbothotel.ie

## APPLICATION FORM SUICIDE PREVENTION: WHAT YOU CAN DO.

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

\*Conference Fee of €150 includes Lunch on Thursday, Membership of the Irish Association of Suicidology and a copy of the proceedings of the conference to be published in early 2005.

Conference Fee €150/Stg£106

Bereavement Seminar only €50/Stg£35

Conference dinner €35/Stg£27

Total amount enclosed € / Stg£ : \_\_\_\_\_

Application Form, which must include conference fee + cost of conference dinner if attending, (cheques to be made payable to the Irish Association of Suicidology) should be sent to  
**Ms. Josephine Scott, 16, New Antrim St., Castlebar, Co. Mayo.**  
Tel. +353 (0) 94 9250858. Fax. +353 (0)94 9250859 e-mail joscott@eircom.net  
10% cancellation fee applies. Closing date for registration 5<sup>th</sup> September 2004  
Refunds cannot be given after this date

## Suicide, Parasuicide, Suicidal Thoughts and Persons of Genius

*Continued from Page 8*

Of course there is clear association between depression, suicide, and artistic creativity. What the prevalence of these might be in total population of artists in Ireland is unknown. We can't generalise the total population.

It is interesting that both Ann Sexton and Abbie Hoffman received Manic Depressive Disorder diagnosis and were given lithium but stopped taking the lithium and completed suicide thereafter. It is possible to reduce the suicide rate in artistic people with proper treatment of their psychiatric problems. It is likely that the vast majority of artistic people who complete suicide have psychiatric problems. Clearly an additional factor is that the abuse of alcohol and

*Of course there is clear association between depression, suicide, and artistic creativity.*

drugs is not uncommon in artistic people. There is a myth that alcohol increases creativity. What alcohol does is increase depressive feelings and not creativity. Alcohol and drug abuse is clearly also associated with depression. Indeed it appears to me that being creative is what keeps people alive. It would appear to me that suicide and depression are much more common where the artist experiences a creative block and that they are particularly vulnerable at that point. The great philosopher Ludwig Wittgenstein has illustrated in the book 'Autism and Creativity' was able to resist suicide by a continuing ability to be philosophically creative as a research philosopher. Indeed, it may be that a creative block leads to depression leads to alcohol abuse leads to suicidal behaviour.

*Clearly excessive drinking is damaging but smaller amounts might be positive for social functioning and indeed for physical health generally*

In terms of social drinking this is an entirely different matter. It is unlikely that ordinary social drinking will have a negative effect on creativity and indeed might have a positive effect. Stephen Pritzer points out that "many writers recognise they could not write well while they were drinking". F. Scott Fitzgerald and Ring Lardner said they went on the wagon when they worked. He also points out that "writers who used alcohol occasionally saw it as an aid in getting started or a stimulus when they were tired". This makes sense. Clearly excessive drinking is damaging but smaller amounts might be positive for social functioning and indeed for physical health generally. One must also remember that there is often a depressed period following a creative spurt. This has to be

managed by a creative writer. Of course, in addition, the vast majority of artists are poorly paid and suffer a great deal of financial stress. It is a very insecure profession. It is hardly surprising therefore that it is stressful and this stress makes people in this profession more vulnerable to anxiety and depression. Clearly there are genetic factors in relation to creativity, alcohol abuse and depression. The alcohol abuse only makes it much more likely that the artist will not be able to produce to their potential. I don't believe the story that Coldridge wrote Kublai Khan while on opium. If it is true then he could only have been taking very minor amounts. It is interesting to compare this with great mathematicians, scientists, and inventors (Fitzgerald, 2004). The stress in their life was

generally much less than those with artistic creativity. In addition, great scientists, inventors, etc. often find very useful places for themselves in society either in the academic world or in the industrial world and therefore do not have insecure lives from a financial point of view. They are also, in general, far better paid financially. Not every highly successful artist is capable of dealing with fame. They may feel they have to continue to produce great work, which they may no longer feel able to. They may engage in self destructive paths of drinking and notoriety with suicide as an outcome. Being successful may set the bar too high for them and they may be unable to repeat it and therefore develop writers block followed by depression and alcohol abuse.

## Suicide and the media

Dr. John Connolly

We should all be concerned about the problem of copy cat suicide, sometimes referred to as suicide contagion or suicide clusters, which is well documented in the literature. That the portrayal of suicide in the media can have an adverse influence on suicide rates is beyond dispute. This is supported by a great deal of research undertaken over the past 50 years or more. Certain types of reporting of suicide in the news media proffer simplistic views of the very complex phenomenon of suicide. Romanticised and luridly sensationalised reporting of the suicide of a famous person, perhaps a pop idol, has been shown to increase

suicide rates in the weeks following the reports. The more prominence such a story is given the greater the effect.

Fictional portrayal of suicide has also been shown to bring about an increase in subsequent suicide and suicidal behaviour. Following suicide or attempted suicide in dramas or soap operas on television an increase in attempted suicides and completed suicide have been reported in many studies. In both news reporting of suicide and fictional portrayal the more people can identify with the character the greater the likely hood that they will imitate the behaviour shown. Many of these programmes and reports popularise methods of suicide such as the railway suicides in Austria some years ago and a

rash of overdoses that can often follow such scenes witnessed in soaps.

The media are not the sole cause of copycat suicide. Following suicide in a small community a school or some other type of institution a suicide cluster may follow as the news is spread by word of mouth.

Overall copy cat suicide accounts for about six percent of all suicides. However the copy cat effect is greatest in adolescents. Some studies say as much as 13% of suicides in this group etc. Recent research has shown that the elderly are more prone to copy cat suicide than the general population.

One thing that these two groups have in common is relative lack of integration into society. The youth are endeavouring to establish their identity and find their way in life. The elderly too often have lost much of what has given them their status and sense of self worth and are whether we like it or not, being excluded from society and undervalued.

Those of us interested in suicide prevention and the promotion of good mental health were very concerned and alarmed at scenes in TV. programmes over the past few months. The programmes Footballers Wives and Bad Girls both showed one of their characters hanging themselves. The latest Britney Spears video *Continued on Page 12*

*Copycat suicide accounts for about six percent of all suicides*

# North West Recipient for Dr Michael Kelleher Award

Ann McGarrigle, a volunteer with Foyle Cruse Bereavement Care has been awarded the Dr Michael Kelleher award by the National Suicide Bereavement Support Network, Youghal, Co.Cork. The Network was established in 1998 with the support and encouragement of the late Dr Kelleher and its aim is to unite existing suicide bereavement support groups and to help set up new ones in areas where there are none.

The Dr Michael Kelleher award, now in its third year, is presented annually to the person who, in the opinion of the judges has done outstanding work in the area of Suicide Bereavement Support within the Voluntary Sector. Ann was nominated for the award by Barry McGale, Suicide Awareness Co-Ordinator, Foyle Health and Social Services Trust and by Foyle Cruse Bereavement Care, Derry. This is the first year that the award has been presented to someone in Northern Ireland.

Presenting the award to Ann on behalf of the NSBSN, Bernard McAnaney, Programme Manager for Mental Health in FHSST said that it is important that the role of survivors of suicide within bereavement support is acknowledged and he paid tribute to Ann's work with Foyle Cruse and her contribution to the Foyle and Sperrin Lakeland Forum on Suicide.

Ann McGarrigle, bereaved by the suicide of her son Robert in November 1995, came to Foyle Cruse for counselling and decided to become involved in supporting others bereaved by suicide. Trained as a Cruse counsellor in 1999, Ann is a regular speaker at conferences on mental health and suicide. She works in Limavady College of Further Education where she is involved in Student Counselling.

## Suicide: Scandal of Mental Health Funding

Since a national suicide task force reported in 1998, nearly 3,000 people have killed themselves and approximately 60,000, the majority of them women, are known to have attempted to do so. Around 150,000 people were prescribed anti-depressants and sedatives in the last month. Since 1998, each health board has received an average of €300,000 a year to fund suicide research and prevention programmes. By comparison, almost 2,400 people have died on our roads over the same period and €17 million was allocated to road death prevention campaigns this year. As a percentage of overall health spending, funding for mental health has dropped from 11% to 5%. Psychiatric nurses argue the lack of funding for suicide prevention is nothing short of criminal, while consultants say the state of mental health services is deplorable. One of the few politicians to raise the issue in the Dáil argues that it is a national scandal and one that the ruling Coalition has utterly failed to address.

Dan Neville TD., President of the Irish Association of Suicidology, believes the scandal is buried because it is not a vote getter. Many of his fellow politicians agree with him, but only quietly, and people raise it on the doorsteps, but only in a roundabout way, he says. But in recent Dáil exchanges, the Government said €17.5m has been provided for suicide prevention since 1998, when the national task force first reported. In the same period, 72 additional consultant psychiatric posts have been approved and various voluntary organisations were supported. However, those at the coalface

profoundly disagree with Government assertions that mental health services and suicide prevention is properly funded. They say there is no dedicated adolescent psychiatry service, little support for general practitioners and huge gaps in services in the hospitals. Many of those who attempt suicide do so at the weekend, when it is difficult to access psychiatric or counselling services. The problem is complex and there is no one answer to why so many take their own lives, say health professionals.

### Wexford County Development Board 'Supporting One Another'

*An Action Plan aimed at assisting in the Prevention of Suicide*

The United Nations Guidelines for the Formulation and Implementation of National Strategies recommends that we should aim "to promote, co-ordinate and support intersectoral programmes for the prevention of suicidal behaviour at national, regional and local levels."

The Action Plan for County Wexford under the auspices of the Wexford County Development Board is complimentary to this guideline. It was developed following an extensive countywide consultation process. This is a novel and unique approach to addressing the issue of suicide prevention in a specific geographic area. The Action Plan dovetails with the South Eastern Health Board's Suicide Prevention Strategy 1999 and builds upon the work already underway in the region. It is an integrated plan involving statutory bodies, community groups and voluntary organisations in a partnership.

Within the plan there are 31 actions identified under the broad headings, 'enhancing protective factors' and 'reducing risk factors'. The agencies responsible for the plan's implementation and a timeframe for implementation have been identified.

Mr. John Brown, Minister for State at the Department of Communication, Marine and Natural Resources launched the Action Plan on 19<sup>th</sup> April 2004 at the Talbot Hotel in Wexford.

The Action Plan is available on-line from the Wexford County Development Board's website.

For further information, contact Mr. Seán McCarthy, Regional Suicide Resource Officer, SEHB at Tel: 051 874013.

## IS IT POSSIBLE TO BAN WEBSITES RECOMMENDING SUICIDE?

The executive committee of IASP has decided to investigate the possibility of setting up a legal ban on websites recommending suicide - websites that have resulted in the death of several Danish youngsters, who took their own lives after having been inspired by such a website on their computer. In the Danish parliament two parties have put forward a proposal to forbid publications, which encourage suicide or recommend any suicide methods. France has forbidden all kinds of publications which recommend any suicide methods, and this applies to Internet as well. Web sites will in most places be regarded as "publications" in the legal sense, which makes their contents subject to same limitations as those of any other publication.

Publishing something on a website does not make the contents immune to legal prosecution. Child pornography is an example of a type of publication, which is currently forbidden mostly everywhere, and where co-operation is relatively easy.

In several cases, the suicide victim was a minor, and recently there has been examples of a web-page being announced on the Harry Potter fan web-page. In Sweden abetting an adult to commit suicide is not sanctioned, whereas that of a minor, if crude and successful, could be considered, not as abetting, which is not punished as such, but rather as a murder committed through the minor on him/herself. A task force will arrange a workshop at the 10<sup>th</sup> European Symposium on Suicide and Suicidal Behaviour where the subject will be discussed.

Merete Nordentoft, IASP newsletter, May 2004, [www.iasp.info](http://www.iasp.info)

## President of the IAS Wants Total Ban on 'Lethal' Pain-Killer Sales

Paracetamol, the most commonly used drug in Ireland, has evolved into "the silent killer of the nation's medicine cabinets," according to a suicide expert. The Irish Association of Suicidology is concerned that the "public are blissfully unaware that a drug which is contained in the bathroom cabinet of most homes can have such a lethal effect", said association president Dan Neville TD. Mr Neville has now called for a total ban on over-the-counter sales of paracetamol products in shops. Although paracetamol can found "beside ordinary consumer foodstuffs like chocolate", figures from the Department of Health revealed that Irish hospitals have dealt with more than 4,201 cases of paracetamol poisoning in the last three years. This has resulted in a need for an estimated 60 liver transplants while a potential 90 other transplants may be needed. Over half of all liver transplants are due to paracetamol poisoning while it may also be responsible for over 2,542 cases of kidney failure. These cases are putting further pressure on the health system in areas such as the provision of dialysis treatment and kidney transplants, as paracetamol is a factor in almost 45 per cent of the country's cases of self-inflicted poisoning. Although Health Minister Micheál Martin has placed some restrictions on the sale of paracetamol products, these have only had a minor impact on the baseline figures, while serious paracetamol-related conditions have "almost doubled over the last few years," according to Mr Neville. He believes we are now "facing an epidemic of potentially lethal paracetamol overdoses particularly amongst young women," who are twice as likely to overdose. Mr Neville noted that the sale of paracetamol is closely linked to high suicide rates and that studies indicate that a lower availability of paracetamol reduces the occurrence of suicide.

## Suicide and the Media

*Continued from Page 10*

has caused a lot of controversy. Following a lot of pressure from activists in the USA the overdose scene was removed. The final scene gives the impression that she slashed her wrists and drowns in the bath. The makers of the video are adamant that the scenes cannot be mistaken for suicide but the impression given is otherwise.

The problem is that very young children watch a lot of TV and their attitudes to many issues such as sex, violence and suicide and their prejudices are formed long before they start school. Programmes such as those mentioned above can give then the message that suicide and suicidal attempts are acceptable behaviours and legitimate ways of dealing with life's problems, attitudes that will be very difficult to change in later life.

Fortunately in the main the media deals

with suicide in a sensitive fashion and many programme makers consult with mental health professionals and suicidologists as how best to deal with the issue. Some however, ignore all advice and refuse to follow any of the guidelines for the portrayal of suicide produced by organisations

such as the IAS and the Samaritans which contain good advice based on proven research. All of us can help to turn this around by complaining vigorously to the managers of the media and programme directors. In addition good strategy is to complain to advertisers whose advertisements may unwittingly have become associated with these scenes on TV. Perhaps more than anything else pressure from them may bring about change for the better.

*Following suicide or attempted suicide in dramas or soap operas on television an increase in attempted suicides and completed suicide have been reported in many studies*

## Dispose of Unused Medicines Properly (DUMP)

ASWAHB committee comprising of staff from Mental Health, Addiction and EHSS Waste Management identified the Disposal of Unused Medication Properly (DUMP) pilot project as a potential way of reducing suicide and parasuicide, accidental poisoning in children and environmental pollution. 6 pharmacies took part in the pilot which was run over the months Oct-Nov 2002 for a six-week period.

### The results demonstrated

- Significant quantities of unused or unwanted medications were returned.
- The reason for returns was primarily due to not finishing or not starting therapy.
- 108 Kgs of unused or unwanted medicines were returned during the six-week pilot project.
- A correlation was observed between the medication of choice as a method of overdose and the medication returned (NSRF).
- The results also demonstrated that there is scope for further investigation into patient attitudes to medication and its use.

### Project development to date.

- As a result of the pilot this service has been extended to 155 pharmacies in the South Western Area Health Board.
- To date over 4 tonnes of unused or out of date medicines has been returned.

The project is currently being evaluated.

## 'RISK'

*"You cannot discover new oceans unless you have the courage to lose sight of the shore"*

If you wish to contribute to the next publication or comment on any articles in this publication please contact

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