

# IAS The Irish Association of Suicidology

## NEWSLETTER

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## The Depressed Child

### Myths, Presentation, Management and Prognosis

#### INTRODUCTION

Depression in children and adolescents is an area of mental health that has been under-recognised in the past. Until the 1970s, childhood depression was thought to be rare, different from adult depression and difficult to treat. In the 1980s, investigators began to use adult criteria to diagnose depression in children. Following this, research supported the diagnosis and forced us to review the concept of depression in childhood. It is also recognised that the criteria for diagnosing a depressive disorder in young people will vary according to the developmental stage of the young person. It is estimated that depression occurs in approximately 2% of children and 4-8% of adolescents. The prevalence of depres-

sion increases during adolescence and may reach as high as 10-20% in late adolescence. Most studies show that there is little gender difference, or a small male preponderance, in the pre-adolescent depressive disorder, with a slight female preponderance once puberty has been reached. If left untreated, depression can affect many aspects of the child's development, including social interaction, development of normal peer interactions, school performance and learning.

#### PRESENTATION

Many young children feel low and sad at times. They can go through times

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## THE PAIN OF LOSING A LOVED ONE TO SUICIDE

*This is not about any one person in particular*

*The doorbell rang. A middle-aged lady, I'll call her Ann, not her real name, stood on the doorstep. I hadn't met her before. "Have I come to the right place for help?" she said, in a barely audible whisper. She stood there visibly shaking. "You see, I have lost my son to suicide," she whispered, fighting back the tears. "Yes", I responded, "you have come to the right place." "You are very welcome, very brave for coming to our support group, here this evening." Her eyes were filled with sadness. The eyes are the windows to the soul; I've heard it said. I close the door gently behind her.*

I introduce myself - "my name is Marie". I extend my hand to shake hers. She held on to it for a second or two, her hand was cold, does that reflect how she feels inside, I thought? "Please come in, the kettle is on the boil; you might like a cup of tea". We chatted for a moment or two. The ice was broken; we'd made a connection.

At the beginning of the meeting Ann

stated her case. She wouldn't be sharing tonight, she came only to listen. She couldn't speak without crying, you see, So many tears. "That's all right came the response, we know how you feel". She was reassured; there was no pressure on her to speak.

After a while, she spoke of losing her

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## Suicide Prevention Training for Taxi Drivers

As suicide rates in Northern Ireland continue to rise sharply, taxi drivers in Derry are being trained to help save lives.

Driving his taxi around the city of Derry, Eamonn O'Donnoll recounts a story about a cabbie travelling over one of the two bridges that cross the river Foyle. The driver spots a man perched on the railings ready to plunge into the water. He stops his taxi, approaches the man, and after having no luck persuading him not to jump, physically pulls him back onto the pavement. A fight ensues as the man struggles to get back on the railings to complete his suicide attempt, but the driver keeps him on the pavement until he is certain of the man's safety. Such incidents are an all too familiar experience for taxi drivers in the city and this is why, as chairman of North West Taxi Proprietors (NWTP), Eamonn has set up a community suicide prevention initiative, Taxi Watch. With the help of a small amount of funding including €6,000 (£4,000) from the EST in the Republic, he established a scheme that involves drivers being trained in counselling skills to help identify people at risk of attempting suicide and, where possible, talk them out of it. The drivers are also issued with "rescue kits" that can be stored easily in the taxis and used if the driver comes across and incident. The kits contain first aid equipment, as well as a "throw line" that, if grabbed by someone in the water, can be used to pull them to shore. Eamonn has persuaded volunteers at the city's sub aqua club to train the drivers, without charge, to use the equipment, as well as learn basic first aid. Prior to 1993, there were 25-30 lives per year are lost to the Foyle river. Over the past 14 years, Foyle Search and Rescue have stopped over 1,000 people from taking their lives. They have taken 74 people out alive from the water. Established five months ago, the Taxi Watch scheme is still in its infancy. Forty rescue kits have been distributed and Eamon is hoping they can attract funding from within Northern Ireland to keep it going. Whether the project can make a significant dent in suicide and attempted suicide rates remain to be seen.

*Irish Times*

**"If we could see the miracle of a single flower clearly, our whole life would change."** — *Buddha*

## The Depressed Child

### Myths, Presentation, Management and Prognosis

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when they are fed up, moody and irritable. These feelings are a normal reaction to experiences that are upsetting and stressful. However, if these feelings persist for weeks and months and interfere with normal daily functioning, it may indicate a depressive illness. The signs of depression in a young person include:

- Irritability and moodiness
- Being withdrawn
- Guilty feelings
- Feeling unhappy, miserable and lonely
- Difficulty concentrating
- Feeling of hopelessness and wanting to die
- Change in appetite and sleeping pattern
- Tiredness, lack of energy
- Frequent health complaints, e.g. stomach pains, headaches

The clinical picture will vary according to the developmental stage of the young person. Younger children usually show more symptoms of anxiety and somatic complaints, and often show irritability through behavioural difficulties. Adolescents display symptoms that more closely resemble the adult presentation of depressive disorders.

#### MANAGEMENT

##### *Mild depression*

Many young people will experience periods of sadness and mild episodes of depression and are never treated by mental health professionals. Often these children are helped in the community by their parents and schools. Interventions such as finding ways to reduce stresses and being more supportive can often help the young person. If concerns for the young person persist, they are often then referred to more specialist services.

The treatment offered will depend on the assessment. It is important to use this assessment as an opportunity to develop the relationship between the young person, their family and the services involved. The assessment will involve not only the mental state of the young person but also other stresses and situations that have impacted on the young person and their family. Another important part of treatment is psychoeducation of the

family and the young person to an age-appropriate level.

Medications are not warranted in the treatment of a mild depressive disorder. It is often useful to adopt a 'wait and see approach' and to further monitor the young person's mood over a period of time. If the symptoms persist, it is advised that a psychological therapy should be offered at this point. Therapies such as cognitive behavioural therapy, interpersonal therapy and short-term family therapy are recommended for a period of two to three months.

#### MODERATE TO SEVERE DEPRESSION

The NICE guidelines published in September 2005 recommended that specific psychological therapies, as mentioned previously, should be offered as first-line treatment for a period of at least three months. Antidepressant medication may be offered in combination with a psychological therapy. Many young people with moderate or severe disorders are unable or unwilling to engage in cognitive behavioural therapy, which requires a collaborative approach and active involvement by the young person. For these individuals it may be necessary to use antidepressant medication, with the goal of lifting their mood to a level where they are able to engage in cognitive behavioural therapy. As part of the treatment plan, the young person should be reviewed at regular intervals to monitor their mental state and, if they are on medication, to ensure that there are no adverse side effects. There has been much controversy regarding the use of antidepressant treatment in young people. It is estimated that at the end of 2003, over 50,000 children under the age of 18 were prescribed these medications in the UK. The efficacy and safety of newer antidepressants in young people remains a cause for concern. Studies have shown that the efficacy of these medications has sometimes been exaggerated and adverse effects remain a concern. Most of them are not licensed for use in people under 18 years. If using these newer medications, the children should be carefully monitored at regular intervals. Inpatient treatment should be considered for the child's protection. This can be necessary if a child

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is actively suicidal or psychotic and their safety cannot be ensured in a community setting. Inpatient treatment provides an opportunity for a multidisciplinary assessment and approach to treatment, which will often involve individual, family and group therapy and also medication.

The lack of inpatient beds for adolescents in Ireland means that many young people who would be admitted in other western cultures are treated here on an outpatient basis, with minimum resources and in high-risk situations. This adds hugely to the stress of families and carers of these young people.

**PROGNOSIS**

It is estimated that between 85% and 90% of major episodes of depression remit within one to two years and that between 40% and 60% experience a relapse. In the adolescent group there is a higher risk of developing a depressive disorder in adulthood. Depression with onset in early childhood is less likely to lead to adult depression. Young people with depression have suicidal ideation and sometimes make suicidal attempts. In Ireland 25% of completed suicides are among the 15-24 year group and up to 80% of these have a depressive disorder, which has often been unrecognised. There is a male dominance of male:female 6:1

**CONCLUSION**

Child and adolescent psychiatry is a developing area. Depression in childhood has only been recognised in the last 20-30 years and it is an area that will benefit and develop from further research. In the future our methods for diagnosis and treatment will become more refined and precise.

*Irish Psychiatrists,  
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**“You and I possess within ourselves, at every moment of our lives, under all circumstances, the power to transform the quality of our lives.”**  
— Werner Erhard

# THE PAIN OF LOSING A LOVED ONE TO SUICIDE

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only son, at the age of 25, to suicide, some months past. She was still in shock and felt numb most of the time, she'd said. "I had the illusion that suicide happens to other people, but not mine". She'd called him Patrick. That seemed fitting, to name her first born after our patron saint. His friends shortened it to Pat. She didn't care very much for that, but he preferred it, so Pat it was. She said she felt as if her heart had been torn right out of her chest...broken in pieces... never to mend again.

She spoke of the pride, both of them felt, at his chosen career, serving his community and his country. If truth were known, she'd held enough pride for both of them. "He gave his career, 110%", she'd said with pride. He was going to climb the ladder of success, he'd told her. He wasn't in it for the money, people were more important to him. He was mostly happy. There were times when she thought she saw a twinge of sadness. "I hope he is not too sensitive for his job", she'd thought. "It's probably only girlfriend problems", she'd said to herself and he'll get over that! Full of guilt and regrets now that she hadn't explored the matter further. "It must have been my fault", she said. "After all I am his mother". "Parents are supposed to protect their children, aren't they"? asks Ann. Ann is full of self-blame.

***There were times when she thought she saw a twinge of sadness***

He came home every week to visit; he had so many stories to tell. They had so many laughs. He was all she ever wanted in a son. He told her everything, or so she thought. She feels so rejected and abandoned now. She spoke of the pride she felt in her heart, when she ironed and starched those precious uniforms. That same heart, that was so full of pride, is now broken, full of sadness never to mend again. The room was silent as she told her story. All that's left now are those memories, and the uniform.

The uniform, she holds close to her face in the darkness of night, for comfort. The faint smell of his favourite aftershave still lingers. She remembers happier times. He was a friendly lad, knew all his elderly neighbours, would call out and wave to them from the open window of his supped-up car, music blaring from his powerful speakers, dressed to the nines, as he drove past. She watched with pride as he cleaned and polished his car through her kitchen window. They

often squabbled over the noise and the music. "Those lyrics would have been banned in my day", she'd told him. He was especially kind to the elderly, never forgot their names. "Never changed," they'd said. He was always kind, as a child never forgot to feed the birds in the winter.

She cannot sleep very well as the medication that used to help her sleep, doesn't work so good any more. When she sleeps it's always troubled by nightmares. She sits alone and cries into the uniform, worrying if she will stain it, how she will get the stains out, only to suddenly realise that he won't need it again. She's trying to make sense of the past few months, all those un-answered questions, the why's and if only's, haunt her. Ann struggles to understand the reasons for his suicide, asking herself over and over 'Why,' replaying his last moments, searching for signs that he was suicidal.

---I thought to myself, "why, why are so many people with depression and mental health problems, not coming forward for help"? Only two out of four people suffering from depression will come for help. Soul pain is not just feeling a little down, it's worse, much worse than that. Feeling that they 'deserve' to be in such pain as they are worthless and of no value to themselves or others, giving serious thought to ending it all. 'Nobody will notice and the pain will be gone'

Ann trying to remember now when she last told him she loved him. She'd often told him she loved him, but as this embarrassed him, as he got older, she stopped telling him so often. It's important now to remember the last time she'd told him. "I am so tormented she said, trying to make sense of all those emotions, swimming around at such speed, inside". "Life isn't fair, is there really a God", she asks? Not expecting anyone to answer. She felt angry now at the unfairness of it all. When she talks about her heartbreaking pain, heads nod in agreement. "Will this pain ever end", she asks? The faces around her are now blank; no one has answers as they ask themselves, that very same question.

No one moved or spoke until she'd finished speaking. She felt it was safe to talk, knew no one was judging her, as her tears rolled and she wiped the drips

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# THE PAIN OF LOSING A LOVED ONE TO SUICIDE

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from her nose. They understood, she knew, they'd been there, hadn't they? No need to feel embarrassed. "It's not the same with everyone", she continues, "some asked very personal questions, some avoided me, some; don't mention his name any more...and that's very hurtful". "My sister tells me to stop talking about it, upsetting myself; they don't understand that I need to talk about him, over and over again".

"I feel confused, wonder sometimes if I am going mad, so depressed at times, I wonder if I have the strength to carry on myself". "There's still a stigma attached to suicide", she continues.

"If only I could turn back the clock", she continues, "surely I could have prevented it". "This guilt is too much for any human to bear, it's not fair", says Ann. "A mother shouldn't have to bury her son". "I'll never recover from this," she said. The tears flow, Ann reaches for more tissues and stops sharing.

The room was silent. I look around. Everyone in deep thought, consumed with his or her own pain, wiping away a tear or two discreetly. A room, full of loving, caring, warm people, the salt of the earth type, that would give anything to have their loved ones back, if just for a hug. Faces full of pain; hearts broken into smithereens, devastated in the aftermath of suicide. "My hands haven't stopped shaking since he's gone," she'd said. There were no biscuit crumbs on her jumper. "I haven't had much of an appetite since his passing" she'd said, as the other group members had tea and biscuits. They didn't feel much like eat-

ing either but were been polite, as I'd made the tea.

Ann didn't leave with the others; she needed a little more time. We sat alone in the candle lit room. Ann was much calmer now as she began, to pour her heart out. She talked about things she wasn't yet ready to share with the group. She felt safe and secure, to think the unthinkable and speak the unspoken. She cried some more. I look at the floor around her. Small pieces of tissue strewn around her feet like a light dusting of snow in the winter. She talked about

***I looked into the eyes of this broken woman, standing in front of me***

the pride she felt in ironing his uniform's again. That meant a lot to her.

As she stood in the hallway before departing, I looked into the eyes of this broken woman, standing in front of me. The eyes are the windows to the soul; I've heard it said. Ann's eyes were filled with sadness. Her face drawn and tired from lack of sleep, tear stained her eyes puffy from crying. She's cried since his passing but the tears haven't answered any of her questions. She felt confused, asking herself if she was going mad. "I sometimes feel so depressed, I don't know if I have the strength to make it myself", she said.

Her greying, curly hair almost touching her shoulders now. "I haven't felt much like going to the hairdresser's

since his passing", she'd said. The fresh tea - stains on her jumper were visible. I looked at the small crumbled pieces of tissue clinging to her hair and jumper. Earlier, those same tissues, wiped up the abundant tears, that ran from her eyes, like raging rivers down her face. Some of the tissue stuck to her crumbled skirt, "I can't face ironing any more," she'd said. "The last thing I ironed was his uniform". "You know what that means to me," she'd said.

As I reached to open the door, she put her arm around me; hugged me, thanking me for my time. She thanked 'Console' for been there that evening.

As she departed, I thought I saw a glimmer of hope in those eyes. The windows to the soul, I've heard it said. "I miss his hugs," she says, smiling faintly as she walked out into the cool night's air.

I took a few moments to reflect on the evening. I wash the cups in the clear crypto water. "Looks can be so deceiving", I say out loud. So much sadness, so much grief, words left unspoken, unfinished business. I didn't understand it all.

There is no template for Grief: There is a beginning, no middle and no end.

There is no hell and there is no pain like the one suicide brings.

This is a day in my life as a counsellor with CONSOLE.

By **MARIE WHYTE**  
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**"Courage is never to let your actions be influenced by your fears."**

— Arthur Koestler

## Cognitive Therapy Can Help Women with Stress Disorder

Using a cognitive behavioural therapy called "prolonged exposure" appears more effective than 'person centred' therapy, a supportive intervention to treat female military veterans and active duty women with post-traumatic stress disorder (PTSD), according to a new study. In the study, researchers compared the effectiveness of two types of treatments for PTSD - prolonged exposure and person-centred therapy. Prolonged exposure is a cognitive behavioural therapy (CBT) in which a patient is asked to vividly recount a traumatic event repeatedly until the patient's

emotional response decreases, and to gradually confront safe but fear-evoking trauma reminders. Person-centred therapy includes discussing and reviewing general daily difficulties that may be manifestations of PTSD.

The randomised controlled trial included female veterans (n=7) with PTSD who were recruited from nine VA medical centres, two VA read-justment counselling centres, and one military hospital, from August 2002 through October 2005. The 274 participants in the study were randomly assigned to receive prolonged exposure or person-centred therapy, de-

livered in 10 weekly 90 minute sessions.

The researchers found that women who received the prolonged exposure therapy were more likely than women who received the person-centred therapy to no longer meet criteria for the diagnosis of PTSD and were more than twice as likely to achieve total remission. Self-reported PTSD, depression and overall mental health improved from pre-treatment to post-treatment in both groups. Anxiety decreased and quality of life improved with prolonged exposure.

*Irish Medical Times*

# Adolescent Psychiatry Services Need Reform

*No child can grow from infancy to adulthood without encountering some growing pains. In fact, many children face serious problems as they develop and grow through childhood and adolescence. Their emotions, feelings, behaviour or development may reveal a level of disturbance that goes beyond the rites of passage that others face.*

When a young person oversteps these normal boundaries of adolescent behaviour, the underlying cause may be psychological. Much is made of children growing up quicker these days, but it is true that children have to face complex and problematic adult issues like sexuality, addiction, family separation or stress at a much earlier age than previous generations.

A child can end up in psychiatric care for many different reasons. Some of these are external, such as a head injury that leads to a personality disorder, or a history of abuse which can result in a range of behavioural disturbances. Increasingly, children are exposed to the dangers of alcohol and drugs at an early age, which can lead to psychiatric difficulties and exacerbate underlying psychological problems.

There are three broad causes of psychiatric disturbance in children and adolescents. A child might develop a psychiatric problem as a result of genetic predisposition. Just as some physical ailments can be inherited, so too some psychological conditions are more likely to occur among families in which that condition has previously arisen. Schizophrenia is the most common psychiatric condition to which youngsters can be genetically predisposed.

Antenatal damage can also lead a child to develop psychiatric difficulties at a later stage, though it would be more likely that this would cause developmental difficulties or mental handicap. However, in some cases of anoxic brain damage (when the child's brain is deprived of oxygen, usually during labour) the child may develop psychiatric problems at a later stage.

## ENVIRONMENT

By far the most common cause of psychiatric problems in young people is the environment in which the child grows up. Research continually shows that how a child is nurtured in the pre-school and early learning years is fundamental to their development as a whole, rounded, happy and fulfilled human being.

A recent study in the 'Irish Journal of Psychological Medicine' revealed that

psychiatric problems are particularly common among children in homeless families. While many homeless families are led by a single parent only, the study by psychiatrists from the Mater Hospital revealed that it was the high levels of stress and anxiety those parents experienced, rather than their single status, that affected the children.

Nearly half of the children examined in the course of the study showed significant levels of mental disturbance, while 29% demonstrated even more serious symptoms. The study, led by Dr Anne-Marie Waldron, a senior registrar in child psychiatry, concluded that in 80% of cases, both the parents and their children required the support of mental health services, but few ever received the care they needed.

Difficulties within a family, such as homelessness, a suicide or a parental alcohol or substance abuse problem, can have a tremendous effect on impressionable youngsters. Furthermore, children lack the experience and maturity of adults to deal with emotional crises. Rolande Anderson, an addiction specialist with the Irish College of General Practitioners, believes that alcohol and drug abuse contributes enormously to the level of psychiatric difficulties among adolescents.

"There is very little in the way of accurate statistics", he admits, "but I see it in my work on a daily basis. Young people who are diagnosed as depressed, or anxious, or phobic prove to be drinking heavily or taking drugs when you explore their situation. Overwhelmingly, psychiatric difficulties among these young people are transient - if they sort out their dependency, their mental illness will go away.

## ALCOHOL AND DRUGS

Rolande Anderson believes that the interaction between alcohol, drugs and depression is contributing to our spiralling teen suicide problem. He sees an increasing incidence of a dark, acute form of depression among young drinkers and drug users. When they experience these moments of blackness, they are at great risk of suicidal thoughts, he feels.

Psychiatric problems and dependencies - whether on alcohol or drugs - can interact in three ways in this age group. A drug or drink dependency can induce psychiatric problems. Abusing your system with toxic substances at a crucial stage of development can actually bring on psychiatric problems".

Equally, a drink or drugs problem can cover up underlying psychiatric difficulties, he says and make them hard to diagnose.

"Their behaviour might be attributed to their dependency and their psychiatric difficulties go unnoticed. Alcohol and drug problems, especially if they are kept hidden, can be mistaken for psychiatric problems because of the behaviour patterns that they cause. Young people can experience difficulties related to development and the strains of puberty and the teenage years. For this reason, the narrow definition of adult psychiatry does not apply. Child and adolescent psychiatric services deal with all causes of mental disturbance among young people and often the title of a health service will indicate this wider role - for example the Child Guidance Centre, an outpatient adolescent psychiatric unit at Dublin's Mater Hospital.

## SCHIZOPHRENIA

This is not to say that some teens are not suffering from very real psychiatric problems. Schizophrenia and mania are prevalent among young people as well as among adults. But the crucial role that child and adolescent psychiatric services play is in attempting to deal with problems at the important stage before a disturbed child becomes a disturbed adult, before they become institutionalised, before their behaviour difficulties become habitual and impossible to change.

Psychiatric admission levels have been tumbling for decades now, as government after government has attempted to introduce greater degrees of care within the community. Health professionals are especially loath to introduce young people to psychiatric inpatient care as this can easily lead to institutionalisation and dependence, as in so many cases in the past.

Despite this, nearly 900 youngsters under the age of 19 were admitted into psychiatric care in 1999, the most recent year for which there are figures. Of these, 78 were under the age of 16. For over 500 of these children and adolescents, the experience was their first as a psychiatric inpatient.

While it is a tragic necessity for a child to be admitted into psychiatric care, often the scenario is, if anything, even more traumatic for the family. At least a child in psychiatric care is getting exactly the treatment and care needed to

# Adolescent Psychiatry Services Need Reform

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alleviate their harmful symptoms. For the family left behind, there are often feelings of guilt, confusion, fear, anger and shame to face.

It is worth remembering that hospitalisation is only one of a range of available treatment options for adolescents and children who are mentally ill. Parents need to overcome their natural fear and confusion in order to understand why inpatient treatment is being recommended for their child. If families can understand and concur with the reasons for inpatient care, they can help to promote the proposal to their child.

## PARENTAL CONCERNS

The American Academy of Child and Adolescent Psychiatry recommend that parents ask questions of their doctor and of the institution before their child enters inpatient care. It is important, for example, to have a broad idea of how long the child might be expected to stay. The questions the academy suggests that parents ask include:

- Why is psychiatric treatment being recommended for our child?
- How will psychiatric treatment help our child?
- What are the alternatives to inpatient care and why are they not recommended in our child's case?
- Has a specialist child and adolescent psychiatrist reviewed our child's case? Do they concur with the decision to admit our child to inpatient care?
- How long will our child be in hospital?
- Will our child be in a unit specifically designed for the treatment of children and adolescents?
- Is the unit fully staffed with a multidisciplinary team?
- How will we as parents and the rest of the family, be involved in our child's hospital treatment?
- Will our child be facilitated in continuing their education?
- What medication will our child receive? What are the potential side-effects or reactions? How will medication help our child? Who will monitor our child's reaction to medication? How long will my child receive this medication?
- Who will decide about discharging our child and what aftercare treatment will be provided?
- What plans for continuing or follow-up treatment are envisaged for our child?

The Department of Health statistics on teen psychiatric in-patients reveal the variety of problems that young people are experiencing. Among older adolescents, those between 16 and 19 years of

age, the most common diagnosis is depression.

However, neuroses are nearly as common, many of which are actually acute eating disorders. Even at this early age, alcohol and drug dependence has claimed literally dozens of young lives, to the extent that drying out can only occur in a secure environment.

## Children

It can be difficult to conceive of young people, not even 20 years old, suffering from these serious conditions. Yet the fact is that there are a number of children admitted to psychiatric care each year. Five boys under the age of 10 had to be admitted as psychiatric patients to children's centres in 1999.

And yet there are not enough beds for them all. A Department of Health Working Group on Child and Adolescent Psychiatric Services reported this month that nearly 90 extra beds are needed. It proposes that new child and adolescent units be set up in each of the health boards around the country.

As the *irishhealth.com* medical editor Dr Leonard Condren has explained in an article about mental health provision, psychiatric services in Ireland have never been adequately funded.

"Thirty years ago there were many more hospital beds within the mental health sector", he says. "Funding is at the heart of so many of the difficulties that exist generally within the health service. This is especially true of child and adolescent psychiatric services".

## NEW UNITS NEEDED

The working group, which is made up of senior psychiatrists and psychologists, was asked by the Health Minister to examine the psychiatric needs of under 18s and recommend how best to meet those needs. The group found that, based on our current population, the country needs 144 dedicated child psychiatry beds, of which only 55 currently exist.

Seven new inpatient units are needed throughout the country, including two in the greater Dublin area. The total cost of developing, fitting out and staffing these units is expected to be in the region of £90 million.

Each unit, it is envisaged, would be split into two parts - one for the under 12s and one for 12 to 16 year-olds. There would be six beds for the younger children and 14 for the teens in each unit. A multidisciplinary team would work in both parts of the unit, under the guidance of a consultant child psychiatrist.

Some moves are already afoot to bring these units online. Three are at the planning stage and one, to be based at Merlin Park Hospital in Galway, has premises already set aside for the purpose. Two other units, at Bessborough House in Cork

and Limerick Regional Hospital, are also in advanced stages of planning.

However, it is the Greater Dublin area which has the most pressing need for child psychiatric services. As the region with the largest population, the city also presents young people with psychological and social pressures that are more intense than those faced by their peers in rural areas. The working group has stressed that the Eastern Regional Health Authority should develop two child and adolescent units.

Specifically, the group has called for the former adolescent psychiatric unit at St John of God's hospital in Dublin to be reopened as 'an immediate priority'. However, a spokesperson for the ERHA was unable to say when the Authority would meet to consider this suggestion, or if it would appear on the agenda of any ERHA meeting this year. "We will consider this carefully", she said.

The Department of Health has funding arranged for five of the seven proposed units under the National Development Plan - so these five are expected to be operational by 2006. If additional money is required to bring the entire child psychiatric service up to the level that the report demands, that will be up for debate next year when the government produces its new budget estimates.

## SUICIDE

In the meantime, the existing adolescent psychiatric services will continue to be stretched by demand. It may be overdramatic to suggest that the continuing increase in teen suicide and parasuicide may be linked to a lack of adequate psychiatric facilities, but currently the adolescent psychiatric services are the best and only safety net for disturbed young people.

It may be that the unwillingness of many young people and their families to seek medical help for loved-ones with psychiatric problems relieves some of the pressure on those services today. A recent survey in Britain conducted by the NHS found that 80% of young people believe they would be discriminated against if it were known that they had a mental illness.

If the Irish adolescent psychiatric service was expanded as the working group report recommends, at least those who had to use it would find they were treated by full multidisciplinary teams in state-of-the-art surroundings.

As the level of psychiatric problems experienced by young people continues to increase, the services required to treat these young people continue to struggle to provide the care and time they so desperately need.

## Azheimer's Vaccine

A skin patch that delivers a vaccine against Alzheimer's disease could be available for high-risk patients within six years. Successful trials in animals have raised hopes that the revolutionary treatment will keep the disease at bay in humans without triggering dangerous side effects. Studies by scientists at the University of South Florida found that a single patch dramatically slowed the build-up of toxic proteins in mouse brains for four months at a time.

*Irish Times.*

**"The world is round and the place which may seem like the end may also be only the beginning."**

— Ivy Baker

## Antidepressant Link to Fracture

Daily use of selective serotonin reuptake inhibitors (SSRIs) by adults aged 50 years and older is associated with a doubled risk of some fractures, according to a new report from Canada. In the study, doctors evaluated 5,008 community dwelling adults aged 50 years and older who were followed up for over five years for incident fractures. The relationships between SSRI use, bone mineral density (BMD) and falls were examined. Participants who used the medication at the beginning of the study and at year five were considered to be recurrent users. BMD of the lower spine and hip were measured at the beginning of the study. Daily use of SSRIs was reported by 137 participants in the Canadian study with an average age of 65.1 years. The researchers found that daily SSRI use remained associated with a two-fold increased risk of incident clinical fragility fracture even after adjustment for many potential confounding variables.

*Irish Medical Times*

## Beat Stress with a Night of Passion

*Stressful day at work? Making love to your partner could be the best way to relax, according to new research.*

Having sex appears to improve a person's ability to cope with stress for up to a week, say scientists from the University of Paisley. They discovered that when people were put in stressful situations, their blood pressure returned to normal much more quickly if they had made love recently. The scientists asked 24 women and 22 men to keep diaries of how often they engaged in sexual activity with a partner. Later, the volunteers were given a stress test which involved public speaking and doing mental arithmetic sums out loud. Participants who

had abstained from sex had the highest blood pressure response to stress. Team leader psychologist Stuart Brodylead said he tested for psychological traits, such as neuroticism and anxiety in the volunteers, as well as work stress and partnership satisfaction. "The effects are not attributable simply to the short-term relief afforded by orgasm, but rather, endure for at least a week," He believes that release of the "pair-bonding" hormone oxytocin between partners might account for the calming effect.

*Daily Mail*

## Aspirin 'can't prevent onset of Alzheimer's

Taking aspirin does not protect against Alzheimer's disease after all, scientists claim.

A U.S. study contradicts previous reports that long-term use of painkillers such as aspirin or ibuprofen could ward off the onset of Alzheimer's and other forms of dementia.

Dr Jae Hee Kang, from Brigham and Women's Hospital in Boston, Massachusetts, investigated the effect over a decade of low doses of aspirin on 6,400 women aged 65 and above. In the study - published recently in the online British Medical Journal - half the women took low doses of aspirin and a second group took a placebo, or dummy pill. The women were tested at two-year intervals to measure brainpower, and other skills. Average performances were similar in both groups.

Previous research had indicated that long-term use of Non Steroidal Anti Inflammatory drugs such as aspirin could reduce the risk of Alzheimer's by up to 70 per cent. However, Dr Kang said: "In this study, we observed no apparent benefit of low-dose aspirin in slowing cognitive decline." She added: "Other methods for preserving cognitive function need to be investigated."

Millions of Britons already take small doses of aspirin every day to reduce the chance of suffering a second heart attack or stroke. Some experts believe that a higher dosage of aspirin could help prevent dementia. They point out that the recommended dose of 300mg for preventing heart disease - which is enough to minimise bloodclotting - may be too low to fight the inflammation thought to be associated with developing Alzheimer's. However, Dr Susanne Sorensen of the Alzheimer's Society said: "We would never recommend over-the-counter painkillers as an effective way of reducing the risk of developing Alzheimer's disease. This latest research backs this up. "Painkillers have previously been linked to a reduced risk of Alzheimer's because of their impact on the inflammatory processes seen in conditions that can cause dementia." Dr Sorensen insisted: "There is nothing to suggest painkillers reduce the onset of Alzheimer's or other types of dementia.

"The best evidence for reducing risk remains a healthy lifestyle, with regular exercise and a balanced diet. "A healthy heart leads to a healthy mind." Alzheimer's and other forms of dementia affect more than 700,000 people in the UK. Sufferers from the disease have included novelists Iris Murdoch and Enid Blyton, as well as former Labour prime minister Harold Wilson.

*Daily Mail*

# Cigarette Smoking Status can be used as a Clinical Indicator for Alcohol Misuse

Where there is cigarette smoking there is probably misuse of alcohol too, according to a study by Yale School of Medicine researchers in the Archives of Internal Medicine.

"This means cigarette smoking status can be used as a clinical indicator for alcohol misuse, which presents an opportunity for intervention," said the principal investigator, Sherry McKee, assistant professor of psychiatry. She said that although brief screening and brief intervention provided in primary care settings are effective, clinicians do not frequently screen for alcohol misuse. This is a matter of concern because 26 percent of the U.S. population is drink-

ing at hazardous levels, which puts them at increased risk for alcohol-related consequences such as injuries from motor vehicle crashes, hypertension, depression, and certain cancers. "Only an estimated 30 percent of individuals who had a primary care visit reported being screened for an alcohol or drug use problem," McKee said. "Physicians are much more likely to ask patients whether and how often they smoke." She and her collaborators arrived at their conclusions after analyzing data obtained from 42,374 adults in a national epidemiological survey on alcohol misuse and other related conditions. Following guidelines that physicians use to assess tobacco and

alcohol use, they found that non-daily smokers are five times more likely to have a problem with alcohol compared to people who have never smoked. Daily smokers are three times more likely to have an alcohol problem. "This is the first study to document that individuals who are smokers, but don't smoke every day, have the highest rates of problem drinking," McKee said. "Using smoking status as a 'red flag' for more aggressive assessment of alcohol use is a highly feasible and clinically sensible approach to screening." The findings, she said, highlight the importance of physicians adopting standard alcohol screening questions into their practice.

[www.news-medical.net](http://www.news-medical.net)

**"If you suffer, it is not because things are impermanent. It is because you believe things are permanent."**

— *Thich Nhat Hanh*

## Counselling After Suicide Has No Effect on Grief, But Helps Prevent Feelings of Blame

A grief counselling programme for families bereaved by suicide does not reduce grief or depression, but may help to prevent perceptions of blame among close relatives and spouses, finds a study published on [bmj.com](http://bmj.com) today. Up to 15 per cent of bereaved people develop complicated grief, characterised by symptoms such as purposelessness, subjective sense of detachment, yearning, disbelief, and bitterness related to the death. It is also associated with long term psychiatric illness and suicidal ideation.

Relatives of people who have killed themselves may have particularly difficult grief reactions and studies have suggested that cognitive behavioural therapy is useful for the treatment of complicated grief.

So researchers in the Netherlands examined the effectiveness of a cognitive behaviour grief counselling programme to prevent complicated grief among families bereaved by suicide.

The study involved 122 first degree relatives and spouses of 70 people who had committed suicide between 1 September 1999 and 1 January 2002. Thirty-

nine families (68 participants) were allocated to four sessions with a trained psychiatric nurse counsellor, while 31 families (54 participants) received usual care. The counselling sessions took place three to six months after the suicide.

Thirteen months after the event, self-reported grief was measured and the presence of depression, suicidal ideation, and perceptions of being to blame for the suicide were recorded.

Counselling had no beneficial effect on complicated grief, suicidal ideation or depression. However, after adjusting for several factors, the researchers did see a trend towards reduced perceptions of being to blame and fewer maladaptive grief reactions in the counselling group compared to the usual care group.

The authors suggest that having a chance in counselling to inform relatives of the psychiatric context in which suicide usually occurs, and reflect on and acknowledge their loved one's difficulties before the suicide, may have helped relatives to realise that they did nothing wrong.

*BMJ Online First  
Medical News Today*

## Dirt Exposure 'Boost Happiness'

Exposure to dirt may be a way to lift mood as well as boost the immune system, UK scientists say.

Lung cancer patients treated with "friendly" bacteria normally found in the soil have anecdotally reported improvements in their quality of life. Mice exposed to the same bacteria made more of the brain's "happy" chemical serotonin, the Bristol University authors told the journal *Neuroscience*. Common antidepressants work by boosting this brain chemical.

A lack of serotonin is linked with depression in people. The scientists say more work is now needed to determine if the bacterium *Mycobacterium vaccae* has antidepressant properties through activation of serotonin neurons. Lead researcher Dr. Chris Lowry said: "These studies help us understand how the body communicates with the brain and why a healthy immune system is important for maintaining mental health."

Canadian researchers have also been exploring the links between serotonin, mood and immunity. A team at Georgetown University Medical Center recently discovered serotonin is passed between key cells in the immune system, and that the chemical can activate an immune response. This suggests that serotonin may restore a healthy immune function in people who are depressed and prone to infections.

*BBC News*

# Exercises Rules in Mental Illness and Depression Treatments

*Good news for mental health patients suffering from depression. Recent research indicates that exercise can be just as, or even more effective than simply taking prescription drugs. For those accustomed to a life of inactivity, the prospect of daily exercise can seem overwhelming, indeed; simply taking a pill can seem much easier and accessible than the commitment necessary to maintain a daily exercise regime. However, the cost and side effects associated with drugs makes the prospect of exercise as an effective therapy appear increasingly more attractive to doctors and their patients.*

Exercise therapy can be particularly more effective in patients who have not wholly benefited from drugs, although it appears almost anyone can benefit. Researchers at Duke University found that exercise can lift the mood of just about anyone suffering from symptoms of depression.

156 people suffering from severe depression were studied. One third of the group participated in an exercise regime for four months. Another third of the group also participated in an exercise regime, but their therapy was augmented with the use of the antidepressant drug Zoloft. The final third did not participate in the exercise program, but instead were only treated with the antidepressant.

The results were surprising and encouraging. The group that took no antidepressant drugs, whose treatment consisted solely of exercise, reported the greatest improvement. Although researchers were not able to pinpoint the exact ways exercise can help lift depression, the study revealed that exercise alone can be an effective treatment option for people suffering from major depression. Doctors, it appears, have a new weapon in their arsenal against depression.

Some doctors speculate that exercise may be helpful for a variety of physical and psychological reasons.

- It can improve appearance, thus boosting one's self-esteem tremendously.
- Individuals suffering from major depression often complain of a physical and emotional "numbness." It can "jolt" people out of depression by making them conscious of movement and their body at work.
- It can also give people a sense of control. They can develop a sense that they are in charge of their own bodies, and over their lives.
- It helps counter the feelings of malaise and lethargy that accompany most bouts of depression.
- It can help ease the physical pain associated with depression by increasing flexibility and strength.
- Backaches and headaches both appear

to be eased by regular exercise.

- It can also be a strong mood stabilizer.
- It helps ease insomnia and promotes healthy sleep pattern.
- It can also be very effective at reducing feelings of loneliness.

Individuals suffering from major depression are encouraged to exercise with someone else or a group. This can help build a bond and support community that can be an invaluable source of security. Motivation appears to be one of the biggest obstacles that patients must overcome. Committing to a supportive friend or group can help patients gradually make exercise a lifetime habit.

The Duke University study indicates that the positive effects of exercise can be sustained.

Unlike drug therapy, which can stop

working if a patient ceases to take their medication, the effects of exercise can linger indefinitely. As long as patients continue to exercise regularly, it appears that the soothing effects of exercise will persist.

What type of exercise program is most recommended to individuals suffering from depression? Clinical trials are still being conducted to determine the best way to administer this type of exercise therapy. However, current research demonstrates that in order to receive the maximum benefits from exercise, patients should participate in a program that is at least nine weeks long. The exercise program should ideally be as performed five to six times a week. It appears that the longer and more intense the exercise workouts are, the more benefits the patient may expect to reap. However, any kind of exercise, including a short walk around the block, appears to be beneficial.

It is recommended that they consult their physician or mental health professional before beginning an exercise therapy program, particularly if they have not been active in year or are over 40.

*Health Savvy*

**"Don't seek to merely get rid of the negative things in your life. Instead, transform their energy into something of real positive value."** — *Ralph Marston*

## Excessive Salt Risks

Up to 1,000 people are dying from excessive salt intake in Northern Ireland every year, a charity has said. Northern Ireland Chest Heart and Stroke (NICHs) is blaming over-indulgence for a quarter of stroke and a fifth of heart deaths. The intervention followed a British Medical Journal study underpinning the link between salt and high blood pressure. NICHs chief executive Andrew Dougal said: "Food manufacturers must make a commitment to their customers that they will consistently, over a period of time, slash the salt in products". He added that heart disease was the largest killer in the North with 4,000 deaths each year.

*Irish Times, Lifelines*

**"Nobody can go back and start a new beginning, but anyone can start today and make a new ending."**

— *Maria Robinson*

# 10 Tips for Coping with Panic Attacks

*One in 10 people can expect to have panic attacks at some stage. They can be very frightening experiences but are not actually harmful or dangerous. Symptoms can include breathlessness, a rapid heartbeat, pains in the chest, feeling faint or sick, tingling or hot and cold flushes and a sense of impending doom. Attacks can be as short as a few seconds but may last up to an hour. You may wish to consult your doctor if you think you have panic disorder.*

- If you feel a panic attack coming on and find you are breathing rapidly, breathe slowly in and out of a brown paper bag or cupped hands. Although you may feel you can't catch your breath, you are probably over breathing and taking in too much oxygen - making you feel giddy. A paper bag will help your oxygen levels return to normal.
- Learn a relaxation technique. First close your eyes and breathe slowly and deeply. Locate any areas of tension and imagine them disappearing. Then, relax each part of the body, bit by bit, from the feet upwards. Think of warmth and heaviness. After 20 minutes of doing this, take some deep breaths and stretch.
- Change your lifestyle. Take regular exercise - this helps to burn off excessive adrenaline. Avoid cigarettes and alcohol. Eat regular meals and avoid processed foods and drinks, to keep blood sugar levels stable.
- Firmly tell yourself that your symptoms are nothing more than an over-sensitised nervous system. They are temporary feelings and are not medically harmful or dangerous.
- Don't attempt to fight your way out of a panic attack - this will simply increase the adrenaline. Instead accept the feelings will come and go and allow the symptoms to play their tricks as they will. Practice imagining yourself floating over them. Eventually the panic will subside.
- Reduce your exposure to unnecessary stress. Be prepared to express your needs to others and assert yourself.
- Don't bottle up your emotions. Find someone to confide in, such as a family member, friend or counsellor.
- Look into cognitive behaviour therapy or other "talking treatments". You can find a list of practitioners on the website for the Irish Association of counseling and psychotherapy ([www.irish-counselling.ie](http://www.irish-counselling.ie)).
- Focus outside of yourself during an attack. Listen to some music or do a pleasurable task while waiting for the panic to subside.
- Join a self-help group. You can find details through the No Panic charity freephone helpline on 0800 8080545. Also check the Mind charity website ([www.mind.org.uk](http://www.mind.org.uk)) and the NHS Best Treatments website for further help.

*Daily Mail*

## Folic Acid Supplementation May Improve Cognitive Function in Older Adults

Folic acid supplementation may substantially improve cognitive function for older adults, according to a new study. In the trial, Dutch doctors randomly assigned 818 participants 800grams daily oral folic acid supplementation or placebo for 3 years. They found that cognitive functions such as memory and information processing speed improved in adults given folic acid compared with placebo. From the findings, the researchers concluded that "3 year folic acid supplementation improves performance on tests that measure information processing speed and memory, domains that are known to decline with age."

*The Lancet 2007*

## Functional Foods May Help Treat Depression

Irish researchers are investigating the possibility of developing "functional foods" to augment or replace current treatments for depression and other health conditions. Professor of psychiatry at University College Cork, Ted Dinan, said there were very effective antidepressant medications and psychological therapies for depression, but it would be great if there was a natural alternative. "It may be possible to provide functional foods which augment current therapies or provide an alternative and a more acceptable treatment approach to people with depression.

Prof. Dinan explained that a person's risk of heart attack increased significantly in the 10 years following a single depressive episode. Similar episodes in women could also age a woman's bones by 15 years leading to an increased risk of osteoporosis. "Serotonin - which plays a pivotal role in mood and appetite regulation - is synthesised from an amino acid tryptophan" he said. "But the brain has very little capacity to store this, so humans need to make sure they have a constant intake of tryptophan in the diet to maintain normal serotonin levels." Food such as chicken and red meat, oats, bananas, milk and yoghurt are rich in tryptophan. The amino acid is sometimes used in cases of severe or intractable depression along with antidepressants. Another element of study showed that cortisol levels increase during episodes of depression. The researchers have found that one form of probiotic called bifidobacterium dramatically reduces cortisol levels. This suggests that bifidobacterium may have antidepressant properties. He also pointed out that the Omega 3 fatty acid - which is present in oily fish - also appears to have antidepressant properties although the results of a very large-scale study are awaited. Omega 3 is present in oily fish like mackerel. But to see its effects it would probably have to be given in capsule form for the treatment of depression as it would be required in large quantities.

*Irish Times*

## Korea Has World's Highest Suicide Rate

A study has found that Korea's suicide rate is the highest among the 30 member countries of the OECD (Organization for Economic Cooperation and Development). According to the OECD report, Korea's suicide rate stands at 24.7 cases per 100,000 people, the highest in the group. Hungary followed with 22.6, then Japan with 20.3 and Belgium with 18.4. The U.S. recorded 10.2 suicides per 100,000, less than half Korea's figure. Korea's suicide rate also grew fastest during the last 25 years, an annual average of 5.01 percent since 1982. During the same period, other countries have reported growth in their suicide rates of around 2 percent on average, while Australia, Norway and Greece have reduced their rates.

In 1982, Korea's suicide rate stood at 6.8 cases per 100,000, one of the lowest in the world, along with Mexico at 2.3, Greece at 3.3 and Spain at 4.8.

Experts blame the increase on the culture of fierce competition in Korean society. "Research shows that 80 percent of people who kill themselves suffer from psychiatric problems like depression. The biggest factor is stress," said Yoon Se-chang, a professor of neuropsychiatry at Samsung Medical Center. "High competition since elementary school explains the high suicide rate in Korea.

The suicide rate among young people is especially high in Korea. According to statistics for 2005 from the National Statistics Office, the leading cause of death for people in their 20s and 30s was suicide. For people in their 20s, the rate is 17.7 suicides per 100,000, and for the people in their 30s it's 21.8.

The increasing suicide rate is related to the rapid socioeconomic decline such as the increasing rates of unemployment and divorce since the financial crisis of 1997.

[www.english.chosun.com](http://www.english.chosun.com)

## Good Sleep Wakes Up Memory

Besides helping you feel well-rested, getting your zzz's may also sharpen your memory, a new study shows. Researchers found that sleep not only protects memories from outside interferences, it also helps strengthen them.

In the study, the researchers focused on sleep's impact on "declarative" memories, which are related to specific facts, episodes and events. "We sought to explore whether sleep has any impact on memory consolidation, specifically the type of memory for facts and events and time. The study involved 48 people between the ages of 18 and 30. These participants had normal, healthy sleep routines and were not taking any medications. They were all taught 20 pairs of words and asked to recall them 12 hours later. The participants were divided evenly into four groups with different circumstances for testing: sleep before testing, wake before testing, sleep before testing with interference, or wake before testing with interference. Two of the groups (the wake groups) were taught the words at 9 a.m. and then tested on the pairings at 9 p.m., after being awake all day. The other two groups (the sleep groups) learned the words at 9 p.m., went to sleep, and were then tested at 9 a.m. Also, prior to testing, one of the sleep groups and one of the wake groups were given a second list of 20 word pairs to remember. These groups were then tested on both lists to help determine memory recall with interference (competing information). The result: Sleep appeared

to help participants recall their learned declarative memories, even when they were given competing information.

According to the researchers, people who slept after learning the information performed best, successfully recalling more words whether or not there was interference. Those in the sleep group without interference were able to recall 12 percent more word pairings from the first list than the wake group without interference (94 percent recall for the sleep group vs. 82 percent for the wake group). When presented with interference, those who slept before testing did significantly better at remembering the words (76 percent for the sleep group vs. 32 percent for the wake group).

Considering that learning in every educational setting (schools, colleges, etc.), is centrally based on hippocampus-dependent memory function [declarative memories], people should realize that optimal learning conditions require proper sleep," he said.

These are all theories. The only thing we know is that when we're deprived of sleep, we do less well. Is that a lack of sleep or sustained wakefulness? We spend 30 percent of our time on sleep. What is sleep for? This is a riddle we're still working on."

*Yahoo News*

**"If you deliberately plan on being less than you are capable of being, then I warn you that you'll be unhappy for the rest of your life."**

— Abraham Maslow

## Centre For the Prevention of Self Harm and Suicide Opens

Pieta House, a new facility opened in Lucan offers free professional therapeutic services to those in the local community affected by suicide and self-harm, is probably unique in Europe. Unfortunately, it points to deficiencies which are far from unique in this country. Its founder Joan Freeman, demonstrated a practical, realistic approach to one of the most devastating conditions in society which kills more people every year than road accidents. Joan hopes to provide outreach services to other parts of the city and then to start up a small pieta in each county throughout Ireland.

[www.pieta.ie](http://www.pieta.ie)

# Do You Care About How Mental Health And Suicide Is Reported In The Irish Media?

Headline is Ireland's new national media monitoring programme for mental health and suicide, and is working to promote responsible and accurate coverage within the Irish media.

The media have a central role to play in reducing stigma and raising awareness of mental health and suicide, and everyone has a role to play in stigma reduction. We are encouraging YOU to speak out and use your voice to improve the quality of media coverage of suicide and mental health issues. When readers, listeners and viewers contact media sources it has a huge impact, so why not take action and make your voice heard by signing up for our Headline media alerts. If there is something in the media that offends you it is highly likely that it is offensive to others as well.

Headline has been established by the HSE's National Office for Suicide Prevention as part of the Reach Out Strat-

egy for Suicide Prevention and is managed by Schizophrenia Ireland. Headline represents the mental health & suicide related media monitoring interests of Aware, Bodywhys, Grow, Irish Advocacy Network, Mental Health Ireland, Schizophrenia Ireland, HSE's National Office for Suicide Prevention, the HSE's Press office and the Samaritans.

Headline aims to encourage responsible, safe and helpful reporting of suicide and mental health in the media. Headline also works to prevent the use of discriminatory language and inaccurate facts about mental health, while also encouraging those in the media who depict mental illness accurately. Headline works with journalists, including the National Union of Irish Journalists, and media students to find ways to collaborate to ensure that suicide, mental health and mental illness are responsibly covered in the media.

## What does this mean for you?

The website will enable you to become involved in helping to monitor the Irish media, including national and regional print and broadcast media.

## What can YOU do?

- Sign up for media alerts. When Headline comes across either a positive or negative media piece, we will let you know by email and you can decide how to respond - you could either email or write a letter to the news source.
- If you come across a media item, which you feel portrays mental health issues in a particularly positive or negative manner, please let us know. The more information you can provide about the source of the item the better. You can email [info@headline.ie](mailto:info@headline.ie) or phone us at 018279022. [www.headline.ie](http://www.headline.ie)

Together we can make a difference!

**"The possibilities are numerous once we decide to act and not react."**

— George Bernard Shaw

## Little Evidence That Omega-3 Combats Depression

There is no convincing evidence that taking omega-3 fatty acids on their own can alleviate depression, according to a leading review of the subject. And there is only limited evidence that they can relieve depression when used in combination with antidepressant drugs. Evidence from circumstantial research has suggested links between omega-3 levels and behaviour and mood disorders, such as depression. And the findings have attracted widespread attention.

The review looked at published research on the clinical effectiveness of omega-3 fatty acids, on their own and in combination, as well as overall analyses of these studies. It concluded there was little convincing evidence for using the fatty acids alone as a treatment for depression. It found only limited evidence to back their use as a supplement to antidepressants. The review found that fish oil supplements are generally well tolerated by people who take them, but there is evidence that they contain environmental toxins, which may be particularly concentrated in supplements made from fish livers. So it is important not to exceed the maximum recommended doses. Furthermore, as fish oil supplements contain vitamin A, pregnant women should take only low doses of them, because of the potentially harmful effects of high levels of vitamin A on the developing fetus.

*Irish Medical times*

## Suicide prevention scheme offers GPs direct referrals

A new suicide prevention initiative designed to provide assessment and referral service for GPs with patients in a suicidal crisis was launched recently. Born out of the recommendations of the national suicide prevention strategy, which called for the development of a "fast track priority referral system from primary care to community based mental health services, for individuals experiencing a suicidal crisis who contact primary care services", the Cluain Mhuire Service, funded by the National Office for Suicide Prevention, has created the post of Suicide Crisis Assessment Nurse as part of a comprehensive suicide prevention strategy.

Backed up by an on-call consultant psychiatrist, the Crisis Assessment Nurse will provide a rapid referral assessment service for GPs with patients in a suicidal crisis, offer swift access to Community Mental Health Services where needed, supply appropriate onward referral to the service best suited to the needs of the patient and act as an educational resource for GPs and other locally-based primary care services.

Dr. Soibhán Barry, Consultant Psychiatrist with Cluain Mhuire Service, described the initiative as akin to a triage system, whereby a person in crisis would be seen by the nurse within hours of visiting their GP. The nurse would travel to the patient and make a decision on assessment to either mobilise the social supports needed, refer the patients directly to the psychiatrist on call or most appropriate community mental health service, or to admit them to hospital. The new initiative will run from Monday to Friday, 1pm to 9pm. However, Dr. Barry said that it would be flexible enough to change to meet the needs of patients and GPs.

*Irish Medical Times*

## Long-Term Aspirin Use Linked To Reduced Risk of Dying In Women

Women who take low to moderate doses of aspirin have a reduced risk of death from any cause, and especially heart disease-related deaths, according to a new report. In the study, doctors examined the association between aspirin use and death in 79,439 women enrolled in the Nurse's Health Study. Beginning in 1980 and again every two years through 2004, the women were asked if they used aspirin regularly and if so, how many tablets they typically took per week. At the beginning of the study, the women had no history of cardiovascular disease or cancer.

A total of 45,305 women did not use aspirin; 29,132 took low to moderate doses, and 5,002 took more than 1 tablet per week. By June 2004, 9,477 of the women had died - 1,991 of heart disease and 4,469 of cancer. Women who reported using aspirin currently had a 25 per cent lower risk of death from any cause than women who never used aspirin regularly. The association was stronger for death from cardiovascular disease than for death from cancer. "Use of aspirin for one to five years was associated with significant reductions in cardiovascular mortality," the authors reported. "In contrast, a significant reduction in risk of cancer deaths was not observed until after 10 years of aspirin use.

The benefit associated with aspirin was confined to low and moderate doses and was significantly greater in older participants and those with more cardiac risk factors". There are several mechanisms by which aspirin could reduce the risk of death, the authors noted. "Aspirin therapy may influence cardiovascular disease and cancer through its effect on common pathogenic pathways such as inflammation, insulin resistance, oxidative stress, and cyclooxygenase enzyme activity".

*Irish Medical Times*

## Low Birth Weight May Predict Depression in Teenage Girls

Girls born weighing less than 2,500gm may be more likely to develop depression between ages 13 to 16 than those born at normal weight, while the same does not appear to be true for boys, according to a new report. Several previous studies have linked low birth weight with depression in adolescence and adulthood, according to background information in the report. Some suggest that, like adult-onset diabetes or cardiovascular disease, the potential for depression may lie dormant in individuals born with low birth weight, emerging under stressful conditions.

However, previous research has not considered differences in rates of depression by age and sex. Against such a background, US doctors examined the association between low birth weight and depression in 1,420 participants between the ages of 9 and 16 years, 49 per cent of whom were female. A total of 5.7 per cent of the girls in the study were born weighing less than 2,500gm. Of those, 38.0 per cent experienced at least one episode of depression between ages 13 and 16, compared with 8.4 per cent of those born at a normal weight. The risk of depression attributable to low birth weight was 18 per cent. On average, 23.5 per cent of teen girls with low birth weight were depressed each year, compared with 3.4 per cent of those with normal birth weight. The same effect was not observed in boys. Throughout childhood and adolescence, no more than 4.9 per cent of boys experienced depression, regardless of birth weight. Low birth weight was not associated with an increased risk of any other psychiatric condition, including anxiety disorders, in either boys or girls.

*Irish Medical Times*

**"To love oneself is the beginning of a life-long romance."** — *Oscar Wilde*

## Scottish Men Twice As Likely To Commit Suicide as the English

SCOTLAND has the highest suicide rate in Britain, with both the male and female rates almost twice that in England. Figures released by the Office for National Statistics (ONS) show areas of Scotland dominate the list of places in the UK with the highest rates. The ONS analysis, published in Health Statistics Quarterly, found that in 2002-4, there were 30 suicides per 100,000 men in Scotland. This compared to 22.4 in Wales, 18.3 in Northern Ireland and 16.7 in England. The figures for Scottish women were equally disturbing, with a rate of ten suicides per 100,000, compared with six in Wales, 5.6 in Northern Ireland and 5.4 in England. In the period 1998-2004, the ten UK areas with the highest suicide rates for men were all in Scotland, with the highest rate of 47.5 per 100,000 found on the Shetland Islands. For women, seven of the top ten areas with the highest rates were in Scotland, with Glasgow City at the top with 15.8 per 100,000. A higher risk of suicide was linked to deprivation, mental health problems, alcoholism and drug-taking. Scotland had historically higher rates of suicide than the rest of the UK. In 2004 there were 835 suicides in Scotland, but this dropped to 763 last year - a fall of 8.6 per cent. Figures sug-

gest that countries in eastern Europe, including Lithuania, Latvia and Belarus, have suicide rates above 40 per 100,000 population. Scottish statistics show that among men and women aged 15-34, the main cause of death is suicide.

We do not know for certain why Scotland has much higher rates of suicide than the rest of the UK, but the reasons are likely to be many and complex. In Scotland there are questions over whether greater numbers of people turn to alcohol and drugs to cope with the stresses of everyday life. People may drink because they are depressed or feeling down, but alcohol is a depressant and in the long-term this may make matters worse. Suicidal people often see suicide as a form of escape. They suffer an overwhelming sense of hopelessness. They experience tunnel vision. They cannot see any reasons for living. There is usually a stressful event that appears to trigger a suicide attempt. About half of those who attempt suicide report a relationship crisis. More work should be done in schools around emotional literacy - getting children to talk about their emotions, improving their social problem-solving and self-esteem.

*The Scotsman*

## *Please Understand Me*

*If I do not want what you want, please try not to tell that my want is wrong.*

*Or if I believe other than you, at least pause before you correct my view.*

*Or if my emotion is less than yours, or more, given the same circumstances, try not to ask me to feel more strongly or weakly.*

*Or yet if I act, or fail to act, in the manner of your design for action, let me be.*

*I do not, for the moment at least, ask you to understand me. That will come only when you are willing to give up changing me into a copy of you.*

*I may be your spouse, your parent, your offspring, your friend, or your colleague. If you allow me any of my own wants or emotions, or beliefs, or actions, then you open yourself, so that some day these ways of mine might not seem so wrong, and might finally appear to you as right for me.*

*To put up with me is the first step to understanding me. Not that you embrace my ways as right for you, but that you are no longer irritated or disappointed with me for seeing my waywardness. And in understanding me you might come to prize my differences from you, and, far from seeking to change me, preserve and even nurture those differences.*

*Author unknown*

## **Bullying At Work**

Companies are still not taking workplace bullying and the effect it has on employees' health seriously enough.

### **WHAT IS BULLYING AT WORK?**

Being treated in a demeaning and unacceptable way. This can include offensive, intimidating, malicious or insulting behaviour - or misusing power to undermine, humiliate or injure you. It can happen to one person or a group, be obvious or subtle, be face-to-face, in writing, via email or over the phone.

### **EXAMPLES INCLUDE:**

Insults, Spreading malicious rumours, ridiculing or demeaning someone, exclusion or victimization, overbearing supervision and other misuse of power or position, deliberately undermining people and blocking promotion or training opportunities.

### **WHAT SHOULD I DO IF SOMEONE IS BULLYING ME?**

- Employers must prevent bullying, so tell someone in the company.
- Tell your union what's happening if you're in one.
- Talk to your local Citizen's Advice Bureau, an ACAS enquiry point or a bullying helpline.
- Find out if anyone else is being bullied and if anyone saw what happened to you.
- Don't let the bully get you on your own.
- Keep a diary with dates, times, witnesses, your feelings, etc.
- Keep copies of anything that shows evidence of bullying and of your competence in your job.
- If it's making you ill, tell your employer.
- Tell that person, either personally, in writing or through a trusted third party, to stop - they may not realise how they're making you feel.
- If you make a formal complaint, follow your employer's procedures.

*BBC.net*

**"Every adversity, every failure, every heartache carries with it the seed of an equal or greater benefit."**

*—Napolean Hill*

# Shocking Rise Of Teenage Self-Harm Cases

*One in every 165 Irish adolescent girls was treated in hospital in 2005 as a result of deliberate self-harm, according to the fifth report from the national registry of deliberate self-harm.*

The report from the National Registry of Deliberate Self-harm has shown the female rate of deliberate self-harm to be 37 per cent higher than the male rate in 2005 and among men, those in the 20 to 24 year age group were at highest risk with a rate of 392 per 100,000. In its recommendations the Registry said there is a clear need for additional resources from the HSE to support mental health promotion and the provision of specialist mental health services for the 15 to 19 age group, in line with the vision for change document, given the high rates of deliberate self-harm, according to the Registry. It found that there was around 10,800 presentations to hospital due to deliberate self-harm nationally, involving around 8,600 individuals. Repeat presentations represented a significant problem, and in 2005, 21 per cent of all deliberate self-harm presentations were due to repeat acts. A small proportion (1.1 per cent) of patients made at least five deliberate self-harm presentations to hospital in 2005. Almost half of presentations were by people under 30 and 87 per cent were by people aged below 50.

The peak rate for women in 2005, as in previous years was in the 15 to 19 age group and there was a "marked variation by geographic area" with the highest rate in the HSE Dublin/North East region at 21 per cent and 27 per cent higher than the national rate for men and women. The HSE West had the lowest rate, 16 per cent lower than the national rate for men and 19 per cent lower for women, and city rates of deliberate self-harm usually exceeded those of counties. In terms of method, drug overdose was the commonest method of self-harm involved in 76 per cent of all acts registered in 2005 and self-cutting was the second commonest method of self-harm, used on one-in-five cases, and significantly more often by men (25 per cent) than women (17 per cent).

There was also evidence of alcohol consumption in 41 per cent of all episodes of deliberate self-harm registered in 2005 and this, according to the Registry continues to highlight the strong association between alcohol consumption and suicidal behaviour. "Alcohol may be one of the factors underlying the pattern of presentation with deliberate self-harm

by time of day and day of week. Presentations peak in the hours around midnight and one third of all presentations occur on Sundays and Mondays." The registry found that of all deliberate self-harm cases, 14 per cent were admitted for psychiatric inpatient treatment from the A&E department, a further 40 per cent of presentations resulted in admission to a ward of the treating hospital, two per cent refused to be admitted, 14 per cent left before next care could be recommended and 31 per cent were discharged following emergency treatment. "Thus, the A&E departments was the only treatment setting for almost half of all deliberate self-harm patients," said the Registry. The Registry said while admission to psychiatric inpatient care directly from the A&E department was most common for high lethal methods of hanging and drowning," a significant minority of such cases (31 per cent of attempted hangings and 27 per cent attempted drownings) were not admitted following emergency treatment." The provisional figure for suicides in 2005 was 431 and the level of youth suicide is currently fifth highest in Europe.

In addition, men under 35 years account for 40 per cent of all suicide. The HSE said suicide prevention is an issue which it is committed to tackling.

*Irish Medical News*

## Stress Disorder May Raise Heart Disease Risk in Men

A higher level of symptoms of post-traumatic stress disorder (PTSD) may increase the risk of coronary heart disease (CHD) in older men, according to a new American study. Doctors conducted a prospective study to test the hypothesis that high levels of PTSD symptoms may increase CHD risk, using two different measures of PTSD (the Mississippi Scale for Combat-Related PTSD and the Keane PTSD scale). The authors analyzed data on 1,946 military veterans. Using the Mississippi Scale for Combat-Related PTSD, the authors found that for each increase in symptom level, the men had a 26 per cent increased risk for non-fatal heart attack and fatal CHD combined. They had a 21 per cent increased risk for all CHD outcomes combined. The findings were replicated using the Keane PTSD scale. "These data suggest that prolonged stress and significant levels of PTSD symptoms may increase the risk for CHD in older male veterans," the researchers concluded. "These results are provocative and suggest that exposure to trauma and prolonged stress not only may increase health problems but are also cardiotoxic."

*Irish Medical Times.*

## Strokes Linked To Use of Stimulant Drugs

The use of stimulant drugs, including cocaine and amphetamines, may be linked to a higher risk of stroke. In the study, doctors used a database of 3,148,165 discharges from Texas hospitals between 2000 and 2003 to access the connection between drug use and strokes. Strokes and drug dependence or abuse were identified by clinical codes. In the four year period, there were 8,369 strokes: 1,887 in 2000, and 2,097 in 2001, 2,133 in 2002, and 2,252 in 2003. Cocaine was the second most frequently abused drug after alcohol, and amphetamines were the fifth. Abuse of drugs, as well as cannabis and opioids, increased significantly. In 2003 the only year that codes were identified the difference between haemorrhagic and ischemic strokes amphetamine abuse was associated with a five fold greater risk of hemorrhagic stroke but not ischemic stroke. Cocaine abuse was associated with more than double the risk of both haemorrhagic and ischemic stroke. Amphetamine abuse, was linked to higher risk of death from haemorrhagic stroke.

*Irish Medical Times*

## Life-Saving Snoozes

Snoozing in the afternoon it could save your life, new research suggests. A study of 23,681 Greek men and women found that individuals who took a midday nap for 30 minutes or more at least three times a week were 37 per cent less likely to die from heart disease than those who stayed awake. Even the occasional siesta was associated with a 34 per cent lower risk of dying. Among working men, napping of any sort resulted in a 64 per cent reduced risk of heart disease death. The volunteers, who were aged 20-86, had no history of heart disease of any other severe condition.

*Irish Times*

**"Each difficult moment has the potential to open my eyes and open my heart."**

— Myla Kabat-Zinn

## Upcoming Events

**IAS Teacher Training Seminar/  
7th National Conference**  
Brandon Hotel, Killarney  
21st - 23rd November, 2007  
[www.ias.ie](http://www.ias.ie)

**XXIV World Congress IASP**  
*Preventing suicide across the life span: Dreams and realities*  
28th August - 1st September, 2007  
Irish National Events Centre,  
Killarney  
[www.iasp2007.org](http://www.iasp2007.org)

**12th European Symposium on  
Suicide and Suicidal Behaviour  
ESSSB12**  
*Working together to prevent suicide:  
Research, policy & practice*  
27th - 30th August 2008  
Glasgow, Scotland  
E-mail: [orgainsing@esssb12.org](mailto:orgainsing@esssb12.org)

**AAS 41st Annual Conference**  
16th - 19th April, 2008  
Boston Park Plaza Hotel  
[www.suicidology.org](http://www.suicidology.org)

**2009 - XXV IASP World Congress  
Montevideo**  
Contact person: Dr. S. Pelaez

# Top tips to better sleep

One in three people get less than five hours of sleep a night, according to new research. But Dr John Shneerson, director of the Sleep Centre, Papworth Hospital, Cambridge, says just being aware of some simple tricks can help sleep sufferers achieve a good night's rest. "Sticking to regular bedtimes, helping the body to unwind and avoiding certain foods and drinks in the evening can induce drowsiness and enhance sleep

### TAKE A WARM BATH

Taking a warm bath before bed can help induce sleep. This is because your body temperature has a strong influence on how fast you fall asleep. Take a bath one to two hours before bedtime and keep your bath temperature warm, rather than hot. A hot bath will keep your body temperature raised, making you hot and uncomfortable. A warm bath will raise your temperature before allowing your body to cool down to the temperature comfortable for sleep.

### STICK TO THE SAME BEDTIME

Sleep experts believe going to bed and waking up at the same times on a regular basis is vital for healthy sleep. Constantly changing our sleep patterns can bring on 'mini jet lags' where our body enters a slightly different time zone, which in turn puts it out of sync.

### TREAT YOURSELF TO A HOT, MILKY DRINK

It may sound like an old wives' tale but taking a hot milky drink can encourage drowsiness because milk contains sleep-enhancing properties. This is thanks to its calcium content, which sleep experts claim can help you relax. It is also rich in tryptophan, which the body converts into serotonin - a natural hormone in the body that can make you sleepy.

### AVOID DRINKING TOO MUCH ALCOHOL

Although a couple of glasses of alcohol may make you go to sleep faster because it works on the receptors of the brain that induces sleep, any more than that can lead to broken sleep. This is because alcohol disturbs chemicals in the brain that help with deeper patterns of sleep.

### BUY A NEW BED

If your bed is more than 10-years-old, consider replacing it. Its structure will have deteriorated by up to 75 per cent, causing sleep disruption and potential damage to the spine. Research shows buying a new bed is more effective than sleeping pills and can improve a night's sleep by 42 minutes.

*Daily Mail*

## IAS Membership Form

Name: .....

Address: .....

Present Position .....

Work Telephone: ..... Work Fax: .....

E-mail Address: ..... Web Address: .....

Occupation: .....

Cash

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Membership Fee €40/£35stg

Please return to The Irish Association of Suicidology, 16 New Antrim Street, Castlebar, Co. Mayo.

*If you would like to submit an article for publication or If you wish to comment on any article published in this newsletter please contact the Editor: Josephine Scott. 094 9250858. e-mail [joscott@eircom.net](mailto:joscott@eircom.net).*

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