



Newsletter

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HELPING TROUBLED TEENS

Teenage depression is rife, so how can we help our children overcome this silent, misunderstood illness of modern times?

Hollywood star Goldie Hawn recently appeared on Friday Night with Jonathan Ross to discuss The Hawn Foundation, an organisation she set up to promote happiness in children. According to the star, depression is rife among today's youth and something needs to be done about it. A depressive illness is an overwhelming feeling which dulls thinking, impairs concentration, saps energy, interest in food, work, everyday activities and disrupts sleep.

For Mary, a black cloud descended over her family when her son became depressed at 14. "Ryan was in his second year of school when he started to change. Up until then, he had been a good student, socially active and he even played in a band. However, he came home one day and told us that he did not like where his friends were hanging out so he was not going to see them anymore. "As the summer went by he stayed in his room more and more. It was very worrying; we did not know what was wrong. When September came around he complained about being sick a lot and he started missing school regularly.

"When my husband and I asked him what was wrong he fobbed us off until one day when we sat him down and pleaded with him to tell us. We were shocked as he crumbled to the floor, saying he could not cope. He felt unable to handle school; it was too much pressure for him. We were gravely worried so we took him to our GP, who recommended a psychologist.

"My husband and I had an initial assessment and after that, the psychologist saw Ryan. Our consultation cost 150 and sessions with Ryan cost 70. It was expensive but the waiting lists for public counsellors were very long. We couldn't wait, we had to find a way to pay 70 every week. "After a few sessions, the psychologist recommended a consultant psychiatrist because she felt Ryan needed medication that she couldn't prescribe. We got an appointment quickly because we went privately. The initial assessment cost 300 and subsequent visits 150. He diagnosed Ryan with depression and prescribed Fluoxetine, which took about eight weeks to kick in. Ryan still takes it 16 months on.

"The school knew Ryan needed flexibility and often sent work home when he missed school. Although teachers were supportive, there were no facilities for dealing with mental disabilities. They said if Ryan had a learning disability, they would have helped but as he had depression, there was little they could offer.

"The HSE and Department of Education were hard to deal with. There is no link between them, therefore no continuity of care. We had to fight for everything." "For example, Ryan had missed lots of school before his Junior Cert so I approached the Department of Education about getting him grinds. They turned us down. I had to fight through an appeal to have that decision overturned. He eventually got grinds which helped him prepare for his exams however; I was left exhausted from fighting.

"Depression is common in Ireland but it's a struggle to get the care your child needs. It's difficult to cope with the expense of psychiatrists and psychologists but because of the long public waiting lists, parents are forced to go private. "Now we take things day by day.

continued on page 3

INSIDE THIS ISSUE

Depression in the Elderly	4
Mental Health and Social Inclusion	5
Suicide Rate Drops in Young Men	6
Battling Alcohol Abuse to Tackle Suicide	8
Doctors Who Die by Suicide	10
Does the internet influence suicidal behavior?	11
An Overview of Mental Health in Ireland	12
How to Tell if Your Child is a Victim of Bullying	15

Relationship Problems Linked With Suicides

Almost five times more men than women die from suicide, with hanging being the most commonly chosen method amongst men, a new national study on suicide has found.

Mental health disorders remain the highest risk factor for suicide in both men and women. Almost half the cases studied were referred by their GP to a consultant psychiatrist at some time in their lives, with the most common diagnosis being depression.

The study, 'Suicide in Ireland', launched in the North Eastern Health Board recently, shows that 40% of deaths in males aged 30 or under are as a result of suicide. Almost a third of those who were treated as inpatients committed suicide within three months of discharge from hospital.

continued on page 2

Stress Can Make Us Die of a Broken Heart

Scientists have charted for the first time how intense stress caused by bereavement can make someone "die of a broken heart". A British team has found that the regions of the brain responsible for learning, memory and emotion can destabilise the cardiac muscle of someone who already has heart disease.

When we are under stress, these "higher regions" of the brain take part in a vicious circle of activity which can trigger harmful rhythms, researchers say. While it has always been suspected that emotional problems could put the heart under pressure, this was believed to have been caused by "primitive" brain regions, such as the brain stem sending messages to heart tissue.

Bereavement has been one such unexplained problem. The discovery of a new relationship between heart and brain published online in 'Proceedings of the National Academy of Sciences', reveals how irregular cardiac rhythms are triggered, which can lead to sudden death in patients with underlying conditions.

Researchers studied 10 patients with specific heart conditions, measuring electrical changes at the surface of the skull. The patients performed the mildly stressful task of counting backwards in sevens.

The scientists noted that activity in "higher level" regions, such as the cortex, not only reflected the responses of the heart to stress, but also became involved in a "feedback loop", often worsening the situation by making the heart muscle less stable.

Researcher Dr Marcus Gray said: "We know that stress can increase the risk of sudden death through cardiac arrest and that the brain areas responsible for regulating heart function can be unbalanced by stress. Our research suggests that the cerebral cortex may play a significant role in these events by becoming involved in a vicious circle.

Independent.ie

Weekly Housework Can Boost Mental Health

Just 20 minutes of any physical activity, including housework, in a week is enough to boost mental health, a new study has revealed. The findings were based on a representative sample of almost 20,000 men and women who were quizzed by researchers from University College London for the 'Scottish Health Survey' about their state of mind and how much weekly physical activity they engaged in. Over 3,000 participants in the study were deemed to be suffering from either stress or anxiety, using a validated scoring system, at the time. But any form of daily physical activity was associated with a lower risk of distress among the participants, when other influential factors, such as age, gender and the presence of a long-term condition, were taken into account. The range of activities, which proved beneficial,

included housework, gardening, walking and sports, although the strongest effect was seen for sports, which lowered the risk of distress by 33 per cent. The results also indicated that while just 20 minutes improved mental state, the more activity a person indulged in, the lower were their chances of psychological distress. Physical activity curbs the risks of a range of serious diseases, such as heart disease and certain cancers. "It improves several biological risk factors, such as glucose intolerance and inflammation, which have themselves been linked to depression and dementia," the researchers commented.

Irish Medical Times

"The greatest compliment that was ever paid me was when one asked what I thought, and attended to my answer."

Henry David Thoreau

Relationship Problems Linked With Suicides *continued from page 1*

Recent significant events are an important factor, with relationship problems being the most common significant event prior to suicide, identified in the study. Misuse of alcohol was also found to be a significant risk factor, with males being more likely than females to have used alcohol immediately prior to their deaths. Most of those who died lived at home with others. Single, separated, divorced and widowed people had higher rates of suicide than married people. Unemployed people, especially unemployed males, were also more likely to commit suicide.

The study identifies a number of areas which need particular attention, including:

- A need to improve the skills of young people, particularly males, in dealing with emotional problems.
- The need for easy access to health and social services.

Special attention should also be paid to those who deliberately self-harm and those who declare their intent to commit suicide, it recommends.

The study was based on information on all suicides that occurred in all health boards in 1997 and 1998, except in the Eastern Health Board, where information was sought only for 1997. The total number of suicides identified in this study was 807.

irishhealth.com

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HELPING TROUBLED TEENS

continued from page 1

Ryan is doing well. He still struggles with change but is getting better. We are optimistic about the future."

It's clear from Ryan's story that there is little support available for teenagers suffering from depression and that there are individuals working in the private sector making a great deal of money off the back of worried parents who cannot risk waiting for HSE- funded assessments. There is a real need for a support system in schools to deal with teens that suffer from or are at risk of developing forms of depression. If untreated, these children could go on to have major problems fitting in with society later on.

While teachers do their best, the Government needs to put long-term solutions in place, so that teens who have trouble coping with problems such as bullying, peer pressure, alcohol or drug abuse can turn to someone in school, like a psychotherapist, for help.

In Ireland, troubled teens often turn to Childline for help. In 2004, the organisation received 731,731 calls. Most callers are teenagers, but lots are under 13 too. Childline is always open and anybody in Ireland who is under 18 can call to talk about anything at all.

Childline tel: 1800 66 66 www.childline.ie
AWARE tel: 1890 303 302, www.aware.ie

Independent.ie

"Sometimes a breakdown can be the beginning of a kind of breakthrough, a way of living in advance through a trauma that prepares you for a future of radical transformation".

Cherrie Moraga

Buyer Beware of Psychiatric Genetic Tests

You can now buy a commercial genetic test that claims to assess your risk of developing bipolar disorder. Genetic tests for major depression and schizophrenia are also expected to reach the market soon. However, although the suspects are numerous, the genes responsible for most brain disorders remain unknown. So, when it comes to commercial genetic tests, we just don't know enough to make the tests useful.

One problem is that the genetics field is advancing so rapidly that it's hard to keep up with developments, never mind figure out which ones are clinically relevant. Most experts also believe that psychiatric disorders develop because of the interplay between multiple genes, each exerting small effects. That makes finding the responsible genes harder. Further complicating matters, research

has revealed that many healthy relatives of people with psychiatric disorders have risk genes. Whether a person develops an illness depends on unknown ways the risk genes interact with other genes and environmental factors.

Scientists have identified perhaps thousands of candidate genes that may contribute to psychiatric conditions. But experts continue to debate which genes are actually involved. Most candidate genes fail to hold up—meaning that the association between the gene and a given illness disappears when scientists try to replicate the results. One analysis estimated that 70% to 80% of candidate genes are false positives.

Havard Health Publications

Work stressful for one-fifth

As a nation we are working longer hours, commuting further and are seeing our stress levels increase, according to the findings of a survey conducted by Behaviour & Attitudes on behalf of VHI Healthcare, which were released last week. The survey saw 660 people quizzed nationwide about their work-life balance and the stresses and strains they encounter in their everyday lives, uncovering some startling facts. Some 22 per cent of those questioned said they find their work life extremely or very stressful. People who were currently dissatisfied with the balance they achieved between their work and personal life were particularly likely to find their work conditions stressful. This group,

who made up about 11 per cent of those questioned, also had higher than average stress levels. Almost half of those surveyed believed that stress levels have increased in the past five years. The link between an overall sense of well being in regard to health and life satisfaction was also investigated. People who classify themselves as having a very high level of satisfaction with their personal health are more than 10 times as likely to be really satisfied with life as those with lower satisfaction.

Irish Medical News

MRI's Role in Depression

MRI scanning may be able to detect people with a certain type of depression who are likely to respond to cognitive behavioural therapy (CBT), according to new research.

A type of MRI scan called functional MRI may help spot people with 'unipolar' depression who can respond to CBT, which is a form of psychotherapy that emphasises that it is our way of thinking that dictates how we feel and teaches people to replace negative with positive thinking. Bipolar depression, also called manic depression, is marked by extreme mood swings from

euphoria and excessive energy to severe depression, while unipolar depression is marked by only one half of the equation that makes up the bipolar disorder.

The researchers at the University of Pittsburgh in the USA say it may be possible to give cognitive therapy to patients for whom it is likely to be most effective, thereby improving treatment rates and decreasing the burden on patients. The researchers performed MRI on 14 unmedicated depressed patients and 21 comparison subjects who had never been

depressed. The researchers repeated testing of the depressed patients after 16 sessions of CBT.

The research team found that low sustained reactivity to negative words in a certain area of the brain was associated with a reduction in depression after CBT.

The research is published in the *American Journal of Psychiatry*.

irishhealth.com

Depression in the Elderly

Depression in the elderly is complicated but treatable

Depression is sometimes viewed as a normal part of aging. It shouldn't be. Left untreated, depression increases the likelihood of disability, placement in a nursing home, and death. Suicide risk also increases with age; white men over age 85 have the highest suicide rate in the United States. Depression in the elderly can often be treated effectively, but when depressive symptoms arise, it can be challenging not to mistake them for symptoms of another medical disorder, reports the February 2008 issue of the *Harvard Mental Health Letter*.

Although some elderly people with depression develop classic symptoms such as persistent sadness and despair, others may seek help for less typical symptoms such as heart palpitations, fatigue, tremors, or vomiting. People may also report cognitive problems such as an inability to concentrate or remember things.

It's not entirely clear why symptoms of depression in the elderly may differ from those in younger adults. Coexisting medical problems, medication side effects, and the natural aging process may all contribute.

Dr. Michael Miller, editor in chief of the *Harvard Mental Health Letter*, notes that it's important for doctors who suspect depression in an elderly patient to assess the person's physical health problems and medications to determine whether these might be contributing to depressive symptoms. In some people, treating an underlying medical problem will alleviate depression, but other patients will require antidepressant medications (starting at half the dose used in younger adults), psychotherapy, or both. While it may take some time to determine the best treatment strategy for a particular individual, the reward is often a better quality of life.

Harvard Health Publications

Suicide Prevention Campaign

A new campaign has been launched urging young men to be aware of the signs if a friend may be contemplating suicide. The "Mind Your Buddy campaign," run by Pieta House, an organisation for the prevention of suicide and self-harm, identifies a number of factors which could indicate if a friend is in distress. "Basically this is about raising awareness," Mr Michael Tighe, project manager at Pieta House told IMN. "This campaign is trying to get men talking if they are having problems, rather than contemplating drastic action like suicide." Mr Tighe said that men were far more likely to withdraw into themselves if they experienced difficulty, such as after the end of a relationship or losing their job, than women. According to the campaign, people who are contemplating suicide are usually quite often open about it. It states that there may be an increase in self imposed isolation and a person may become suddenly aggressive and start picking fights or inappropriate arguments.

Although the number of suicides decreased for the first time in years in 2006 with 409 suicides, Ireland has the third highest suicide rate in Europe. Approximately 80 per cent of these suicides are male, the majority of whom are in the 18-35 age group.

Irish Medical News

Mental Health and Social Inclusion

“Work is the best route to recovery from mental ill-health. Currently only one in five people in this category are employed. Without work, they are at greater risk of social exclusion. Most of them want to work.”

This is the view of Dr Maureen Gaffney, Chairperson of the National Economic and Social Forum (NESF) which held a conference recently to debate the forum’s latest draft report on Mental Health and Social Inclusion. The report includes key recommendations and strategies as well as broader actions to promote mental well-being across Irish society. The main focus of the conference was ‘Mental Health and the Workplace’.

Dr Gaffney said mental health problems impact on the workplace – economically, socially and personally. “The costs for societies represent 3-4 per cent of GDP in Europe. There is a growing business case for supporting and retaining experienced staff when they have mental ill-health. Yet only one in five companies here have a written policy on mental health.”

“Irish employers do not feel equipped to deal with mental health difficulties, nor do employees feel that the workplace is a ‘safe’ environment for them to disclose mental ill-health due to fear for their careers and being talked about. All employers in our survey would welcome information and guidance in this area.”

Main findings

The results of the Workplace and Mental Health Surveys, commissioned by the NESF, and conducted by Millward Brown IMS, underline the need for mental health policies in the Irish workplace.

- The surveys indicate that only 20 per cent of Irish employers have mental health policies in place. Yet nearly all employers in the surveys would welcome information and guidance in this area.
- Ninety-one per cent of employers agreed that employees with mental ill-health have valuable skills and experience that they do not want to lose. However, 54 per cent of employers think that organisations take a significant risk when employing people with mental ill-health.

- There are negative attitudes among employers, with risks for employees in disclosing a mental health difficulty. Many employers consider it a risk to employ them and would be less likely to promote them, and likely to reduce their level of responsibility. Only a third, 35 per cent overall of employers said they would be likely to consider them for promotion, with over a quarter of employers, 27 per cent saying it would be unlikely.
- While exactly half of employees (50 per cent) feel that organisations take a significant risk when employing people with mental health difficulties, the majority (76 per cent) would nonetheless feel comfortable working with someone who had a history of mental health difficulties.
- More than one in six of employees (16 per cent) said they had experienced mental ill-health in the last two years. This was higher among females (19 per cent) and 25 to 34-year-olds (23 per cent). Those with recent mental ill-health experience found the workplace more challenging and reported more negative attitudes on employers and the supports that should be available.

Recommendations

The report recommends a number of key policy changes to support positive mental health in the workplace. These include:

- Developing of a Health and Well-Being Framework Strategy for the workplace by the Social Partners;
- Drawing up a code of practice on Mental Health in the Workplace by the Health and Safety Authority; and
- A strategic plan for the delivery of training, work and employment services to help people return to the workplace.

Irish Medical Times

“A good traveller has no fixed plans, and is not intent on arriving”

Lao Tzu

Occupation Can Dictate Illnesses

A survey published in the Medical Journal of Australia found that some two-thirds of more the 4,200 workers aged between 45 and 64 had a medical condition. It showed that managers are less likely to have cancer, while shop assistants have a greater chance of suffering back pain and nurses have a higher rate of heart disease. “In the retail trade, there was a significantly higher risk of

musculoskeletal conditions so that things like back injuries, or if you’ve injured your shoulder or arthritis,” one researcher told AFP news agency. “And then cardiovascular disease came out significantly higher in health and community services.” When it came to cancer, the study found that the relative risk of a manager having cancerous tumours was found to be 0.25 compared to 0.40 for a

tradesperson and 0.74 for labourers. “We don’t know of any reason why they (managers) would be at lower risk as a result of being in that occupation,” the researcher added.

Irish Medical Times

Suicide Rate Drops In Young Men

The suicide rate was 8.5 per 100,000 in 2005

The suicide rate among young men in England and Wales is at the lowest level for 30 years, say researchers. One key factor has been a cut in toxins in vehicle exhaust fumes because of catalytic converters - making it harder for people to kill themselves.

For women, suicide rates are at their lowest level since 1968, but more are killing themselves by hanging, the Bristol University team reported.

Suicide rates among young men more than doubled between the early 1970s and the 1990s. But since then, there has been a steady decline, the research published in the British Medical Journal found. Using data on suicides from 1968 to 2005, the researchers found that for males aged 15 to 24, the overall suicide rate dropped from 16.6 per 100,000 people in 1990 to 8.5 per 100,000 in 2005.

Amongst men aged 25 to 34, overall suicide rates declined from 22.2 to 15.7 per 100,000 over the same period. The study said car exhaust emission legislation introduced in 1993 contributed to falling suicide rates from carbon monoxide poisoning, because of an increased number of cars with catalytic converters, which make fumes less toxic. Suicide rates were also found to mirror unemployment rates. For

women, suicide rates have been fairly steady. However, the proportion of women aged 15 to 34 committing suicide by hanging has increased "massively" - from 5.7% of all suicides in 1968 to 47.3% by 2005. More research is needed to find out why this is, the study says.

Since the 1990s, antidepressant prescribing in the general population has increased, which some believe may have also contributed to falling suicide rates. Lead researcher Professor David Gunnell said the reasons behind falling rates of suicide were complex. "Favourable changes in several different factors - levels of employment, substance misuse and antidepressant prescribing, as well as policy focus on suicide and vehicle exhaust gas legislation - may have contributed to the recent reductions," he said.

Talking therapies

The Department of Health, which has introduced a strategy and targets to reduce suicide, said it would continue to work to find ways of supporting people in distress. Marjorie Wallace, chief executive of the mental health charity Sane, said the figures were encouraging. "However, simply removing one means of suicide may reduce the numbers but as the evidence indicates people can turn to other - possibly more disturbing - ways, such as hanging. "One unnecessary loss

of life is one too many, and we must fight to raise awareness of the complex triggers to suicide, and make available treatments such as talking therapies immediately the warning signs are identified." One in three men with stress, depression or anxiety say they feel embarrassed about seeking help, choosing instead to bottle up their emotions.

Fewer antidepressants

A separate study by the same team, also published in the BMJ, found that a recent substantial drop in the use of antidepressants in children and adolescents had not led to an increase in self-harm or suicide, as some had feared. Prescriptions of a type of antidepressants called selective serotonin reuptake inhibitors (SSRIs) in the under-18s have fallen by almost half in the past few years, after drug regulators issued stronger warnings on their use. Professor Gunnell said concerns about the dangers of reducing antidepressant use in children, who might therefore be at an increased risk of committing suicide, had been raised by US research. "There's been a greater fall in antidepressant prescribing in the UK but we have seen none of the potentially alarming upturn in suicides."

bbc.co.uk

"Movement is a medicine for creating change in a person's physical, emotional, and mental states."

Carol Welch

Tamoxifen May Help Treat Patients with Bipolar Disorder

A small, three week trial of breast cancer agent tamoxifen indicates that it also may decrease symptoms of mania in patients with bipolar disorder, according to a new report. Doctors in Turkey conducted a clinical trial with 66 patients, all of whom were diagnosed with bipolar disorder and were currently in a manic state or a state that included mania. Participants were randomly assigned to take

tamoxifen or identical placebo tablets twice daily for up to three weeks. They were given up to 5 milligrams per day of lorazepam as needed to control their symptoms. A total of 50 patients - 29 assigned to take tamoxifen and 21 assigned to take placebo completed the 21 day trial. Patients in the tamoxifen group had significantly lower scores on tests used to measure the severity of mania at the

end of the three week period, while those in the placebo group had scores that slightly increased. Almost half of patients taking tamoxifen responded to the drug compared with five per cent of those taking placebo, and 28 per cent vs zero achieved cut-off scores for mania remission.

Irish Medical Times

Drinking Dampens Ability to Feel Fear

Brain scans illustrate biological reason why alcohol can lead to aggression

Alcohol can make people frisky, chatty and, as any bouncer knows, feisty.

Now, a new brain scan study shows drinking actually dampens the biological ability to feel fear. When people drink, these lowered fear levels can lead to liquor-fueled courage that can ultimately make people more aggressive, explained study co-author Dr. Daniel Hommer. "You're less likely to feel afraid, and you're also less likely to run away or to avoid conflict," said Dr. Hommer, chief of the section on brain imaging at the National Institute on Alcoholism and Alcohol Abuse.

Using a technology known as functional MRI, researchers scanned the brains of 12 subjects as they received alcohol or a saline solution intravenously. All the subjects -- an average age of 26 -- were social drinkers, meaning they typically drank every week but not every day. They drank an average of 1.9 days a week and 3.6 drinks per day on the day they drank. Seven of the subjects were women and five were men; all were healthy. Each volunteer received both alcohol and the saline solution, on two separate occasions. The subjects looked at images of human faces. Some images had neutral expressions, while others had scary looks designed to provoke a natural fearful response. The threatening faces "are a cue that something is dangerous going on," Dr. Hommer explained.

The MRI scanner, meanwhile, tracked the levels of activity in parts of the brain where emotions are processed. The researchers found that alcohol

boosted activity in the parts of the brain that deal with rewards, but it also dampened activity in areas devoted to fear. "This helps us understand a little more about how the brain works, and how alcohol functions as a drug in the brain," he said. The findings were published in the April 30 issue of *The Journal of Neuroscience*.

Aaron White, an assistant professor of psychiatry at Duke University who studies alcohol abuse, said the study is "excellent" and smartly relies on intravenously administering alcohol, a technique that allows easy adjustments of the subjects' blood-alcohol levels.

In similar studies, he added, "researchers should be able to learn a great deal about how the effects of alcohol on the brain change with both age and increasing years of use." Other scientists could also study what happens in the brain when alcoholics and nonalcoholics look at images associated with alcohol like beer cans, bars and alcohol ads.

Hommer said researchers are thinking about other possible studies. "The one thing that might immediately be useful is that you may be able to use this as a way to test out drugs designed to decrease people's tendency to abuse alcohol."

The researchers are already testing their approach in people who are heavy drinkers to see if there is any difference in how they react to alcohol, Hommer said. "People become tolerant to some of the effects of alcohol with repeated use, and we want to see if we can see that" in the brain.

HealthDay

"A journey of a thousand miles begins with a single step"

Lao Tzu

Sleep disorder pill works a dream

A daily pill could help to give a good night's sleep to millions by managing the common disorder which causes heavy snoring.

Researchers have started trials for a pill to help to manage obstructive sleep apnoea syndrome (OSA), a condition that causes people to stop breathing intermittently during sleep, often making them excessively tired and moody. About one in 20 middle-aged men and one in 50 women lose sleep because of severe forms of OSA, which occurs when the upper airway becomes narrow as the muscles relax naturally during sleep. This reduces oxygen in the blood and impairs restful sleep.

The pill, known as BGC20-0166, is being developed by BTG, a life sciences company based in London, and is a combination of two

existing drugs that work by affecting areas of the brain associated with airflow in breathing.

In a study involving 39 OSA patients, participants received a placebo, one of the two drugs that make up the new compound, or one or two doses of BGC20-0166 daily for 28 days. The apnoea-hypopnea index -- a measure of the frequency and severity of breathing pauses during sleep -- was recorded in overnight studies after 14 days and again after 28 days.

These showed that the high-dose combination of the drug reduced the symptoms of OSA by an average of 40pc, with patients suffering no obvious side-effects, while three of the 10 patients in the high-dose group had a 50pc reduction in symptoms.

Independent.ie

Battling Alcohol Abuse to Tackle Suicide

Given the tragedy surrounding suicide it is understandable that people want to do something to address it, and indeed a number of reports have been published in Ireland, task forces established, and a variety of programmes have been introduced with the aim of reducing suicide rates.

Dr Dermot Walsh, principle investigator in mental health at the Health Research Board (HRB), says "The fundamental difficulty in prevention of suicide is that it is actually a rare event and the risk factors can be very common. This is borne out in the fact that many people report that the suicide of a relative or friend came 'out of the blue,' he explains.

Dr Walsh was speaking at the launch of a HRB report into suicide and deliberate self harm in Ireland. The report, HRB Overview Series Suicide, Attempted Suicide and Prevention in Ireland and Elsewhere, focuses on the level of suicide and self harm, potential reasons for it, and reviews preventative measures. According to Dr Walsh, the reasons behind suicide are not conclusive. He says that people take their own lives for a multitude of different reasons.

"In truth, from the evidence available, we are unable to explain why young male suicide increased to such a high rate in 1998 no more than we can explain why it has fallen since. This presents significant problems when it comes to determining how we can prevent suicide." The HRB report says that currently there is no evidence into the effectiveness of the wide variety of initiatives, education schemes and programmes in general hospitals that have been implemented to try and address suicide and deliberate self harm.

The one significant factor that has been linked to suicide over time, however, is alcohol, according to the HRB report. It says that at least one in six suicides has been shown to be alcohol related. There is also a close link between alcohol consumption trends in Ireland and long-term "wave changes" in suicide.

The report reveals that a post-mortem study conducted in 2006 by the HSE also found raised alcohol levels in the blood of a significant number of suicide cases in the north east of Ireland. "Controlling alcohol related problems may, therefore, be the only evidence-based measure in the prevention of suicide and deliberate self-harm", says Dr Walsh. He notes that a variety of reports have dealt with addressing alcohol-related problems, including the Report of the Strategic Task Force on Alcohol, 2004. He says the failure to implement measures that he believes do actually work, such as increasing prices, reducing the availability of points of sale and tightening controls on advertising "is disappointing and means that we are not dealing with a known and preventable factor in suicide". Regarding statistics into suicide, the report says that there was considerable under reporting of suicide in official records until 1980. The time frame examined by the report is broad, analysing suicide between 1864 and 1980. The scale of the level of under reporting makes it difficult to state whether suicide rates have actually risen in the long-term over the 1864 to 2006 study period, according to the report. However, evidence comparing clinical data and official data in the 1950s and 1960s does indicate that, in Ireland at this time, actual suicide was three times greater than what was officially recorded.

Suicide rates accelerated to their highest point in 1998, while in recent years; there has been a slow decline between 2001 and 2006. Dr. Walsh suggested to IMN that Ireland may be experiencing a decline in suicides similar to the downward trend in Britain, which was recently discussed in the British Medical Journal (BMJ).

The findings show that Irish suicide rates among males are, and always have been, three to four times greater than those of females, which is in keeping with international experience. The increase in suicide in Ireland during the late 1980s and 1990s was

predominantly among males aged 15 to 34 years. For example, suicide among males aged 15 to 34 years increased from 44 in 1978, to 168 in 2003 compared to an increase from 20 to 35 among females of that age group during the same time period.

EU figures from 2005 however, show that Irish rates of suicide are found to be low when compared with all other European countries. Ireland was placed 17th at 12.4 deaths per 100,000, the English and Welsh rate was half of that of Ireland. The greatest demographic differences when comparing Ireland to other EU countries are the disproportionately high number of Irish male suicides in the younger age groups and lower rates among Irish people aged 65 years and older. A noteworthy aspect of the HRB's report is its analysis on the connection between suicide and mental illness, and in particular depression. Among persons suffering from mental illness, those most at risk are those suffering from a diagnosed depression, although an unknown quantity of depression may be undiagnosed. The report notes that it may be the case that the majority of depressed people who kill themselves may come from those with acute onset depression, particularly among the young who have been exposed to acute stress, never hospitalised, nor having had any psychiatric contact.

As a result of the absence in Ireland of a unique personal identifier, it is not possible to link individuals undergoing psychiatric treatment with their subsequent suicide other than on local and anecdotal basis. Dr Walsh told IMN that the inability in Ireland of conducting long-term follow up studies into depression and suicide, severely impacts on the health services ability to deal with the problem. "The dilemma is how to prevent suicides when the reasons behind them are often unclear."

"Certainly our inability to conduct long-term follow up studies into depression once they have received treatment impinges on the data that is available. It is vital for the prevention of suicides that we have the best possible data available."

Irish Medical News

"A single act of kindness throws out roots in all directions, and the roots spring up and make new trees. The greatest work that kindness does to others is that it makes them kind themselves."

Lawrence G. Lovasik

Suicide rate rises in hot weather

Hot weather can make emotions runs high

The damp summer may have made us all miserable, but research suggests it is hot weather that poses a far more serious problem for vulnerable people. A team from London's Institute of Psychiatry found that suicide rates go up during hot weather.

Analysis of more than 50,000 suicides in England and Wales between 1993 and 2003 showed the suicide rate rose when average daily temperatures topped 18C.

The study appears in the British Journal of Psychiatry.

The researchers found that once the daily average temperature rose above 18C each further degree increase was associated with a rise in suicides of almost 4%. The rate in the rise of violent suicides was even higher, at 5% per degree rise in temperature.

Aggression and irritability

Researcher Dr Lisa Page said there were a number of possible reasons for the link between hot weather and suicide. She said: "We felt overall that the most likely explanation was probably a psychological one where for some people you have an unusually high degree of irritability, aggression and impulsivity." She said it was possible that the effect was linked to levels of the mood-controlling chemical serotonin in the brain, which have been shown to dip in the summer months. Alternatively, the suicide rate may be linked to the tendency to consume higher levels of alcohol in hot weather.

However, she also said the finding was unlikely to be down to people being made miserable by seeing others enjoying the good weather, as the effect was specific to unusually hot days, rather than summer days in general.

The researchers found that the suicide rate rose by 46.9% during the 1995 heat wave. A similar run of hot weather in 2003 appeared to have little impact, possibly because high temperatures came in two distinct spells, giving people a chance to adapt. During the 11-year period covered by the research, the average temperature in England topped 18C on 222 days. There were 53,623 suicides - an average of 13.3 per day. Three-quarters of all suicides were by men and this proportion remained constant over the study period. The highest daily suicide count was recorded for 1 January.

The largest number of suicides took place on Mondays, with numbers declining as the week wore on.

bbc.co.uk

Teenage suicides:

Study advocates greater family support

Teenage suicide is often perceived as the result of rejection of family, significant others and of society. Families affected by teenage suicide often look back for warning signs and clues in order to make sense of the tragedy. With the recent teenage suicides in Bridgend, South Wales, there have been demands for improved suicide prevention strategies. However little attention is paid to those families who have already lost their teenage sons or daughters.

Research published in the open access journal, BMC Psychiatry, has highlighted a key role for general practitioners in organising long-term, individually formulated support schemes for those affected. A research team from Ume University has already identified the phenomenon of cluster suicides where one suicide appears to have a 'contagious' effect triggering further suicidal activities and even suicide among other teenagers in a community. General practitioners were identified as having a key role in providing support for the family and close contacts of victims to potentially prevent further suicides. Following this initial study, the same group has attempted to investigate in more depth the aftermath of suicide on families.

Based on data from a large project on unnatural teenage deaths in northern Sweden (1981-2000), a research team retrospectively analysed 10 cases. They examined the qualitative aspects of losing a teenage family member due to suicide, including post-suicidal reactions, impacts on daily living, and the families' need for support after the event.

At the time of the research, the participants were still struggling to explain why the suicide had occurred. Although most had returned to an ostensibly normal life, they were still profoundly affected by their loss. They highlighted that post-suicide support was often badly timed and insufficient, especially for younger siblings and said they would welcome earlier assistance from friends, family and the clergy. There is a need for better understanding and treatment schemes for families who have lost a teenage family member in suicide, and especially for the younger siblings who often are forgotten.

The general practitioner was again identified as a key person in organising a support strategy for the families of suicide victims. This support would not only prevent emotional contagion, but would actively help families in the aftermath of a teenage suicide.

News-medical.net

"A hug is the shortest distance between friends"

Author Unknown

Doctors Who Die by Suicide

Every year, between 300 and 400 doctors take their own lives—roughly one a day. No other profession has a higher suicide rate.

I've met a lot of doctors over the years. I've interviewed them, watched them operate, observed them with patients and just plain hung out with them. Some were friendly, others cranky. Some were arrogant, others humble and selfless. As a group, they have impressed me with their confidence, intelligence and dedication to helping people in need. From the outside, the doctor's life seems a rich and rewarding one. And surely it is. But a new documentary, "Struggling in Silence" explores a dark side of the profession the little-known and rarely discussed problem of depression and suicide among physicians. The unsettling truth is that doctors have the highest rate of suicide of any profession. Every year, between 300 and 400 physicians take their own lives—roughly one a day. And, in sharp contrast to the general population, where male suicides outnumber female suicides four to one, the suicide rate among male and female doctors is the same.

"Undiagnosed and untreated depression is the culprit here," says Dr. Charles Reynolds, professor of psychiatry at the University of Pittsburgh School of Medicine, who appears in the film screened recently and was co-author of a 2003 paper (one of the few) on physician suicide, published in *The Journal of the American Medical Association*. While the rate of depression over a lifetime is basically the same for male physicians and the general population of men—about 12 percent—the doctors' suicide rate is 1.4 times higher. Female docs have double the rate of depression and 2.3 times the rate of suicide compared with the general population of women. (Some studies report equal rates of depression for women doctors; others report even higher suicide rates for physicians.) So why aren't depressed docs seeking treatment for a common illness that millions of Americans have learned to manage with therapy and readily available medications? Because they worry—not without reason—that if they admit to a mental-health problem they could lose respect, referrals, income and even their licenses. Because, despite the steady increase in the number of

women in the field, medicine is still very much a macho profession; physicians are supposed to be the strong ones who care for the sick, not the sick ones who need to be cared for. "I did not want it to go on my medical record that I had been treated for depression," says Dr. Robert Lehmborg, 60, whose moving account of his struggle with the condition—and the stigma it carries—is featured in the film. "Once I got treated, I realized how foolish all that was."

Lehmborg, a former plastic surgeon, now a fellow in palliative care at the University of Arkansas, did not become suicidal. But doctors who do are at increased risk, in part, because they have access to lethal drugs and know how to use them. (Docs have a high ratio of suicide completions to attempts.) Some depressed physicians also have substance-abuse problems, another major risk factor for suicide.

One way to address physician suicide, says Dr. Reynolds, is to focus on medical students and residents, since depression often starts in young adulthood. Medical schools across the country have launched programs that, among other things, guarantee students who seek help that it will not appear on their records. "What we're trying to do is say to these kids, 'Get help, get well, stay well,'" according to Dr. Reynolds.

The goal of "Struggling in Silence," and of the new Web site doctorswithdepression.org (both the work of the American Foundation for Suicide Prevention), is to raise awareness, prevent suffering and even save some lives. There could be a bonus as well. "If we teach doctors to recognize depression in themselves," says Dr. Paula Clayton, the foundation's medical director, "they will recognize it in their patients." And then everybody will feel better.

www.newsweek.com

Tomatoes protect against sunburn

Eating five tomatoes a day could help protect against sunburn and premature ageing, according to new research.

Researchers at Manchester and Newcastle Universities have discovered that tomatoes improve the skin's ability to protect itself against ultra violet light. The researchers said the protection offered by eating tomatoes was comparable to applying factor 1.3 sunscreen.

The team is now hoping to carry out more research to find out if eating tomatoes can protect against more severe forms of sun-damage such as skin cancer. The researchers said a regular tomato-based diet including

foods like spaghetti and pizza toppings can help sunburn and ageing. They said it is not necessary to eat large amounts of tomatoes to get this benefit. They stressed, however, that it is still important to use conventional methods of protecting against the sun such as sunscreens, shade and clothing.

Researchers studied the skin of 20 people, half of whom were given five tablespoons (55g) of standard tomato paste, the equivalent of five or six cooked tomatoes, with 10g of olive oil. The other half of the sample received just olive oil. The experiment was carried out over 12 weeks and the group was exposed to ultra-violet light at the beginning and the end

of the study.

The results, presented to the British Society for Investigative Dermatology in Oxford, found that those who had eaten the paste had 33 per cent more protection against sunburn, which can lead to skin cancer.

Ultra-violet light leads to excess production of harmful molecules which can damage skin structures, eventually causing wrinkles and skin cancer.

Tomatoes contain an antioxidant called lycopene, which can neutralise harmful molecules caused by exposure to ultra violet light.

irishhelath.com

Does the internet influence suicidal behavior?

People searching the Internet for information about suicide methods are most likely to come across sites that encourage suicide rather than sites offering help and support, finds a study in this week's issue of the BMJ. Media reporting of suicide and its portrayal on television are known to influence suicidal behaviour, particularly the choice of method used, but little is known about the influence of the internet.

Recent reports in the popular press have highlighted the existence and possible influence of internet sites that promote suicide and web forums that may encourage suicide in young people. But despite these recent controversies, the ease with which these sites may be found on the internet has not been systematically documented nor the kind of information they contain been described.

Researchers from the Universities of Bristol, Oxford and Manchester set out to replicate a typical search that might be undertaken by a person looking for instructions and information about methods of suicide using the four most popular search engines—Google, Yahoo, MSN, and Ask—and 12 simple search terms.

They analysed the first ten sites from each search, giving a total of 480 hits. Altogether 240 different sites were found and just under half of these provided some information about methods of suicide. Almost a fifth of hits (90) were for dedicated suicide sites, of which half were judged to be encouraging, promoting, or facilitating suicide. Sixty-two (13%) sites focused on suicide prevention or offered support and 59 (12%) sites actively discouraged suicide.

Almost all dedicated suicide and factual information sites provided information about methods of suicide. But, a fifth (21%) of support and prevention sites and over half (55%) of academic or policy sites, and all news reports of suicides also provided information about methods.

Overall, Google and Yahoo retrieved the highest number of dedicated suicide sites, whereas MSN had the highest number of prevention or support sites and academic or policy sites.

In addition, the three most frequently occurring sites were all pro-suicide, whereas the information site Wikipedia was fourth. All top four sites evaluated methods of suicide including detailed information about speed, certainty, and the likely amount of pain associated with each method. However, there is currently no regulation of suicide sites in the UK because they are not illegal.

Self-regulation by internet providers and use of filtering software by parents to block sites are the main approaches to reducing potential harm from suicide sites. However, efforts to remove some of the most detailed technical descriptions of suicide methods may be easily circumvented, say the authors.

They conclude that service providers might pursue website optimisation strategies to maximise the likelihood that sites aimed at preventing suicide are preferentially sourced by people seeking information about suicide methods rather than potentially harmful sites.

news-medical.net

“We don't stop playing because we grow old; we grow old because we stop playing.”

George Bernard Shaw

Tips on Anger Management

Psychologist Marie Murray says anger's primitive function is to help humans fight for their safety, protect their children, food or possessions or to give people the adrenalin rush to get away from danger. “In some instances, it may signal a physical or psychological disorder and a pattern of explosive anger, uncontrollable outbursts or generally poor impulse control and warrant medical investigation”, she says. Understanding what makes you angry is important:

- Know your own anger hotspots
- Avoid situations that annoy you if you can
- When most angry, say NOTHING
- Wait for a day at least when you are angry before you make the phone call
- If you are stressed, get help
- If you need medical attention, get it, otherwise you jeopardise your mental health, your physical health, your relationship and your life by being furious.
- If it is the model you learnt, witnessed or experienced in childhood, if it is how your parents or one of your parents dealt with everything, then it is a problem
- If you are tearfully angry, you have a problem

Everyone needs help when there is anyone in the house who cannot control his/her anger. Murray makes suggestions for responding to angry people:

If someone gets angry with you, listen and do not respond. Don't let them justify their anger by seeing you get angry in return. Your greatest weapon with angry people is to remain calm yourself. If poor anger control is part of a pattern of domestic violence which you or your children experience, get professional help immediately.

Irish Times

“This is the beginning of a new day. You have been given this day to use as you will. You can waste it or use it for good. What you do today is important because you are exchanging a day of your life for it. When tomorrow comes, this day will be gone forever; in its place is something that you have left behind...let it be something good.”

Author Unknown

Grieving Parents at Increased Suicide Risk

Parents who have cared for a dying child at home may be at higher risk of suicide after the child dies, by overdosing on the powerful painkillers used to ease the child's condition, said two papers in the BMJ. Little research has been done on suicide rates for bereaved parents, said the authors. But there is substantial evidence that parents who have lost a child suffer deeper and more long-lasting grief than others suffering bereavements. One recent study showed that the death of a young child in particular put parents at heightened suicide risk – especially in the month following the death. Recent advances in caring for the terminally ill mean that more and more of these patients are being cared for in the home. After the loved one has died, parents or other carers are encouraged to return any unused morphine

or other painkillers to the pharmacy for safe disposal. But despite the best efforts of medical staff, this may not happen – resulting in powerful drugs being left in the hands of grieving loved ones. Currently there is no official guidance on what to do about leftover drugs remaining in carers homes, said the authors, and if the misuse of opioids continued the situation must be addressed. An accompanying editorial described the immense distress suffered by parents caring for dying children. Looking after the carer before, during and in the aftermath of death was essential and much more research was needed on how these families could best be supported, the editorial added.

Medicine Weekly

An Overview of Mental Health in Ireland

In the fourth annual Lundbeck Mental Health Barometer study, the number of people claiming to have personal experience of depression is standing at 5% of the adult population (168,000) while those claiming to have personal experience of anxiety disorder has risen to 4% or 138,000 people from an initial 2% in 2005.

Between 2005 and 2007 the wider experience of depression amongst individual's family or close friends, has been declining. Those clearly acquainted with someone with depression had decreased from a level of 20% in 2005 down to 14% by 2007. However, this level has now risen back to 17% in 2008.

Combining those who have individually suffered and those with experience of depression among their close friends or peer group, we see that almost two-thirds of a million (19% or 640,000) have close experience of depression.

In line with the gradual rise in the experience of anxiety disorder, as many as 10% of the adult population (347,000) indicate that they either have anxiety disorder themselves, or that it is present within a close family member or friend. Thus, it appears to be about half as common as depression.

The shift in the experience of both depression and anxiety disorder are marginal rather than profound and no statistically significant increase can be said to have occurred. However, the actual numbers affected by either illness is rising as the population is continuing to grow.

The group most likely to claim to experience depression, or indeed to have experience of it in their wider family or friendship group, tend to be middle-aged. Those aged 25 to 50 are most likely to have personal experience of depression and it is marginally more common among women, those from working-class backgrounds and those living in urban areas. Similarly, anxiety disorder is slightly more common, amongst the same groups. Of the two conditions, depression is more prevalent amongst the most socially or economically disadvantaged.

An interesting age related facet is apparent in respect of claimed individual experience of depression. In 2005 as many as 6% of those under the age of 25 indicated that they had personal experience of depression. This declined to 3% in 2006 and 2% in 2007. By 2008 it had further declined to 1%. Although the proportion in the sample under the age of 25 is quota controlled, the size of this sub-sample is insufficient to determine whether this shift is statistically significant or not. However, a distinct trend is apparent, and it should also be noted that a similarly marked or consistent shift in the personal experience of depression (or anxiety disorder) is not apparent in any other demographic group. In summary, a fifth of individuals surveyed were affected to some extent by depression and a tenth by anxiety disorder.

- Since 2005 there has been a perceived erosion in the extent of social stigma related to depression, schizophrenia and anxiety disorder.
- 71% of people would approach a GP first in the event of a family member suffering from depression.
- 32% of those with depression experience frequent thoughts of death or suicide.
- 1 in 5 believe that depression is probably an element of the ageing process.
- The peak stress group are middle aged, Dublin based and female.

The Lundbeck Mental Health Barometer Study

"Letting your mind play is the best way to solve problems."

Bill Watterson

Trends in treated problem alcohol use in Ireland, 2004 to 2006

- Of the 16,020 cases treated for problem alcohol use in Ireland between 2004 and 2006, 15,123 (94%) lived in a specified HSE region, 85 (0.5%) did not live in Ireland, and 812 (5%) had no place of residence recorded. Of the 15,123 treated cases recorded as living in Ireland, the largest proportion (43%) lived in the HSE South Region; 23% lived in the HSE West region; 21% lived in the HSE Dublin Mid-Leinster Region and the remaining 12% lived in the HSE Dublin North East Region.
- The prevalence of treated problem alcohol use among 15-64 year olds living in Ireland, expressed per 100,000 of the population, increased by 7% in the three-year period under review, from 164 in 2004 to 176 in 2006. The incidence of treated problem alcohol use among 15-64 year olds living in Ireland, expressed per 100,000 of the population, increased by 17%, from 94 in 2004 to 110 in 2006. This increase in prevalence and incidence may be explained by an increase in problematic alcohol use in the population, an increase in reporting to the NDTRS, or a combination of both factors.
- The incidence rates of treated problem alcohol use among 15-64 year olds living in Ireland, expressed per 100,000 of the population, were examined by county for the period 2004 to 2006. The incidence of treatment seeking was highest in Carlow, Sligo, Donegal, Waterford and Kilkenny (with over 200 cases per 100,000). While the incidence rates were low in a number of counties (with under 100 cases per 100,000), Mayo, Galway and Roscommon had the lowest rates during the three-year period (with 16.4, 16.5 and 20.7 cases respectively). It is important to emphasise that the incidence of treatment seeking for problem alcohol use may be an underestimation of the total incidence of problem alcohol use in the population and in treatment, and most likely reflects the fact that, prior to 2007, alcohol counsellors working in the mental health services in the west were not invited to participate in the NDTRS.
- Between 2004 and 2006, over half (54%) of all treated cases attended outpatient treatment services, while the remaining 46% received treatment at residential centres. Fifty-nine per cent of all those treated for problem alcohol use over the period were treated for the first time, 39% had been previously treated and 2% had an unknown treatment status.
- The use of more than one substance is a relatively common practice among treated cases. Polysubstance use increases the complexity of such cases, and is associated with poorer treatment outcomes. While the majority (79%) of alcohol cases treated between 2004 and 2006 reported problem use of alcohol only, the remaining 21% reported that they used more than one substance. Of those who reported polysubstance use, 11% reported use of two substances, 5% of three substances, and 5% of four or more substances. Polysubstances use challenges drug treatment and monitoring systems that have traditionally focused on the use of individual substances. While there are no official links between alcohol and drug treatment services in parts of Ireland, in practice, many drug services also treat clients with problem alcohol use. Over the past few years, there appears to be a growing consensus that responses to problem alcohol and illicit drug use should be integrated. The data presented in this paper indicate that there is a definite overlap between problem alcohol and other drug use, and highlight the need for an integrated approach to the management of problem substance use in this country.
- Information about the combinations of substances used is important in terms of individual clients care plans. Among the treated cases reporting problem use of more than one substance, the rank order of the top four additional substances used (from most common to least common) was the same in 2004 and 2005, namely: cannabis, cocaine and amphetamines. In 2006, the top four additional substances used remained the same but their rank order changed to: cannabis, cocaine, ecstasy and amphetamines. During the three-year period, the additional substances most commonly reported by new cases alongside alcohol were cannabis, ecstasy and cocaine. These findings highlight the association between alcohol and recreational drugs.
- The NDTRS records the treatment intervention(s) provided when the client is first admitted to a treatment service. A client may have more than one initial treatment, which means that the number of treatments recorded is greater than the number of cases. In 2006 just over half (51%) of those treated for problem alcohol use had just one treatment intervention recorded. Of the remaining cases, almost one-fifth (19%) had two treatment interventions recorded. Counselling was the most common initial treatment intervention in 2006 and was recorded for over three-quarters (77%) of all treated cases.
- During the reported period, the median age at which new cases began drinking was 16 years in all four HSE regions. Over one-quarter (26%, 1,862) of new cases began drinking when aged under 15 years. Twenty-nine per cent of the 2,166 new cases who had ever used another drug (excluding alcohol) did so before they were 15 years old, of which 24% (519) commenced both alcohol and other drug use at under 15 years of age. This indicates that alcohol and

continued on next page

"The frog does not drink up the pond in which he lives."

Native American Proverb

drug-use initiation are linked and highlights the importance of delaying the initiation to drinking among young people. The easy access to and availability of alcohol and other drugs among young people should be minimised.

- The interval between first consuming alcohol and seeking treatment for problem alcohol use varied considerably among new cases. The stage in life at which new cases first entered treatment for problem alcohol use also varied considerably over the three-year period. Just under three-quarters (72%) first attended treatment between the ages of 20 and 49 years.
- As would be expected, new cases were younger than their previously treated counterparts. The median age of previously treated cases ranged between 41 and 42 years over the period, while the median age of new cases treated was between 35 and 37 years. While the proportion of all treated cases aged under 18 years was small (3%), a higher proportion of new cases (4%) than previously treated cases (1%) were in this young age group. Among males, the proportions of previously treated and new cases remained stable over the period and were broadly similar, at 69% and 68% respectively.
- It is difficult to ascertain whether long-standing alcohol problems lead to social disadvantage or whether failure to secure or retain employment and accommodation leads to a greater likelihood of developing chronic alcohol problems. Between 2004 and 2006, 4% of all treated cases were homeless. The proportion was similar among new cases (3%) but increased to 6% among previously treated cases. The number of cases who reported leaving school early was marginally higher among previously treated cases (16%) than among new cases (14%). Employment levels among treated alcohol cases aged 16-64 years were considerably lower than those in the general population (68% in 2006, CSO 2007); for example, 44% of new cases were employed and 33% of previously treated cases were employed.
- There is a clear need for complete and accurate data on those entering treatment for problem alcohol use, and enhanced support from managers and service providers is required to achieve this goal. This requires the continued expansion of the NDTRS to ensure that all alcohol treatment services are participating in the reporting system and recording the information accurately. There is also a need to develop an approach to determine the immediate outcomes for those treated for problem alcohol use. A unique identifier is required to accurately calculate the number of individuals who require treatment for problem alcohol use, their immediate treatment outcomes and follow their progress through different treatment settings.

HRB Trends Series 1

Drinking eight glasses of water a day is healthy, right? Wrong

It has become a deeply entrenched belief: drink at least eight glasses of water a day to maintain health and well-being.

Bottled water companies often repeat the claim to boost their sales but it is bunkum. There is no evidence that drinking eight glasses of water a day improves skin tone, aids dieting or prevents headaches (except those induced by hangovers), scientists say. US researchers who reviewed the evidence concluded most people do not need to worry about their water consumption, as they will be getting plenty of fluid in other ways - from tea, coffee and other drinks and from the food they eat.

The misunderstanding is believed to have arisen from a 1945 recommendation that adults should consume 2.5 litres of water daily, one millilitre for every calorie consumed, which was highlighted by the British Medical Journal in December. The crucial part of the recommendation, however - "most of this quantity is contained in prepared foods" - is usually ignored. That error is compounded by the belief that caffeinated drinks such as tea, coffee and cola, and alcohol do not count towards the total. But that, too, is baseless. Tea and coffee and weak alcoholic drinks such as beer can contribute to the daily total, in moderation, despite being mildly diuretic (stimulating the production of urine).

Less well known are the dangers of drinking too much water, which can be dangerous, resulting in water intoxication, hyponatraemia (low salt levels) and even death. The obsession with maintaining hydration has led to an increasing rate of collapse among distance runners in the last decade who drink so much they suffer water intoxication.

The review of research by Dan Negoianu and Stanley Goldfarb, from the University of Pennsylvania, in Philadelphia, found not a single study included the recommendation to drink eight 8oz glasses of water a day. Although one small study suggested that drinking water could result in fewer headaches, the results were not statistically significant.

The benefits of drinking a pint of water before bed after a night's drinking to ward off a hangover are, separately, well established. No studies showed any benefit to skin tone as a result of increased water intake. Dehydration can make skin less plump, but there was no solid evidence to back up the claim that water helps people maintain a youthful appearance.

The authors also found no evidence that drinking lots of water benefits the body's organs.

Independent.ie

"Nearly all the best things that came to me in life have been unexpected, unplanned by me."

Carl Sandburg

How to Tell if Your Child is a Victim of Bullying

There are many warning signs of bullying, and if you suspect that your child may be getting picked on at school, looking for these signs can help confirm that your suspicion is true. Some signs are more subtle than others, but they can all point to a case of bullying.

If you notice that your child frequently comes home with damaged belongings, torn clothes, or is missing property, this may indicate that they are the victim of bullying.

Taking or damaging property is a way that children bully each other as well as physically harming their victim.

Likewise, if your child frequently comes home with unexplained bruises, scrapes, and other injuries they may be a victim of bullying.

If your child has few friends or is withdrawing from friends they once associated with, they may be the victim of bullying.

While friends do come and go throughout school, sudden decreases in friendships may indicate that your child is a victim of bullying.

Children who are bullied often withdraw from things they once cared about because of the stress of their situation.

Less popular children are also at an increased risk for bullying so if your child has problems making friends they may be a target for bullying.

A sudden unexplained fear of going to school or a sudden loss of interest in school and activities may also indicate that your child is the victim of bullying.

Children are often hesitant to talk about bullying experiences and instead become afraid or uninterested in things they once liked.

If you find that your child refuses to talk about school or other activities where bullying could take place this is also a sign that your child could be the victim of bullying.

If your child is reluctant to talk about their experiences, reassure them that no matter what is going on you are there to help and can only make the situation better.

Another sign that your child may be the victim of bullying is mood swings, depression, or unexplained illnesses and complaints of aches and pains.

Children who are the victims of bullying will often make up excuses why they do not want to go to school or come home in a bad mood.

Children will typically try to avoid situations where they are being bullied using these excuses and it is a classic indicator of a bullying problem, especially if these problems happen unexpectedly.

If ignored, these symptoms can cause a child who is the victim of bullying to lose self esteem and do poorly in school. While these symptoms are not always caused by bullying, they are common signs that bullying has occurred. If your child exhibits any of these symptoms, you should further investigate to see what the cause of the problem is and to find ways to solve it. Children often do not want adult help because they fear that it will only make the situation worse. If they refuse to talk to you, consider consulting your child's teacher to get better insight into what is going on.

5dom.com



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Managing Common Conditions without Medication

Managing seven common conditions without medication, from the Harvard Health Letter. We've gotten used to taking pills for everything that ails us, but medications have side effects and cost money. The April 2008 issue of the Harvard Health Letter takes a look at how to manage seven common conditions without taking medication. It takes some discipline, but in many cases, the nonpharmacological approach can do as much as pills.

Here's a brief look at the conditions and treatments:

Arthritis:

There's a good chance that losing weight will make arthritis less painful. Combine weight loss with exercise and you may have less pain and more mobility. Even for those who don't need to lose weight, exercise that doesn't put "load" on the joints reduces pain.

Cholesterol:

Your LDL level may drop by 5% or so if you keep foods high in saturated fat off the menu. Additional soluble fibre may reduce LDL levels as well. So can margarines fortified with sterols.

Cognitive decline:

Memory training and other "brain exercises" seem to help healthy older people stay sharp. But physical exercise may benefit the brain more than mental gymnastics.

Depression:

Studies have shown that regular physical activity can have a potent antidepressant effect.

Diabetes:

Regular physical activity is a powerful brake on blood sugar levels as well, because exercised muscle becomes more receptive to the insulin that helps it pull sugar in from the bloodstream. Eating fewer sweets and easy-

to-digest carbohydrates also helps control blood sugar levels.

High blood pressure:

Losing weight, getting more exercise, and eating less sodium all lower blood pressure.

Osteoporosis:

Weight-bearing exercise puts stress on bones, and bone tissue reacts by getting stronger and denser, fending off osteoporotic processes. Extra vitamin D and calcium top the list of dietary recommendations.

Harvard Health Publications

Upcoming Events

**12th Annual Conference
Irish Association of Suicidology**
Youth Suicide in a Changing Society
20th September, 2008
Sheraton Hotel, Athlone
www.ias.ie

**8th National Conference
for Schools**
Irish Association of Suicidology
Innovations in Preventing Youth Suicide
20th November, 2008
Sheraton Hotel, Athlone
www.ias.ie

**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: organising@esssb12.org

**3rd Asia Pacific Regional
Conference of the International
Association for Suicide
Prevention**

Suicide Research and Prevention in Times
of Rapid Change in the Asia Pacific Region:
Opportunities and Challenges
October 31 - November 3, 2008
Hong Kong Convention and Exhibition
Centre, Hong Kong
www.iasp1960.org

**2009 - XXV IASP World Congress
Montevideo**

Contact person: Dr. S. Pelaez
info@iasp2009.org

AAS 42nd Annual Conference

April 15-18, 2009
Westin St. Francis Hotel
San Francisco, CA
www.suicidology.org

If you would like to submit an article or if you wish to comment on any article published in this newsletter please contact the Editor: Josephine Scott. E-mail joscott@eircom.net



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