

# IAS The Irish Association of Suicidology

## NEWSLETTER

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## The Amygdala Theory of Suicide: Brain, Gender and Suicide

*The amygdala processes fear, hate, love and anger as part of the limbic circuitry. It is involved in emotional processing and part of the emotional brain. It is amygdala activity that gives life meaning. It helps people to prioritise what is important and what to be conscious of.*

The amygdala is involved in “quick and dirty” forms of emotional processing. The second and more accurate form of emotional processing is with the prefrontal cortex and the amygdala together. Benedetto De Martino hypothesises that the orbital and medial prefrontal cortex integrates emotional signals from the amygdala with cognitive information, such as what is the best option. He points out that “people who are more rational don’t perceive emotion less, they just regulate it better” (Greg Miller *The Emotional Brain Weighs its Options*. Science, 2006, 14th August, Volume 313, Page 600 - 601).

Problems in the amygdala disrupts socialisation and makes the individual more likely to engage in aggression and in my view self directed aggression including suicide also. Problems in the amygdala leads to fearlessness and these reduce

the barriers to a suicidal act. As the amygdala is a “quick and dirty” form of emotional processing it may be a form that occurs in suicidal behaviour. In males the amygdala makes weaker connections between amygdala and language and other higher level functions. This means that males are poorer at handling emotion they handle them in a more primitive form via the amygdala. This increases the risk of suicide and of course suicide is more common in males.

The aim of treatment is trying to help males to have more complex thinking about emotions, stress, and problems. One is trying to help them to process their emotions more cortically.

In terms of gender brain differences males have less integrated brains and also more lateralised brains and in that

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## Nuala’s Story

*My name is Nuala Whelan. When I was 38 years old my husband John committed suicide. Today, I am a widow with eight lovely children, and as proud as punch of every one of them. They are Emma 25, Derek, 24, Anne Marie 23, Siobhan 21, Brendan 20, Eoin 17, Edwin 15 and Conor 13.*

It was the 19th of July 1999, the day before my eldest daughter Emma’s 18th birthday. My eldest son Derek was 17 just the day before. My husband John decided that he was going to take the day off work in order to talk to a family member. John kissed me goodbye and told me he loved me and the kids, like he always did. He left home with Emma, as he was dropping her off at work on his way.

I did my usual mundane things about the house, went to work and came home at 3pm. Naturally, I began to won-

der where John was, as it wasn’t like him to be out of touch with me for so long. I carried on getting dinner ready for the kids, but worrying in the back of my mind as to where on earth he could be. We had two Chernobyl boys staying with us at the time. So, when night-time came and all the children had gone to bed, I waited up for John. I was angry at first, as he must have known that I would worry. It was about 3am that morning when I started to cry and wonder - Had

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## EDITORIAL

Dear Members.

Welcome to this first issue for 2007. The Central Statistics Officer has now released the figures of 2005 (431) these figures show a decrease of 62 on the 2004 figures. The main decrease occurred (19) in the age group 15.- 24 year old males followed by (15) in the age group 25 - 34 year old males. However a slight increase occurred in female suicides in the 15 - 24 age group up (2) on the previous year. Dublin City recorded the highest numbers in overall suicides accounting for 41 males and 11 females. The IAS has been providing training for teachers and guidance counsellors in crisis management and suicide prevention since 2000, and perhaps we are now seeing the benefits of this with the main decrease in the secondary school age bracket.

As part of our ongoing education programme we will, in the coming months run regional seminars for the education and youth group sectors. Details will be mailed to all schools in the next few weeks and information will also be posted on our web site.

Our new re-designed website is well worth a visit. We have added more information for teachers, the bereaved by suicide and the general public. You can also download previous editions of our newsletter and view abstracts from previous conferences. We have added a section where those who wish to donate to the work of the organisation can do so by credit card. Also on the site is a list of suggestions for fundraising, and a list of fundraising events which have already taken place to help the work of the organisation.

I would also like to remind you that the IAS are hosting the XXIV International Association of Suicide Prevention World Congress August 28th to September 1st Preventing Suicide Across the Lifespan: Dreams and Realities. This congress will, this year replace the IAS annual conference, details are available at [www.iasp2007.org](http://www.iasp2007.org). a discount will be offered to all IAS members. However, the 7th National Conference, aimed at teachers, guidance counsellors and youth workers will take place as usual the end of November.

If you have an article or information you think would benefit our readers please send it to us for consideration.

I hope you find this newsletter of interest.

*Josephine Scott*  
Executive Officer/Editor

## The Amygdala Theory of Suicide: Brain, Gender and Suicide

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fashion are not using both sides of their cortex as well and therefore probably at increased risk of suicide. There are more nerve cells in the male cerebral cortex but less long range interconnections between cells. It is these long term interconnections between parts of the brain that make up a more integrated brain and the brain better at processing emotional stress. Language is less bilateral in terms of the cortices in male brains. Females have better linguistic skills and are better able to express their emotions which probably gives them some slight protection against completing suicide. Further evidence of the male brain be-

ing less adapted in this context is that males have smaller corpus callosum and therefore left and right hemispheres are less well connected and therefore less integrated and this may also be possibly associated with an increased risk of suicide.

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## Children and Teens on Antidepressants

Antidepressant medications may be associated with suicide attempts and death in severely depressed children and adolescents but not in adults, according to a study. In the study, psychiatrists analysed the medical records of 5,469 patients who were hospitalised for depression at least once in 1999 or 2000. The researchers first selected all cases of suicides by eight children and adolescents and by 86 adults. They also selected cases of suicide attempts by 263 children and adolescents and by 521 adults. Severely depressed children and adolescents aged six to 18 years were 1.5 times as likely to attempt suicide and also significantly more likely to complete suicide if they were treated with an antidepressant medication than if they were not treated with an antidepressant. More specifically, children and adolescents who died from suicide were more likely to have been treated with an SSRI antidepressant than their matched controls in the study. Among adults age 19 to 64 years, however, treatment with antidepressants was not associated with either suicide attempts or suicide deaths. The link between completed suicides and antidepressants in young patients was based on only eight cases, and it is possible that the sickest children were more likely to be treated with such medications, possibly skewing the results, the study's authors acknowledged. "With these caveats in mind, the present findings are consistent with the recommendations for careful clinical monitoring during the treatment of depressed children and adolescents with antidepressant medications," they concluded.

*Archives of General Psychiatry, 2006;63:865-872*

**"If you change the way you look at things, the things you look at change."**

— Wayne Dyer

## Nuala's Story

CONTINUED FROM PAGE 1

he been involved in an accident? Was he in the hospital? All manner of strange and weird scenarios went through my head.

As morning broke, I had to pull myself together as today was Emma's 18th birthday. I went through the day in two minds - Part of me was sick with worry on the inside and on the outside, mammy was joining in with Emma's birthday celebrations. The children didn't question where John was, as they were used to him working shifts. That evening, Emma took my three small children, plus both the Russian boy to her boyfriend's house. Once they had left, I rang John's sister to see if she had seen John and explained that he had been missing now for 36 hours. We decided to check out John's old home, which had been lying idle for two years since being sold. John would check the house regularly. Helen and her husband Michael picked me up from home. When we arrived at the house I saw John's car. I went from relief to annoyed in a matter of seconds. Strange to say it now, but I was going to kill him for the worry he had caused me. I passed the shed and saw an old bucket wedged in the door. Anxious and curious, I went with Helen to push open the door. A man shouted at us and in shock, I grabbed Helen thinking we had been caught trespassing or something. Sadly, that wasn't it at all. John had been found by his brother in law Bobby, just minutes earlier and before he ran to get help, he had sent a neighbor to look out for me. It was the neighbor that shouted at me. That was the moment my world just fell apart! John had hung himself inside the shed! I stood outside and cried openly. Then it dawned on me - The Children!!!! I started to panic..... "Get me home to the children". My head was spinning and my thoughts went into overdrive. How on earth do I tell them? What do I say? How the hell, do I break something like this to them? I rang my sister Susan, telling her what had happened and asked her to tell the five older children. We agreed that I would tell the three younger ones when I got home. That I did. I told them that Daddy had chosen to go to heaven.

After consoling the children and finally getting them off to bed, my whole family; i.e. mother, father, sisters, brothers, partners, nieces and nephews arrived. The house was bursting at the seams with people. In the middle of all of this, I looked at the dresser and saw Emma and Derek's birthday cards and could not believe that John had done this on such a happy time in his children's lives. I felt as though I was living in some awful nightmare. A nightmare from which I could not wake!

My sister Susan, my brother Ciaran and

five of Susan's children stayed to support the children and myself. At around 4am I broke down, questioning everything about John..... my life, our lives, the lives that we had built around the children - I questioned everything. I just could not understand why? I still can't. It was shortly afterwards that I decided within myself that I had to be strong, whether I liked it or not. I kept reminding myself, that these good children had

*That was the moment  
my world just fell apart!  
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lost their daddy, (whom they idolised). I was damned sure that they were not going to lose their mother to insanity as well! This was not such an easy step to take so soon after something so harsh has been forced upon you.

I had to face some more facts though.... Now that John was gone, I was no longer a wife. I was no longer my partner's best friend, or part of a unit in what I thought was a marriage with sound foundations. Moreover, I had to quickly accept that I was now a widow and the only person the children could realistically look to for reassurance at this time. I never touched a drink or took a tablet during this time, as I was afraid I would become dependant on them or they would cloud my judgement. I had to be fully aware of everything around me if we were to pull through this tragedy. And I was determined that we would do just that!

No matter how difficult the subject matter, we always held family meetings with the children. We still do now, but not as often. However, the meeting we held the day after John was found, had to be the hardest family meeting we had ever held. It was here that I handed the funeral arrangements over to the children and asked them to "just do it

*I had put off going to bed, as I  
knew that when I woke up,  
I really would have to face the fact  
that John was dead*

with dignity and respect". I can proudly say, that that is exactly what they did. They all had their parts to play in the funeral. The children were fantastic. To this day though, I can't help but wonder why John couldn't also see, how great our children were. It is something that will always baffle me!

The amount of neighbors, family and friends that called to offer condolences was huge. Day and night, night and day they came. Finally though, on Thursday

night, Susan persuaded me to go to bed, as I hadn't slept since the Sunday. I had put off going to bed, as I knew that when I woke up, I really would have to face the fact that John was dead. I was too exhausted to object now though.

Ironically, the funeral was held in the same church that we were so happily married in some nineteen years earlier. All our babies were christened in the same church. Joyous occasions all of them. The church held over a thousand people and was packed inside and out, far into the car park. I looked at all those people and wondered if John really knew just how much he was loved. Normally, one can take stock of their life once the funeral is over. When the death has been one of suicide though, it is completely different. An inquest has to be held and of course, your life is on hold until that happens. One can only wait.

Three months later, I decided to seek emotional help for the children. This is when I found out about Sr. Sheila and her suicide support in Bray. The three girls and myself went to the first meeting. I told them I didn't know what to expect but we had to give it a try. Emma and Siobhain never went back but Anne-Marie found comfort there. Derek joined us later. The three younger children went to Rainbows, which was great for them. I had told them at the time, that Daddy had killed himself. I hadn't told them that he had hung himself. Edwin asked how his daddy had died but I hadn't the strength to tell him then. I told him that the inquest hadn't been held but once that was over, I would be in a position to tell him. It also gave me time to put that uncomfortable matter on hold until he was at least a little older.

The first Christmas came without John, but we still celebrated and for the sake of the three little ones and as they still believed in Santa. We still had our Christmas dinner. January arrived, and a brand new millennium followed, it was to be the start of a whole new way of life for me. It was also the advent of the inquest into John's death. The inquest was hugely important to me, as the bank was looking for several mortgage payments, and the insurance company wouldn't pay out until I had an official death certificate. The inquest was held on the 23rd January - the day before my wedding anniversary. It was a horrible experience, but it had to be done in order for me to at least start to get my life back on track.

With the inquest finally out of the way, I embarked upon a mission of teaching my children how to laugh again. I started with a family meeting and I asked them all to give me a bucket of laughter for every tear they had shed. Eventually, we planned John's 1st anniversary. Most people thought I was mad as I took the kids to Butlin's for the day and then vis-

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## Nuala's Story

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ited John's grave the same evening. All in all, the day was one of good heart. It was a good day, on a bad date.

As a family unit, we had to cope without John at the head of our huge and happy family. We had to cope with the fact that he had killed himself and left us to fend for ourselves. Bringing up eight children on my own really was an uphill struggle, and at times I was fraught with despair, but we all soldiered on and battled through those hard times. Seven years on and I can honestly say that my children have done both themselves and me proud. Sure, we had our bad times, but they were over-shadowed by the good times that we carved out for ourselves.

Emma has a diploma in interior design

and has a lovely home with her fiancée Dale. She is planning on getting married on her daddy's birthday. Derek has a first-class honors degree in computers science, is working in the financial centre in Canary Wharf and has just bought his first home in London. Anne-Marie achieved a first class honors degree in

*With the inquest finally out of the way, I embarked upon a mission of teaching my children how to laugh again.*

Law and is now a barrister. Siobhain is a qualified nurse and works in St Vincent's hospital in Dublin. Brendan has recently qualified as an architect and works for the National Building Agency. Eoin has just passed his leaving certificate and is

doing a course in interior design. Edwin has got his 'stupid junior certificate' results as that's what we listened to from him doing the exams and Conor is doing his junior cert even though he is 13, as he is a sponge for knowledge.

And me? Well, what mother wouldn't be happy to see her whole family pull through hell on earth, with such flying colours?

As you can see it has been a long road for us but we struggled through. That's why I want people in the same circumstances to understand that you can live again after suicide. It is the learning that is the hard bit. Talking is important, as it helps to get out all the whys and learn to leave that big "why did he or she do it" with the person who died.

I actually found recounting my story quite a harrowing experience. However, if telling my story helps another through a similar tragedy, then surely, it will have been worthwhile.

## AMNESTY IRELAND URGES GOVERNMENT TO RECOGNISE MENTAL HEALTH AS A HUMAN RIGHTS ISSUE

Amnesty International has urged the Irish Government to recognise that mental health is a human rights issue and it has published its agenda for mental health. The report follows Amnesty's concern about Government's implementation plan for the Vision for Change document. According to Amnesty, 10 months after the publication of the document, "there is little information in the public domain about how the Government proposes to implement its recommendations." The document Action Briefing Mental Health Policy will serve as a framework document for discussion at public meetings which Amnesty will convene regionally throughout the country over the next two years. Some of the recommendations proposed by Amnesty to ensure the Vision for Change document is implemented include a detailed implementation plan; an inter-departmental approach; increased investment in mental health services; and a review of legislation to identify what further and better provision could be made in law to protect the rights and improve the lives of people with mental health problems. In addition Amnesty said there must be equivalent advocacy for improving mental health services as exists for various other health service and civil society needs to exert pressure on Government to make sure that Vision for Change is fully implemented. Amnesty believes if its policy was implemented in full it would go a long way towards bringing Ireland into compliance with its international human rights obligations. Human rights can and should provide the framework and over arching principles for mental health policy implementation and decision making.

*Irish Medical Times*

## 400,000 In Ireland Have Depression

According to Aware, the estimated number of people affected by depression at any one time has been revised upwards - to 400,000 - to reflect the growth in population here. Statistically, it is accepted that one in 10 people are affected by the condition at any one time and preliminary results from the Census 2006 show a record growth in population, to 4.23 million. However despite this huge figure, stigma remains a concern. Many people who may be experiencing the symptoms of depression are reluctant to seek help for fear of prejudice. Therefore depression remains under-reported and under-diagnosed, and in many ways a hidden illness in this country. For further information contact Aware at 1890 303 302.

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

## ALCOHOL AWARENESS

Alcohol is the most commonly used drug among children and adolescents. A higher percentage of youth ages 12-20 use alcohol (29 percent) than use tobacco (23.3 percent) or illegal drugs (14.9 percent).

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

**"Most people spend more time and energy going around problems than in trying to solve them."** — Henry Ford

# Antidepressants May Raise Bone Risk

*The most popular pills for depression might substantially raise the risk for bone breaks in older people, a drawback that should be considered when the drugs are prescribed, Canadian researchers say. People aged 50 and older who took antidepressants, including Zoloft, Prozac and other top-sellers, faced double the risk of broken bones during five years of follow-up, compared with those who didn't use the drugs, the study found.*

Still, few of 5,008 people studied used the drugs and had fractures. While more rigorous research is needed to prove the link, the study provides the strongest evidence yet tying these drugs to fracture risks, said Dr. David Goltzman, an endocrinologist at McGill University in Montreal and one of the study authors. The study was part of ongoing osteoporosis research funded partly by the Canadian Institutes of Health Research and makers of osteoporosis drugs. Antidepressants have been linked with low blood pressure and dizziness leading to falls, which can increase risks for broken bones, but the researchers said they found fracture risks independent of those factors.

Research in animals suggests that the pills might have a direct effect on bone cells, decreasing bone strength and size. The results have important public health implications since millions of people worldwide use the drugs and because osteoporosis, a bone-thinning disease

that can lead to broken bones, can be so debilitating for older adults. Still, the researchers said potential fracture risks should be balanced against the drugs' effectiveness at treating depression, which also can be debilitating.

Depression affects about 10 percent of U.S. adults, or nearly 30 million people, including about 7 million aged 65 and older. Depression in older adults is often missed and untreated. If patients need these drugs, they should not be advised against taking them because of the fracture risk. They should however be warned about the risks. The study appears in *Archives of Internal Medicine*. Some previous studies found similar results but did not adequately consider other factors. Depression itself has been linked with low bone density, and it's possible the disease rather than the drugs could explain the findings and more rigorous research is needed.

The drugs in question are called SSRIs

or selective serotonin reuptake inhibitors. These are generally the favored treatment for depression in many patients. The study tracked 5,008 Canadians aged 50 and older for five years. They included 137 people who reported using SSRI antidepressants daily. In this smaller group, 18 people or 13.5 percent had bone fractures during the follow-up, compared with 317 people with fractures or 6.5 percent among the 4,871 who didn't take the pills. Broken forearms, ankles, feet, hips and ribs were the most common fractures. Prozac maker Eli Lilly and Co., said the drug's label lists osteoporosis as a potential but rare side effect. They said the new study was too small to establish any proof that SSRIs might cause fractures.

Pfizer Inc., maker of Zoloft, issued a statement responding to the study and calling depression "a serious problem in the elderly that is under-diagnosed and under-treated."

"SSRIs are an important option for the treatment of depression in this population. As the authors note, the risks must be balanced against the benefits gained by the treatment of depression."

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

## EATING RED MEAT COULD INCREASE THE RISKS FOR SOME BREAST CANCERS

Eating more red meat may be associated with a higher risk for hormone receptor positive breast cancers in premenopausal women, according to a new report. Doctors studied the association between red meat consumption and breast cancer in 90,659 women who were part of the Nurses Health Study II, a large ongoing study of nurses who responded to an initial questionnaire in 1989. The doctors followed the women from 1991 to 2003. By the end of the study, 1,021 women had developed breast cancer, including 512 cases that were estrogen and progesterone receptor positive, 167 that were estrogen and progesterone receptor negative, 110 with mixed status and 232 with unknown status. The highest intake of red meat was not significantly associated with the risk for breast cancer overall or for hormone receptor-negative cancers, but was associated with an in-

creased risk for hormone receptor-positive cancer. Women who ate more than one and one-half servings of red meat per day had almost double the risk of hormone receptor-positive breast cancer compared with those who ate three or fewer servings a week. The associations remained similar when the researchers calculated red meat intake in grams instead of servings, and also when they split the women into five groups based on how much red meat they ate. Severe biological mechanisms may explain the positive association between red meat intake and hormone receptor-positive breast cancer risk. Known cancer-causing compounds in cooked or processed red meat increase mammary tumours in animals and are suspected of causing breast cancer in humans.

*Archives of Internal Medicine*  
2006;166:2253-2259

## Aspirin May Reduce Asthma Risk

Adults who take an aspirin every day may be at less risk of developing asthma, the results of a new study indicate. Around 470,000 people in Ireland are currently affected by this inflammatory lung disease. A team of US researchers set out to investigate whether taking low-dose aspirin decreased the risk of newly diagnosed asthma. They followed the progress of 22,071 healthy men aged 40-84. All were tolerant of aspirin. The participants were given either aspirin or a placebo. The study found that those taking aspirin had a 22% lower risk of developing asthma. "Aspirin reduced the risk of newly diagnosed adult-onset asthma in a large, randomised clinical trial of apparently healthy, aspirin-tolerant men", the researchers said. However they added that further studies are required to confirm these results. They also warned that the results do not imply that aspirin improves symptoms in patients who already have asthma.

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

**“ Whether you think you can or whether you think you can't, you're right. ”**

— Henry Ford

# Be on the Lookout for Warning Signs of Teen Suicide

*Right about now, Chase Edwards should have been starting to think about where he wanted to go to college. Or maybe he would have been filling a portfolio with creative sketches to help him apply to art school. But instead, his parents are bracing for the fourth anniversary of the day they said goodbye to their son forever. Chase was just a few weeks away from his 13th birthday when he committed suicide -- an act that seemed to come from out of the blue. Looking back, though, his parents Jeff and Laura Edwards say the signs were all around. They just hadn't known what those signs meant.*

Normally a happy and quick-witted kid, Chase had become irritable and apathetic. He had trouble sleeping. He had complained of frequent stomach aches. He had cleaned his room thoroughly, and sorted his Detroit Red Wings and Simpsons collectibles. He dropped out of sports and school government. His drawings and a school essay hinted at the despair that was eating him up from the inside. Still, no one -- not his parents, his sister, his friends, his teachers, his coaches -- put the clues together while Chase was still alive. But it all became clear after he died.

"I never thought Chase was depressed, and the reason I didn't is because I had no idea of what depression was," says Jeff. "Kids don't come with instructions, and there are some things you don't know. But what's worse is that there are some things you don't know that you don't know about." That's why he and Laura have spent the past four years trying to spread the word about the warning signs of suicide to teens and anyone who works with them. They even worked for the passage of a Michigan law that urges schools to teach about it.

The Edwards family is far from alone. A kind of 20/20 hindsight plagues thousands of parents a year, as they grieve the loss of children, teenagers or young adults who take their own lives, says Cheryl King, Ph.D., the director of the Youth Depression and Suicide Prevention Program at the University of Michigan Depression Center. A child psychologist and suicide researcher, Cheryl says the warning signs of suicidal thoughts in young people are often confused with the "normal" experiences of the teen years. But it is possible to learn to identify the signs of risk. "Everyone knows teens get moody, but in truth there are two easy ways to see the difference," she says. "One is to have our eyes out for changes, marked

changes, in a young person's personality and behaviours, whether that's at school, in their spare time, or in their eating and sleeping habits or their use of alcohol and drugs. The other is to look for the typical signs of depression, either a sad mood or an angry, irritable, aggressive mood, especially if these persist for two weeks or more."

One in four young women and one in seven young men have had a bout with

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*His drawings and a school essay hinted at the despair that was eating him up from the inside. Still, no one -- not his parents, his sister, his friends, his teachers, his coaches -- put the clues together*

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depression by the time they enter adulthood, she says. Depression and its cousin, bipolar disorder, are two of the main risk factors for teen suicides and suicide attempts. Alcohol and drug abuse, and a pattern of aggressive or antisocial behaviour, are also major risk factors. When these conditions or problems occur together, a teen's risk of committing suicide is generally higher. However, any one of these problems can lead to suicidal behaviour in a teen who is experiencing severe hopelessness or acting aggressively and impulsively.

Both teens and adults need to understand that depression and bipolar disorder are real diseases rooted in brain chemistry and genetics, not personal failings or weaknesses. They're not the result of something they did or didn't do -- and they're not something to be ashamed of. Moreover, all of these prob-

lems or conditions can be treated, with good results, if teens get professional help as early as possible. What they are experiencing is treatable, just like a bad back or heart disease or diabetes, might be. A number of studies have shown that a combination of antidepressant medication and psychotherapy, or talk therapy, can be effective in treating depressive disorders in many teenagers, but the biggest challenge is finding those who need treatment and getting them the help they need.

Whatever the underlying cause, suicidal thoughts and attempts are more common than most people realize. One in six high school students in anonymous surveys say they have thought seriously about committing suicide, and one in 12 have actually tried to kill themselves. In fact, suicide is the third leading cause of death among young people, after accidents and homicides. But because of the stigma against talking about it, many young people go without help. That's why parents and others need to trust their gut feeling, and not be afraid to tell a child or teen that they've been noticing changes -- that something's not quite right and they're worried. That can open up the dialogue that can help families seek professional help.

But, it's not just parents who should be on the lookout. As a community we can't rely solely on parents to recognize depression in teenagers. It's very important that we work with our front-line people who work with young people to know how to recognize depression or signs of suicide risk. These "gatekeepers" who work with kids and teens all the time develop a good sense of which ones have been acting differently. They might include teachers, coaches, clergy and school counsellors but also the doctors and nurses who regularly take care of a child or teen, friends of the family, aunts and uncles, grandparents, and even law enforcement and justice system officials.

That's why Jeff and Laura Edwards worked with their state legislator and King to prepare Chase's Law, which was enacted in the summer of 2006. It encourages schools to teach students,

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**“ For the person for whom small things do not exist, the great is not great. ”**

— Jose Ortega y Gasset

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## Be on the Lookout for Warning Signs of Teen Suicide

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teachers and all school personnel about the risk factors for suicide and depression, and the factors that help prevent suicide. The bill also calls for schools to inform parents about these efforts. "Chase's Law is important because it's going to give an opportunity not only for the teachers, the counsellors and the principals to feel comfortable talking about depression and suicide prevention, but it's also going to involve the parents. It will save lives.

The Edwards's hope that their efforts to raise awareness can keep other families from experiencing the overwhelming grief that Chase's suicide brought them. This can happen to anybody, regardless of age, gender, economic status, race, et cetera. It's an abduction of your child from the inside out. And I hope that what people can take away from our experi-

ence is that it absolutely can happen to you, because it very much happened to us, and we had no reason to think that it would.

Anyone who is considering suicide, or knows someone who may be considering suicide, may call

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your child from the inside out.*

Warning signs that a young person might be considering suicide:

- Threatening to hurt or kill oneself, or

talking about wanting to hurt or kill oneself.

- Looking for ways to kill themselves by seeking firearms, available pills, or other means.
- Talking or writing about death, dying, or suicide.
- Feeling hopeless.
- Feeling rage or uncontrolled anger or seeking revenge.
- Acting reckless or engaging in risky activities, seemingly without thinking.
- Feeling trapped -- like there's no way out.
- Increasing alcohol or drug use.
- Withdrawing from friends, family, and society.
- Feeling anxious, agitated, or unable to sleep, or sleeping all the time.
- Experiencing dramatic mood changes.
- Seeing no reason for living or having no sense of purpose in life.

*Science Daily*

## GAY PEOPLE 3 TIMES MORE LIKELY TO COMMIT SUICIDE

MindOUT, a mental health group for the lesbian, gay, bisexual and transgender community in Britain have claimed that LGBT people are up to three times more likely to attempt suicide than heterosexuals.

MindOUT said although no precise figures for sexuality-related suicides were available Brighton and Hove had the fourth-highest suicide rate in the country and there was bound to be many more victims than they saw among the city's 30,000-strong LGBT community. Suicidal feelings among the LGBT community can be worse in Brighton than other places because people come here thinking it will be better than elsewhere, then get here and it is not what they expect.

If you come with high expectations of lovely LGBT Brighton and then don't fit in or are confronted with as much

homophobia than ever it seems like there is no hope at all." MindOUT has been working on a suicide prevention project which culminated with planting a weeping cherry tree in St Ann's Well Gardens, Hove, last month. Research included interviews with 12 people with mental health issues, some of whom had been hospitalised after suicide attempts and others who had repeatedly self-harmed. It looked at issues connected to their sexuality such as the pressure of coming out, rejection from family, friends and peers and the sense of worthlessness and isolation which resulted.

A report found the double stigma of being isolated from the LGBT community because of mental health issues, and from the mental health service because of their LGBT identity, led many to suicidal distress. It also said main-

stream services set up to deal with mental health issues often made things worse with "heterosexual" attitudes such as saying lesbianism is a result of sexual abuse. In the report an unnamed transgender woman describes a suicide attempt after being assaulted in the street. She is quoted as saying: "In the hospital after the suicide attempt one consultant asked me if I hadn't bought all this upon myself by choosing to go out wearing women's clothes."

Simone Back, 38 of Montague Street, Brighton said she had suffered from suicidal feelings and thought everything Mind Out was doing was invaluable. She said: "If it wasn't for Mind Out I would be dead. "Talking to people about things and having that support has made all the difference to me. "I can't thank them enough."

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

**"The more still my Inner Voice, the more still my mind has to become so that I can listen more intently. The quieter my mind becomes the richer each moment becomes."**

— Marion Wilson-Gruzalski

# Getting SAD Is More than Having the Blues

While many people believe that Seasonal Affective Disorder (SAD) amounts to feeling gloomy in the winter, a University of Rochester research review emphasizes that SAD is actually a subtype of major depression and should be treated as such.

Lead author Stephen Lurie, M.D., Ph.D., an assistant professor of Family Medicine at the University of Rochester Medical Center, also noted that SAD is sometimes missed in the typical doctor's office setting. "Like major depression, Seasonal Affective Disorder probably is under-diagnosed in primary care offices, "But with personalized and detailed attention to symptoms, most patients can be helped a great deal. "New, preliminary studies link SAD to alcoholism or Attention Deficit Hyperactivity Disorder (ADHD). However, not all people with SAD will have ADHD, according to the review article for the American Academy of Family Physicians. "The important message here is that if you are a patient who has been diagnosed with a mental illness of any kind, don't just assume that any new mental or emotional problem is due to that illness," "Specifically, if you have ADHD and you feel worse in the winter, don't just assume it's your ADHD getting worse. It could actually be SAD - and you should see your doctor because ADHD and SAD are treated entirely differently." Although SAD has only been studied in adults, parents of children with ADHD should be sensitive to seasonal patterns of behavior and report any changes to a doctor.

Emerging evidence also shows that a

pattern of seasonal alcohol use or abuse is associated with SAD. Patients might be self-medicating to cope with an underlying depression, researchers said. Treatment for SAD includes light therapy, medications such as antidepressants, and cognitive behavior therapy. Each option seems to be effective, according to Lurie, but none has been proven superior. For some patients, SAD is precipitated by darker days causing a shift in 24-hour hormonal rhythms. The loss of natural light outdoors can be replaced with treatment by indoor light-therapy units designed for SAD. Light therapy is best delivered in the morning, when it can regulate the daily pattern of melatonin secretion, the review said. Treatment with cognitive therapy has been shown to improve a person's dysfunctional thoughts and attitudes and other symptoms in patients with major depression, but no large studies have established whether this type of treatment is effective for SAD.

Doctors often prescribe antidepressants such as Zoloft for SAD. But most of the clinical studies have compared the drug therapy to a placebo pill rather than to light therapy, making it difficult to determine if one treatment is better, the review said.

*Medical News Today*

## High Fat, Copper-Rich Diets Linked To Cognitive Decline In The Elderly

In older adults whose diets are high in saturated and trans fats, a high intake of copper may be associated with an accelerated rate of decline in thinking, learning and memory abilities, according to a new report. In the study, researchers assessed the connection over six years between dietary fat and dietary copper intake in 3,718 people aged 65 years or older. Cognitive abilities declined in all participants as they aged. Overall, copper intake was not associated with the rate of this decline. However, among the 604 individuals who consumed the most saturated and trans fats, cognitive function deteriorated more rapidly with the more copper they had in their

diets. "The increase in rate for the high-fat consumers whose total copper intake was in the top 20 per cent was equivalent to 19 more years of age," the study's authors reported. Iron and Zinc did not show any effects on cognitive decline in interaction with a high fat diet, the study found. "This finding of accelerated cognitive decline among persons whose diets were high in copper and saturated and trans fats must be viewed with caution," the study's authors warned. "The supporting evidence on this topic is limited."

*Archives of Neurology*  
2006;63:1085-1088

**"Reality leaves a lot to the imagination."**

— John Lennon

## DEPRESSION AND BINGE-DRINKING

Severe depression coupled with binge-drinking are more likely to be seen in women than in men, according to a new study. Researchers from the University of Western Ontario suggested that doctors treating a person for depression, especially if it is a woman, should also look at their drinking patterns. They say men are more likely than women to be asked about their drinking by doctors, so doctors should try to warn women with depression about the dangers of binge-drinking. The study in Canada of 6,000 men and 8,000 women found that the overall relationship between depression and alcohol consumption is stronger in women than in men when the person's symptoms correspond to a clinical diagnosis of major depression. The research is published in the latest issue of the journal: *Alcoholism: Clinical and Experimental Research*.

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

## Early Alcoholism Treatment

People with alcohol problems who remain abstinent within a year of first seeking treatment are more likely to be alive 15 years later than those who don't fare as well early in treatment, a new study shows. The findings confirm that "if you think you have a drinking problem, then it's important to get help, and it's important to get help early," Dr Christine Timko of the Veterans Affairs Health Care System in California, the study's lead author, said.

*Irish Times, Health Supplement*

## Folic acid slows mental decline

Taking folic acid supplements can slow mental decline in older people, according to new research.

A team in the Netherlands studied 400 people aged between 50 and 70 and split them into two groups—one given 800 micrograms of folic acid per day and the others given a placebo. It was found that loss of brain function were slower to progress in the group given the folic acid. In some cases, the folic acid group showed improvements in memory power. The research was published in the *Lancet* journal. Folic acid intake can be increased by taking daily supplements or by fortifying flour.

In Ireland, a Department of Health-appointed committee recently recommended that bread be fortified with folic acid.

# Empower Your Children: Teach Them How to Deal with Bullying

Watching a child become the victim of bullying can be one of the most painful things that a parent has to deal with. Frustration can lead way to anger as your plea to stop the bullying falls on deaf ears. Feelings of helplessness can overwhelm you as you realize that bullying is something that you cannot protect your child from when he or she is away from home. While it may seem like there is nothing that you can do to protect your child, and reverse the effects of the bullying on your child's self-esteem, there is something very important that you can do. And it doesn't involve going to the school or to the bully's parents.

At one time or another every child is victimised by bullying. You were likely bullied as a child, and probably took some part in bullying others. The truth of the matter is that bullying is going to happen, and there's nothing that you can do to prevent it. But you do play a role in determining whether your child will be adversely affected by bullying, or if they will merely brush it off.

The number one factor that will dictate how bullying impacts your child is his or her self-esteem. A child with high self-esteem will not pay as much attention to the antics of bullies as those children with poor images of themselves. To keep your child's self-esteem high:-

- Make sure that they have a good social group to lean on.
- Enroll them in sports and extra curricular activities that they enjoy.
- A self-defense course like Taekwondo also builds a child's self-esteem and teaches them control.
- Take an interest in their work and make sure that they feel safe and secure at home.
- Help them set goals and reward them when they are reached.
- Teach them the psychology behind bullying so that they will better understand it. Be sure to keep the conversation age appropriate, and explain to your child why bullies feel the need to pick on other kids.
- Explain to them that bullies try to make other people feel bad so that they can feel better about themselves. If your child understands that bullies are really very scared children with poor social skills they will probably not be as scared of them.

In addition to helping your child understand why bullying occurs, you need to teach him or her how to deal with it when it does occur. As adults we know

that bullies will pass over kids that do not react to their bullying in favor of kids who make the bullying more entertaining by becoming upset. Keeping this in mind, if the abuse is only verbal, Teach your child to hold his head up high, walk away and ignore the bully. Teach your child to be proud of who he is. He should know he's a wonderful person that should be treated with respect.

If there are signs of physical abuse, get involved immediately.

- Ask your child whether he wants to talk to his teacher or guidance counselor first, or if he would like for you to do it.
- Stay calm as you talk to your child. You do not want him to think you are angry or disappointed in him.
- Ask questions to learn more details, such as, "Did he/she say something to you before things got really bad?"

- Empathize with your child's reaction, and tell him that you can see why he is upset.
- Teach him that fighting back just leads to more problems.
- Teach him that acting brave and holding his head high and walking away shows that he is not vulnerable or weak. It shows pride in who he is; that he doesn't have to drop down to the bully's level.

But more important than teaching them how to deal with the bullying is to give them the tools to walk away from a situation and not give another thought to the incident or the bully. Again, this all comes back to self-esteem. Self-esteem is the foundation of a happy childhood. Instill self-esteem, and your child will thrive no matter what adversity comes his or her way.

*parentalconcerns.com*

## HOW STRESS AFFECTS OUR MENTAL HEALTH

Chronic stress is vulnerable to the brain and could result in severe lack of focus. Hence the tendency of patients of chronic stress becoming less and less efficient and even susceptible to accident while on the job. Chronic stress on children has been proven to deter their ability to retain things in their memory.

Apart from the fact that aged people easily lose their memory, memory loss can occur in patient with chronic stress. Studies have proven this that those who, in a certain research process, were given cortisone pills, which is a major stress hormone, had problems with their memory. Prolonged stress often results in severe cases by loss of memory. This is because a prolonged chronic stress condition which exposes the patient to cortisone for a long period, can cause emaciation on the center of memory referred to as the hippocampus. Common occurrence of this condition is in those experiencing post traumatic stress disorder (PTSD), such as a traumatic events or sex assault.

Increased cortisone level in the body is highly responsible for memory lost. A research conducted, shows that aged people have higher cortisone levels hence the memory loss in them. Situation of memory loss can be changed if only cortisone levels can be reduced to the required levels, because cortisone is a vital hormone in the human system.

Stress, according to researchers can also be reduced if one has enough social and family support. There are, according to studies, high levels of cortisone found in aged people who have less family and social support. Hence they are prone to occurrence of memory loss. Stress could actually be reduced to minimal if a patient can get support in time of serious needs.

Each time you try to remember vital issue or try to recall what you just stored in your brain or an event that transpired during the day without success, then you should know you are stressed up and will need to undergo a program and various forms of counseling that will enable you reduce stress and restore your memory's ability to retain and recall happenings and events as often as you wish.

*Salihu Ibrahim*

**"Invisible threads are the strongest ties."**

— Friedrich Nietzsche

## *In the Mood for Milk*

Research on whey protein makes a case for milk helping to ease depression and lift mood. Just be sure not to drink too much of it.

Milk has fallen out of favor with many Americans at the likely expense of higher rates of depression and mood swings. If you have sworn off milk for whatever reason, consider restoring it to your diet. Granted, as a nutritionist I have clients who have good reasons to give up milk. But what I've found is that too many people drink too much milk at one time. That's what causes most of the reactions to milk. Eight ounces—1 cup—is the ideal serving. It might be that 4 to 6 ounces is a better intermediate amount for some individuals—and plenty for your morning cereal.

Space out those 8-ounce servings every few hours for optimal energy. Fat-free organic milk is recommended. Milk is high in whey protein, a rich source of the amino acid tryptophan. Studies indicate whey can decrease physiological responses to stress, enhance mood, and even improve memory performance.

A joint 2002 study by Dutch and Yale University researchers, published in the *American Journal of Clinical Nutrition*, showed that whey increases the brain's ratio of plasma tryptophan, which leads to greater production of the brain chemical serotonin and boosts mood. The researchers remarked that whey has the potential to enhance cognitive performance during times of stress; you are more alert and less frazzled. Research also connects whey protein with promoting weight loss, especially if you have some milk after exercise. To that end, a 2005 study published in the *Journal of Nutrition* suggested that whey protein can play an important role in discouraging hepatic fatty acid synthesis. You accumulate less body fat because the whey stimulates muscle tissue to burn more fat during exercise.

People who are mildly depressed get the most benefit from milk. All dairy foods are high in whey protein. The best sources are reduced-fat and fat-free milk, yogurt, cottage cheese and cultured dairy beverages like kefir. Researchers contend that depression is both the most overmedicated (people with mild depression taking strong medicines) and undermedicated illness in the United States. Restoring milk to your day and following a plan that connects food and mood is a good idea for anyone with depression challenges. Food is mood medicine.

*MSN Health and Fitness*

# READERS SHARE PERSONAL EXPERIENCES OF SCHOOL BULLYING

Dozens of parents, teachers, administrators and former victims of in-school bullying wrote and called to express frustrations and tell their very personal stories. Teachers say they try to stop it, but are thwarted by parents who stick up for their kids or administrators who want no part of the problem. Parents write of children who consider suicide - or violence - because they're despondent over being singled out for attacks.

"My daughter, now 26, is still suffering from the effects of being bullied by a bunch of girls who thought for sure they were the queens of the school," wrote one mother, who happens to be a teacher. "My son was bullied all of his middle school years ... Neither of them will ever forget the torment they took every day."

The letter was typical, if that's possible, because each one brought its own horror about what has happened, or is still happening, in Iowa schools. Just know that both boys and girls are bullies who have figured out ways to ruin the lives of their victims, and they show up every day at every grade level and in both public and private schools. The calls and letters came because I shared one such story last week - my own -

"We have discovered that our 15-year-old daughter has depression and suicidal thoughts directly related to two years of bullying by a group of girls she thought were her friends," a mother wrote. "She was chosen to be the one excluded from the group over and over again. She was always wondering what is wrong with (her) ... She put up with this bullying behavior constantly trying to figure out what she should change to make her acceptable to this group of girls. Over a period of time, she internalized these feelings so much that the negative thoughts have brought upon this depression."

A school counselor wrote, "I know of one former student who was called names like 'gay' and 'fag' all through high school. The thing is, the kid wasn't gay but came from a religious family that believed in abstinence before marriage. Therefore, the sexually active guys gave him a bad time. One staff member even added insult to injury by telling the kid one day that 'You are old enough to be a man now,' implying that if he became sexually active, the 'kidding' would stop. I also had students who were gay who experienced the hurts."

This came from a school administrator, a former victim, who vows to do anything he can to stop bullying:

"I can see it in kids' eyes when they are afraid of something at school," he wrote. "I threw up for two months and feared school. Relief came at 3:30 when school was out. Ironically, it didn't stop until my mom and dad marched me into the principal's office because they knew my loss of weight and crying every day before school was abnormal. Last week ... I could see it in one of our sixth-graders' eyes, he was terrified to come to school. He ran down the alley once when his mom dropped him off for school, sobbing that he was sick and couldn't come. It took me about three sessions of telling him my story before he finally confided in me about who it was."

Then there's the note from the parent of a small child.

"My daughter is in kindergarten - yes, 5 years old and it is already starting," the "She now tries to make herself sick in the morning so she doesn't have to go to school."

I'm convinced it's happening, to some degree, in every school in Iowa. Things can improve, but it's naive to expect it ever will stop. This is because teachers can't see it all, some students will be afraid to ask for help, and well-meaning legislators don't have the ability to outlaw the existence of thugs.

I'll leave you with some words from an Iowa seventh-grader, a victim of bullying, who has a wonderful outlook. He says he's sure that years from now he will again meet the boys who are tormenting him. He will be a judge then, he tells his mom, and those boys "will be known as the defendants."

*DesMoniesRegister.com*

**"Happiness is neither virtue nor pleasure nor this thing nor that but simply growth.**

**We are happy when we are growing."** — *William Butler Yeats*

## OPTIMISTS HAVE LONGER, MORE SATISFYING RELATIONSHIPS, STUDY SUGGESTS

Optimists feel they receive greater support from their partners than non optimists and, in turn, both optimists and their partners are more satisfied in their relationships, according to a study in the July issue of the *Journal of Personality and Social Psychology*.

"When we think of optimists, we usually think of people who have an abiding inclination to expect positive outcomes, which may sometimes depart from reality," says lead researcher Sanjay Srivastava, PhD, of the University of Oregon. "But we found that optimists' partners were affected by their partners' positive outlook—even when they were not optimists."

In the study, 108 couples who had been dating at least six months filled out questionnaires that examined each member's general outlook on life, as well as surveys that gauged their perceived support in the dating relationship, relationship satisfaction, investment in the relationship and their big five personality characteristics. A week later, the researchers brought the couples back into the lab to discuss the most stressful area of disagreement in their relationship. After the interaction, the researchers asked each partner to report how positively and constructively the other acted. A week after the discussion, the researchers asked

the partners how well they resolved the conflict.

Srivastava and his colleagues found that couples with at least one optimist were more satisfied with their relationship overall, and, interestingly, optimists were not more likely to date optimists than non optimists. Optimists and their partners were also more likely to report that their partner was constructive in their conflict discussion and that the conflict was effectively resolved. The effect may be driven by optimists' tendency to perceive their partners as supportive, Srivastava suggests. A year later, the researchers contacted the participants to ask whether they were still in an exclusive dating relationship with their partner. About 75 percent of couples with optimistic men were still together, while 54 percent of couples with non optimistic men were still dating. The researchers did not find an effect for optimistic women, although Srivastava suggests that the gender difference may be due to chance because all other effects were found for both men and women. The study suggests that having at least one optimist in a relationship may lead to longer and more fulfilling relationships, says Srivastava.

*American Psychology Association,  
Monitor on Psychology, Vol 37*

## NI Teachers Suffer Cyber-Bullying

A large number of teachers in Northern Ireland are suffering cyber-bullying from pupils and their parents, it has emerged. The Teachers Support Network and the Association of Teachers and Lecturers, who carried out the survey, has said that incidents of bullying have been reported as happening by mobile phone or over the internet. It is understood that silent phone-calls, upsetting emails, unwelcome text messages and chat rooms, were used as bullying tactics. The two organisations called on the Department of Education to ensure that anti-bullying policies include such incidents and that they are dealt with accordingly.

Mark Langhammer, ATL's director in Northern Ireland said that cyber-bullying is an insidious and growing problem in our schools and colleges that goes beyond the school gate. "Our survey shows that for all its benefits, information technology is allowing pupils and parents to bully teachers and lecturers from afar by phone, email and the internet, exposing them to public humiliation, damaging their good reputation and taking away their professional pride and confidence." Calling for government action the two bodies also asked mobile and internet providers to better protect teachers by providing easily accessible complaints procedures to register concerns. Fern Turner, Regional Officer at the National Association of Head Teachers, said: "There are teachers whose whole professional reputation is being challenged on these sites. "What we are told is that the network providers monitor the sites and take off material which they feel is inappropriate. "While people can say anything and write anything, the victims can't actually address or challenge it." [www.4ni.co.uk](http://www.4ni.co.uk)

## NEW SCHIZOPHRENIA TREATMENT POSSIBLE

Canadian researchers have discovered a dopamine signaling complex in the brain that might lead to a new treatment for schizophrenia. The team, lead by Drs. Susan George and Brian O'Dowd of the Center for Addiction and Mental Health, said the complex is composed of two different types of dopamine receptors that might offer a new in understanding of schizophrenia. This distinct unit provides a novel signaling pathway through which dopamine can impact the function of brain cells. This is significant because signaling through calcium release is a major mechanism regulating many important functions in the brain and we have provided the first direct mechanism by which dopamine can activate a calcium signal. The discovery has significant implications for schizophrenia, since schizophrenic patients may have disordered calcium signals and the major treatments for the disease target the dopamine system. "Our data links these two pieces of evidence, creating better understanding of the disease and opening the door for a new generation of highly specific drugs that may help alleviate the devastating symptoms of schizophrenia," the scientists said.

The study appears in the *Proceedings of the National Academy of Sciences*.

## TV Watching Can Harm Relationships

Chronic television watching can be harmful to the development of a relationship.

Prof. Sparks a professor of communication at the university and mass media effects expert reports "Some forms of technology, such as cell phones or email, can help relationships survive long distances or busy schedules,". "But other uses, such as chronic television watching, can affect how people communicate in relationships or even keep people from making friends. "There may be programs we like to watch together, and this is good, but there is a concern that a television that is always on interferes with how we communicate," A reduced amount of talking, listening and eye contact takes place in rooms with TVs on. He suggested that friends and couples make plans to do other activities besides watch TV, such as taking a walk, planning a vacation or playing a game. "Making a change can mean more than just turning the television off," he said.

*United Press International*

**"Most people don't recognize opportunity when it comes, because it's usually dressed in overalls and looks a lot like work."** — Thomas Edison

# Ten Tips for Managing Workplace Stress

Offering people tips to reduce stress at work is a complex task. Firstly, a certain amount of stress is actually useful in work. Just think about the rush of adrenaline people often need to complete a project energetically and creatively. Secondly, some organisations wilfully encourage stressful working environments in the belief that they will result in increased productivity. Therein lies the complexity what's energising for one person can be stressful for another. Companies rarely dedicate time to understanding and nurturing individualised work plans which, in the long run, would result in more creative working environments with manageable levels of stress. Keeping all of this in mind here are 10 tips to help people manage work stress on a personal and corporate level.

1. Start your day with a schedule of tasks. Update throughout the day if necessary but be aware of what's manageable within the time frame. Don't overload your schedule unrealistically. Congratulate yourself for tasks completed and carry over unfinished work without feeling guilty.
2. Take lunch breaks. A recent survey found that Irish people worked one of the longest working weeks in Europe and many eat their lunch at their desk. So switch off your computer and mobile phone and get away from your work station at lunchtime. Take some exercise (walk, swim, jog) and nourishing and nutritional food.
3. Don't be a slave to e-mails or mobile phones. Prioritise what you need to respond to urgently, later in the day, later in the week or never. Bin junk mail immediately and delete all messages and texts once they've been dealt with.
4. A messy desk interrupts concentration and causes you to change your priorities and lose focus. Clear your desk and create holding files. Make a decision to transfer all new items into one of these holding files. Clear these holding files at fixed time intervals.
5. Keep a check on your standing and sitting posture at work. Ensure work stations are correctly positioned for your height and weight and inform appropriate personnel if adjustments need to be made. If working on a computer, take regular screen breaks. Take lessons in the Alexander technique if poor working posture is causing you long-term neck, arm or back pain.
6. Ask for help or request formal training if you need it. Often job descriptions in interviews don't always turn out to be what's required on the job. Aim to address difficulties as soon as they arise, be sincere about your attempts to solve them and clear about your requests for assistance.
7. Learn to tell the difference between constructive criticism, bullying and intimidation. Admit mistakes and don't carry blame for the poor performance of others. Aim to remain as focused as possible on tasks when personality clashes arise.
8. Appreciate your work effort and the energy you put into your work. If you are a manager, praise good quality work. Remember that work is fundamentally a human endeavour and people work best when they are genuinely appreciated for what they do.
9. Snack carefully (choose fresh fruit and/or dried fruit and nuts in preference to chocolate bars or biscuits) throughout the day. Keep coffee and tea to a minimum and drink water instead at regular intervals.
10. Reflect on your work and ask yourself profound questions about its meaningfulness. "Our deepest human need is to be engaged in work that matters, says Paula Downey, partner in Downey, you'll associates and creator of a workplace initiative called Q5 a new dialogue at work. She says: "The most important development work a company can do is to create a culture in which people can express their values within an organisation they feel is making a meaningful contribution to society."

*Irish Times*

## NUMBER OF SUICIDES IN 2005 LOWEST SINCE 1998

The number of suicides reported in 2005 is the lowest figure for any year since at least 1998, according to statistics provided to the Dáil. Minister of State, Tim O'Malley, provided the figures, which show that there were 431 suicides in 2005. While the figures for 2005 and 2004 are provisional ones, they show a downward trend in the number of reported suicides in recent years. The figures were given in response to a question from Deputy Ivor Callely (FF-Dublin North Central) who wanted to know the number of deaths per annum from suicide since the national task force on that issue reported in 1998.

He also asked what progress was made since that report was published. Minister O'Malley said that since 1998 "there has been a positive and committed response among both the statutory and voluntary sectors towards finding ways of tackling this tragic problem". He pointed out that the chief executive officers of the former health boards set up a Suicide Review Group and appointed resource officers in all of their areas with responsibility for implementing the task force's recommendations. He also pointed out that the National Strategy for Action on Suicide Prevention, 2005-2014, was launched in 2005.

Registered death by suicide, from Central Statistics Office							
1998	1999	2000	2001	2002	2003	2004	2005
514	455	486	519	478	497	457	431

*Ian.mcguinness@imt.ie*  
*Irish Medical Times,*

**"Work like you don't need the money, love like your heart has never been broken, and dance like no one is watching."** — Aurora Greenway

## TAKE FOLIC ACID FOR BRAIN HEALTH

*Dr. Jane Durga and colleagues from Wageningen University in the Netherlands published findings from a double-blind, placebo controlled study in the January 20 edition of The Lancet medical journal.*

"We have shown that three-year folic acid supplementation improves performance on tests that measure information processing speed and memory, domains that are known to decline with age," report the researchers. More than 800 participants were studied between the ages of 50 and 70 comparing the effects of folic acid supplements (800 micrograms per day, per participant) to a placebo. The researchers determined cognitive function improved significantly in participants who were taking folic acid.

"Folic acid is a nutrient often deficient in the elderly population because of medical, nutritional, and economic reasons," Among the many reasons for this: poor intake, poor appetite and medications that interfere with folic acid's absorption or metabolism. While many people think loss of cognition naturally occurs in the elderly, this may in part be a deficiency in folic acid." Doctors are now using Animi-3(R) to reliably deliver, in a controlled, predictable manner, folic acid (1 mg) to different types of patients. Animi-3 is a prescription product that contains DHA (omega-3), folic acid, vitamin B12, and vitamin B6.

"It is also worthy to note that studies such as the Framingham Study indicate that the loss of omega-3 fatty acids in the brain may also result in a higher risk of stroke, memory, and dementia," "Animi-3 provides doctors with a way of accurately delivering folic acid as well as omega-3 fatty acids and B12. There are clear risk factors associated with deficiencies in these nutrients, as this study of cognitive function illustrates about folic acid," said PBM Pharmaceuticals EVP Jack Schramm, co-inventor of the Animi-3 formula.

PBM Pharmaceuticals is currently conducting a new double-blind, placebo controlled study of Animi-3 and dementia with Ernst J. Schaefer, M.D., Professor of Medicine at Tufts University School of Medicine. Visit <http://www.animi-3.com/> for more information. Animi-3 is indicated for improving nutritional status in conditions requiring DHA, Vitamin B12, B6, or folic acid supplementation.

*Medical News Today*

## YOUTH SUICIDES UP, DECREASE IN DRUG EYED

New United States government figures show a surprising increase in youth suicides after a decade of decline, and some mental health experts think a drop in use of antidepressant drugs may be to blame. The suicide rate climbed 18 percent from 2003 to 2004 for Americans younger than 20, from 1,737 deaths to 1,985. Most suicides occurred in older teens, according to the data -- the most current to date from the federal Centers for Disease Control and Prevention. By contrast, the suicide rate among 15- to 19-year-olds fell in previous years, from about 11 per 100,000 in 1990 to 7.3 per 100,000 in 2003. "This is very disturbing news," said David Fassler, a University of Vermont psychiatry professor. He noted that the increase coincided with regulatory action by the U.S. Food and Drug Administration that led to a black box warning on prescription packages cautioning that antidepressants could cause suicidal behavior in children. Prof. Fassler testified at FDA hearings on antidepressants during 2003 and 2004 and urged caution about implementing black box warnings. The agency ordered the warnings in October 2004 and they began to appear on drug labels about six months later.

Psychologist David Shern, president of Mental Health America, called the new data "a disturbing reversal of progress." The advocacy group receives funding from makers of antidepressants, government agencies and private donations. Antidepressant use among children decreased during the same time period. Data from Verispan shows 3 million antidepressant prescriptions were written for kids through age 12 in 2004, down 6.8 percent from 2003. Among 13 to 19-year-olds, the number dropped less than 1 percent to 8.11 million in 2004. Steeper declines in both age groups occurred in 2005, according to the prescription tracking firm. "It's probably too early to say" if declining use of antidepressants had anything to do with the increase, said the CDC's Alexander Crosby.

The CDC is expected to issue a more thorough report on the data in a month or two.

*The Wichita Eagle*

## Vitamin D Benefits

Experts have found more evidence that vitamin D can help fight breast cancer, according to a new study. Researchers from Imperial College London have found that women with advanced breast cancer had lower levels of vitamin D than those in the early stages of the disease. "This study adds to the weight of evidence

that vitamin D is important for the development and the progression of breast cancer," said Dr Carlo Palmieri, from Imperial College London and lead author on the paper. He added that this was the first time comparing vitamin D levels in women with early stage breast cancer with those in the advanced stages.

## Violence at work risks depression

Employees subjected to real or threatened violence at work run a major risk of becoming clinically depressed, according to new research. The findings are based on the occupations of more than 14,000 hospital patients between the ages of 18 and 65, who were being treated for depression or stress-related disorders between 1995 and 1998. These patients were then compared with 38,000 people without mental health problems, but matched for age and sex. The prevalence of real and threatened violence was highest among those working in health, education and social work sectors. Male employees were at greater risk of violence than women. While most violence came from clients, patients, and pupils, around 5 per cent of study participants with mental health problems said they were subjected to violent behaviour from their work colleagues. Exposure to violence increased the risk of depression by 45 per cent in women and 48 per cent in men, compared with those in workplaces without any risk of violence. Stress related disorders were around a third more likely in women and 55 per cent more likely in men.

*Journal of Epidemiology and Community Health 2006;60:771-775*

# Hardiness Helps People Turn Stressful Circumstances into Opportunities

*Research shows hardiness is the key to the resiliency for not only surviving, but also thriving, under stress. Hardiness enhances performance, leadership, conduct, stamina, mood and both physical and mental health.*

## FINDINGS

Why do some people suffer physical and mental breakdowns when faced with overwhelming stress while others seem to thrive? A landmark 12-year longitudinal study by psychologist Salvatore R. Maddi, Ph.D., and colleagues at the University of Chicago involving one of the biggest deregulation and divestiture cases in American history provides some answers.

In 1981 Illinois Bell Telephone (IBT) downsized from 26,000 employees to just over half that many in one year. The remaining employees faced changing job descriptions, company goals and supervisors. One manager reported having 10 different supervisors in one year. Dr. Maddi and his research team were already studying more than 400 supervisors, managers and executives at IBT before the downsizing occurred and they were able to continue following the original study group on a yearly basis until 1987. Results shows that about two-thirds of the employees in the study suffered significant performance, leadership and health declines as the result of the extreme stress from the deregulation and divestiture, including heart attacks, strokes, obesity, depression, substance abuse and poor performance reviews. However, the other one-third actually thrived during the upheaval despite experiencing the same amount of disruption and stressful events as their co-workers. These employees maintained their health, happiness and performance and felt renewed enthusiasm.

What made the two groups so different? Dr. Maddi found that those who thrived maintained three key beliefs that helped

them turn adversity into an advantage: commitment, control and challenge attitudes. The Commitment attitude led them to strive to be involved in ongoing events, rather than feeling isolated. The Control attitude led them to struggle and try to influence outcomes, rather than lapse into passivity and powerlessness. The Challenge attitude led them to view stress changes, whether positive or negative, as opportunities for new learning.

There is no more extreme example of workplace stress than the battlefield. Research by psychologist Paul T. Bartone, Ph.D., of the U.S. Military Academy at West Point found that hardiness protected Army reserve personnel mobilized for the Persian Gulf War in the early 1990's. In this study, the higher the hardiness level, the greater the ability of soldiers to experience life- and combat-related stress without apparent negative health consequences, such as post traumatic stress disorder or depression. So, hardiness at least partially explains why some soldiers remain healthy under war related stress.

## SIGNIFICANCE

Results from the IBT study and other research shows that hardiness enhances performance, leadership, conduct, stamina, mood and both physical and mental health by giving people the courage and capability to turn adversity to advantage.

## PRACTICAL APPLICATION

Dr. Maddi and his team used what they learned in the IBT case to develop a training program to help stressed-out employees, including those still at IBT. Those that took part in the training

program reduced their anxiety, depression and other signs of strain, while increasing their job satisfaction and morale. These changes persisted after the training course was over. The training program, offered through the Hardiness Institute, is now widely used by organizations to improve worker performance and health. The company also offers an assessment test that is currently used in screening applicants for jobs (such as the U.S. Navy Seals) and placing employees in the right positions. In addition, the institute offers a training program for students that motivates them to do well, and to stay in and graduate from school. Hardiness and resiliency research is also being used by the American Psychological Association (APA) to help children, teenagers and adults to adapt well to adversity, trauma, tragedy, threats and other significant sources of stress. In the fall of 2003, the APA launched "Resilience for Kids & Teens," a school-based campaign which focuses on teaching the skills of resilience for problems ranging from adapting to a new classroom to bullying by classmates or even abuse at home. The campaign included the distribution of a special issue of Time for Kids Magazine to more than two million fourth- through sixth-graders and their teachers to help children learn the skills of resilience, using "kid-friendly" language.

The APA has also partnered with the Discovery Health Channel for a national, multi-media campaign designed to help Americans work through personal tragedies by learning strategies for resilience. The partnership was forged in the wake of the September 11th 2001 tragedy.

**“The truth is that our finest moments are most likely to occur when we are feeling deeply uncomfortable, unhappy, or unfulfilled. For it is only in such moments, propelled by our discomfort, that we are likely to step out of our ruts and start searching for different ways or truer answers.”**

— M. Scott Peck

# Practical Skills Training Keeps College Kids Sober

*Brief intervention is most effective in reducing problem drinking, study finds*

Practical advice and training may work best in getting college students to cut down on problem drinking, a new Swedish study finds. The study, which is published in the March issue of *Alcoholism: Clinical & Experimental Research*, analyzed 556 students living in 98 university residence halls in Sweden. "Although Swedish university halls of residency have long been rumored to be where the greatest amount of drinking occurs at Swedish universities, this has never been put to the test," corresponding study author Henrietta Stahlbrandt, a physician in the department of clinical alcohol research at Lund University in Sweden, said.

The students were assigned to one of three groups: a brief skills-training, alcohol-intervention program; a 12-step-influenced alcohol intervention program;

or a control group that received no intervention. The skills-training program included interactive lectures and discussions and was derived from the University of Washington's Brief Alcohol Screening and Intervention for College Students program. The 12-step program provided lectures by therapists trained in the 12-step approach.

Interestingly, all three groups significantly reduced their Alcohol Use Disorders Identification Test (AUDIT) scores -- meaning they drank less -- from before the study began to the end of the two-year follow-up. "Maturity could very well be a factor," according to Dr. Stahlbrandt. "It is well-known that on average, university students decrease their alcohol consumption as they grow older and eventually leave college. Yet

another factor could be that inclusion in the study made all of the students more aware of their alcohol consumption, and so they subconsciously drank less."

But among the students whose AUDIT scores indicated that they engaged in high-risk alcohol consumption, the skills-training intervention appeared to be most effective. The at-risk students -- those with a higher AUDIT score and in greater danger of having negative consequences from alcohol consumption -- in the brief skills-training program reduced their consumption more than the other two groups. By concentrating alcohol-intervention efforts on this group, a lot of benefits can be attained on both individual and public levels, meaning less of an economic burden and wasted personal time.

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

## Using Octopuses to Understand Depression

Researchers often use animals to help them resolve problems that can be applied to people. Dr. Jean Boal, a biology professor at Millersville University of Pennsylvania, is developing a new and unique way to research the causes and effects of depression with the help of octopuses.

Dr. Boal, along with Dr. Anne-Sophie Darmaillacq, a visiting postdoctoral fellow from Universite de Caen in France, is performing behavioral experiments with octopuses, along with biology student, Katherine Heldt, they will be researching the effects different conditions have on the octopuses to gain information on depression. The first part of the research will include training the octopuses to distinguish between white and black rods and reward it with food if it goes to one rod and no reward if it goes to the other. Next, for two weeks they will house half the octopuses in enriched conditions and the other half in impoverished conditions and then reverse the housing for another two weeks. The prediction is that if the octopuses are like rats (or people), the octopuses moved from impoverished to enriched conditions should be 'happy' and 'optimistic,'" "The octopuses moved from enriched to impoverished conditions should be 'sad' and 'pessimistic.'" We can test this by presenting them with rods that have black-and-white stripes. Optimistic animals will see the striped rods as like the ones they were rewarded with. Pessimistic animals will see the striped rods as like the ones that had no reward." The researchers will travel to France in the summer where they will conduct the same type of studies, but with cuttlefish instead of octopuses. Along with their student collaborator, they will present the results of their experiments at an international behavior meeting and publish their results in a peer-reviewed journal.

<http://www.millersville.edu/>

## Symptoms of Addiction

*Warning signs that your child may need help*

Addiction to drugs or alcohol can lead to a variety of behavioral and physical changes in teenagers. The Nemours Foundation says signs that your child may have an addiction problem include:

- Acting withdrawn or secretive with family and friends.
- Disinterest in activities and hobbies he/she used to enjoy.
- Poor grades or frequent absences from school.
- Mood swings, anxiety, anger or depression.
- A new set of friends, particularly those who are known to use drugs.
- Changes in sleeping or eating habits.
- Rapid weight gain or loss.

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

**"Be brave enough to live creatively. The creative is the place where no one else has ever been. You have to leave the city of your comfort and go into the wilderness of your intuition. You can't get there by bus, only by hard work, risking, and by not quite knowing what you're doing. What you'll discover will be wonderful: yourself."** — Alan Alda

# Stages of Grief Theory Put to the Test

*Researchers find the bereaved do go through stages, but not necessarily as expected.*

New research challenges and confirms some of the commonly held beliefs about the process of grieving. The study found that for older people mourning a death by natural causes, a yearning or pining for the lost loved one, and an acceptance of their loss, come first in the grieving process.

That's at odds with the standard "five stages of grief" theory held by psychologists that lists disbelief, yearning, anger, depression and acceptance as the phases of emotions bereaved individuals typically pass through. Instead, this study basically shows that yearning is the dominant negative grief symptom following the loss, not disbelief, sadness or depression, according to researchers and, overall, the main reaction was a high degree of acceptance.

The researchers found that soon after a death, acceptance becomes the most commonly felt emotion for the bereaved, rather than the expected disbelief or depression. Acceptance is also the last emotion to reach its peak, they noted. The study is published in the Feb. 21 issue of the *Journal of the American Medical Association*. The researchers also found that negative emotions such as anger had largely peaked by six months after the loss. This suggests that if someone seems stuck in their grief after this time period, they may be having a more difficult time coping with their loss and may need counseling or additional support.

The five stages of grief theory has evolved over time but originally was developed as a four-stage theory of grief: shock-numbness, yearning-searching, disorganization-despair and reorganization. Then, world-renowned psychiatrist, Dr. Elisabeth Kubler-Ross wrote a book called *On Death and Dying*, which adapted the four-stages of grief into a five-stage response of the terminally ill to their impending death. This work evolved into the five stages of grief commonly recognized today, according to background information in the study. The five stages have been accepted as gospel and truth without study. There's been no previous empirical research, and, that's where this study comes in. To test the five stages of grief, renamed in this study as the five indicators of grief. Researchers working at Yale University School of Medicine recruited 233 adults living in Connecticut who had recently lost a loved one to participate in the study. The study participants were predominantly white (97 percent), mostly spouses of the deceased (84 percent) and were an average of almost 63 years old. All of their loved ones had died of natural causes and had non-traumatic deaths. According to the study authors, this population represents the typical bereaved person in America.

The study volunteers were interviewed at about six, 11 and 20 months after the

loss of the loved one. The researchers devised a grief indicator scale of one through five to indicate how strongly a grief emotion was being felt. A score of five meant that emotion was felt very strongly. In the first six months after the loss, the average score for acceptance was 4.11, and yearning was 3.77. Depression was the next most common emotion with a score of 2.29, followed by disbelief with 2.27 and anger at 1.87. During the next six months, all of the negative grief indicators, with the exception of depression, went down, and the level of acceptance went up. Depression scores stayed the same in the six- to 12-month period following the loss. During the next 12 months, all of the negative grief indicators declined, while acceptance continued to rise.

The researchers comment that "Negative grief indicators peak at six months post-loss".

"The expression of grief is a very complex phenomenon with a great deal of individual variability," and, that expression doesn't necessarily follow an orderly timeline.

"It's important to attempt to quantify grief if you can, but while this study may describe what happens on average, there are so many events that can spark these emotions again. It's not easy to say that at one month or at six months you should be done with this emotion," especially with non-typical deaths -- the type that weren't studied here -- it's difficult to pin down what's "normal" grief and what's not. For example, if a child loses a parent, they may just be starting to grieve at around six months, because grieving is often delayed in children.

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

## Upcoming Events

April 11 - 14, 2007

40th AAS Annual Conference

*40 Years of Suicide Prevention:  
Moving Forward with Education  
and Training*

Hilton Riverside, New Orleans, LA  
[www.suicidology.org](http://www.suicidology.org)

August 28 - September 1, 2007

XXIV IASP World Congress

*Preventing Suicide Across the  
Lifespan: Dreams and Realities*

INEC, Killarney, Ireland  
[www.iasp2007.org](http://www.iasp2007.org)

August 27 - 30, 2008

12th European Symposium on  
Suicide and Suicidal Behaviour  
ESSSB12

*Working Together to Prevent  
Suicide: Research, Policy &  
Practice*

Glasgow, Scotland  
E-mail: [orgaining@esssb12.org](mailto:orgaining@esssb12.org)

Contact:  
ESSSB12 Conference Organiser  
c/o Suicidal Behaviour Research  
Group,  
University of Stirling,  
Stirling, Scotland,  
FK9 4LA.

2009 - XXV IASP World Congress

Montevideo

Contact person: Dr. S. Pelaez

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