

Make Your Year Guilt-Free

Guilt affects your mental health

Here are some suggestions on how to unload guilt and move forward with your life:

1. Get out a pen and some paper

Write about the situation. This works best if you feel guilty for something that was generally within your control - think infidelity, lying, uncontrolled anger, etc. Although it may hurt, be as detailed as possible. Read it once or twice, then recognize three things: what is causing you to feel guilty (you cheated, lied, lashed out, etc.), why this behavior was a mistake, and what you need to do or not do in the future to avoid feeling this way and hurting others. Then get rid of it. Rip it up. Tear it to shreds. Send it to its rightful place - the dump - and with it, your feelings of guilt. (Note: I included this as the first suggestion

because it fairly recently worked very well for me when nothing else did.)

2. Learn to tell the difference.

This goes right along with the first suggestion. It's important to be able to tell the difference between what is and what isn't within your control. If you're feeling guilty over something that was out of your control, remind yourself of that fact. Try telling yourself how you would have changed the situation if you'd had the control - you may even want to tell others involved. After that, let it go.

3. Pretend you're your best friend.

Or sister. Or brother. Or either of your parents. You get the idea. Would you continually beat up a loved one over a mistake he or she had made? No. Nor would you want him or her to continually beat him or herself up. Treat

yourself with the same forgiveness, kindness, and respect.

4. Hand it over to God.

Or whatever higher power you pray to. Those of us with religions understand the relief and weightlessness this brings.

5. Forgive yourself.

This may seem like a no-brainer, but so many of us fail to actually do it. You may need to remind yourself of all the cliches such as "We all make mistakes," "It's important we learn from them," and "In order for others to love us we must love ourselves." They're overused for a reason - they're true!

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Upcoming Events

AAS 41st Annual Conference
16th - 19th April, 2008
Boston Park Plaza Hotel
www.suicidology.org

12th European Symposium on Suicide and Suicidal Behaviour
ESSSB12

Working together to prevent suicide:
Research, policy & practice
27th - 30th August, 2008
Glasgow, Scotland
E-mail: organising@esssb12.org

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

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

2009 - XXV IASP World Congress Montevideo

Contact person: Dr. S. Pelaez
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AAS 42nd Annual Conference

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

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



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VOLUME 5 ISSUE 1

SPRING 2008



Newsletter
ISSN 1649-5072

Krista's Story: How treatment for depression changed my life

I lived with my depression for years as an adolescent, without knowing what was wrong. Little by little my sadness grew, and I became more and more dispirited. My family was no help; they treated me as the black sheep and made me feel like a loser. It was not until I sought professional help that I realized that I was not lazy, stupid or a liar - I was just depressed. I noticed the first symptoms of depression when I was around 12 years old. Until then, I had been a cheery, energetic and sensitive child, good at school and with many hobbies. I loved dancing and performing, reading and writing down my thoughts, and I enjoyed going to the cinema with my friends. I loved spending time with my best friend's family, who were very kind to me. When I was with them I used to imagine what it must be like to live in a peaceful atmosphere.

At our house it was different. I never knew what would be happening or what the mood would be like when I came home. My father was an alcoholic and there were often horrible family rows, but the next morning my

parents would pretend that nothing had happened. Today I would say that they simply did not know how to help themselves, nor did they know how to help me. There were reasons for my father's drinking. He lost both of his parents when he was quite young, and his childhood was not happy. As we were living in Soviet times when I was a child, the whole of society was based on lies or half-truths, which I think was another important factor influencing our family situation. My father began drinking to find some consolation, and with time he became an alcoholic.

When sober, he was a kind and sensitive man, but when he drank his personality changed. My mother was like a shadow - always there but emotionally out of reach. As long as my dad was sober, he was the person I was emotionally closest to. When he was drinking, I was pretty much left on my own. From the outside, I remained quite a cheerful girl as I grew up, but inside the depression began eating away at me. The symptoms came gradually in the form of a growing sadness, an

increased oversensitivity and a lack of energy. I still did well at school, but more or less mechanically, learning my homework by heart and hiding my feelings. As the years went by I grew more and more accustomed to sadness, until I had no recollection of any other state of mind.

In 2001, when I was 25, my world fell to pieces. Many painful and complicated events combined with an unhappy love story produced a short episode of psychosis, which totally shattered me. All my inner resources ran out and I wished I had never been born. I considered committing suicide, but my own organism protected me: instead of taking my life I lost my mind. As I look back today, I can say that thanks to this episode I finally realized that there was something very wrong with me. My parents were of no help, and instinctively I turned to the Tallinn Psychiatric Hospital. I had come to the right place. I felt safe staying at the hospital rather than at home, and was treated with care and understanding. The professionals protected me from my family, and made me feel that they

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Alcohol and Substance Abuse Will Not Take Away Your Fears

Your fears, anxieties, and other problems have the best of you and you don't know where to turn for help. At some point you feel totally helpless as you struggle each day. No matter what you do, you cannot run away or hide from your fears. In these cases, some people will use alcohol or other substances to feel better. Alcohol and substance abuse or any other addictions will not take away your problems and fears. In the short run, they might make you feel better, but in the long run these addictions will only make things worse. So what do you do to make your problems and fears go away? Well, since you can't runaway from them, then the best solution is to tackle your fears head on no matter how

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Music therapy may offer hope for people with depression

A therapist may be able to use music to help some patients fight depression and improve, restore and maintain their health, states a Systematic Review from the Cochrane Library.

About 121 million people world-wide are believed to suffer from depression. This can be seen in disturbed appetite, sleep patterns and overall functioning as well as leading to low self-esteem and feelings of worthlessness and guilt. It can lead to suicide and is associated with 1 million deaths a year. Drugs and psychotherapy are common treatments, but a group of Cochrane Researchers set out to see whether there was evidence that music therapy could deliver benefits.

After searching the international literature, they identified five studies that met their criteria. Four of these reported greater reduction in symptoms of depression among people who had been given music therapy than those who had been randomly assigned to a therapy group that did not involve music. The fifth study, however, did not find this effect. "While the evidence came from a few small studies, it suggests that this is an area that is well worth further investigation and, if the use of music therapy is supported by future trials, we need to find out which forms have greatest effect," says lead author Anna Maratos. "The current studies indicate that music therapy may be able to improve mood and has low drop-out rates," "It is important to note that at the moment there are only a small number of relatively low quality studies in this area, and we will only be able to be confident about the effectiveness of music therapy once some high quality trials have been conducted," she said.

Medical-News.Net

ADHD Linked to Bullying

Children with attention deficit hyperactivity disorder (ADHD) are almost four times as likely as other children to be bullies, and are almost 10 times more likely than others to be the regular victims of bullying before the onset of ADHD symptoms, says a Swedish study that followed 577 fourth graders for one year.

The children studied represented the entire population of a municipality in Stockholm. Researchers interviewed the children, along with their parents and teachers, in order to identify which children may have had ADHD. Those with signs of the disorder were then seen by a paediatric neurologist for a diagnosis. The children were also asked about bullying.

The study findings emphasise the importance of observing how children with ADHD symptoms interact with their peers. This could help teachers and parents identify children at potential risk of bullying and being bullied. An estimated 4 percent to 12 percent of children have ADHD.

The study appears in the February issue of the journal *Developmental Medicine & Child Neurology*.

Medical Health Articles

Alcohol and Substance Abuse Will Not Take Away Your Fears

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strong they may be. The key is to be smart in how you try to manage these fears. Here are some ways in how to manage your persistent fears and anxieties.

The first step is to learn to take it one day at a time. Instead of worrying about how you will get through the rest of the week or coming month, try to focus on today. Each day can provide us with different opportunities to learn new things and that includes learning how to deal with your problems. Focus on the present and stop trying to predict what may happen next week. Next week will take care of itself.

Remember that no one can predict the future with one hundred percent certainty. Even if the thing that you feared does happen there are circumstances and factors that you can't predict which can be used to your advantage. For instance, let's say at your place of work that you miss the deadline for a project you have been working on for the last few months. Everything you feared is coming true. Suddenly, your boss comes to your office and tells you that the deadline is extended and that he forgot to tell you the day before. This unknown factor changes everything. Remember: we may be ninety-nine percent correct in predicting the future, but all it takes is for that one percent to make a world of difference.

Another technique that is very helpful is to have a small notebook of positive statements that makes you feel good. Whenever you come across an affirmation that makes you feel good, write it down in a small notebook that you can carry around with you in your pocket. Whenever you feel depressed or frustrated, open up your small notebook and read those statements. This will help to manage your negative thinking.

Be smart in how you deal with your fears and anxieties. Do not try to tackle everything all at once. When facing a current or upcoming task that overwhelms you with a lot of anxiety, break the task into a series of smaller steps. Completing these smaller tasks one at a time will make the stress more manageable and increases your chances of success.

The important thing is to get the proper help by seeing a professional. Avoiding your problem through the use of alcohol or other substances will do nothing in the long run in fixing your problems. It will just make things worse. Managing your fear and anxieties will take some hard work. Be patient, persistent and stay committed in trying to solve your problem.

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Krista's Story: How treatment for depression changed my life

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were on my side. They had a serious conversation with my parents about the situation at home, but my parents thought my illness was my own fault and had little to do with them, so nothing really changed.

Luckily I was the type of person who responded quickly to the treatment I was given: a combination of medicines and psychotherapy. Since then, I have met regularly with a psychologist. I pay for the sessions myself, which I view as an investment in my health and well-being. Today, my life has completely changed. I no longer need medicine and am again the cheery, energetic and friendly person I was as a child. I have been very open about my experience, sharing my opinion that a full recovery is possible, but only if you do most of the work yourself. In 2002, I went back to work, first as a part-time and later as a full-time secretary at the Tallinn Mental Health Center. I told my boss about my background and she was supportive.

I have been involved in several projects related to mental health since 2002. My main concern is for young people who are

experiencing mental health problems for the first time (like me). When I realized that there was no support for these people in the community, I started a self-help group with funding from the Hamlet Trust, with the aim of providing support for young people in the rehabilitation and recovery process. In April 2004, my first session of the youth support group took place. I was very nervous, but it all worked out fine. Today, the group is well respected among group members and mental health professionals, and it is probably the most active and sustainable self-help group in the whole country. From 2008, it will no longer function as a project, but will be one of the permanent services of the Tallinn Mental Health Center, and I will work as the manager of the group.

Thanks to my activities in the mental health field, I have also been able to resume my academic studies. I had to leave university when I was 20 years old, because of my untreated depression. It was a terrible blow since I have always been ambitious, but luckily I have been given a second chance. In June 2006, the

provost of the Private School of Professional Psychology saw a newspaper article about me, and was impressed by my work in the mental health field. He contacted me and asked if I wanted to study there, and I was happy to enrol. It is expensive, but they let me study for free. In April, I will receive my diploma in psychological counselling.

My relationship with the family has not really improved. My father died in 2002; I get along with mother and my sister (who is nine years older than me), but we are not close. I still do not think they understand how the tense atmosphere at home affected my mental health. Still, I consider myself fortunate in having made a full recovery, and in having rediscovered my old self. It has been a long journey, but it has all been worth it."

World Health Organisation

Teen risk factors for schizophrenia identified

Five key factors can help predict whether at-risk young people will go on to develop schizophrenia, researchers have found.

The findings show that it is "feasible" to identify a person's risk of schizophrenia as accurately as gauging his or her risk of heart disease or diabetes, and raise the possibility of preventing psychotic illness, Dr. Tyrone D. Cannon of the University of California, Los Angeles and colleagues say.

The earlier schizophrenia is identified and treated, the less damaging its course, they note in the Archives of General Psychiatry. However, current methods designed to predict schizophrenia risk are imprecise, they point out. Dr. Cannon and his team followed 291 teenagers considered to be at high risk for developing schizophrenia for two-and-a-half years to look for a more accurate predictive technique. All of the study participants had been diagnosed with prodromal syndrome for schizophrenia, meaning they had non-specific symptoms such as paranoia, disorganized communication, and unusual thoughts that could signal the onset of full-blown disease. Thirty-five percent of the

study participants developed schizophrenia during the study. Five characteristics identified at the study's outset sharply increased the likelihood that a teen would develop the disease: a genetic risk for schizophrenia combined with recent decline in function; higher levels of unusual thought content; more suspicion/paranoia; more social impairment; and past or current substance abuse. Among people with two or three of these characteristics, 68 percent to 80 percent developed schizophrenia during the course of the study, the researchers report.

Dr. Cannon and his colleagues caution that the people in their study were seeking treatment, so the results can't be applied to the general population. Nevertheless, they say their findings suggest that the first two-and-a-half years after a diagnosis of prodromal syndrome offer "a critical window of opportunity" for identifying brain changes that may lead to psychosis, and for intervening to slow or even prevent the development of psychosis and disability.

MedlinePlus

"Creativity requires the courage to let go of certainties"

Erich Fromm

Call for "Standardised" Alcohol-Unit Labelling

Thirty-two MPs have pledged their support for a parliamentary motion calling on brewers to introduce a "standardised" alcohol-unit labelling system on bottles and cans.

Tory MP Tobias Ellwood tabled the early day motion yesterday, which raises concern over the number of binge-drinkers and alcohol-related deaths in the UK. The motion says: "This House expresses concern that the number of binge drinkers in the UK

is now over 5.9 million and around 20,000 deaths are linked annually to alcohol misuse... and encourages breweries and alcohol manufacturers to introduce a standardised labelling system on bottles and cans of alcohol which clearly indicate the total number of units the drink contains and if appropriate the number of units per serving."

Thirty of Ellwood's fellow Tories and two Lib Dems have signed the motion. However the British Beer & Pub Association

(BBPA) said that brewers and producers were already doing enough in this area. Communications manager Neil Williams said: "British brewers have already done a great deal through voluntary measures around alcohol. "Ninety per cent of bottles and cans carry standard unit measures and most of them carry a responsible drinking measures."

thePublican

Who said work was a killer?

Whoever said that work can be a killer was right and the latest research proves it! According to a new study stress at work increases the risk of heart disease by disrupting the body's internal systems. Scientists from University College London conducted a long-term study on the effects of stress from everyday working life on heart disease. The study involved 10,308 London based civil servants who were tracked from 1985 and is, say the researchers, the first large-scale population study of its kind.

Epidemiologist Dr. Tarani Chandola says people have been sceptical about whether work stress really affects a person biologically and that has been a problem. Dr. Chandola, who led the study, suggests that stress-induced biological changes may play a more direct role than previously thought. The world's leading cause of death is heart disease and it is caused by fatty deposits that harden and block arteries and high blood pressure which damages blood vessels, as well as other factors.

For the study the researchers measured stress among the civil servants by asking questions about their job demands such as how much control they had at work, how often they took breaks, and how pressed for time they were during the day. Over a 12-year period seven surveys were conducted and it was found that chronically stressed workers had a 68 percent higher risk of developing heart disease and the link was strongest among people under 50.

The study adds to the growing evidence that work stress-coronary and heart disease are linked. The researchers say stress at work causes heart disease by both behavioural and biological changes, stressed workers eat unhealthy food, smoke, drink and skip exercise which are all behaviours linked to heart disease. Stressed workers were also found to have lowered heart rate variability which is a sign of a poorly-functioning weak heart, and higher-than-normal levels of the "stress" hormone cortisol; too much cortisol circulating in the blood stream can damage blood vessels and the heart. If a person is constantly stressed out these biological stress systems become abnormal.

News-Medical.Net

Short birth length 'link to violent suicide bids'

Short male babies run more than double the risk of violent suicide attempt as an adult, a new study has suggested. Catch up growth during childhood does not lessen the impact of short stature at birth, the research also showed. The findings were based on almost 320,000 Swedish men out of a total of more than 713,000 people all born between 1973 and 1980. Using national registers, they were tracked from birth to the date of attempted suicide, death, emigration, or the end of 1999, whichever came first. Babies of less than 47 cm in length were more likely to attempt suicide as adults, no matter what height they reached in adulthood, compared with normal length babies. Short birth length also more than doubled the risk of a violent suicide attempt as opposed to a non-violent one. Short stature in adulthood also boosted the risk. Men who were normal length babies, but who were short in adult life were 56 per cent more likely than tall men to attempt to take their own lives. Those who were born prematurely, and therefore short and underweight, were more than four times as likely to attempt violent suicide as those born after 38 to 40 weeks of pregnancy. The authors suggest that the brain chemical serotonin may be key.

Irish Medical Times

Coroner launches probe into "Internet Suicide Cult"

A coroner launched an investigation into the link between the internet and young suicides - as an MP hit out at websites for "romanticising" teenage death.

Phillip Walters, the coroner for the town of Bridgend where seven young people have hanged themselves in a year, fears the teenage sites such as Bebo play a part in the spate of mystery deaths. Mr Walter said he is "desperately concerned" about the chain of young suicides - and of the connection to teenage social network sites such as Bebo and MySpace. The coroner said: "I shall be looking at these networking sites myself to see if there is a link between them and the growing number of youngsters committing suicide. "But in the meantime I want to warn youngsters about the possible dangers these websites can pose. "I would also like to warn parents to be actively on the alert for signs of their children being influenced by others on these sites. "We never seem to get to the bottom of these deaths and no-one seems to be able to explain them. "It is of great concern that some of them

seem to be happening for no apparent reason." Local people fear the hangings are linked to a chilling internet cult which has become "a cool thing to do" in the town. Within 24 hours of the latest death last week, two friends of the teenage girl had also attempted suicide. On Tuesday police took computer equipment from 17-year-old's home in Bridgend, South Wales. Detectives confirmed they are investigating a possible suicide chain - the seven dead are all linked in some way although they did not all know each other. Several of them posted personal profiles on the social networking internet site Bebo. Since their deaths friends have set up memorial sites where they can post messages and obtain a "virtual brick" in a "remembrance wall". The deaths have raised new worries about the influence of the internet on young people.

The police have private concerns that youngsters may consider it fashionable to have an internet memorial site and are killing themselves for reasons of prestige. A taskforce has been set up in the town involving police, the NHS trust, schools and the council to draw up an action plan to stop the deaths. Social

networking sites such as Bebo, MySpace and Facebook have previously been linked to a series of incidents including episodes of grooming underage girls, online bullying and identity fraud.

There have been numerous calls for increased monitoring of the networking phenomenon.

The internet has also played a role in an increasing number of suicides, on specific sites dedicated to methods as well as chat rooms where the subject is discussed. Melanie Davies, whose son Thomas killed himself in February following the deaths of his friends Dale and David said: "It's like a craze - a stupid sort of fad. They all seem to be copying each other by wanting to die. Thomas would spend about three hours a night on the computer, talking to his friends. Like most parents, I have no idea how to get on these sites or what other kids are talking about. But I would warn other parents to beware and to keep a close eye on their children. I have lost my son and it is the worst nightmare."

This is a small community. People know each other. Family links are very easily made

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"A moment's insight is sometimes worth a life's experience"

Oliver Wendell Holmes

Alternative Therapy Put on Trial

An experiment in allowing NHS patients easier access to alternative and complementary therapies has been launched by NI Secretary Peter Hain. The £200,000 year-long trial will run in two health practices in Londonderry and Belfast. The main focus will be on anxiety and musculoskeletal problems. GPs in these areas will now be able to refer patients for therapies like acupuncture, homeopathy and massage. Mr Hain said it would help those who could not afford treatments privately. "I am certain, as a user of

complementary medicine myself, that this has the potential to improve health substantially," he said.

Homeopathic medicines will be available for some NHS patients "For the first time, GPs will be able to refer patients directly to a complementary therapist if they feel their patient could benefit from the treatment, and indeed if it is the patient's wish. "It will bring together both the mainstream and complementary sectors in what I hope will be the start of a process which will lead to full roll-out

across the province." Mr Hain said he was "delighted that Northern Ireland is leading the way in integrating complementary and alternative therapies into the National Health Service".

The pilot, announced last October by Health Minister Paul Goggins, will be run by Get Well UK, a not-for-profit organisation which promotes greater access to complementary and alternative medicine.

bbc.co.uk

Fears over 'Suicide Glamour' on Social Networking Sites

Psychologists in Australia have warned about the power of glamorising death through social networking sites in the wake of a spate of suicides in the UK.

Thirteen teenagers killed themselves in the south Wales town of Bridgend in the past 12 months, igniting concern that websites such as Facebook, MySpace and Bebo may be to blame. Recent media reports have claimed the teenagers were killing themselves because memorial sites were seen as prestigious. However, a police spokesman in Bridgend said there was no evidence to date of a suicide pact and that the theory did not come from police.

Australian experts remain concerned there may be a connection between the suicides and social networking sites. Child psychologist Kimberley O'Brien warned that sites set up by friends after a teenager's death could add to the appeal of suicide. "The web pages are usually

placed in really beautiful positions and it gives them some sort of notoriety," "If teenagers are feeling depressed, lonely and rejected, it's going to add to the appeal of suicide." The notion of grief and sadness spread through social networks after their death could give young people a sense of power, she said.

Social networking commentator Cathie Sherwood said romanticising deaths on social networking sites was extremely alarming and that celebrity cult status among Generation Y played a significant part. "The fact these people have achieved some kind of status through their deaths ... that they've been promoted in a global forum ... teenagers may see this as some kind of way to fame." Ms Sherwood said parents needed to set up a "critical dialogue" with their children but it was difficult because parents didn't understand social networking.

A special taskforce recently setup in Bridgend will investigate possible links between the 13 dead teenagers. Madeleine Moon, Labour MP for the town, told The Observer she wasn't sure social networking sites had any major impact on the suicides. Young people communicating with text messages and emails to deal with emotional problems were more concerning, she said.

Dr Jonathon Scourfield, a lecturer in social sciences, said cultural and social influences were influential in the decision to commit suicide. "The more stories that appear about young people having killed themselves in your area, the more it might appear to you to be a reasonable response to a particular kind of crisis," he said.

nineMSN

Tea may give some protection against osteoporosis

Preservation of hip structure may be a benefit of being a tea drinker, according to a recent study. In the study, published recently in the American Journal of clinical Nutrition, researchers in Australia examined the relationship between tea consumption with hip structure. A randomly selected group of 1500 women aged 70-85 years participated in a five-year prospective trial to evaluate whether oral calcium supplements prevent osteoporotic fractures.

Areal bone mineral density (aBMD) at the hip was measured at years one and five with dual-energy x-ray absorptiometry (DXA). The relationship of usual tea intake, measured by using a questionnaire, with a BMD, was assessed in a cross-sectional analysis of 1,027 of the women. A prospective analysis of 164 women also assessed the relation of tea intake at baseline,

measured by using a 24-hour dietary recall, with change in aBMD from years one to five. The cross sectional analysis showed that total hip aBMD was 2.8 per cent greater in tea drinkers than in non-tea drinkers. In the prospective analysis over four years, tea drinkers lost an average of 1.6 per cent of their total hip aBMD, but non-tea drinkers lost four per cent. The authors concluded that this finding provides further evidence of the beneficial effects of tea consumption on the skeleton. They noted that tea is a major dietary source of flavanoids and lignans, some of which have oestrogen-like activities. The effects noted were irrespective of other variables, such as whether participants added milk to tea or not.

Irish Medical Times

"To forget how to dig the earth and tend the soil is to forget ourselves"

Mahatma Gandhi

Coroner launches probe into "Internet Suicide Cult"

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and friendships are very easily made because most people tend to socialise in the evening in the town of Bridgend. The worry is that when you start entering a virtual world, as these young people are doing on this Bebo site, you lose the reality of loss, the actual consequences of what you are talking about and the horrible reality of death - in particular, the consequences on family and friends and the whole lack of a future for these young people, which is absolutely tragic.

One mother said she was troubled by suggestions that the suicides may have been motivated in part by the youngsters' ambition to feature on internet memorial pages. "It is absolutely bizarre to think that a memorial wall

gives you a reason for ending your life, cutting yourself off from a real future that would involve friends, family, marriage, building a home, building a career - all these real things that stretched in front of these young people - all for the ephemera of something on an internet wall," she said. "It absolutely defies belief." She urged any young person considering suicide or anyone upset by the rash of deaths in Bridgend to contact the Samaritans.

Dailymail

Fish Oil Supplements May Help Some Cardiac Patients While Harming Others

Fish oil supplements may help some cardiac patients while harming others, suggests a new review of evidence compiled by St. Michael's Hospital and University of Toronto researchers. In a systematic review of trials where patients with implantable cardioverter defibrillators used fish oil supplements, Dr. David Jenkins and Dr. Paul Dorian found significant differences among the trials, indicating fish oil may be beneficial to some patients while having a negative impact on others. "Fish oils can have complex and varied effects on the heart," "These effects include blocking cardiac ion channels, reducing fibrosis in response to mechanical stress, decreasing blood coagulation, and possibly altering immune function," according to Dr. Jenkins.

There is evidence from multiple large-scale population (epidemiologic) studies and randomized controlled trials that intake of recommended amounts of DHA and EPA in the form of dietary fish or fish oil supplements can reduce the risk of death, heart attack and dangerous abnormal heart rhythms in people

with known cardiovascular disease, as well as potentially slow hardening of the arteries and lower blood pressure slightly. But the evidence also shows high doses can have harmful effects, such as an increased risk of bleeding. Although benefits are proposed for alpha-linolenic acid, scientific evidence is less compelling and beneficial effects may be less pronounced.

The meta-analysis reveals that studies in different patient populations with different pathophysiologies and therapeutic regimens have all produced divergent results. However, more recent data suggests that particular caution should be exercised when analyzing data from certain subgroups, such as men with stable angina. The same may also be true for patients with implantable cardioverter defibrillators who have a history of ventricular tachycardia and who are not taking antiarrhythmic medications. "Fish oils have promise as beneficial in cardiovascular disease but our work highlights our gaps in understanding and the need for more research," adds Dr. Dorian.

telegraph.co.uk

The review, appeared in the January 15 edition of the Canadian Medical Association Journal, also indicates that further research and large randomized controlled trials are needed before long-chain omega-3 fatty acids are used in patients with heart failure and angina.

News-Medical.Net

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

Lao Tzu

GOVERNMENT REVIEW OF 'SUICIDE WEBSITES'

The Ministry of Justice is considering new restrictions to stop websites giving out information on how to take your own life following a spate of teenage deaths in south Wales. Internet sites which encourage suicide are also being looked at as part of an official Government review due out in March.

The Government also wants to set up a service whereby people trying to access suicide sites are instead directed to those offering help and support such as the Samaritans and Childline web pages. The Government understands concerns about suicide websites and the influence they may have over vulnerable young people. The law is clear on this. Assisting, or attempting to assist suicides is an offence, whether it is carried out on or off-line. A task force, made up of the deputy head teacher, police, the local authority's child protection officer, an education psychiatrist and a specialist in dealing with suicidal young people, will be convened at the school.

Suicide Prevention

Information for Individuals and Families

Mental illnesses such as schizophrenia, depression, and bipolar disorder can make some people so ill they begin to see death as the only way to escape their pain.

Remember, suicidal thoughts are symptoms of an illness. With appropriate treatment and knowledge, the risk of suicide can be greatly reduced. The risk of a suicide attempt, however, is difficult to predict. There is no test to tell us that a person is suicidal or assure us that they are not. Fortunately, asking someone if they are having thoughts about suicide does not cause them to act on these thoughts. Do not be afraid to ask.

Surprisingly, someone who is thinking of suicide may not always appear particularly unhappy or upset. The risk of suicide may increase when people begin to recover from depression. People are also at increased risk of suicide during passes from hospitals or residential treatment programs and in the months following hospitalization. We hope this information will help you recognize when you or a loved one are at risk and give you ideas on how to stay safe.

What You Should Know

1. Remember, you are not alone, though sometimes you may feel like you are. Many people experience these illnesses. There are people who can help and support you. If you think it will help, list the people who care about you.

2. Create a safe environment

Because suicide can be the result of an impulse, it is important to create a safe environment for yourself. Have someone remove easy access to weapons or methods that you may be tempted to use; both in your home and the home of friends/families where you spend time. Remove all firearms or keep unloaded guns and ammunition in separate, locked cabinets. Consider using trigger locks. Use common sense; be sure you or someone else does not go home alone to remove guns. Also, think about limiting access to large quantities of medication or poisons.

3. Safe situations

Avoid alcohol and other recreational drug use. They can reduce your control of impulses and negatively affect your illness or judgment. Identify and be careful about situations that may be high risk for you such as: meeting an old girlfriend/boyfriend, driving alone at night, being alone too much, being tired, angry, or overwhelmed.

4. Take all your medications as prescribed

Don't stop or make changes unless you and your doctor decide this together. Tell your doctor how the medications are working and if you experience any side effects.

5. Smaller prescription amounts

Talk to your doctor about whether filling your Prescription more frequently with smaller amounts of medication should be part of your safety plan.

6. Keep appointments with your doctor, therapist, or other providers. Do this even if you're feeling better and especially if you are changing medications.

7. Know what behaviors/actions/symptoms mean you aren't doing well and need help.

Make a list of these symptoms and discuss them with people that you trust. They may help you recognize a growing problem. Keep in mind that some people experience mood changes at certain seasons of the year or during anniversaries and holidays.

8. Make a detailed personal safety plan.

Talk to your physician, therapist or case manager about how to do this. Think about some personal safety rules. Consider talking to a family member or friend about suicide and including them in your safety plan. A "no harm contract" with a mental health provider can be part of a safety plan. However, if you are concerned about an increase in your symptoms; having a safety plan is not a substitute for an assessment by a mental health professional.

9. Know who to call if you are concerned about your safety.

My local crisis number is _____

My doctor or therapist number is _____

My case manager's number is _____

Trusted friend, clergy, or family _____

10. Call people who support you

If you receive bad news, experience stressful events, or have suicidal thoughts. Examples might include family, friends, therapist, case manager, or physician.

11. Self talk can be powerful

Author Susan Blauner suggests distinguishing suicidal thoughts from the feelings that may accompany them. She suggests "instead of saying 'I feel suicidal,' say, 'I'm having a suicidal thought and I feel (angry, lonely, sad, terrified, abandoned, etc).'" She then suggests helping yourself by saying "I'm having a suicidal thought, and I feel _____; I don't have to act on this suicidal thought. All feelings pass."

12. Be alert to warning signs of suicide:

- talking or joking about suicide – statements about being reunited with a deceased loved one
- statements about hopelessness, helplessness, worthlessness
- preoccupation with death, funeral planning, obituary writing
- suddenly happier or calmer
- unusual visiting or calling people one cares about – saying their goodbyes
- giving away possessions
- making arrangements, setting one's affairs in order
- self-destructive behavior (alcohol/drug abuse, self-cutting, promiscuity)
- risk-taking behavior (reckless driving/excessive speeding, carelessness around bridges, cliffs, or balconies, or walking in front of traffic)
- having several "accidents" resulting in injury
- obsession with guns or knives; stockpiling pills or acquiring a weapon

"Although it might seem as if your unhappiness will never end, it is important to realize that crises are usually time-limited. Solutions are found, feelings change, unexpected positive events occur. Suicide is sometimes referred to as a 'permanent solution' to a temporary problem."

American Association of Suicidology

Money Sought for Suicide Prevention

There is an almost 15 million a year shortfall in suicide prevention funding in the Republic when compared with Northern Ireland, the Joint Oireachtas Committee on Health and Children heard yesterday. The committee met the Northern Ireland Assembly Health Committee to discuss possible areas for co-operation in suicide prevention

Irish Times

Light and seasonal depression

Lack of light and seasonal depression—what's the link?

People troubled by depression usually experience their dark moods in an on-again, off-again fashion. In that respect, seasonal affective disorder (SAD) differs only in that the oscillations follow a seasonal schedule, with the depression usually starting in the fall and lasting through the spring. Lack of light is often blamed for SAD, but just how darker days cause depression in SAD sufferers is still in question.

Experts debate whether it has been proved that lack of sunlight in winter triggers SAD, but there's certainly circumstantial evidence to support the connection. How might lack of light cause depression?

1. The root cause may be insensitivity to light. Most of us go through winter on a relatively even keel because exposure to indoor lighting helps offset the lack of natural light, but indoor light may be too weak for SAD sufferers.
2. There are neural pathways from the eyes' retinas to parts of the brain that help put many of our physiological processes on a 24-hour cycle. Lack of light may put people with SAD out of phase with their biological clocks: awake and active when their internal timers want them snug in bed.
3. A lack of light, or insensitivity to it, may disrupt brain processes influenced by serotonin and dopamine, brain chemicals that play a role in mood.

Light therapy, which involves sitting in front of a bright light for a short time each day, helps some people who suffer from SAD. But antidepressant medications may work just as well.

Harvard Health Publication

"Creativity requires the courage to let go of certainties"

Erich Fromm

Suicide in Midlife

One commonly hears about suicide among the young, and the elderly. But the CDC suggests that midlife suicide is becoming the bigger problem: A new five-year analysis of the nation's death rates recently released by the federal Centers for Disease Control and Prevention found that the suicide rate among 45-to-54-year-olds increased nearly 20 percent from 1999 to 2004, the latest year studied, far outpacing changes in nearly every other age group. (All figures are adjusted for population.)

For women 45 to 54, the rate leapt 31 percent. "That is certainly a break from trends of the past," said Ann Haas, the research director of the American Foundation for Suicide Prevention. By contrast, the suicide rate for 15-to-19-year-olds increased less than 2 percent during that five-year period — and decreased among people 65 and older.

The question is why. What happened in 1999 that caused the suicide rate to suddenly rise primarily for those in midlife? For health experts, it is like discovering the wreckage of a plane crash without finding the black box that recorded flight data just before the aircraft went down. Experts say that the poignancy of a young death and higher suicide rates among the very old in the past have drawn the vast majority of news attention and prevention resources. For example, \$82 million was devoted to youth suicide prevention programs in 2004, after the 21-year-old son of Senator Gordon H. Smith, Republican of Oregon, killed himself. Suicide in middle age, by comparison, is often seen as coming at the end of a long downhill slide, a problem of alcoholics and addicts, society's losers.

"There's a social-bias issue here," said Dr. Eric Caine, University of Rochester, explaining why suicide in the middle years of life had not been extensively studied before. There is a "national support system for those under 19, and those 65 and older," but not for people in between, even though "the bulk of the burden from suicide is in the middle years of life."

Of the more than 32,000 people who committed suicide in 2004, 14,607 were 40 to 64 years old (6,906 of those were 45 to 54); 5,198 were over 65; 2,434 were under 21 years old. By itself, that last is not necessarily particularly worrisome; the Boomers are so much bigger than any other generation

that it's not surprising that they account for so many of the nation's suicides. This initially made me sceptical of the rest of the results, but with caveats that the data changeover in 1999 makes the study period unhappily short, they seem surprisingly robust. The middle aged really are killing themselves more than they used to. Why would that be? Fractured social networks or better reporting (there's less stigma than their used to be—so medical examiners may be more willing to call a death a suicide.) Or are we just witnessing the collective despair of a generation that thought that they would be forever young with the world all before them? One odd possibility that occurs to me is that fewer children, and better social safety nets, may make suicide less costly—perhaps previous generations were only held here by the fear that they'd be leaving their children to starve. But to be sure, this probably doesn't match up very well with any time period we can study, so we'll probably never know whether it was a factor. The article suggests that more widely available prescription drugs are the culprit, but this seems most unlikely. Most completed suicides are not by overdose, which is why women, who favour pills, commit suicide so much less frequently. Nor do I know of any evidence that suggests that Viagra causes suicidal ideation—unless it somehow triggers the realization that no pill will make you seventeen again. This is not, as is commonly believed, because women don't "mean it"; the female preference for poison is global, and in places where very effective poisons are commonly available, such as most of the developing world, the suicide rates are often much closer. Rather, it probably has a lot to do with female fear of disfigurement—yes, even in death, though it's irrational.

theatlantic.com

Spice Slashes Blood Sugar Levels

While Ginseng has been a busy little herb these last few thousand years, cinnamon has recently been found to pack a powerful medicinal punch. A tasty addition to hot chocolate and apple pie, nutritionists agree this popular spice offers surprising benefits for those suffering from diabetes. Good medicine doesn't always take the form of a pill. Sometimes the answer, or part of the answer, can be found in your kitchen cabinet. A concentrated liquid extract of cinnamon and other natural synergistic ingredients, is used for promoting healthy blood sugar levels in diabetics and prediabetics.

The strongest evidence yet in favour of cinnamon being used as an all-natural diabetes supplement comes from a recent study conducted in Pakistan. Participants took between one and six grams of cinnamon each day for forty days, while others took equivalent amounts of a placebo. Those taking cinnamon saw significant improvements in their blood sugar, cholesterol, and triglyceride levels, even after discontinuing treatment.

The survey, which asked participants to describe what they had eaten in the last twenty-four hours, found more than 40% had not eaten a single piece of fruit, 20% had not eaten one vegetable, 55% had eaten red meat, and more than 44% had eaten at least one serving of luncheon meat or bacon that day. Results such as these suggest that while the message of good nutrition is omnipresent, people aren't practicing what they preach.

"When we strip away all the research, studies, clinical experiences, and case histories, we are left with one fundamental, inescapable fact: we are what we eat," says Dr. Goldfarb. A recent survey conducted by the National Cancer Institute, however, revealed that a majority of Americans continues to practice poor eating habits, despite evidence that a more healthy diet can reverse the course of many life-threatening illnesses. "It is our hope that better eating habits and simple, everyday herbs like cinnamon can become allies in people's journey toward disease-free living through proper nutrition," says Dr. Goldfarb. So, while a spoonful of sugar helps the medicine go down, a spoonful of cinnamon offers much, much more.

[Medical News Today](http://MedicalNewsToday)

Social revolution

Dangers of the rural pub's demise

For many elderly people living in isolated rural areas, the pub at night was their main social outlet. Irish pubs became world famous, but they have been undergoing dramatic changes in recent years as a result of the smoking ban, the drink driving laws, and the cost of drink. Pubs might have overcome any one of those difficulties, but the three together have been having a devastating impact throughout the country, especially on rural pubs.

People in urban areas can overcome the driving problem, either by walking to their local, using public transport, or taking a taxi, whereas those are not realistic options for people in isolated rural areas. In the midst of the downturn, many rural pubs have been closing, thereby further compounding the problem.

The secretary of the Ennis Mental Health Association reckons that the demise of the rural pubs in Clare has been a contributory factor in an increase in suicides. Unable to get to the pub, people have taken to drinking at home. Drink purchased at off-licence outlets is much cheaper, with the result that people can afford to drink more at home. In a pub there would be somebody to refuse them more drink, or to encourage them to stop when they had consumed too much, but there may be no such control to act as a safety valve at home.

An initial drink of alcohol is a stimulant, but as more is consumed it becomes a depressant, and this can contribute to the level of depression among lonely people. There was a time when drinking at home was considered dangerous, and there was a certain stigma attached to it, but now many people are essentially being forced to drink at home, if they wish to have a drink.

This amounts to a virtual social revolution that has dangerous implications of which we should be acutely aware. This poses as definite challenge because it harbours very real dangers.

Letter in the Irish Examiner
14/02/08

Reply

Sir, I note with interest the comments regarding the possible link between suicide and the closure of rural pubs. I endorse the need to study this in detail, but caution is needed lest this idea takes hold without scrutiny. The link between alcohol and suicide is well established internationally and in Ireland most evident in the suicides of younger males for which we have become sadly renowned. The social cohesion, sense of belonging and comforts of a pub for isolated and often single rural persons is a real gap and presents a challenge for us as a community to replace. However, more alcohol for Ireland (up 300% since 1960) will bring only more misery and death, especially when sold outside the restraints and controls of the local licensed premises. We need to get back to the pub but lessen our drinking as well. Profits are dictating drinking patterns in both pubs and supermarkets, but the publicans must be clear that to wean us back they must adapt and invent to add value to their already excellent services. They are resourceful, but supermarket and off licence selling has to be further regulated if we are not to wind up like some countries where drinking is conducted mainly on the streets and in the parks. We are well on the way to this however so the publicans must press their advantages soon or we will all be the losers.

Dr Justin Brophy
Irish Association of Suicidology
New Antrim St., Castlebar
Irish Examiner

psychcentral.com

Risk factors for suicide consistent across seventeen countries

A study by a Harvard University professor published in the British Journal of Psychiatry reports that risk factors for suicide are consistent across seventeen countries. According to the study, the risk factors for suicidal thoughts, plans and attempts are; being female, having a mental disorder, being unmarried and being younger and less educated. This study was based on surveys designed and distributed by the World Health Organization.

Of those surveyed 2.7% admitted having attempted suicide and 9.2% had thought about it at some point in their lives. The study also points out those suicidal tendencies are not just correlated with depression, but with those having impulse control problems, substance abuse and anxiety disorders. However, the study found that the type of disorder, as a risk factor, varied between countries having an on average higher income than those countries with an on average lower income;

Calling All Ladies!

Flora, Dublin Women's Mini Marathon
Bank Holiday Monday, 2nd June 2008

Participate in the Women's Mini Marathon, in aid of the Irish Association of Suicidology on Bank Holiday Weekend, Dublin City Centre

For a T-shirt and sponsorship card please contact us at **094 9250858** or e-mail: joscott@eircom.net

Entry forms will appear in the Evening Herald every Thursday and Saturday or can be downloaded at www.florawomensminimarathon.ie

Tool kit for helping someone at risk of suicide

Are you yourself thinking of suicide?

You are not alone. Thoughts of suicide occur to many people and for a range of reasons. The most important thing to remember is that help is available. Talking to someone is a good place to start, even though it may seem difficult. Approach a trusted friend or call your local GP. Tell someone today!

Why does someone consider suicide?

Typically, many factors are involved. It is known that mental health problems, particularly depression, can increase vulnerability to suicide. Here are some clues about what to look for.

Situations - what's happening in the person's life?

- Have they experienced any life changes recently?
- Recent loss (a loved one, a job, an income/livelihood, a pet)
- Major disappointment (failed exams, missed job promotions)
- Change in circumstances (retirement, redundancy, children leaving home)
- Mental disorder or physical illness
- Suicide of a family member, friend or a public figure
- Financial and/or legal problems

Are you concerned that someone close to you is considering suicide?

Have you noticed changes in their attitude and behaviour?

Has someone you know attempted suicide? Would you like to know how to help them keep safe?

It is distressing to realise that someone close to you may be considering suicide. This tool kit will help you identify signs to look for, decide what to do and learn what help is available. Most people who consider suicide get through the crisis. Family, friends and professionals can make a big difference in helping people stay safe and re-establish reasons for living. Feelings – how does the person feel about it? Events like the above can be difficult and sometimes devastating. Most people who experience them do not consider suicide, but some do. Be aware of:

- How the person feels about what happened
- What it means to them
- Whether the pain feels bearable, mental health problems can increase the risk of suicide. We may not know a person's mental health history, however we may notice that a person seems depressed or anxious, and/or is misusing alcohol or other drugs. They may have told us that they are receiving treatment for a mental health problem. Having a mental health problem does not mean a person will have thoughts of suicide – many don't. However, mental health problems can affect the way people view problems. They affect motivation and openness to seek help, therefore we need to be particularly aware of the possible risk of suicide. People who have recently been discharged from hospital for treatment of mental health problems may also be at higher risk of suicide. It is important that they receive ongoing support in the community. You may be able to help by supporting them to attend any follow-up visits with their GP or mental health specialists.

What do I do now?

People considering suicide often feel very isolated and alone. They may feel that nobody can help them or understand their psychological pain. When unable to see any other way of dealing with pain, suicide may seem to be a way out. Sometimes people who have been distressed and openly suicidal become outwardly calm. Be aware that this may mean many things, including their quiet resolution to complete their suicide plan. The important thing to remember is that if someone is not their usual self or if they are showing signs that arouse your concern you need to check it out. This tool kit will help you to talk to someone about suicide and then decide what steps to take. Most people who consider suicide get through the crisis. The help and support of family, friends and professionals can make a big difference. The following tips will help you know what to do.

Behaviours – what are they doing?

People at risk of suicide usually give clues by their behaviour. These may include:

- Previous suicide attempts
- Being moody, sad and withdrawn
- Talking of feeling hopeless, helpless or worthless
- Taking less care of themselves and their appearance
- Losing interest in things previously enjoyed
- Finding it hard to concentrate

- Being more irritable or agitated
- Talking or joking about suicide
- Expressing thoughts about death through drawings, stories, songs etc
- Saying goodbye to others and/or giving away possessions
- Engaging in risky or self-destructive behaviour
- Increasing alcohol/drug use

Mental Health Tool Kit

1. Do something now

If you are concerned that someone you know is considering suicide, act promptly. Don't assume that they will get better without help or that they will seek help on their own. It's easy to avoid being part of that help, or to hope that someone else will step in. Reaching out now could save a life.

2. Acknowledge your reaction

When you realise that you need to take action to help someone who is considering suicide, your natural reaction may be to:

- Panic
- Ignore the situation and hope it will go away
- Look for quick-fix solutions to make the person feel better
- Criticise or blame the person for their feelings. These reactions are common but not helpful. It's natural to feel panic and shock but take time to listen and think before you act. Following the tips below will help you get through. If you find you're really struggling, enlist the help of a trusted friend.

3. Be there for them

Spend time with the person and express your care and concern. Ask them how they are feeling, hear their pain and listen to what's on their mind. Let them do most of the talking. Problems can seem more manageable after speaking about them.

4. Ask if they are thinking of suicide

Unless someone tells you, the only way to know if a person is thinking of suicide is to ask. Asking can sometimes be very hard but it shows that you have noticed things, been listening, that you care and that they are not on their own. Talking about suicide will not put the idea into their head but will encourage them to talk about their feelings. It opens up options for checking out risk, attending to safety and getting further help.

5. Check out their safety

If a person is considering suicide it is important to know how much thought they have put into it. Ask about the following:

- Have they thought about how and when they plan to kill themselves?
- Do they have the means to carry out their plan?
- Have they ever deliberately harmed themselves?
- What support can they access to stay safe and get help?
- How can you help them draw on links to family, friends, pets, religious convictions, personal coping strengths? Use this information to decide what to do. If you are really worried, don't leave the person alone. Seek immediate help and remove any means of suicide available, including weapons, medications, alcohol and other drugs, even access to a car.

This tool kit will help you identify signs to look for, decide what to do and learn what help is available. Most people who consider suicide get through the crisis. Family, friends and professionals can make a big difference in helping people stay safe and re-establish reasons for living.

6. Decide what to do

Now that you have this information you need to discuss together what steps you are going to take. What you decide to do needs to take into account the safety concerns that you have. Do not agree to keep it a secret. You may need to enlist the help of others to persuade the person to get professional help – or at least take the first steps to stay safe. These may include their partners, parents, or close friends. Only by sharing this information can you make sure that the person gets the help and support they need. Sometimes the person at risk says they do not want help. Yet we know most people are in two minds about suicide. Make keeping them safe your first priority. Consider the long-term benefits of getting help for the person. It may mean risking the relationship but you could be saving a life.

7. Take action

The person can get help from a range of professional and supportive people:

- GP
- Counsellor, psychologist, social worker
- School counsellor, youth group leader, sports coach
- Emergency services – police and ambulance
- Mental health services
- Community health centre
- Priest, minister, religious leader

Telephone counselling services such as the Samaritans. When the person has decided who they are most willing to tell, help them prepare what they will say. Many people find it difficult to express their suicidal thoughts. Offer to accompany the person to the appointment. After the appointment, check that they raised the issue of suicide and ask what help they were offered. Help them follow through with the recommendations. In some situations the person may refuse to get help. While it's important that you find them the help they need, you can't force them to accept it.

You need to ensure that the appropriate people are aware of the situation. Do not shoulder this responsibility alone.

One way to open your eyes is to ask yourself, "What if I had never seen this before? What if I knew I would never see it again?"

Rachel Carson

8. Ask for a promise

Thoughts of suicide often return and when they do it is important for the person to again reach out and tell someone. Asking them to promise to do this makes it more likely that it will happen. Encourage the person to promise to call you or the Samaritans if the suicidal thoughts return, and to do this before they harm themselves.

9. Look after yourself

If you're helping someone who is considering suicide, make sure you also take care of yourself. It is difficult and emotionally draining to support someone who is suicidal, especially over an extended period.

- Don't do it on your own. Find someone to talk to, maybe friends, family or a professional.
- Recruit other people to help support the person you are worried about.
- Get in touch with carer organisations or support groups.
- Try not to let your concerns about the other person dominate your life. Make sure you continue to enjoy your usual activities, take time out to have fun and keep a sense of perspective.

10. Stay involved

Thoughts of suicide do not easily disappear without the person at risk experiencing some change. Their situation, or their feelings about it, may change, or they may feel more supported and able to deal with it. In either situation, the continuing involvement of family and friends is very important. Below are some tips to ensure the person at risk continues to get the best help possible:

- Ensure the person has 24-hour access to some form of support. This may be you, other family members and friends, or the Samaritans
- Accompany the person to appointments if possible. Your support can be a great encouragement.
- If you are the primary carer, try to establish a good relationship with the health professionals responsible for the person's treatment. Your opinion and input is valid and may be very valuable.
- Advocate for the person. Sometimes a service or health professional may not be capable of meeting all the person's needs. You can advocate for appropriate services.
- Discuss with the person what issues or situations might trigger further suicidal thoughts. Plan how to reduce this stress and what coping strategies can be used.
- Continue to be supportive but not overprotective.

Suicidal thoughts do not easily go away by themselves. People need to see change in their lives and they need help to achieve that change. You are part of that help.

www.exasco.com

Study supports role of a dopamine related gene in the onset of depression

Depression is one of the most common forms of psychopathology. According to diathesis-stress theories of depression, genetic liability interacts with negative life experiences to cause depression.

Traditionally, most studies testing these theories have focused on only one component of the diathesis-stress model: either genetics or environment, but not their interaction. However, because of recent advances in genetics and genomics, researchers have begun using a new design that allows them to test the interaction of genetic and environmental liabilities - the G x E design. Studies suggest that the neurotransmitter dopamine may play a role in the risk for depression. Early negative interpersonal environments (i.e. rejecting parents) have also been implicated. So, University of Notre Dame psychologist, Gerald Haefel, and colleagues investigated whether a gene associated with dopamine interacted with maternal parenting style to predict episodes of depression.

The researchers studied 177 male adolescents from a juvenile detention center in Russia. These participants were ideal candidates for the study because depression rates rise so dramatically during this period in life. The researchers used a structured diagnostic interview to diagnose depression and a questionnaire to assess aspects of maternal parental rearing (i.e. physical punishment, hostility, lack of respect for the child's point of view, and unjustified criticism in front of others).

The results are fascinating. While neither factor alone predicted depression, the boys with especially rejecting mothers, and a specific form of the dopamine transporter gene were at higher risk for major depression and suicidal ideation. This study, which appears in the January issue of Psychological Science, a journal of the Association for Psychological Science, is among the first to support the role of a dopamine related gene in the onset of depression. By the year 2020, depression is projected to be the 2nd leading cause of disability worldwide. Identifying factors that contribute to risk and resilience for depression is vital to our society. The results suggest that using psychosocial interventions to increase dopamine activity in the brain, helping patients focus on identifying and pursuing new goals and rewards could prove beneficial to lowering depression rates.

News-Medical.Net

"A moment's insight is sometimes worth a life's experience"

Oliver Wendell Holmes

MY TEN COMMANDMENTS

Thou shalt not worry, for worry is the most unproductive of all human activities.

Thou shalt not be fearful, for most of the things we fear never come to pass.

Thou shalt not cross bridges before you get to them, for no one yet has succeeded in accomplishing this.

Thou shalt face each problem as it comes. You can handle only one at a time anyway.

Thou shalt not take problems to bed with you for they make very poor bedfellows.

Thou shalt not borrow other people's problems; they can take better care of them than you can.

Thou shalt not try to relive yesterday for good or ill – it is gone. Concentrate on what is happening in your life today.

Thou shalt count thy blessings, never overlooking the small ones, for a lot of small blessings add up to a big one.

Thou shalt be a good listener, for only when you listen do you hear ideas different from your own. It's very hard to learn something new when you're talking.

Thou shalt not become bogged down by frustration, for 90 per cent of it is rooted in self-pity and it will only interfere with positive action.



The Irish Association of Suicidology

Membership Form

Name: _____

Address: _____

Present Position: _____

Work Telephone: _____ Work Fax: _____

E-mail Address: _____ Web Address: _____

Occupation: _____

Membership Fee: €40/£35stg

Cash

Cheque

Postal order

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