

# Fallen in love? It's official...you are mad

Can't eat, can't sleep, can't stop grinning like a Cheshire cat... all classic symptoms of love. Well, actually, you could be going mad. According to new research, love and madness are not that different.

"Once the love bugs bites, serotonin levels in the brain drop, triggering obsessive behaviour," says behavioural psychologist Ciaran Foley. "The neural circuits controlling our social judgment are suppressed and our stress hormones increase, leading to higher blood pressure and possible loss of sleep." All in all, love leaves you obsessive, stressed and blind to other's faults - and we love it! But that's not all - check out these strange forms of behaviour

**Face up to it** The first move is made before you're even born. Dr Nick Neave, an evolutionary psychologist says: "We've done research into facial symmetry and found that a symmetrical face is a turn-on. You're attracted on a subconscious level because, throughout history, humans have chosen to breed with people they perceive to be healthy. Healthy genes mean a symmetrical face." Dr Neave also says women whose partners have mismatching ears, fingers or elbows tend to fantasise about sex with other men when they are ovulating!

**Mirror, mirror** Research claims we favour people with familiar features which explains why some couples look alike. Cognitive psychologist David Perrett took images of students' own faces and morphed them into the opposite sex. Of all the faces on offer, the students preferred their own morphed faces. Perrett suggests that we find our own faces attractive because they remind us of the faces we looked at constantly in our early childhood years - mum and dad.

**Lock eyes** Another new study says that strong eye contact makes a person more attractive and that a gaze can be a powerful arousal cue. Neuroscientists have shed some light on what's going on: meeting another person's gaze

lights up brain regions associated with rewards. But, make sure you get your technique right. If your gaze isn't reciprocated, you risk coming across as a stalker.

**Love in a flash** We don't need a lot of time to tell if we're interested. Communications researcher Robert Kurzban randomly paired college students to predict what kind of relationship they could foresee based on three-minute chats. After a nine-week period of getting to know each other, Kurban found the initial predictions and snap judgments held up (which explains why you know before the drinks come that the 'just perfect for you' blind date is a no-go).

**It really hurts** A recent UCLA study suggests the psychological hurt of a break-up is just as real as a physical injury. Physical injury and the social pain of being dumped affect the same part of the brain. Researchers also believe the pain of being rejected evolved as a motivating force that led humans to seek out social interaction, which is crucial for the survival of most mammals.

**Just Follow your nose** A study at the University of Chicago showed that men go bananas for cinnamon/vanilla blends. According to aromatherapist Laura Davimes, these scents increase the presence of pheromone-like substances and dramatically increase attraction. Women, on the other hand, are drawn to a black liquorice scent. So if you're at a nightclub and just happen to spill some sambuca on your shirt - just consider it your lucky night.

**Cheeks, ears and tums** Hungry men like women with a little more meat on their bones. "If we take our cue from apes, rosy cheeks are crucial in the dating game - signalling good genes - while the most appealing voices belong to those who had sex at an earlier age, had more sexual partners, and are more prone to infidelity," says psychologist Tony Corrigan.

*Independent.ie*

## Upcoming Events

**IAS 13th Annual Conference**  
1 October, 2009  
Dunraven Arms Hotel  
Adare, Co. Limerick  
[www.ias.ie](http://www.ias.ie)

**2009 - XXV IASP World Congress**  
27-31 October 2009  
Montevideo, Uruguay  
Contact person: Dr. Silvia Peláez  
[info@iasp2009.org](mailto:info@iasp2009.org)

**13th European Symposium on Suicide and Suicide Behaviour**  
1-4 September 2010  
Rome, Italy  
[www.esssb13.org](http://www.esssb13.org)

**43rd Annual AAS Conference**  
"Family, Community Systems and Suicide"  
April 21-24, 2010  
Orlando, FL  
[www.suicidology.org](http://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 e-mail us at [info@ias.ie](mailto:info@ias.ie)



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# The College of Psychiatry of Ireland

by Dr Justin Brophy, President



For the first time, all the different groupings in Irish psychiatry are aligned together and from the 1 January 2009 a new, College of Psychiatry of Ireland has begun.

Under a logo incorporating the Greek capital Psy (for Psyche) the Serpent (Physic) and the 3 Candles of Illumination (Celtic) and a motto of 'Wisdom, Learning & Compassion', we set out by claiming for our guide, these ancient traditions which profoundly underpin the work of our specialty.

The creation of the new College marks a turning point in the development of the profession and its role in mental health services here. Dr Consilia Walsh made a singular contribution to achieving this by chairing the Steering Group which diligently worked on the project for the last three years. The Royal College linked predecessor has been formally dissolved on good and happy terms. We received very substantial assistance from the Government in terms of a foundation endowment, and our mission now is to ensure we will deliver on this for our community and society.

This new departure crucially provides an opportunity to locate the development and training of Irish psychiatrists throughout their careers within the context of mental health policy and practice here.

As systems increasingly diverged between the UK and Ireland, and because of the need to develop a strong indigenous organisation, the break with the Royal College became inevitable. I had the great honour to be elected as the first President and together with the Executive, Council, Staff and Members we are tasked now to build a College, develop training and accreditation, devise and execute an exam, roll out CPD and competence assurance and build regional and faculty networks. This will take some years during which we will continue to facilitate trainees toward taking the UK Membership Exam.

As a fledgling body we intend to grow and develop by our own efforts, but by also supplementing our deficiencies with the assistance of the diaspora of Irish psychiatrists practising worldwide, and continuing good relationships between our natural fraternal counterparts in the UK and Europe, through Faculties and sub-speciality groups.

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## Press council publish document on suicide

Suicide is a social phenomenon which should be treated sensitively but not ignored by newspapers, according to organisations which took part in a consultation process on the reporting of suicide organised by the Press Council.

A discussion document on the issue published recently indicated there is widespread acceptance regarding the right of the press to publish news about suicide. It says editorial decisions, sometimes made under pressure and without a clear appreciation of their implications, can have incalculable and unforeseeable effects for families and friends of people who have taken their own lives.

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## EDITORIAL

The establishment of the Press Council of Ireland and the Office of the Press Ombudsman in 2008 is a very welcome development. An independent press complaints mechanism for Ireland was long overdue. The freedom of the press is important and essential if democracy is to function properly and survive. However, the freedom of the press is an aspiration that is difficult to define and achieve and is open to abuse and misuse. Unfortunately it is easily manipulated by conglomerates that own the greater proportion of the print media. Hopefully the new complaints mechanism will afford those who have a real grievance at been misrepresented in the press a means of redress and an opportunity to set the record straight. That said the press has a duty and indeed a right to publish fearlessly news and informed comment on all aspects of Irish life.

We now have a Code of Practice for the print media which is to be considered as work in progress rather than an immutable set of rules. The Press have signed up to this code of practice which sets out ten principles including truth and accuracy, distinguishing fact and comment and respect for rights and privacy. The full code can be accessed on [www.pressombudsman.ie](http://www.pressombudsman.ie). The Office of the Press Ombudsman will investigate complaints about breaches of the code and resolve them quickly and fairly if a breach of the code has taken place and the complainant can show that they have been affected by it. In certain cases the Ombudsman may refer matters to the Press Council of Ireland. The service is free.

Over the years the IAS has been concerned on many occasions about the reporting of suicide in the media. In particular the reporting of murder-suicide has, in some elements of the media been misleading, unhelpful and distressing to the families of the bereaved and their wider communities. Of course suicide must be reported and is often newsworthy. However it is

well established that certain types of reporting can and do lead to copycat suicide, also known as suicide contagion. Guidelines for the Portrayal of Suicide in the Media in Ireland were first published by the Irish Association of Suicidology in partnership with Samaritans in 2000 and the third revised update will be published shortly. These Guidelines are available on our website. In addition the WHO, IASP and the NUJ have also produced guidelines all making similar suggestions.

Unfortunately the guidelines are all too often ignored by elements of the media. While the number of suicides occurring as a result of such types of undesirable reporting may be small they are a group of unnecessary deaths which could be avoided by full implementation of the guidelines.

There is now have a mechanism to complain about unhelpful and dangerous reporting of suicide in the media. The IAS will be active in bringing to the attention of the Ombudsman and the Press Council of Ireland breaches of the guideline. We encourage all our members and the general public to do likewise. Balanced reporting of suicide in the media is an important aspect of suicide prevention. Suicide prevention is everybody's business and by making formal complaints about reporting of suicide that breach the guidelines you may well save a life.

More details about the Press Council of Ireland and the Press Ombudsman are printed elsewhere in this edition of our newsletter. It might be more appropriate if anyone wants to make a complaint about the reporting of suicide in the print media to do so through the Irish Association of Suicidology.

**John Connolly**  
Hon Secretary

## The College of Psychiatry of Ireland

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To encourage engagement by our own members, we will develop networks of practitioners with common interests giving them the opportunity for personal development and contributing personally to the new College. Every member from trainee to retiree should know they individually have a task, a role, a contribution and a value, so as to share the craic, camaraderie, friendship and support that active belonging to a College brings.

We must also build alliances and develop policies, positions and standards we can achieve and defend. Towards that aim the College will establish an Advisory Group consisting of persons of the highest standing from broad range of sections of society and opinion to inform, advise and support its Council. They will serve as our wind vane, our ally and our trusted critics. This opens up our future to the concerns of the body politic but also becomes a channel through which to relay our message and mission.

We see a need to rebuild and develop a pride among our profession here about our work, and try and communicate its value and its constraints to those who come into contact with our services. Most importantly, we must support, defend and protect the environment, culture and discourse around our work and around our person. Our work is difficult and can only operate in safety and mutual respect. This is so that the courage, compassion and trust which we need to do our job will not be robbed from us and ultimately from our patients' benefit.

As doctors, we must assert and uphold at all cost the unique contract we have with our patients, protecting the healing strength and ethical standards that the professional relationship between doctor and patient confers. We have a big task, but have confidence and trust that a solid foundation and an able membership will help us achieve this. Our website will in due course keep abreast of developments and all further offers of help will be very welcome.

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

## Intervention could have averted Monageer tragedy – Neville

**The Fine Gael Mental Health Spokesperson, Dan Neville TD, today (Wednesday) said:**

"The report on the Monageer Inquiry concludes that if the services intervened with the family on the weekend of their deaths it is 'unlikely the tragedy would not have been averted'. I profoundly disagree with this assumption. Intervention should have taken place and the failure to complete a suicide risk assessment with Adrian Dunne had the most serious of consequences. The failure of the Government to invest in suicide prevention programmes again highlights its serious neglect in this area which has tragic consequences for so many victims and their families.

"The decision of a person to take their life is complex and multifaceted. It is wrong and dangerous to attribute this terrible decision to one simple factor.

"A superficial suicidal risk assessment in relation to Mr. Dunne suggests a high possibility of serious suicide ideation and intention. The following when combined would lead one to such a conclusion.

1. A young father was making detailed plans for his funeral and that of his family. This alarmed the funeral undertaker who was so concerned that the Gardaí were notified.
2. Mr. Dunne was in mourning for his brother who took his life on the previous month.
3. Mr. Dunne was mourning his father who died the previous year.
4. He recently finalised his will.
5. He and his family were socially isolated.
6. He had intellectual and physical disabilities.
7. The family had a high level of engagement with health and social services.
8. He had unmanageable debts.
9. There has been an incidence of suicide related tragedies in the Wexford area which introduces a copy cat consideration.
10. Another brother of Mr. Dunne's died in a car accident. He made reference to this in his conversation with the funeral undertaker. He also spoke of eight different people that had been in accidents. It is accepted that some deaths on our roads are suicides.

## Press council publish document on suicide

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The Press Council received a total of 11 position papers from organisations and 12 from individuals, in response to an invitation for submission in relation to the reporting of suicide last September. Only one submission – from an individual – argued that the best way for the press to co-operate with the need to reduce suicide was to suppress reporting of suicide completely. The discussion document shows that press reports on suicide have intensified distress among bereaved families in a number of ways including:

- The fact that any evidence given in a coroner's court is automatically in the public domain, and therefore may be reported in the press
- Premature descriptions of suicide, well in advance of an inquest, of what could equally have been an accidental death
- Close-up photographs of traumatised, bereaved families at funerals of those who have taken their own lives

A number of submissions suggested introducing a single set of guidelines, while others said the Press Council should establish a forum to enable journalists and organisations working in the area of suicide prevention to address the portrayal of mental health and suicide in the press.

Among the recommendations made by both individuals and organisations which, the Press Council said, might be considered in drafting guidelines include:

- Use of appropriate and non-sensationalist language
- The danger of prominent and repetitive coverage
- Avoiding romanticising or glorifying suicide
- Avoiding use of dramatic photographs

*Irish Times*

"This superficial suicide assessment should alert the services that here was a high level of suicide ideation and that the victim was suffering deep psychological, emotional and/or psychiatric trauma. The psychiatric services should have been immediately engaged and all the services available to save his life should be engaged. If this were so he and his family could have been saved.

"The fact that this did not happen again demonstrates the serious neglect of funding services of people in crisis and allocating resources to develop suicide prevention proposals. The fact that the Minister for State says that funding of €15 million to introduce the main recommendation of the report 'is an issue at the moment' demonstrates the value placed on the lives of those who are suicidal. I repeat that the decision to take one's life is highly complex and there is no easy answer. Those who die by suicide do not intend to take their life but know of no other way to remove the deep psychological and sometimes physical pain which they are suffering. I issue my deep sympathy to family."

*Dan Neville, President, IAS*

# DONATE ON-LINE

You can now donate on-line to the work of the IAS.

Just visit our website click on 'donate' and follow the instructions.

## Doctor group calls for additives ban

The International Society of Doctors for the Environment (ISDE) has called for a total ban on the use of artificial food additives in children's food and drinks. According to the Society, recently published research in the Lancet has shown conclusively that certain artificial colourants and flavourings can induce behavioural changes in children consuming them. The research shows that many of the chemicals have no nutritional value and a number of the colourants are in fact aniline dyes made from coal tar. The type of additives that are being identified by ISDE include: the colourants – Brilliant Blue FCF, Quinoline Yellow, Sunset Yellow, Tartrazine, Yellow 2G, Cochineal, Carmoisine, Amaranth, Ponceau 4R, Erythrosine, Red 2G, Allura Red, Patent Blue V, Indigo, Carmine, Green S, Black PN, Brown FK, Brown HT, Pigment Rubine, and flavourings – aspartame, sucralose, monosodium glutamate. The Irish Doctors Environmental Association (IDEA) has also raised concerns about the artificial food additives in children's foodstuffs. The IDEA's Honorary Secretary Dr Elizabeth Cullen said that the Association has long advocated for a locally produced, and where

possible, organic diet for children. "We don't know the long-term impact of the chemicals in our food," Dr Cullen told IMN. "We would therefore urge people to be cautious about the issue when feeding their children as they are a very vulnerable group."

Meanwhile, Dr Cullen supports the recent call by the European Environmental Agency, an institution of the European Commission, which calls on governments to apply the "precautionary principle" to policies regarding mobile phone technology. Dr Cullen, who spoke to a Dáil committee on the subject a couple of years ago, said the long-term effects of mobile phone technology on health is not known.

She said the Association would support any move to reduce the population's exposure to mobile phone radiation.

*Irish Medical News*

## Are anti-depressants getting a raw deal in the media?

For years certainly it has been believed that many tricyclic anti-depressants and SSRIs are effective pharmacological agents in treating depression. However, in recent news there has been criticism towards the effectiveness of anti-depressants. Such research conducted at Hull University does need to be questioned, as subsequent media attention can lead to massive concern amongst the public considering the fact depressive illness is very common. It is important to note that, like most psychiatric and psychological conditions, the aetiology of depression has more than one component; these include biological, psychological and social models. Thus, to tackle depressive illness a patient must be treated holistically and deep roots of the problem addressed i.e. in addition to drug therapies, psychological aids are required such as counselling and Cognitive Behavioural Therapy. Thus it may seem many patients may not always benefit from drug therapy, perhaps because the other factors (psychological and social) haven't been addressed sufficiently; but to claim drug therapies are not effective seems dubious.

*General Medical Council Magazine*

*"That's the thing about depression: A human being can survive almost anything, as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it's impossible to ever see the end. The fog is like a cage without a key".*

*Elizabeth Wurtzel*

## Shine Launches new name

The Dublin launch of Shine, Supporting People Affected by Mental Ill Health, took place recently. The event was the first to celebrate the rebranding from the name Schizophrenia Ireland to Shine, Supporting People Affected by Mental Ill Health.

John Saunders, Director of Shine gave a short presentation on how the change of name came about and explained that 'while the image has changed, the day to day business of the organisation continues to remain the same'. He outlined that Shine continues to provide the same services that help people to move on and regain a quality of life after a diagnosis of mental illness. He explained that the name Shine is meant to be positive, inclusive and non stigmatising and pointed out that Shine will now be able to reach out to young people with a diagnosis of mental ill health through the internet sites of Facebook and Bebo where they can communicate and support one another.

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

## Alcohol leads to depression risk in men and in women

A statistical modelling study has suggested that problems with alcohol abuse may lead to an increased risk of depression, as opposed to the reverse model in which individuals with depression self medicate with alcohol. A number of epidemiological investigations have shown that alcohol abuse or dependence is associated with major depression, according to background information supplied by the study's authors. However, it has previously been unclear whether one disorder causes the other, or whether a common underlying genetic or environmental risk factor increases risk for both. Using data gathered from a 25 year study of health and development in New Zealand, doctors there examined the associations between alcohol abuse and depression. A sample of 1,055 participants born in 1977 were assessed for both conditions at ages 17 to 18 years, 20 to 21 years and 24 to 25 years and asked questions about lifestyle and demographic factors. At ages 17 to 18 years, 19.4 per cent of the participants met criteria for alcohol problems and 18.2 per cent for major depression; at ages 20 to 21 years, 22.4 per cent had alcohol disorders and 18.2 per cent major depression; and at age 24 to 25 years, 13.6 per cent met alcohol disorder criteria and 13.8 per cent had major depression.

At all ages, alcohol abuse or dependence was associated with an increased risk of major depression – those who fulfilled criteria for

alcohol abuse or dependence were 1.9 times more likely to also fulfil criteria for major depression. Three models were tested to fit the data, in which:

- Major depression and alcohol abuse disorders had a reciprocal association within time;
- Alcohol disorders caused major depression;
- Major depression caused alcohol disorders.

"This analysis suggested that the best-fitting model was one in which there was a unidirectional association from alcohol abuse or dependence to major depression but no reverse effect from major depression to alcohol abuse for dependence," the study's authors concluded. "The underlying mechanisms that give rise to such an association are unclear; however, it has been proposed that this link may arise from genetic processes in which the use of alcohol acts to trigger genetic markers that increase the risk of major depression," they commented.

*Irish Medical Times*

*"Don't get discouraged; it's usually the last key in the bunch that opens the lock".*

*Unknown Author*

## New criterion may improve identification of dementia risk

A different cut-off point on an existing mental function assessment may more effectively assess the risk of dementia in highly educated older adults, according to American researchers. The most commonly administered screening test of cognitive (thinking, learning and memory) function is known as the mini-mental state examination (MMSE), according to background information cited by the researchers. "Performance on the MMSE is moderated by demographic variables, with scores decreasing with advanced age and less education," the researchers commented. The maximum MMSE score is 30; a score of 24 or less is typically used to detect individuals with cognitive dysfunction. Against such a background, the researchers viewed the MMSE scores of 1,141 participants in the Mayo Clinic Alzheimer's Disease Research Center and Alzheimer's Disease Patient Registry who reported having 16 or more years of education. These included 307 patients with

dementia, 176 patients with mild cognitive impairment and 658 control patients without dementia. With the traditional cut-off score of 24 on the MMSE, 89 per cent of the participants were accurately classified by dementia status. This score had a sensitivity of 66 per cent and a specificity of 99 per cent for the detection of dementia, meaning that an individual with a score of 23 or lower would be correctly identified as having dementia 66 per cent of the time and an individual with score of 24 or higher would be correctly diagnosed as not having dementia 99 per cent of the time. Raising the score to 27 changed the sensitivity to 89 per cent and the specificity to 78 per cent, correctly classifying 90 per cent of the participants. "The current findings are not intended to encourage the diagnosis of cognitive impairment or dementia based on total MMSE scores alone," the study's authors reported.

"Instead, these results provide practitioners with revised criteria for

appropriate management of highly educated, older white patients. Specifically, older patients who present with memory complaints (reported by themselves or others), who have attained a college degree or higher level of education and who score below 27 on the MMSE, are at increased risk of cognitive dysfunction and dementia and should be referred for a comprehensive evaluation, including formal neuropsychological studies." The authors suggest that use of this new cut-off point may help facilitate early detection of dementia in highly educated individuals. Timely treatment may be particularly important in this population, since individuals with more education tend to decline and die more quickly after they are diagnosed with Alzheimer's disease, the authors noted.

*News-Medical.Net*

# Reaching out to tackle suicide

Paul Mulholland in interview with Dr. John Connolly, Secretary, Irish Association of Suicidology

After reaching a plateau in 1998, suicide rates in Ireland have been falling off over the past 10 years. Between 1998 and 2006 suicide numbers fell 20 per cent from 514 to 409, according to a Health Research Board (HRB) report last year.

Secretary of the Irish Association of Suicidology (IAS), Dr John Connolly, hopes the reduction will continue into the future. We have quite a small population. So suicide rates can vary a lot. There can be a lot of random variation in suicide rates in a small population. We hope this small fall in recent times is a trend that will progress. However, we are concerned about underreporting of suicide in Ireland and were not quite sure how much higher the real figure for suicide is compared with the official statistics.

Dr Connolly, a psychiatrist by profession, said his interest in the area of suicide prevention was sparked from dealing with patients who either made attempts to end their life, or actually committed suicide, in institutions he worked in throughout his career.

After qualifying in medicine in University College Cork (UCC), Dr Connolly spent many years in the UK working in psychiatric institutions, including time as Clinical Director in Whittingham Hospital in the UK. In 1979 he returned to Ireland to work in St Mary's Hospital, Castlebar, Co Mayo, and became its chief superintendent in 1986, where he stayed until his recent retirement.

In 1996, the IAS was established by Dr Connolly, along with the present Fine Gael spokesperson for mental health Deputy Dan Neville, and the late Dr Michael J Kelleher, a consultant psychiatrist who also founded the National Suicide Research Foundation in Cork.

According to Dr Connolly, the reason for founding the Association was to provide a focus point for the various groups and professionals in Ireland working on suicide prevention. Nobody of course has a monopoly on wisdom about suicide, Dr Connolly comments. "It was very important to create that transfer of information from those who were bereaved through suicide or those who are feeling suicidal to clinicians and researchers, and vice versa so we can learn from each other. That was one of the main aims, to make sure that the public representatives were aware of the problem of suicide.

At the time of the establishment of the Association, the stigma surrounding suicide in Ireland was quite significant it had only been decriminalised in 1993, Ireland having been the last European country to do so. While admitting that stigma still remains, pointing to a survey

done by the Association which showed a significant number of people would feel ashamed if a family member took their own life, Dr Connolly said it is not so pronounced as previously.

In addition to decriminalisation, he attributes an increased willingness to discuss the problem as a reason why the stigma is no longer significant. "If you look at it now I suppose it was all hush hush in the years before 1993. People didn't know how to deal with it or talk about it. Now if you look at the funeral of anyone who has ended their life by suicide you would see that people will attend it as they would do any funeral. Whereas in the past that wasn't the case. Of course we still have a long way to go.

There is a call from suicide lobby groups for better statistics on suicide in the country in order to create better planning and prevention programmes. Dr Connolly says that it is difficult to gain precise suicide figures as many deaths such as those as a result of drowning and road collisions are disguised suicides.

He says that a confidential inquiry into suicides as recommended in the national strategy on suicides, Reach Out, should be implemented in order to learn important lessons as to why people take their own lives. Such inquiries already take place in psychiatric institutions in the UK and have proven an effective means in gathering data.

Overall, Dr Connolly calls Reach Out a good document and says that it looks at all the factors and areas that might effect suicide rates. He disagrees with the assessment of consultant psychiatrist Prof Patricia Casey who recently told the Oireachtas Sub-Committee on Suicide Prevention that the document contains too many recommendations, many of which are too vague and unfocused, thus obscuring the important measures, such as the confidential inquiry, which are needed to reform Ireland's response to the problem.

Suicide is a complex problem, Dr Connolly contends. "There is no simple answer to it. We need all those recommendations. Unfortunately, of course, we are beset by a lack of funding for the implementation of that particular document.

Dr Connolly concedes that sometimes in the area of suicide prevention there is uncertainty about the most effective strategies, but says that things like the confidential inquiry can help.

The promotion of positive mental health can help. Training professionals in recognising mental illness and suicide risk factors can

help, and these are proven by research. Suicide prevention in schools seems to have an important part to play.

Limiting access to means is an important strategy as well. And the role of the media is important because the reporting of certain kinds of suicide can possibly lead to copycat suicide.

For Dr Connolly the problem is not that there are too many recommendations in Reach Out, rather that the money has not been provided to implement these recommendations. He is very critical of the discrepancy specifically between the huge budget provided to promote road safety in comparison to preventing suicides.

There are in fact more deaths by suicide each year than there are road traffic accidents. And of course, one must remember the possibility that a small proportion of road traffic accident deaths are disguised suicides.

Again, he partly attributes this lack of funding to a general feeling of hopelessness about suicide. He says that many people still have the belief that suicide is not preventable. There are a lot of myths about suicide, he argues. One of our big jobs is dispelling these. The fact is that where you have campaigns to defeat depression, campaigns to educate people about the risk factors for suicide, and the warning signs of suicide, that you can bring about change. This kind of apathy, idea of hopelessness is really something that defeats us at times.

He takes issue with a report from the HRB last year which said it was very difficult to ascertain the reasons behind suicide, with the exception of alcohol, which is responsible for one-in-six deaths, and

that it was difficult to prevent as it was a relatively rare event. Although Dr Connolly agrees that suicide often is rare, remarking that many people with suicidal thoughts don't end up taking their own lives, he felt the report was a little gloomy. He says that in countries with strong preventative measures such as the UK and Australia there was evidence that suicide rates were going down.

Regarding risk factors for suicide, Dr Connolly said some, such as depression, are more significant than others. A notable factor in Ireland in contrast to other European countries is the high proportion of young male suicides. The increase in suicide in Ireland during the late 1980s and 1990s was predominantly among males aged 15-34 years. He said that the reasons are difficult to analyse, but may be the result of males having less protective factors such as the ability to talk about their problems to friends and family than females. However, he resists the urge for grand generalisations and says it must not be forgotten that a number of women end their lives by suicide each year.

He also warns of the danger in over-medicalising the problem, saying suicide is a problem not just for medicine but for society as a whole. In the end, Dr Connolly returns to the issue of money if progress is to be made in the area of suicide prevention.

The lack of ringfenced funding is to me very, very distressing, Dr Connolly concluded. It should equate at least with what is happening with the Road Safety Authority. The citizens of this country need to stand up and bring this to the attention of their public representatives and make this an election issue really.

*Irish Medical News*

## People with schizophrenia have high risk factors for heart problems

Risk factors for cardiovascular disease and Type 2 diabetes are higher in people with schizophrenia than for the general population, according to new research. The study, which was published in the Irish Journal of Psychological Medicine, aimed to examine the prevalence of cardiovascular disease in a stable population with schizophrenia, and factors associated with attending primary care. A total of 92 participants with schizophrenia, or a schizoaffective disorder took part in the study from the south Dublin catchment area. While 21 per cent of the people in the sample had a physical illness, 93 per cent had one cardiovascular disease/diabetes risk factor, and 45 per cent had two or more risk factors, and only 35 per cent were aware of their illness or risk factor. The prevalence of established cardiovascular disease (13 per cent) and Type 2 diabetes (4.3 per cent) is similar to that found in a study on the general population aged 50-69.

However, on an individual level, the risk factors for cardiovascular disease were higher in the studied population.

Elevated fasting glucose was at 41.2 per cent in the group, compared to 2.5 per cent in the general population. The percentage over weight was 63 per cent in the study group, in comparison to 47 per cent in the general population, and 54 per cent of the studied group smoked compared to a cited 18.5 per cent in the general population.

Only 53.3 per cent of the studied population had an elevated fasting cholesterol in comparison to the general population studied (74.3 per cent), but less than half of the studied population had a documented cholesterol test.

*Irish Medical News*

*"Challenges are what make life interesting; overcoming them is what makes life meaningful."*

Joshua J. Marine

# Myths About Depression

Misinformation and Misunderstanding of depressive illness abounds. There are many myths that are false beliefs about the illness which lead to stigma and feelings of shame and isolation of those unfortunate to suffer from depression. For these reasons many people are slow to seek or accept treatment. As with all illness and problems the sooner that one gets help and advice the better the outcome. Perhaps one of the reasons for the lack of understanding of Depressive Illness arises from the misuse and over use of the word depression. In every day life many people use the word depression when all they mean is that they are a little fed up, bored or just having a normal bad day. These things bear little relationship to clinical depression which is a severe and devastating illness in which sufferers find themselves in a very dark lonely, isolated and painful place. The following are the main myths about suicide culled from various sources.

## 1. Myth: Depression is not a real medical illness.

Clinical depression is a serious medical condition that affects not only an individual's mood and thoughts, but also the individual's body. Research has shown that depression has genetic and biological causes. Individuals coping with depression have a higher level of stress hormones present in their bodies, and the brain scans of depression patients show decreased activity in some areas of the brain.

## 2. Myth: Even if depression is a medical illness, there's nothing that can be done about it.

Depression is treatable, and more than 80 percent of individuals with depressive disorders improve with treatment. As new medications and treatments are discovered, the number should continue to rise.

The first step to finding effective treatment is to get a physical examination by a doctor to rule out other causes for your symptoms, such as thyroid problems. Once you've been diagnosed with depression, you and your doctor will decide on a course of treatment, which will include medication, psychotherapy or a combination of both.

## 3. Myth: Depression is no different from getting the "blues" – and this is just a normal part of life.

Equating depression with the blues is like saying that a common cold is the same as pneumonia. Everyone gets the blues or blahs from time to time, usually in reaction to disappointment or an upsetting event, or sometimes in reaction to something as simple as a rainy day. But the blues only last a day or two. Depression, on the other hand, can last a lifetime, and the illness is much more pervasive and disabling. No one commits suicide because they have the blues.

## 4. Myth: People who think they have depression are just feeling sorry for themselves.

Depression affects about 19 million people annually in the U.S. alone. Some of the most prominent and well-known individuals who have suffered from a depressive disorder include Alexander the Great, Napoleon Bonaparte, Abraham Lincoln, Theodore Roosevelt, Winston Churchill, George Patton, abolitionist John Brown, Robert E. Lee, Florence Nightingale, Sir Isaac Newton, Stephen Hawking, Charles Darwin, J.P. Morgan, Barbara Bush, Ludwig von Beethoven and Michelangelo. Not exactly people who just sit around.

## 5. Myth: You can will depression away. If you can't, then you're weak.

Depression cannot be willed away any more than heart disease or diabetes can. It's caused by chemical changes in the body, which cannot be overcome simply by positive thinking and grim determination. Given how much stigma is still attached to mental illness, seeking help for depression is an act of courage and strength — not weakness — on your part.

## 6. Myth: Depression will go away by itself.

For extremely fortunate individuals, depression may go away by itself. But for the rest of us, depression can hang on for months, years or indefinitely. Depression can go away on its own, only to return in the future; once an individual has one episode of depression, they are predisposed to have more. Clinical depression is a potentially fatal disease – and suicide could be the end result of waiting for it to go away without any help.

## 7. Myth: Depression is a normal part of getting older.

Depression is not a normal part of aging, but seniors do generally experience more of the events that can trigger depression: loss of family and friends, ill health, isolation and financial worries. Furthermore, people over the age of 60 grew up in an era in which mental illness was not discussed, and they may feel more shame about asking for help than someone from a subsequent generation.

The highest rate of suicide of any age group occurs in that of people 65 and older, with men being more vulnerable than women. It's imperative that seniors with depression seek help.

## 8. Myth: Depression only affects women

Although women report being affected by depression twice as much as men, depression certainly affects men as well. Often, clinical depression is underreported in men, particularly in cultures that discourage them from asking for help or showing any weakness. Furthermore, men have a higher rate of successful suicide attempts than women, so it is crucial that men seek help for their symptoms.

## 9. Myth: Depression does not affect children or teenagers — their problems are just a part of growing up.

We'd like to believe that all children experience a happy, carefree childhood, but that's simply not the case. According to the National Institute of Mental Health, studies show that 1 in 33 children and 1 in 8 adolescents are depressed in any given year. Children are not as practiced at articulating their feelings as adults, so adults must take the initiative to look for and notice symptoms of depression in children.

## 10. Myth: If someone in your family suffers from depression, you will inherit it.

In the same way that you can be genetically predisposed to high blood pressure or diabetes, you can be genetically predisposed to depression. This does not mean, however, that if a family member has a history of depression, you are fated to suffer from it as well. Just be aware that your chances of having depression are higher than if you had no family history of the illness, and seek treatment if you start to develop symptoms.

While knowing the clinical signs and symptoms of depression is important the best way to get an understanding of the devastation and pain of depression is by reading books by those who have had the misfortune to suffer from the illness. The following books are just a small selection of those available and not a definitive list, there are many more very good books on the subject:

*The Noon Day Demon* by Andrew Solomon

*The Family Silver* by Sharon O'Brien

*Hear My Silence: Surviving Depression* by Karina Colgan

*An Unquiet Mind* by Kay Redford Jameson

*Shoot the Damn Dog* by Sally Brampton

Useful web sites to visit are:

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

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

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

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

Being properly informed about depression will go a long way to dispelling the myths, removing the stigma of depressive illness and saving lives.

## Money Advice and Budgeting Service (MABS)

The Money Advice and Budgeting Service (MABS) is a free, confidential, independent and non-judgemental service for people in debt or at risk of getting into debt. It is a national service with over sixty offices. It is funded by the Department of Social and Family Affairs. The service has experienced a considerable increase in people seeking advice recently with over one hundred people a day calling its helpline.

People often seek the help of MABS when:

- There are extra bills to pay because something has happened, such as unemployment, illness in the family, separation, bereavement or an accident
- There is no money left over to pay everyday bills
- The money coming into the household is less than it used to be and loan repayments have fallen behind
- They have been living on a low income for a long time and are getting further and further behind because of the cost of medicines, childcare, travel or rent etc.

Not being in control of your finances can be a difficult, lonely and sometimes desperate place to be. The MABS experience is that financial difficulties can affect everyone from high income earners to people on low income, so if you are worried about money you are not alone. Money difficulties can affect people's health and overall wellbeing.

MABS is there to, in a non judgmental and confidential setting, assist people to regain control of their finances by putting in place with them an affordable and sustainable budget.

The service is there to work with the person:

- in making out a budget and establishing priorities
- researching their rights and entitlements
- contacting and negotiating with creditors on their behalf if necessary
- establishing affordable offers to creditors
- setting up appropriate payment systems
- Monitoring, if required, new budgeting arrangements.

MABS has a helpline service **1890 283 438** and website [www.mabs.ie](http://www.mabs.ie) to assist people in debt or in danger of getting into debt

# CODE OF PRACTICE FOR NEWSPAPERS AND PERIODICALS

The Code of Practice is intended as work in progress and it is expected that it will continue to evolve in light of experience and in response to changes in public opinion and perceptions. It will form the basis for adjudications by the Press Ombudsman and Press Council of Ireland for Irish newspapers and periodicals.

You can complain about any article you see in any Irish newspaper or periodical that you think may breach this Code. You can also complain about the behavior of a journalist that you think may breach the Code. We cover all publications that are members of the National Newspapers of Ireland (daily and Sunday newspapers, also Irish editions of UK newspapers), the Regional Newspapers Association of Ireland (provincial newspapers) and the Periodical Publishers Association of Ireland (Irish-published magazines).

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## Preamble

The freedom to publish is vital to the right of the people to be informed. This freedom includes the right of a newspaper to publish what it considers to be news, without fear or favour, and the right to comment upon it.

Freedom of the press carries responsibilities. Members of the press have a duty to maintain the highest professional and ethical standards. This Code sets the benchmark for those standards.

It is the duty of the Ombudsman and Press Council to ensure that it is honoured in the spirit as well as in the letter and the duty of publications to assist them in that task.

In dealing with complaints, the Ombudsman and Press Council will give consideration to what they perceive to be the public interest. It is for them to define the public interest in each case, but the general principle is that the public interest is invoked in relation to a matter capable of affecting the people at large so that they may legitimately be interested in receiving and the press legitimately interested in providing information about it.

## Principle 1 – Truth and Accuracy

**1.1** In reporting news and information, newspapers and periodicals shall strive at all times for truth and accuracy.

**1.2** When a significant inaccuracy, misleading statement or distorted report or picture has been published, it shall be corrected promptly and with due prominence.

**1.3** When appropriate, a retraction, apology, clarification, explanation or response shall be published promptly and with due prominence.

## Principle 2 – Distinguishing Fact and Comment

**2.1** Comment, conjecture, rumour and unconfirmed reports shall not be reported as if they were fact, but newspapers and periodicals are entitled to advocate strongly their own views on topics.

**2.2** Readers are entitled to expect that the content of a publication reflects the best judgement of editors and writers and has not been inappropriately influenced by undisclosed interests. Where relevant, any significant financial interest of an organisation should be disclosed. Writers should disclose significant potential conflicts of interest to their editor.

## Principle 3 – Fairness and Honesty

**3.1** Newspapers and periodicals shall strive at all times for fairness and honesty in the procuring and publishing of news and information.

**3.2** Publications shall not obtain information, photographs or other material through misrepresentation or subterfuge, unless justified by the public interest.

**3.3** Journalists and photographers must not obtain, or seek to obtain, information and photographs through harassment, unless their actions are justified in the public interest.

## Principle 4 – Respect for Rights

Everyone has constitutional protection for his/her good name. Newspapers and periodicals shall not knowingly publish matter based on malicious misrepresentation or unfounded accusations. Publications must take reasonable care in checking facts before publication.

## Principle 5 – Privacy

**5.1** Privacy is a human right, protected as a personal right in the Irish Constitution and the European Convention on Human Rights, which is incorporated into Irish law. The private and family life, home and correspondence of everyone must be respected.

**5.2** Readers are entitled to have news and comment presented with respect for the privacy and sensibilities of individuals. However, the right to privacy should not prevent publication of matters of public record or in the public interest.

**5.3** Sympathy and discretion must be shown at all times in seeking information in situations of personal grief or shock. In publishing such information, the feelings of grieving families should be taken into account. This should not be interpreted as restricting the right to report judicial proceedings.

**5.4** Public persons are entitled to privacy. However, where a person holds public office, deals with public affairs, follows a public career, or has sought or obtained publicity for his activities, publication of relevant details of his private life and circumstances may be justifiable where the information revealed relates to the validity of the person's conduct, the credibility of his public statements, the value of his publicly expressed views or is otherwise in the public interest.

**5.5** Taking photographs of individuals in private places without their consent is not acceptable, unless justified by the public interest.

## Principle 6 – Protection of Source

Journalists shall protect confidential sources of information.

## Principle 7 – Court Reporting

Newspapers and periodicals shall strive to ensure that court reports (including the use of photographs) are fair and accurate, are not prejudicial to the right to a fair trial and that the presumption of innocence is respected.

## Principle 8 – Incitement to Hatred

Newspapers and periodicals shall not publish material intended or likely to cause grave offence or stir up hatred against an individual or group on the basis of their race, religion, nationality, colour, ethnic origin, membership of the travelling community, gender, sexual orientation, marital status, disability, illness, or age.

## Principle 9 – Children

**9.1** Newspapers and periodicals shall take particular care in seeking and presenting information or comment about a child under the age of 16.

**9.2** Journalists and editors should have regard for the vulnerability of children and in all dealings with children should bear in mind the age of the child, whether parental or other adult consent has been obtained for such dealings, the sensitivity of the subject-matter, and what circumstances if any make the story one of public interest.

Young people should be free to complete their time at school without unnecessary intrusion. The fame, notoriety or position of a parent or guardian must not be used as sole justification for publishing details of a child's private life.

## Principle 10 – Publication of the Decision of the Press Ombudsman

**10.1** When requested or required by the Press Ombudsman and/or the Press Council to do so, newspapers and periodicals shall publish the decision in relation to a complaint with due prominence.

**10.2** The content of this Code will be reviewed at regular intervals.

Office of the Press Ombudsman  
1, 2 & 3 Westmoreland Street  
Dublin 2  
Telephone: Lo-call 1890 208 080  
Fax: 01-6740046  
email: [info@pressombudsman.ie](mailto:info@pressombudsman.ie)  
[www.pressombudsman.ie](http://www.pressombudsman.ie)

Press Council of Ireland  
1, 2 & 3 Westmoreland Street  
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Telephone: 01-6489130  
Fax: 01-6740046  
email: [info@presscouncil.ie](mailto:info@presscouncil.ie)  
[www.presscouncil.ie](http://www.presscouncil.ie)

*"It's faith in something and enthusiasm for something that makes a life worth living".*

Oliver Wendell Holmes

## Mental illness linked to increased risk of stillbirth and newborn deaths

Mothers with any form of serious mental illness are more likely to have children who are stillborn or who die within the first month, new research has found. The links between the causes of stillbirth and newborn death, however, depend on the type of mental illness the mother has, the research show.

The researchers looked at 1.45 million live births and 7,021 stillbirths over a 25-year period from 1973 to 1998 in Denmark, to investigate links with serious mental illness. The chances of stillbirth and newborn death from any cause were considerably greater for babies whose mothers had been admitted to hospital for mental illness at any point before the birth of their child, than mothers who had never been admitted.

In all, the mothers of 188 stillborn babies were admitted before the birth, including for schizophrenia and psychotic disorders; affective disorders, such as bipolar disorder; and addiction to drugs or alcohol. The risk of a stillbirth due to complications during the delivery was more than twice as high among mothers with drug or alcohol dependency. Women with affective disorders were also more than twice as likely to give birth to a child with congenital abnormalities who was stillborn.

Among the 6,646 babies who died within the first month of life, 201 were born to mothers who had been admitted to hospital for mental illness at some point in their lives.

*Irish Medical Times*

## Stigma attached to mental illness still

New research has found that stigma still attached to mental illness means that 62 per cent of patients experienced symptoms of mental ill health for at least one year before getting help. As part of Mental Health Awareness Week, which ran until 11 October, St Patrick's Hospital commissioned IMS Millward Brown to conduct a survey of 154 current service users and find out how these patients feel their illness is perceived. One-quarter of those surveyed claimed that other people did not understand mental illness; this issue seemed more contentious for younger patients, who were particularly concerned that their illness was perceived as attention seeking.

Service users were unlikely to discuss their mental illness with friends (45 per cent) and work colleagues (57 per cent). The main reasons given for not discussing these issues were stigma (19 per cent), lack of understanding (18 per cent) and embarrassment (10 per cent). Survey participants reactions to diagnosis of mental illness were overwhelmingly negative; over half (54 per cent) said that they felt afraid when diagnosed, 37 per cent felt ashamed and 29 per cent were embarrassed. "It's worrying that many sufferers feel afraid, embarrassed or ashamed about their difficulties and that many are still reluctant to seek appropriate supports," said Paul Gilligan, CEO of St Patrick's Hospital. "To remove these barriers, it's vital that more is done to educate and inform people about mental illness."

*Irish Medical Times*

## Study reveals link between depression and pain

The brains of individuals with major depressive disorder appear to react more strongly when anticipating pain and also display altered functioning of the neural network that modifies pain sensitivity, according to a new report. The report followed a study in which doctors investigated 15 young adults with major depressive disorder who were not taking medication and 15 individuals of the same age and had the same education level but did not have depression.

Patients with depression completed a questionnaire that evaluated their tendencies to magnify, ruminate over, or feel helpless in the face of pain. All participants underwent functional magnetic resonance imaging (fMRI) while their arms were exposed to a thermal device heated to painful levels and also to non painful temperatures. Compared with the controls, patients with depression showed increased activation in certain areas of their brain including the right amygdale during the anticipation of painful stimuli. They also displayed increased activation in the right amygdale and decreased activation in other areas, including those responsible for pain modulation, during the painful experience.

To examine whether the activation of the amygdale was associated with passive coping styles, the researchers compared the percentage change in the activations of the amygdale with the helplessness, rumination, and ramification reported by the participants with depression.

*Irish Medical Times*

## Suicide prevention idea would need resources

A radical overhaul of suicide prevention services taking place in Wales would have limited effect if applied here, a prominent consultant in child and adolescent psychiatry has said.

Dr Yvonne Begley, a key assessor for young people brought to the Mid-Western Regional Hospital, Limerick, said that training thousands of non-medical professionals to spot the warning signs of mental illness was 'not a bad idea' – but it must be met with significant additional funding for treatment services.

Some 75 instructors will run courses throughout Wales for people working in job centres, schools, police stations and GP surgeries, as part of the Mental Health First Aid programme, which is a response to the spate of suicides in Bridgend.

Dr Begley commented: "The effect that (the Welsh idea) would have in Limerick is we'd have ten times the number of people coming in for assessment everyday."

She pointed to the gap between teachers looking out for students and doctors for mulating an intensive safety and treatment plan for each adolescent: "If the (child mental health) system isn't working and you put a lot of frontline workers out picking up on the kids who might be saying 'I wish I was dead' – without boosting the treatment services – you've got a problem."

*Irish Medical Times*

## National Office for Suicide Prevention

**The National Office for Suicide Prevention (NOSP) is developing the 'Your Mental Health' campaign.**

The focus of the mental health campaign up to now has been on the general public, encouraging people to look after their mental health. In 2009 it will have a different focus, aiming to reach young people with the message that it's okay to talk about your mental health.

In December, the NOSP, working with the Office of the Minister for Children and Youth Affairs (OMYCA), spoke to a group of young people about the campaign and got their advice on how to shape its next phase in a way that will be meaningful to young people.

The NOSP will develop this campaign with the OMCYA and other agencies, including SpunOut.ie, Young Social Innovators, Dáil na nÓg, BeLonG To and Headstrong, while it will also continue to consult with young people through the Bebo profile, [www.bebo.com/yourmentalhealth.com](http://www.bebo.com/yourmentalhealth.com)

*Sunday Independent, Health Supplement*

## Suicides set to rise with recession, Oireachtas group told

Suicide rates are likely to increase over the coming months as the effects of the recession begin to hit more people's lives, an Oireachtas committee has heard.

Dr John Connolly, of the Irish Association of Suicidology, said that, despite the shrinking public finances, it was vital the Government invests more in suicide prevention and mental health services to reduce the number of unnecessary deaths.

"We must be aware of the facts that research reaching back to that of Emile Durkheim in the 1890s shows that, in times of recession, suicide rates inevitably increase," Dr Connolly told the Oireachtas sub-committee on

Ireland's High Level of Suicide.

"Unfortunately, this will happen in Ireland in the coming months and years unless we ensure that funding for the implementation of the national suicide prevention strategy and other services is guaranteed."

Official figures show that at least 460 people took their own lives last year. Ireland continues to have the fifth-highest rate of suicide in Europe among young men aged 15-24.

Dr Connolly said the Association was "profoundly disappointed" that adequate ring fenced funding has not been provided for

the national strategy on suicide prevention – Reach Out – since it was adopted as Government policy three years ago.

"Many of the recommendations haven't taken place, which is very frustrating," said Dr Connolly. "Apparently ring-fenced funding still hasn't arrived, so it continues to be a Cinderella of the health service."

Dr Justin Brophy, of the Irish Association of Suicidology, said suicide prevention services were hampered by a widespread political belief that nothing could be done to prevent suicide.

*The Irish Times*

*"Empty pockets never held anyone back. Only empty heads and empty hearts can do that"*

*Norman V. Peale*

*"Success is not final, failure is not fatal: it is the courage to continue that counts"*

*Winston Churchill*

## Suicide problem is 'ignored' by Department of Health

The recommendations of the National Strategy for Action on Suicide Prevention have been "practically ignored," according to Deputy Dan Neville. The Limerick West Fine Gael TD attacked the Minister for Health, Mary Harney, and the Minister of State at the Department of Health, Deputy Jimmy Devins, for not being present in the Dáil during discussion on the issue. Deputy Neville said "I am very surprised the Minister for Health and Children or the Minister of State at the Department of Health and Children, Deputy Devins, are not present. "However, I can understand this in the context of their disinterest towards the issue I am raising." Pointing out that over 500 people per annum die from suicide, Deputy Neville noted that the National Office for Suicide Prevention only has a budget of €3.5 million per year. This means, according to the Limerick TD, that the office can continue its work but cannot develop its services. Deputy Neville also noted that while Suicide Resource Officers were available in 11 areas, three of them are not being retained, which means the number available has fallen to eight. He also said there was a suicide prevention programme for volunteers and claimed "The Minister of State, Deputy Devins, cancelled eight training courses under the programme because he would not pay for hotel accommodation." He asked, "Why the difference in the Government's approach to the prevention of suicide and road safety, which is given 15 times the allocation? Why does the Government ignore the issue of suicide?"

Minister of State, Máire Hocht, replied "I assure the Deputy that the Government is fully committed to the implementation of suicide prevention initiatives and the further development of services to prevent and reduce the further tragic loss of life." At this point Deputy Neville interjected "It is not."

*Irish Medical Times*

## Low blood levels of vitamin D may be associated with depression in seniors

Older adults with low blood levels of vitamin D and high blood levels of a hormone secreted by the parathyroid glands may have a higher risk of depression, according to a report in the May issue of Archives of General Psychiatry.

About 13 percent of older individuals have symptoms of depression, and other researchers have speculated that vitamin D may be linked to depression and other psychiatric illnesses, according to background information in the article. "Underlying causes of vitamin D deficiency such as less sun exposure as a result of decreased outdoor activity, different housing or clothing habits and decreased vitamin intake may be secondary to depression, but depression may also be the consequence of poor vitamin D status," the authors write. "Moreover, poor vitamin D status causes an increase in serum parathyroid hormone levels." Overactive parathyroid glands are frequently accompanied by symptoms of depression that disappear after treatment of the condition.

Witte J. G. Hoogendijk, M.D., Ph.D., Vrije Universiteit Amsterdam, measured blood levels of vitamin D and parathyroid hormone and assessed symptoms of depression among 1,282 community residents age 65 to 95. Of those individuals, 26 had a diagnosis of major depressive disorder, 169 had minor depression and 1,087 were not depressed. The average blood vitamin D level was 21 nanograms per milliliter and the average parathyroid hormone level was 3.6 picograms per milliliter.

Blood vitamin D levels were 14 percent lower in individuals with major and minor depression (average, 19 nanograms per milliliter) compared with non-depressed participants (average, 22 nanograms per milliliter). In addition, parathyroid hormone levels were an average of 5 percent higher in those with minor depression (average, 3.72 picograms per milliliter) and 33 percent higher in those with major depressive disorder (average, 4.69 picograms per milliliter) than in those who were not depressed (average, 3.53 picograms per milliliter).

The findings may be important to patients because both low blood vitamin D levels and high parathyroid hormone levels can be treated with higher dietary intake of vitamin D or calcium and increased sunlight exposure. "Moreover, the clinical relevance of the present study is underscored by our finding that 38.8 percent of men and 56.9 percent of women in our community-based cohort had an insufficient vitamin D status," they conclude. Additional studies are needed to determine whether changes in levels of vitamin D and parathyroid hormone precede depression or follow it.

*News-Medical.Net*

## Excessive alcohol linked to enlarged hearts in women

Excessive alcohol drinking is linked to enlarged hearts in women and to hypertension in men, according to new research co-authored by a Trinity College Dublin academic.

Dr Azra Mahmud, a lecturer in Cardiovascular Pharmacology, said excessive drinking has a direct toxic effect on women. The study looked at 200 patients having a check-up for possible high blood pressure and found that women who drank excessively had an enlarged heart, even without hypertension or stiff arteries. In men, high alcohol consumption was associated with greater brachial and aortic blood pressures, stiff arteries and impaired cardiac function. This research is important because of the increase in the number of people drinking excessively in Ireland.

*Irish Medical Times*

*"Life is a succession of lessons which must be lived to be understood"*

Helen Keller

## Moments in Life

*Author Unknown*

There are moments in life when you miss someone so much that you just want to pick them from your dreams and hug them for real!

When the door of happiness closes, another opens; but often times we look so long at the closed door that we don't see the one, which has been opened for us.

Don't go for looks; they can deceive.  
Don't go for wealth; even that fades away.  
Go for someone who makes you smile,  
because it takes only a smile to  
make a dark day seem bright.  
Find the one that makes your heart smile.

Dream what you want to dream;  
go where you want to go;  
be what you want to be,  
because you have only one life  
and one chance to do all the things  
you want to do.

May you have enough happiness to make you sweet,  
enough trials to make you strong,  
enough sorrow to keep you human and  
enough hope to make you happy.

The happiest of people don't necessarily  
have the best of everything;  
they just make the most of  
everything that comes along their way.

The brightest future will always  
be based on a forgotten past;  
you can't go forward in life until  
you let go of your past failures and heartaches.

When you were born, you were crying  
and everyone around you was smiling.  
Live your life so at the end,  
you're the one who is smiling and everyone  
around you is crying.



## Membership Form

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

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\_\_\_\_\_

Present Position: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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