



Newsletter  
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# Mini-Relaxations ...That will Make You Feel Better

Mini-relaxations can help allay fear and reduce pain while you sit in the dentist's chair or lie on an examining table. They're equally helpful in thwarting stress before an important meeting, while stuck in traffic, or when faced with people or situations that annoy you. Here are a few quick relaxation techniques to try.

### When you've got 1 minute

Place your hand just beneath your navel so you can feel the gentle rise and fall of your belly as you breathe. Breathe in slowly. Pause for a count of three. Breathe out. Pause for a count of three. Continue to breathe deeply for one minute, pausing for a count of three after each inhalation and exhalation. Or alternatively, while sitting comfortably, take a few slow deep breaths and quietly repeat to yourself "I am" as you breathe in and "at peace" as you breathe out. Repeat slowly two or three times. Then feel your entire body relax into the support of the chair.

### When you've got 2 minutes

Count down slowly from 10 to zero. With each number, take one complete breath, inhaling and exhaling. For example, breathe in deeply saying "10" to yourself. Breathe out slowly. On your next breath, say "nine," and so on. If you feel lightheaded, count down more slowly to space your breaths further apart. When you reach zero, you should feel more relaxed. If not, go through the exercise again.

### When you've got 3 minutes

While sitting down, take a break from whatever you're doing and check your body for tension. Relax your facial muscles and allow your jaw to fall open slightly. Let your shoulders drop. Let your arms fall to your sides. Allow your hands to loosen so that there are spaces between your fingers. Uncross your legs or ankles. Feel your thighs sink into your chair, letting your legs fall comfortably apart. Feel your shins and calves become heavier and your feet grow roots into the floor. Now breathe in slowly and breathe out slowly. Each time you breathe out, try to relax even more.

Harvard Health Publications

## Upcoming Events

**AAS 41st Annual Conference**  
16th - 19th April, 2008  
Boston Park Plaza Hotel  
[www.suicidology.org](http://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](mailto:organising@esssb12.org)

**2009 - XXV IASP World Congress**  
27th - 31st October, 2009  
Montevideo, Uruguay  
Contact person: Dr. S. Pelaez  
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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](mailto:joscott@eircom.net)



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# Opening Address to the 7th IAS National Training Seminar/Conference from Gareth O'Callaghan



There's never really a specifically suitable time to discuss the theme of suicide among young people; but it's rare that we get such an opportunity as this, where many of the country's busiest school teachers and principals take time away from their difficult daily schedules to consider new approaches and interventions to turn this tide of tragedy around.

Tragically, it's also perhaps timely when we consider that it's still less than a week since a young student shot dead eight of his fellow students and the school principal in a small town in Finland. As the months and years move on, the world will forget the young man's name, but something I believe I will never forget is the slogan on his T-shirt, from the photograph he posted on the popular website, YouTube, which read: Humanity Is Overrated.

Perhaps to many horrified viewers, the slogan was juvenile and immature; but for me, it struck a nerve because it's a feeling I get, a reaction

I receive, and a perception that is quite common among many students I meet and chat with when I visit schools and colleges around the country. For many young people, it represents where they are in life - often stuck, confused, angry, ashamed and hostile. These are the states of mind of the suicidal individual, who sees no point in continuing to struggle with a life that has been overwhelmed by a world that seems oppressive, vindictive and alien.

I'm frequently asked by teachers and parents alike, what makes someone suicidal? What makes someone who appears to have absolutely everything going for them - good looks, good grades, good prospects, great personality and popularity; what makes them want to end it all?

The answer is quite simple, despite the ongoing efforts by the medical profession to consider complex reasons and psychiatric explanations. The answer is borne out by the three words on that young man's T-shirt: Humanity Is Overrated.

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## LESS PREACHING MORE TEACHING

How much, I wonder, does the lack of an emotional education contribute to depression among young men? By an emotional education I mean an education in, among other things, how to cope with the emotional pain that accompanies the major disappointments we all experience from time to time in life. I am specifically concerned with young men in this regard because young women get a sort of rudimentary emotional education from each other since they talk more freely about feelings and relationship problems.

It's far from a perfect system, as the level of self-harm among young women suggests, but it is better than nothing. The whole concept of an emotional education is one we have never really embraced. Thirty or

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## DARK CHOCOLATE 'LOWERED BLOOD PRESSURE'

**Dark chocolate can lower blood pressure, a German scientist has found. But white chocolate did not have the same effect in an experiment conducted with 44 adults.**

Dirk Taubert at the University of Cologne fed small squares of chocolate to the group, who all had first signs of high blood pressure. They were aged from the mid-50s to seventies. The volunteers ate 6.3g of chocolate a day, some dark and some white. White chocolate does not contain polyphenols, which is in the dark cocoa in dark chocolate.

The people who ate dark chocolate had an average drop in systolic blood pressure of 2.9mm. Those showing signs of hypertension (clinical high blood pressure) reduced from 86% to 68%. On a population basis, it has been estimated that a 3-mm Hg reduction in systolic BP would reduce the relative risk of stroke mortality by 8%, of coronary artery disease mortality by 5%, and of all-cause mortality by 4%.

The results are published in the *Journal of the American Medical Association*. Eating a small amount of dark chocolate could have the same health benefit as a much more general dietary change.

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

## DONATE ON-LINE

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## Link Between Insomnia and Depression

For some people, chronic insomnia may be a sign of broader mental health problems like depression and anxiety, according to a new study. In surveys of more than 25,000 Norwegian adults, researchers found that those with chronic insomnia were more likely to also be suffering from depression or an anxiety disorder. What's more, people who reported insomnia during the first wave of the survey were at increased risk of having an anxiety disorder during the second wave, conducted a decade later. This, the researchers say, suggests that insomnia may either raise the risk of future anxiety problems, or be a sign that a person is particularly vulnerable to developing anxiety

symptoms. The findings are published in the medical journal *Sleep*. Sleep problems are common in people with depression, anxiety and certain other mental health conditions. But whether insomnia can lead to depression or anxiety is unclear. To study the question researchers used data from a general health survey that followed 130 adults age 20 and older. Respondents were first surveyed between 1984 and 1986, then again between 1995 and 1997. Anxiety and depression symptoms were gauged during the second survey, with standard questions used to diagnose the disorders.

## LESS PREACHING, MORE TEACHING continued from page 1

forty years ago students learned something in Christian doctrine classes about dealing with life's problems. Whatever we may think today about what they were taught, they were at least given some framework within which to address the vicissitudes of life. Young men were also probably more inclined at that time to listen to the advice of older men on handling life's challenges. In the 1960s and 1970s the cult of youth was already beginning to grow and the status of older people was already falling. Nevertheless, an older person who had gained experience of life and who had fashioned a philosophy out of that experience might get a better hearing than now. Work at the time was more physical than it is today. We know that physical exercise helps to combat depression and exercise helps has been officially listed in the UK as a treatment for depression. So a hard day's physical work, of the sort that we would probably all run away from today, was probably good for people's mental health.

I wonder if this has anything to do with the belief among those who study the history of such things that there is more depression today than there was early in the 20th century when life was physically much harder than it is now? Does this leave us in a situation in which young men are at sea when it comes to knowing how to be with their feelings? Is this why young men, and of course many young women, use alcohol to a degree which seems to have less to do with enjoyment than a deadening of their experience of their own emotions?

Alcohol and drugs will work for a while when it comes to coping with pain or with avoiding life's difficulties. Unfortunately, they do not go on working indefinitely. There are problems that you cannot fix with booze. Some of these problems may be caused by the booze or drugs themselves. You can get through a lot of years in a cannabis haze until the day you realise you have spent a lot of years getting nowhere and that you do not know what to do about it. It is when young men hit this particular wall that they are in real trouble. And perhaps it is in this area that we need to think of intervening to boost their emotional health and to bulk their resilience in the face of the challenges thrown up by life. Is there a place in the education system for a determined effort to provide an emotional education for young men and young women? Might it not pay off wonderfully in reducing damage to your minds and bodies? It would not necessarily be easy to devise and implement such a programme of emotional education in the schools. It would raise fears and would cost money.

Anybody who remembers the campaign of opposition to the introduction of the Stay Safe programme for primary schools will be aware of just how controversial such a valuable and well meaning move can be. Thankfully, the programme was eventually introduced and may have saved many a child from abuse. If we want to improve the emotional health of young men and, indeed, young women, then perhaps we need, as a society, to do more educating and less preaching.

*Padraig O'Morain, Irish Times*

## Thanks to Geraldine

On 3rd of November Ms Geraldine Cummins held a public meeting in Thurles which raised €3,100 to help promote the aims and objectives of the IAS. The meeting which was an evening of poetry, music, drama and song was well attended and was successful in bringing the very difficult topic of suicide and suicide prevention into the public arena achieving the right balance of entertainment and information to ensure that the message got across and no doubt awareness of these issues will save a life in the future.

## Opening Address to the 7th IAS National Training Seminar/Conference

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When we go to the cinema to see a movie – one that has been highly recommended by the critics – and it turns out to be disappointing, or overrated, we usually leave before the end of the story. When we eat out, and the restaurant is overrated or the food isn't palatable, we don't finish it; and we will make a point of telling friends not to go there. For many young people, life can be like a disappointing movie. It's often just not worth sitting through the story as it slowly unfolds; and so, they decide to leave before the closing credits. It's tragic, because I often think that a film that gets off to a slow start can often have a terrific plot to engage us by the time the closing sequence comes. And let's all be honest here – how many times have you admitted to others that "it turned out to be a brilliant film in the end"? I know I have on many occasions.

It's not difficult to understand why a young man might feel suicidal in the times and in the shallow culture we live in. Life is a struggle at the best of times for most of us. We are constantly under pressure, frequently coping with periods in our lives that can make us feel quite depressed; but this feeling lifts – often of its own accord, and life resumes a more acceptable and manageable pace for us. The reason for this oppressive state of mind is because we are being 'told' how we should live by the impressions and perceptions that bombard us constantly – and none more harmful and damaging than that much of what we watch on television.

There is nothing sublime or inspiring about a television soap opera; but yet, as adults, we've become addicted to them, like the need many people have for the artificial sweeteners, like alcohol and cocaine, in order to spice up what is often a shallow life that contains little meaning beyond what we watch on television.

And as a result, young children – as young as four years of age! – are now permitted to watch soap storylines that are almost always unsuitable and appalling in their content. "Times have changed," one parent argued with me recently; "Soaps are harmless. We all usually watch them together in our house," she told me. When I suggested they might be harmful to someone who can barely read small words off a classroom blackboard, she laughed.

The truth is, and this has been scientifically proved over a very long number of years, soap storylines make an indelible imprint on a young impressionable mind. When young children should be doing their school homework, or reading with a parent, or playing arts and crafts, or enjoying the company of children their own age, they are immersed in a seedy, twisted world of violent plots and evil characters that ought to belong to X-rated movie material.

Fifteen years ago, the type of plot now shown on *EastEnders* at a time most people regard as young-people's-viewing time would have caused uproar and outrage, and would have been shown strictly after the 9pm 'watershed', when most four year olds were asleep in their beds. However, the 'protective' watershed is a thing of the past; much like parental responsibility has given way to negligence and indiscretion.

Most soap storylines are depressing. It would be difficult to argue against that; and yet we spend up to three hours every evening watching a variety of hopeless, angry, remorseful characters fighting with each other and trying to get even.

For a number of years now, I have been greatly impressed by the work and research of David Hawkins, an eminent psychiatrist from New York, who has spent decades studying the human energy field. Depression is, quite simply, low energy. When our energy level is up, it's physically and emotionally impossible to feel depressed or suicidal. When energy is very low, we tend often to think and feel suicidal tendencies – it's as simple and straightforward as that.

Dr Hawkins calibrated the energy levels of human consciousness on a scale of 1 to 1,000 using a physiological technique known as Applied Kinesiology; in other words, the levels of energy within and around us that make us feel that life is meaningful, compared to the

levels that make life pointless and our attitudes quite hopeless. The crucial, cut-off point on this scale is 200. Anything below that is negative, and here you'll find the states of Shame, Guilt, Apathy, Grief, Fear, Desire, Anger, and Pride. These are all negative states of mind. If we live within these states of mind for long enough, we become spiritually and physically depressed and suicidal. The tragic fact is that 85 percent of the world's population lives below the crucial figure of 200. Isn't that absolutely terrifying? Isn't that absolutely tragic to think that the majority of the world's inhabitants is barely existing from day to day? Well, it's true; and it has been scientifically proven beyond all doubt.

Above the crucial figure of 200, people begin to change in their outlook, attitudes, principles and values. Life becomes meaningful, challenging; there's an acceptance, and a reason for the things that are unfathomable below 200. And as you continue to move up through the higher levels, life becomes Life, and existence takes on a whole new personal, individuated meaning. The most influential people in history, famous for acts of great human kindness have calibrated in the 600s. Mahatma Gandhi, Winston Churchill, Nelson Mandela, and many of the great luminaries of the last centuries lived in these rare energy levels – such was their greatness and their positive impacts on the human race. Jesus Christ calibrated at 1,000.

My reason for referring to the work of David Hawkins is because he found that negative, depressing soap opera storylines have a powerfully destructive effect on the human immune system, often lasting indefinitely. The immune system takes a pounding every five to ten seconds during a thirty minute negative storyline. If you were to receive 120 items of bad news in half-an-hour, you wouldn't want it to happen again, would you? And yet, most people enslave themselves to these harmful programmes every day and night of the week. They programme us, indoctrinate us, and make us addicted to negativity.

So what can we do, as teachers, parents, and leaders? We can try to find new role models for our children: good strong leadership types, who can help them to rise above the 200 mark, crucial for happiness and hopefulness. Celebrities, by and large, are not good role models, as many of them cannot rise above 200 themselves. Many of them are addicted to artificial sweeteners, in order to give their own lives meaning. Repeat Offenders do not make good role models! The only role model to look up to is someone who calibrates above 500.

The young man in Finland calibrated below 100, in the same energy field as Hitler and Stalin, and many of the other infamous cult leaders of our recent generations. They influence and indoctrinate others using techniques that are based on corruption, force and hatred. Punishment can be their only solution. Wrongdoings, on their terms, are not acceptable.

If young people are shown how to raise their energy levels above the 200 mark, there would be no suicides in this country whatsoever. Isn't that an extraordinary statement? Yes, but it's also a scientifically proven statement. If your life has meaning, challenge, acceptance, and a real sense of Spirit, you'll want to live Life to the full. The opposite unfortunately continues to prove itself to be true also.

My message this morning is simple: When Love dominates Life, all other states that revolve around it can only be ones of positive impact, and life consequently becomes driven and motivated by a most powerful Spirit within; and the struggle to exist simply from hour to hour is replaced by a passionate desire to live one's life for others and for one's self to the fullest of our abilities. Thank you very much.

## Frequent TV Viewing Linked to Learning Difficulties

Teenagers who watch television for three or more hours per day may have a higher risk of attention and learning difficulties in their adolescent and early adult years, according to a new report. In the study, researchers studied 678 families, interviewing parents and children about television habits and school problems three times between 1983 and 1993, when the children were an average of 14, 16 and 22 years old. Between 2001 and 2004, when the children

in the study had reached an average age of 33, they provided information about their secondary and post secondary education, including whether they graduated from high school or attended college. At age 14, 33.2 per cent of the teens reported that they watched three or more hours of television per day. Television viewing time at mean age 14 years was associated with elevated risk for subsequent frequent attention difficulties,

frequent failure to complete homework assignments, frequent boredom at school, failure to complete high school, poor grades, negative attitudes about school, overall academic failure in secondary school and failure to obtain post-secondary education, the authors reported.

*Irish Medical Times.*

*"In every community, there is work to be done.  
In every nation, there are wounds to heal.  
In every heart, there is the power to do it"*

Marianne Williamson

## Previous Military Service Doubles the Suicide Risk for Men

Former military personnel are twice as likely to kill themselves as people who have not seen combat, according to a new US report. Researchers in the United States followed up 320,000 men aged over 18 years for 12 years and found that those who had served in the armed forces at some time between 1917 and 1994 were twice as likely to die from suicide compared with men in the general population. The risk was highest in veterans who could not participate fully in home, work or leisure activities because of a health problem. Veterans that killed themselves were also more likely to be older, white, better educated and less likely to have never been married than other suicides. Interestingly, former soldiers who were overweight were far less likely to kill themselves than those of normal weight. However, a tour of duty in the military did not increase the risk of dying from natural or accidental causes, or of being a homicide victim. "Clinicians need to be alert for signs of suicidal intent among veterans, as well as their access to firearms," the doctors wrote, noting that veterans were 58 per cent more likely to use a gun to kill themselves than other suicides.

*Irish Medical Times*

## Antipsychotic Drugs May Increase Death Risk in Elderly with Dementia

**A new study shows that use of antipsychotic drugs is associated with an early and sustained increase in risk of death when used to treat disruptive behaviour of older adults with dementia.**

The researchers noted that while antipsychotic drugs are approved for treating psychotic condition such as schizophrenia and mania, they are widely prescribed to manage behavioural symptoms of dementia or physical aggression and delusions, hallucinations or paranoia. The study adds to mounting concerns about the use of antipsychotic drugs in dementia. The FDA and Health Canada both issued warnings in 2005 that use of newer atypical antipsychotics to treat elderly patients with dementia was associated with an increased risk of death. Investigators in the new study linked four administrative health care databases to look at health and death records of more than 27,000 people age 66 and older diagnosed with dementia between April 1997 and March of 2002. They found:

- Estimated mortality rate among study participants was high, especially in the long-term care setting;
- Conventional antipsychotics were associated with higher risk for death than atypical antipsychotics and atypical antipsychotics were associated with higher risk for death than no antipsychotic use;
- Risk for death developed quickly, within one month of use, and persisted for up to six months.

Dr. Gill who led the study suggested that regulatory agencies might consider looking at whether the warnings applied to atypical antipsychotics should be extended to the older conventional antipsychotics, to help clinicians avoid switching their patients from atypical onto conventional antipsychotics. "In our study, conventionals carried an even greater risk than atypicals, so it would be unfortunate if physicians started switching patients with dementia to the conventional antipsychotics".

*Irish Medical Times*

## IN THE BLINK OF AN EYE

**The day started the same as any other nobody could have known that by evening nothing would ever be the same again. I suppose I should begin at the beginning, shouldn't I? It just seems like such a long time ago now yet I can still remember it so vividly...**

My alarm clock went off as usual, its noise drilling holes through the protective walls of my dream world and mercilessly dragging me away from my peaceful slumber. As I wiped the sleep away from my tired eyes I could hear the sound of birds singing cheerfully outside my window. I pulled back the curtains and my eyes were delighted to see the sun shining brightly in the clear blue sky. "Today will be a good day. I can feel it," I thought to myself.

In the kitchen I was greeted with a cheery "Good morning, Pet!" from my mother. She had sweet, hot porridge waiting for me on the table and I couldn't wait to dig in! I had been worrying about a History test I was to have that day, so Mum quizzed me as I ate. I went to the calendar and crossed off yet another day, just one more week until my birthday! Then I set off to get the bus. As I strolled happily down the road it was as if I didn't have a care in the world, then again, most nine year olds don't. After school I said goodbye to my friends and

hopped on the bus, excited to tell mum how well I had done on my test. She was happy for me and said I shouldn't have been so worried. As a special treat she made my favourite dessert that night!

At about eight o'clock, as I sat in the kitchen doing my homework, my mother got a phone call. Her usual bright smile seemed to fade. I got a churning feeling in the pit of my stomach and knew something was wrong. When she hung up I asked her what was wrong. She told me to go and get my two older brothers so I asked no questions.

When all four of us were in the kitchen she told us the news. "It's Fintan," she said, "he committed suicide earlier today." Surely she didn't mean my Fintan? She couldn't. It just had to be someone else. But I was just kidding myself. Of course it was him. I burst into tears straight away at the thought of my favourite uncle never giving me jockey-backs or playing with me ever again.

I began to long for all the good times we had had. Already they seemed like a distant memory. All those years of Christmas dinners in my grandparents' house, with sometimes more than twenty people running around. Then the thought of my birthday came to mind. Could he not have waited just one more week? Was he so desperate that he didn't even

think of it? Had he even left a note? Anger flooded over me. Why didn't he care about how this would affect us? He must have known how heart broken we would all be. Now, worrying about something like a History test seemed very insignificant. My brothers just stood there. Frozen. Who could blame them though? We had just been hit by so many different emotions at once that it was impossible to even think. I felt angry, devastated, lonely and so much more. It felt like my poor fragile heart had been broken into a million tiny pieces and scattered by the wind. Then there was my mother. She was strong enough for all of us even though her heart was aching at the thought of losing her younger brother. Losing him to a rope.

The next few hours are all just a blur. I was drowning in a sea of endless tears and going deaf from the constant sound of the ringing phone. The last thing I remember about that day is crying myself into a deep but restless sleep.

You never really think about these things until they happen to you. Then when it does happen, you expect the world to just stop. You think that if you're grieving then the whole world should come to a halt. But it doesn't.

*M.Mc D*

*"Happiness is the soul's joy in the possession of the intangible"*

William Jordan

## ALZHEIMER'S RISK 'RISES IF OXYGEN SUPPLY HIT'

An incident of reduced oxygen to the brain caused by a stroke, heart attack, or even heavy snoring could make people more vulnerable to Alzheimer's disease, according to scientists. It can leave the patient more open to the gradual build-up of toxic chemicals which can cause Alzheimer's, according to research carried out at Leeds University. This means a stroke victim may still be more at risk of developing Alzheimer's decades after they have made a full recovery.

The research looked into what happens when oxygen levels in the brain are reduced by a number of factors, from long-term conditions like emphysema and angina, to sudden incidents such as a heart attack, stroke or head trauma. Even though the patient may outwardly recover, the hidden cell damage may be irreversible. It could even be an issue for people who snore heavily. It can be anything that stops the heart and lungs working together."

Alzheimer's disease accounts for more than half of the 700,000 people in the UK with dementia. The number of people with dementia will more than double by 2050 because people are living longer, it is predicted. Alzheimer's is a fatal and incurable brain disease. Beyond the age of 65 the chances of developing it double every five years.

*scotsman.com*

# Smoking linked with risk of suicide: study

"Smoking Kills" and "Smoking Causes Cancer" are the kind of health warnings that are familiar to millions of smokers. How about this one: "Smoking Boosts the Risk of Suicide"? The idea is sketched by German researchers, who say an in-depth study among young people in Bavaria found a clear and alarming link between smoking and the desire to kill oneself.

The investigation, published in the Journal of Affective Disorders, is based on data from a detailed psychology study launched in 1995 among 3,021 people aged 14-24 who lived in Munich. They were interviewed again four years later, when 2,548 of the volunteers responded. Around a quarter of these individuals had never smoked. Of the rest, 40 percent were defined as occasional smokers,

17 percent as "non-dependent" regular smokers and 19 percent as addicted smokers. Among non-smokers, nearly 15 percent reported having had suicidal thoughts, defined as making plans to kill himself or herself or spending two weeks or longer with the wish to die. The rate was around 20 percent among occasional and non-dependent smokers, but among dependent smokers, suicidal ideation was 30 percent. An even more pronounced pattern was found among the 69 individuals who had actually tried to commit suicide. Only 0.6 percent of the non-smokers said they had sought to end their life; among non-dependent smokers, the rate was 1.6 percent; but among addicted smokers, it was a whopping 6.4 percent.

To ensure that the results were not being skewed by other factors, the researchers stripped out alcohol use, illicit drug use and a history of depression among the volunteers. They found the result was the same: the more a person smoked, the likelier he or she would have suicidal ideation.

"Campaigns for reducing smoking should also point to the elevated risk of suicidality for occasional and regular smokers," say the authors, led by Thomas Bronisch of the Max Planck Institute of Psychiatry in Munich. They acknowledge that there were several limitations to their study. One was that in the

four-year follow-up, no suicides actually occurred, so that the conclusions of the study are based on suicidal ideas and attempts rather than the completion of the act. And because some of the volunteers were still in their early teens when the study was launched, they had not passed through a known risk period for suicide among young people by the time the study was over.

Previous investigations have likewise seen an association between suicide and smoking but also left unsettled the big question as to whether smoking causes the malaise or is just a symptom of it. Some research suggests that nicotine depletes a vital pleasure-giving brain chemical called serotonin, and the risk could be higher among individuals with a genetic susceptibility to this effect. Other studies, though, have suggested there are underlying personality characteristics such as impulsiveness, aggression and neuroticism that predispose a person to smoking and to suicide.

Meanwhile, other research has suggested that tobacco smoke may contain antidepressant compounds that may encourage depressed individuals to smoke.

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

## Stem-Cell Treatment for Blind in Five Years

THE world's first stem-cell treatment for blindness will be available within five years, British scientists have said. A team of researchers and clinicians is being assembled for the project, which will trial the use of embryonic stem cells in repairing damaged retinas. Their target is age-related macular degeneration (AMD), the leading cause of blindness among the elderly in the developed world. Around a quarter of people over the age of 60 in the UK have some degree of vision loss caused by AMD.

The scientists, led by teams from University College London, Moorfields Eye Hospital in London, and the University of Sheffield, plan to transplant cells created in the laboratory into the eyes of patients. Patients will have the operation, which takes around an hour, under local anaesthetic. They should notice a change in their vision in two to three weeks, say the scientists.

The team predicts that in ten years' time, the procedure will have become routine. The London Project to Cure AMD was launched today with £4 million funding from an anonymous US private donor. Professor Pete Coffey, from UCL, said: "Our goal within the five-year period is to have a cohort of ten or 12 patients we can treat. "If it hasn't become routine in about ten years it would mean we haven't succeeded."

[Scotsman.com](http://Scotsman.com)

## Study Links Autism to Mothers, Cites Age as Factor

Men and women are equally likely to acquire the mutation that causes autism, but symptomatic autism is three times more likely to occur in men, making women the more likely carriers of the mutations, a new study says. Researchers at Cold Spring Harbor Laboratory and Albert Einstein College analyzed data on autism incidence and found a previously unrecognized pattern, which points to spontaneous germ-line mutation as a significant cause of the disorder. Spontaneous mutations are changes in a chromosome that alter genes. Germ-line mutations are newly acquired in a germ

cell of a parent, and sometimes are transmitted to offspring at conception.

Parents, especially women, who acquire the mutation, but do not exhibit severe symptoms of the disorder, have a 50 percent chance of passing the mutation on to their children, according to the study. The evidence also led researchers to believe that older parents are more likely to have autistic children. "The fact that germ-line mutations increase with age places older parents at a higher risk of having children with autism, explaining a pattern that has been recently observed,"

# Depression In Females Linked To Sense Of Smell

**Can't smell the roses? Maybe you're depressed. Smell too much like a rose yourself? Maybe you've got the same problem. Scientists from Tel Aviv University recently linked depression to a biological mechanism that affects the olfactory glands. It might explain why some women, without realizing it, wear too much perfume.**

Scientific research that supports this theory was published this year in the journal Arthritis and Rheumatism. "Our scientific findings suggest that women who are depressed are also losing their sense of smell, and may overcompensate by using more perfume," explains researcher Prof. Yehuda Shoenfeld, a member of the Sackler Faculty of Medicine at Tel Aviv University. "We also believe that depression has biological roots and may be an immune system response to certain physiological cues."

Women who are depressed are also more likely to lose weight. With a reduced sense of smell, they are less likely to have a healthy appetite, he says.

Prof. Shoenfeld draws his conclusions from lifetime research on autoimmune diseases, focusing on conditions such as lupus, arthritis and rheumatism.

## More Than a Feeling

Scientists today widely accept the fact that people with Alzheimer's disease lose their sense of smell.

The implications are wide and can be applied to the general population, says Prof. Shoenfeld. "People who are depressed seem to respond well to aromatherapy. Certain smells seem to help them overcome the

effects of the biological factors, suggesting that depression may have a biological cause."

This research also raises questions about the cause of psychotic disorders such as schizophrenia. "There may be an organic cause to these disorders, and if this is the case, clinicians might have to change their attitude about current therapies they use," Prof. Shoenfeld says. "I think that science is able to show that aromatherapy might not be just for quacks. After all, some of these remedies have been used since the time of the Egyptians to treat organic diseases."

Prof. Shoenfeld also suggests that a standardized "smell test" could be used by doctors to help diagnose depression as well as autoimmune diseases.

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

*"Abandon altogether the search for security, and reach out to the risk of living with both arms. Court doubt and darkness as the cost of knowing"*

Morris L. West

## Fast-Acting Antidepressants on the Horizon

Soon depression sufferers may not have to wait weeks or months for their antidepressant medication to kick in. Scientists are closer to understanding how to develop fast-acting antidepressant medications after doing two studies on both humans and mice using the human and veterinary medication, ketamine. Ketamine, which in recent years has been abused as an illegal "party drug," probably won't be used as an antidepressant because it has too many side effects. The drug, however, relieves symptoms of depression within hours, rather than the weeks or months that it takes current antidepressants to work, and has given scientists a clue on how to develop medications that get to the biological root of depression.

The most recent study, from the National Institute of Mental Health (NIMH), backed up a previous study that showed ketamine blocks a receptor called NMDA on brain cells. But unlike the previous study, researchers this time learned that blocking this receptor increases the activity of another receptor, AMPA, which is

crucial for ketamine's rapid antidepressant actions. This new finding is a major step toward learning how to improve treatment for the millions of people with this debilitating disorder (and) toward eliminating the weeks of suffering and uncertainty they have to endure while they wait for their medications to work.

NMDA and AMPA are receptors for the neurotransmitter, glutamate, one of the chemical messengers that enable brain cells to communicate with each other. Glutamate has only recently been eyed as a factor in depression, according to the study, which was reported online in Biological Psychiatry.

Researchers added that focusing on NMDA, AMPA and glutamate may allow for the development of drugs that quickly attack the root of depression, rather than taking the round-about approach that the currently available SSRI, monoamine oxidase inhibitor, and tricyclic antidepressants take.

[Ifitandhealthy.com](http://Ifitandhealthy.com)

# MENTAL HEALTH AND STIGMA: OVERCOMING THE RIDICULE

Some progress is being made to shed the stigma attached to mental health disorders. Meantime, you can take positive steps to combat stigma.

We've all heard the hurtful words before — words like "psycho" and "schizo." Or we've seen the jokes on television about "loony bins" and characters in straitjackets.

But if you or a loved one has a mental health disorder, you know that these words and gimmicks aren't just harmless fun. They perpetuate the stigma attached to mental health conditions. Stigma may make you angry and upset, and it can cause the public to misunderstand mental illnesses. But while the stigma of a mental health disorder can be painful and shaming, you can find ways to cope with it and even combat it.

## Stigma begins with labelling someone

Stigma, by definition, is a mark of disgrace or shame. Stigma has four components:

- Labelling someone with a condition
- Stereotyping people who have that condition
- Creating a division - a superior "us" group and a devalued "them" group, resulting in loss of status in the community
- Discriminating against someone on the basis of their label

Labels can be useful, though, and they're not always negative. In health, for instance, a diagnosis is, in essence, a label. A label can offer reassurance that your condition has a medical cause, and it can help steer you toward appropriate treatment.

Labels don't always result in stigma, either. Many illnesses today are gaining acceptance and empathy. Breast cancer is a shining example. Survivors used to feel shamed and kept their condition secret for fear of being stigmatised. Today, though, survivors and advocates openly talk about the condition, hold fundraisers or wear ribbons or wristbands to show support.

## Why mental health disorders still face stigma

While most people would never think of mocking someone with breast cancer, mental health disorders and conditions still remain fair game for ridicule.

## Mental vs. physical

Why does stigma of mental illnesses continue? For one thing, the term "mental illness" suggests that it's not the same as a medical or physical illness. To some, the word "mental" suggests that the

illness is not a legitimate medical condition but rather a problem caused by your own choices and actions. People may blame you and think your condition is "all in your head." They may think that a mental health disorder means that you're weak or lazy. They may think that you should just "get over it." And you may begin to think these things about yourself, too.

In reality, mental illnesses have very complex causes, often a mix of your genetics, your biology and your life experiences — most of which are beyond your control. Neuroimaging studies, for instance, show physical changes in the brain associated with mental disorders. And studies show that some mental illnesses run in families, suggesting that they may be due in part to your genes.

## Crime and violence

Some people also believe that if you have a mental health disorder, you must be dangerous and violent. This perception is often inflamed by media accounts of crime in which someone is vaguely referred to as "mentally ill." Statistics, however, don't bear out a connection between mental illnesses and violence. Most people who have a mental illness are neither violent nor criminals.

## Stigma worse for some conditions

As a result of such misperceptions, stigma continues, and mental health conditions remain the butt of jokes in popular culture. Negative portrayals of people with mental illnesses fuel fear and mistrust and reinforce distorted perceptions. That leads to even more stigma, causing a vicious cycle.

Some mental health disorders face more stigma than others, though. Schizophrenia, for instance, is more highly stigmatised than depression is. It's routinely mocked and is less likely to generate compassion. Depression, on the other hand, is less often ridiculed, perhaps because an onslaught of advertising for antidepressant medications has made the disorder more mainstream and more acceptable.

*"Life is either a daring adventure or nothing at all. Security is a superstition. It does not exist in nature"*

Helen Keller

## Mental Health and Suicide Awareness

### Public Information Campaign Re-Launches

Northern Ireland has re-launched a major public information campaign aimed at de-stigmatising mental health. The 'Minding Your Head' campaign encourages young people to discuss their problems and seek help and promotes suicide awareness.

Mr McGimpsey said: "Suicide is a tragedy that affects too many people in our society. It has a devastating impact on families, friends and communities. The recent clusters of suicide, especially among our young people, highlighted that we need to do much more to encourage young people to talk about their problems, with whoever they feel comfortable speaking to, and to seek help when they are in crisis. " I am re-launching a major public information campaign which aims to do just that. The campaign highlights how mental illness can affect anyone and that taking control of our mental health by even simple measures such as talking about our problems or doing physical activity can make a real difference.

"Research shows that poor mental health is often a contributory factor in many local suicides, and I feel we need to do more to promote good mental health and well-being in Northern Ireland. The Promoting Mental Health Strategy and Action Plan is currently being reviewed, and it is critical that this Strategy is taken forward in parallel with the Suicide Prevention Strategy." The information campaign is being taken forward as part of the implementation of the Northern Ireland Suicide Prevention Strategy, "Protect Life - A Shared Vision". It highlights the need to reduce the stigma around the issue of mental health, in order to get people talking about their problems, and therefore reducing the likelihood of them going to take their own lives.

Dr Brian Gaffney, Chief Executive of the Health Promotion Agency for Northern Ireland who was commissioned to develop and roll out this campaign, also stated: "Mental health is part of and essential to our overall health and well-being, so it must be nurtured and protected. Research shows that at least one in five people here suffer from a mental health problem but very few are willing to talk about it openly so raising awareness of the issue is essential. "People's attitudes to mental health are often based on fear or embarrassment. Stigma around mental health can lead to problems being unrecognised or people feeling apart from others which prevents them from seeking help and inhibits their recovery. We tend to think we have no control over our mental health but that is not true. We can protect our mental health by talking about worries or concerns to a friend, family member or doctor.

"Sharing a worry instead of keeping it to yourself can lighten the burden you feel you are carrying everyday.

emaxhealth.com

*"The true meaning of life is to plant trees, under whose shade you do not expect to sit."*

Nelson Henderson

## Long-term aspirin use for colorectal cancer

Long-term use of at least 300mg of aspirin a day for five years can prevent colorectal cancer, a new study has found. Despite such findings, the authors of the study and an accompanying comment article commented that the potential risks of long-term aspirin use at such a dose and the availability of alternative prevention strategies mean widespread use of aspirin for cancer prevention cannot be recommended in the general population.

However, the benefits are likely to outweigh the risks in individuals at increased risk of colon cancer. The findings are also likely to influence the choice of antiplatelet drug in patients who require long term treatment because of vascular disease. The findings about the effect of aspirin arose from the follow-up of patients from two large randomised trials of aspirin performed in the late 1970s and early 1980s. The researchers were particularly interested in long term follow-up due to the likely time delay in any effect of aspirin on colorectal cancer.

The study showed that use of aspirin for five years reduced the subsequent incidence of colorectal cancer by 37 per cent overall, and by 74 per cent during the period 10 to 15 years after treatment was started. In an accompanying analysis of observational studies, the risk of colorectal cancer also appeared to be reduced by between 50 to 70 per cent in patients taking medium-high doses of aspirin for 10 years or more.

The study does provide convincing evidence that aspirin, at biologically relevant doses, can reduce the incidence of colorectal cancer. However, with the concerns about the potential risks of long-term aspirin use and the availability of alternative prevention strategies, these findings are not sufficient to warrant a recommendation for the general population to use aspirin for cancer prevention.

Irish Medical Times

## Many benefits of alcohol - but only in moderation

Recently, a government plan was announced to label bottles of alcohol with health warnings, safety limits and details of alcohol units. Previously, it was revealed in a study of Italian pensioners that low-to-moderate alcohol intake could help protect against dementia.

Scotsman.com

**Harmful effects of stigma**

For someone with a mental illness, the consequences of stigma can be devastating – in some cases, worse than the illness itself. Some of the harmful effects of stigma include:

- Trying to pretend nothing is wrong
- Refusal to seek treatment
- Rejection by family and friends
- Work problems or discrimination
- Difficulty finding housing
- Being subjected to physical violence or harassment
- Inadequate health insurance coverage of mental illnesses

**Open discussion can help erase stigma**

Not all the news is bad, though. Today, the stigma surrounding some mental health disorders is slowly eroding. That's due in part to greater public understanding of mental illnesses and the biological basis that many of them have. As causes of mental illnesses and better treatments for them are discovered, stigma may fade even more.

In addition, many celebrities and public figures have openly discussed their experiences with a mental health condition. This also helps bring the topic out of the closet of shame.

**Coping with stigma**

So what can you do about stigma? If you have a mental illness, you can decide who to tell, if anyone, and how much to tell. You may not be comfortable telling anyone anything at all about your condition. On the other hand, if you confide in people you trust, you may find much-needed compassion, support and acceptance. Perhaps you want to actively combat stigma. You may only be comfortable pushing for more awareness within a close circle of

family and friends by gently reminding them about the harm in jokes and stereotypes. Or if you're more comfortable tackling bigger challenges and facing bigger risks, you may decide to make your cause more public.

In either case, here are some ways you can cope with and help end stigma:

- **Get appropriate treatment.** Don't let the fear or anticipation of being stigmatised prevent you from seeking treatment for your illness. For some people, a specific diagnosis provides relief because it lifts the burden of keeping silent and also highlights that you aren't alone — that many others share your same illness and issues.
- **Surround yourself with supportive people.** Because stigma can lead to social isolation, it's important to stay in touch with family and friends who are understanding. Isolation can make you feel even worse.
- **Make your expectations known.** People may not know how to support you, even if they want to help. Offer specific suggestions and remind people of appropriate language.
- **Don't equate yourself with your illness.** You are not an illness. So instead of saying "I'm bipolar," say "I have bipolar disorder." Instead of calling yourself "a schizophrenic," call yourself "a person with schizophrenia." Don't say you "are depressed." say you "have depression."
- **Share your own experiences.** Speaking at events can help instil courage in others facing similar challenges and also educate the public about mental illness. Until you gain confidence, you may want to start at small events, such as talks at a support group or church community.
- **Monitor the media.** If you spot stigmatising stories, comic strips, movies, television shows or even greeting cards, write letters of protest that identify the problem and offer solutions.
- **Join an advocacy group.** Some local and national groups have programs to watch for and correct archaic stereotypes, misinformation and disrespectful portrayals of people with mental illnesses.

**Don't let stigma create self-doubt and shame**

In the face of insensitive comments or crude advertising gimmicks, it may be difficult to feel good about yourself. Remember that you have a medical condition, that it's not your fault and that effective treatments are available. Try not to feel shamed, embarrassed or humiliated if someone knowingly or unknowingly ridicules your illness. Therapy may help you gain self-esteem and put less stock into what others think of you.

And if you're comfortable enough to speak up, you may be able to help educate people about the hurt that can result from stigmatizing mental illnesses. The tide is slowly turning.

*Mayoclinic.com*

*“Without a rich heart, wealth is an ugly beggar”*

*Ralph Waldo Emerson*

**Scientists Find Superbug Cure**

Scientists say they have found three drugs which kill the MRSA superbug - after developing them on a computer. Newcastle-based research firm e-Therapeutics claims the treatment even works on strains of the bug which have defeated the best existing drugs. MRSA has been blamed for thousands of deaths of hospital patients every year. It has been notoriously difficult to treat as it resists antibiotics. The treatment is now in the final stages of clinical testing, and the developers hope it could take as little as three years to license.

*Scotsman.com*

**Study reveals bipolar prevalence in adults**

About 4.4 per cent of adults may have some form of bipolar disorder during some point in their lifetime, according to a new study from the US. In the study, researchers led by colleagues at the National Institute of Mental Health estimated the national prevalence of bipolar disorder using data from 9,282 individuals chosen to represent the general population. Participants were classified as having bipolar disorder 1, characterised by at least one episode of mania and one of depression; bipolar disorder 2, requiring an episode of depression plus hypomania; and a milder, sub-threshold bipolar disorder that involves hypomania with or without depression.

The study found that:

- A total of 1 per cent of participants had bipolar disorder 1 and 1.1 per cent had bipolar disorder 2 in their lifetimes
- In the previous 12 months, 0.6 per cent had bipolar disorder 1, 0.8 per cent bipolar disorder 2 and 1.4 per cent sub-threshold manifestations of bipolar disorder
- Symptoms began at age 18.2 years for bipolar disorder 1, 20.3 years for bipolar disorder 2 and 22.2 years for sub-threshold bipolar disorder
- 95.8 to 97.7 per cent of those with bipolar disorder and 88.4 per cent of those with sub-threshold bipolar disorder also had another psychiatric condition, such as anxiety disorder or substance use disorder
- The majority of those with lifetime bipolar disorder 80.1 per cent received treatment, including 69.3 per cent of those with sub-threshold bipolar disorder
- Only 25 per cent of those with bipolar disorder 1 15.4 per cent with bipolar disorder 2 and 8.1 per cent with sub-threshold bipolar disorder received appropriate medication over the previous 12 months.

*Irish Medical Times*

**A Pint or A Glass of Wine Can Raise Risk of Bowel Cancer**

A study has found that drinking a glass of wine or pint of beer every day increases the risk of developing bowel cancer

Drinking alcohol, even in moderation - such as a large glass of wine or a pint of beer a day - can increase the risk of bowel cancer by 10pc, a Europe-wide study has found. It found that drinking up to two pints a day or about two large glasses of wine can increase the risk by up to a quarter. But Dr David Fennelly, consultant oncologist at St Vincent's Hospital in Dublin, said family history remained a much more significant factor. He said drinking in moderation "makes sense" but it was very difficult to link a reduction in alcohol intake with a decrease in the number of cases of bowel cancer.

Ireland has a relatively high level of bowel cancer, with more than 2,700 new cases of the disease diagnosed, north and south, every year. As many as 1,500 people die of it annually. On average it is estimated to strike one in 20 men and one in 18 women.

The study questioned almost 480,000 people across 10 European countries about their drinking habits as part of the European Prospective Investigation into Cancer and Nutrition, funded by Cancer Research UK, the Medical Research Council and other European agencies. The findings, published online by the International Journal of Cancer, found that people who drank 15 grams of alcohol a day had about a 10pc increased risk of the disease. Those who drank over 30 grams of alcohol increased their risk by about 25pc. All the participants in the study were followed up for six years. During that period, 1,833 people developed bowel cancer.

*Independent.ie*

*“Whatever you can do, or dream you can, begin it. Boldness has genius, power and magic in it.”*

*Goethe*

**YOUNG PEOPLE URGED TO SPEAK OUT ABOUT SUICIDAL FRIENDS**

The North's Education Minister is urging young people to speak out if they believe a friend might be in danger of suicide. The call comes after three 15-year-old boys from Co Armagh took their own lives at the same spot in recent weeks. The deaths have prompted fears of a possible suicide pact. Education Minister Catriona Ruane is making counselling services available to all post-primary schools in response to the suicides and is urging young people to speak out if they believe a friend may be in danger.

*Independent.ie*

# An Investigation into the Incident of Suicide in Arklow, Co. Wicklow

**Introduction:** In response to local concern regarding the high prevalence of suicide in Arklow, the Wicklow Psychology Team received funding to undertake a project to investigate some potential causes and reasons for the incidence of completed suicides and parasuicides in the area. The aim of the research was to investigate how people working in the community responded to suicide, to identify groups that were at risk, to highlight what supports were in place and what supports needed to be established. The information was gathered with the use of questionnaires and focus groups and examination and analysis of Coroner reports over a six year period from the 1st of January 2000 to the 31st of December 2005. 100 questionnaires were sent to people working within the community. A questionnaire was sent to the three Secondary Schools, where the principals and guidance teachers responded. Two focus groups were conducted, one with students from an early school leaver's programme, the other with professionals working within the local health centre.

**Questionnaires:** The professionals that responded to the questionnaire ranged from Gardai, Councillors, Mental health workers, Support workers, Development officers and Educators. 53% reported dealing with suicide in work on a regular basis. However, 68% felt that they did not have the appropriate skills to deal with people at risk of suicide. It was believed that the main causes of suicide were drug and alcohol abuse, depression, family problems, social isolation, low self-esteem, bereavement and unemployment.

2/3's of GPs responded to patients at risk of suicide on a regular basis, of the GPs felt that they had the appropriate skills to work with these clients. In order to help prevent suicide the GPs highlighted the need for easier access to Clinical Psychology and Psychiatry services. In addition to these services they requested more availability of a free counselling service, Suicide prevention training and an appropriate child and adolescent service.

The response from the Secondary schools indicated that one of the schools had implemented policies and procedures outlined by the IAS (Irish Association of

Suicide). All schools requested training on suicide prevention to be provided to staff. All schools felt that there were students in their establishment currently at potential risk of suicide.

**Focus Groups:** The results of the focus groups with adolescents from an early school leavers programme showed that the students exhibited a high level of knowledge and experience in relation to suicide. The adolescents were between 16-20 years of age. Many had attempted suicide in the previous year, sometimes unrecorded. They spoke directly about these suicide attempts or friends/family members at risk of suicide or who had died by suicide. They felt the main causes for suicide were bullying, drug and alcohol abuse and boredom. The students expressed a severe lack of trust in the mental health services. They felt that they would seek help from someone who was relaxed, approachable, willing to listen and non-judgemental.

The results of the focus groups with the Mental Health professionals showed that their biggest fear of working with people with suicide was an inability to identify the warning signs. 75% had received suicide prevention training. 33% had worked with people in their professional lives who presented with suicide ideation. They suggested that an ongoing critical incident team has been established in all the schools to support students when needed. The recommended that the primary care teams should expand to include local Counsellors, Clinical Psychology, and Psychiatry services

The purpose of analyzing the Coroner reports was to quantify suicide rates in this area, with the intention of relating it to the community's estimates of the problem. The Coroner reports showed that over the previous six years 54 suicides had occurred in the Wicklow County. 24 of those reported suicides occurred within the Arklow area (Males N=20, Females N=4). A Male/Female ratio of 6:1. This is slightly higher than the national average, which is (5:1) The average age of a male taking his own life was 33 years and 41 years for a female. However, there was an even distribution between the age ranges of 16- 30 years, 30 to 40 years and 50- 60 years of age. This was in

contrast to the locally held belief that young people between the ages of 16-30 years were at highest risk. Finally, 40% of people who died by suicide were unemployed.

Suicide prevention recommendations have been identified and are currently being implemented.

- The secondary schools and the early school leaver's programme have established a referral pathway to a local Child and Adolescent Clinical Psychology service.
- A Crisis support Team has been set up in the Local Community School. The Support team meets weekly with the intention of flagging up students at potential risk and putting the appropriate supports in place.
- A parenting stress management group has been designed and offered to parents living locally.
- The local psychology services have linked in with Arklow Job club to design and present a Cognitive Behaviour Therapeutic group to people who are unemployed
- A Cognitive Behaviour Therapy group is being conducted with the young people in the early school leavers' programme dealing with issues such as bullying, self esteem, suicide and self image.
- A steering group has been set up by local members of the community to inform the different agencies of suicide prevention training, to build on communication and inter agency networking and to focus establishing further suicide prevention supports.

Marie McGrath  
Assistant Psychologist

*"If the world seems cold to you, kindle fires to warm it."*

Lucy Larcom

## Viagra and Pulmonary Hypertension

### Viagra's other benefits

Viagra is now being used to treat not only erectile dysfunction (ED) but also pulmonary hypertension. And the drug may have potential for treating several other conditions, reports in Harvard Men's Health Watch.

The three ED medications currently on the market – Viagra, Levitra, and Cialis – all work by the same means, and they have similar side effects. The most common are headaches and facial flushing, which occur in 15% of men. Other reactions include nasal congestion, indigestion, and back pain. These side effects are mild and temporary. The most important worry about ED pills is their ability to widen arteries enough to lower blood pressure. And men who are taking nitrates should never use any of the ED pills.

Although some of the drugs' side effects may be troublesome, others may be helpful, and scientists are studying whether ED pills might help treat a variety of nonsexual problems. Viagra has been on the market longest and is most studied. It's yet not clear if the other ED pills offer similar benefits, but Viagra, at least, may prove useful for some other conditions, including these:

- Pulmonary hypertension: Viagra is now marketed under the name Revatio for this uncommon but serious disorder of high pressure in the blood vessels leading to the lungs.
- Mountain sickness: Viagra can reduce pulmonary artery pressure at high altitude and improve the ability to exercise in low oxygen conditions.
- Raynaud's phenomenon: In affected individuals, exposure to the cold triggers spasm of the small arteries that supply blood to the fingers, toes, or both, which become pale, cold, and painful. Both Viagra and Levitra have been helpful in clinical trials.
- Heart disease: Studies suggest Viagra might help patients with congestive heart failure or diastolic dysfunction.

Harvard Health Publications

## Surprising Findings About Drinking Behavior At College Parties

- \* Most studies of college-student drinking have looked at the individual, and have relied on self reports.
- \* New findings gathered from on-the-spot observations show that parties with drinking games can predict higher blood-alcohol concentrations (BrACs).
- \* Young women at theme parties, especially with sexualized themes and costumes, drink more heavily than men.

Most studies of drinking by college students have focused on individual factors like attitudes, and have relied on self reports. A uniquely designed study instead had researchers visit college parties, gathering data on the spot. Findings revealed that drinking games and themed parties are associated with higher levels of drinking. Results are published in the January issue of Alcoholism: Clinical & Experimental Research.

Most studies use survey methods that require people to recall their drinking behavior - days, weeks or months prior - and such recall is not always accurate. By going out into the field and doing observations and surveys, including breath tests for alcohol concentrations, the researchers were able to mitigate many of the problems associated with recall of behavior and complex settings.

This study is unique in its focus on both individual and environmental-level predictors of alcohol involvement. Rather than relying on students' reports of the environment, researchers actually gained access to college-student parties and made detailed observations about the characteristics of these parties.

For three academic semesters, researchers conducted a multi-level examination of 1,304 young adults (751 males, 553 females) who were attending 66 college parties in private residences located close to an urban public university in southern California. Measures included observations of party environments, self-administered questionnaires, and collection of blood-alcohol concentrations (BrACs).

Both individual behavior and the environment matter when it comes to student-drinking behavior. At the individual level, playing drinking games and having a history of binge drinking predicted higher BrACs. At the environmental level, having a lot of intoxicated people at a party and themed events predicted

higher BrACs. One of the more interesting findings was that young women drank more heavily than males at themed events. It is rare to find any situation where women drink more than men, and these events tended to have sexualized themes and costumes."

Conversely, students who attended parties in order to socialize had lower levels of drinking. Interestingly, larger parties were associated with less drinking. This could be that there may simply be less alcohol available at larger parties.

Researchers hope this study's design will help future research look at "the whole picture."

From a methodological standpoint, the study illustrates that it is possible and important to examine drinking behavior in real-world settings. It is more difficult than doing web surveys and the like, but provides a much richer data set. Secondly, environmental factors are important. Much of the current research on drinking behavior focuses on individual characteristics and ignores contextual factors. Yet both are important to our understanding of drinking behavior and problems."

On a more practical level, the researchers urged caution on the part of party hosts as well as guests. Hosts should not allow drinking games and students should avoid playing them. Such games typically result in large amounts of alcohol being consumed very quickly - a dangerous combination.

Medical News Today

*"With love and patience, nothing is impossible"*

Soka Gakkai

# The 5 Words That Are Ruining Your Life

**What if I showed you how you're consciously creating circumstances and beliefs everyday that give you results you aren't happy with? Would you like to change it?**

It's much simpler than you think. It all begins with the words you choose to use. By changing what you do and don't say, you'll start to create a much brighter future and more peaceful present right now. I'm going to reveal the 5 words to you that are bringing the most stress and frustration into your life. Over time using these words ruins your life by creating a ton of unnecessary mental suffering. The 5 words I invite you to eliminate from your vocabulary right now are: want, need, can't, should and good enough (okay, these are two words but they're together so lets pretend they're one word for counting's sake).

If you just stopped using the word **'want'** you would transform your life beyond belief. Do it for just one day. You're going to be amazed at how many times an hour you (and everyone else) says "I want..." When you say "I want..." you instantly create a feeling of lack within yourself. In reality you aren't lacking anything, but when you want something you subconsciously believe that you have a hole that can only be filled by getting what you want. This is the source of a lot of addictions that cause people to consume too much food, sex, drugs, alcohol, entertainment or whatever their personality has a hankerin' for.

**'Need'** is an extreme version of 'want.' You don't need anything beyond food, water, shelter, clothing and love. Everything else is icing on the cake. Along these lines it's helpful to remember that more than half of the worlds' population goes to bed hungry every night. So if you think you need a 3,000 HDTV, realize that you would like it but you don't 'need' it.

**'Can't'** is a limiting belief based on past experience. We all know the past doesn't determine how we create the present or the future, but a lot of us live like it's true. I invite you to re-examine what you think you can't do. I grew up being told that I couldn't do mechanical things because my brother was labeled as the "mechanical one" and I was labeled as the "studious" one. In my twenties I finally challenged that belief because I had to in order to take care of myself. Guess what? When I challenged that theory I discovered I could do a lot of things I never tried because I was always told I wouldn't be able to do them. Remember that you can be or do anything you commit to being or doing. Some things will come more naturally to you than others, but you have the power to always be and do your best.

You've probably heard the phrase "Stop shoulding all over yourself." **'Should'** is a word we use to exert power over ourselves and others through guilt. The funny thing is that we tell ourselves what we 'should' do even more than we do it to other people. If you catch yourself before you 'should' on yourself you'll see that the 'should' that feels so important is just another belief that you can choose to change. Our minds can be our worst enemies. Our minds are constantly making up stuff about what's good/bad, right/wrong, important/irrelevant, etc... We are run by these beliefs, many of which are arbitrary and constantly changing. Think about an issue that tends to worry you over

and over. Why is this worry imprisoning you by creating a ton of stress when a lot of other people aren't even aware of it? We all pick different issues and beat ourselves up about getting these issues done, getting them right, taking care of them etc. They only feel important to us because our minds made up that they're important issues. At the same time we're totally unaware of other issues that other people are constantly worrying about. It's silly and it also causes heart attacks.

The most problematic two words ever put together are **'good enough.'** What exactly is good enough? Nothing is. Is doesn't exist. It's a subjective choice that's like a carrot on a stick that is impossible to achieve. It moves farther away with every new accomplishment. 'Good enough' is an American complex. It may exist in other countries (though the Spanish language doesn't even have words to describe it), but in America it's in the air we breathe. Most Americans feel like they're 'not good enough.' But if you ask them (or yourself), "What would be good enough?" they're dumbfounded. They don't have an answer as to what signifies achieving 'good enough.' All they know is that they can find millions of other people who appear (key word) to have things they don't have. They think that if they had all these things, maybe they would be good enough ...until they see something else they don't have that they think they want, need, can't get or should have.

I invite you to choose one of these words a day to stop using. Catch yourself before the word leaves your lips. If the word gets out simply correct yourself with a powerful positive statement. If you're about to say, "I want to go to the movies," then instead simply say "I would like to go to the movies," or "I choose to go to the movies." Now you're using words that create possibility and express responsibility. Doesn't it feel better when you speak like this? Yes, it does. It's because you're speaking from a place of power.

It's your life. Choose to create it with words that reflect the responsible, powerful masterful spirit that you are.

[emaxhealth.com](http://emaxhealth.com)

*"Man's mind, once stretched by a new idea,  
never regains its original dimensions"*

Oliver Wendell Holmes, Jr

# Only One You

by Teresa Williams

*You are not alone, only if you want to be.  
The pain that you have is nothing,  
Compared to the pain that you left behind.*

*Have courage to change whatever is not working out for you.  
Have faith to feed your soul in order to find peace in you.  
Have a smile on your face for a happy you.*

*You have many options, many choices.  
Use them to suit you, for a better you.  
Life is for living, life is good.*

*The greatest gift you can give someone,  
It doesn't cost anything,  
Is to bring a smile to their face.*

*Nothing justifies suicide  
Everything justifies life.  
No one can ever replace you.*

*No matter where you are standing,  
You have the world at your feet.  
No matter who you are, there is only one you.*

## TEMPERATURE RISES TEND TO BRING US DOWN

**Hot weather can add to the risk of suicide, according to a new study.**

One reason is because in hot weather people tend to drink more, which can put those with suicidal tendencies at greater risk. A rise in temperatures can also affect the metabolism of serotonin, a mood-enhancing chemical. A British survey, which was carried out by researchers in England and Wales and published in the 'British Journal of Psychiatry', found that every one degree increase in temperature above 18C was associated with a 3.8pc rise in all suicides. Psychiatry Professor at UCD and a consultant psychiatrist at the Mater Hospital, Patricia Casey, is currently taking part in a study on the seasonal variations of suicide. She says that early indications from the research she is involved in, showed that although a rise in temperatures impacted suicide levels, there tended not to be seasonal variations.

[Independent.ie](http://Independent.ie)



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