Understanding Stress
Coping with Panic Attacks
Mental Health Law
How does it affect you?
Managing Medicines
Nutrition & Healthy Eating
Sometimes it is funny
but I don’t understand,

Sometimes how life does not
offer me a helping hand.

It just leaves me to struggle
when I can’t take much more
It never offers a suggestion
when I am not quite sure.

Especially, at late night
when I am alone
there is nobody around
just nobody to phone.

don’t get
down.

get help!

Samaritans
1850 60 90 90 90

E-mail: jo@samaritans.org
Good mental health is central to our enjoyment of life. Like physical health many factors can shape our mental health; a well balanced lifestyle, realistic expectations of ourselves and others, recognising difficulties early and seeking appropriate support. Great progress has been made in recent years in the successful treatment of mental health problems and many new approaches are proving to be very effective. Our services are adopting a recovery orientation which aims to protect and restore mental health and regain a positive outlook.

Most people receive their mental health care in the community with their local family doctor. The HSE is transforming primary care to include a new and wider range of services. Sometimes more specialist treatment is required and the GP may suggest referral to our specialist mental health services. Again treatment is offered within your local community with skilled professionals offering a range of treatment options. At every stage the person using the service is actively involved in choosing their treatment programme.

For a small number, a brief hospital stay may be necessary to recover from more significant mental health problems and this is now more likely to be at a local general hospital unit. All of our staff will be happy to offer helpful information and advice, simply ask. In recent years we have made great strides in hearing the service users perspective and now each inpatient unit in Ireland has access to a peer advocacy service.

As we develop and extend the scope of our mental health services we are keen to hear from people who use the service on how we can improve our service to better meet your needs. This magazine is designed to introduce our mental health services and offer information on a range of supports and resources available to improve mental health.

Positive mental health is about having the energy and confidence to fully enjoy life.
What is a Panic Attack?

A panic attack is discrete periods of intense fear or apprehension in which several of the symptoms of anxiety develop suddenly, for example difficulty in breathing, sweating, dizziness, chest pain, feelings of unreality, trembling, choking and increased heart rate. These symptoms increase in intensity over about 10 minutes. There is typically no real reason to be frightened. Those who experience panic believe that they are in imminent danger of ‘losing control’. Common fears are of collapsing or having a heart attack. Panic attacks tend to subside within 30 minutes.

• Difficulty breathing
• Sweating
• Dizziness
• Chest Pain

• Feelings of unreality
• Trembling
• Choking
• Increased heart rate

You can learn to cope with panic attacks over time. Treatment can result in the decrease in frequency and intensity of attacks and usually involves:

• Regular practice of deep relaxation
• A regular programme of exercise
• Elimination of stimulants (especially caffeine, sugar and nicotine)
• Learning to express your feelings
• Adapting a calmer attitude towards life
• Reviewing the way you think
• Behavioural strategies
Learn to Relax

Ten rules for coping with panic

1. The feelings are normal bodily reactions – exaggerated
2. They are not harmful just unpleasant
3. Do not add frightening thoughts – negative, unpleasant consequences
4. Describe what is happening – notice what IS not what you fear MIGHT
5. Wait for the fear to pass – do not fight or run away – accept it
6. Notice when it fades – when to stop adding frightening thoughts, it fades by itself
7. It is the opportunity for progress – use it to learn coping – learn to grow
8. Think about progress to date despite the difficulties – think how pleased you’ll be when you succeed this time
9. When you begin to feel better look around you and start to plan what to do next
10. When you are ready to go on start off in an easy relaxed way. There is no need for effort or hurry

Exercises to reduce panic symptoms

• Use abdominal breathing
• See, touch, and feel objects around you
• Tell yourself the feelings are not harmful
• Tell yourself that the feelings will pass
• Visualise a peaceful scene
• Let your mind go blank
• Passively accept your symptoms
• Meditate
• Sing or hum a tune
• Read a book
• Talk to a friend
• Pet your cat or dog
• Take a walk
• Take a bath
• Splash cold water on your face
• Clean the house or wash the car

Oanda – Out and About Association:
A self-help support group for people with phobia’s anxiety. Advice and information packs.

Contact:
Oanda – Out and About Association, Cois Cua,
140 St. Lawrence’s Road, Clontarf, Dublin 3.
Tel: 01 833 8252
Fax: 01 833 4243
mail: oandamarhnamce@eircom.net
Stress is a part of modern day life and occurs in all areas of our daily lives, at home, at work and socially. Although we cannot eliminate stress, we can learn how to recognise and cope with it more effectively. It can have a major effect on ability, performance, confidence, energy levels and quality of life. Stress cannot be avoided but it can be managed.

What is stress?
Stress is the pressure encountered in living our daily lives. We all experience stress at some stage as we try to adjust to our continually changing environment. We all need a certain amount of stress in our lives to help us respond to the various challenges of every day life. Positive stress can be viewed as an exciting or challenging situation which the person thrives on. Stress is not always harmful but it can pose a threat to our physical and mental well being when it is allowed to build up unchecked.

What causes stress?
Certain events in life are stressful and are always likely to cause anxiety. These can include:
- Bereavement, separation, divorce
- Major illness or accident
- Lifestyle change – financial gain or loss
- Work change – tension, unemployment, promotion
- Financial problems – debts, loss or reduction of income
- Family relationships
- Retirement – enforced leisure, reduced income
- Expectation we place on ourselves – to succeed, achieve
- Expectations of others
- Our physical environment
- Life events

What are the symptoms of stress?
Prolonged stress can cause physical and/or emotional problems such as:
- Anxiety
- Increased heart rate and blood pressure
- Tense muscles, soreness in neck, shoulders and back
- Headache
- Upset stomach, ulcers
- Insomnia
- Fatigue
- Lack of interest and ability to concentrate
- Abuse of alcohol, tobacco, drugs
- Depression
- Increased irritability

Our response to stress
We all respond differently to different situations. Two people may have differing perspectives of the same event - what is distressing for one person, may be a joy to another. Just as our perspectives differ also we are likely to differ in our responses to it. Stress may be regarded as a physical and/or emotional response to the demands being made on us. Our response, which will vary from individual to individual, is determined by our ability to cope with such pressures.
How can I cope with stress?

If you are experiencing stress symptoms, you need to reduce the stress in your life:

• **Self Awareness**
  - Identify areas of your life in which stress occurs. Don’t ignore it.
  - Observe how your body responds to stress.
  - Recognise what you can change by avoiding, eliminating or reducing your exposure to stress.
  - Know and accept your strengths and weaknesses.
  - Strive to change the source of stress and/or your reaction to it.

• **Physical Fitness**
  - Consider your physical well being – get a regular check up with your GP.
  - Exercise regularly.
  - Add balance to your life – take ‘time out’ for yourself.
  - Get enough sleep.

• **Diet**
  - Eat a well balanced nutritious diet. High consumption of sugar, salt & alcohol may increase stress.
  - Maintain a healthy weight.

• **Stimulants**
  - Avoid nicotine, excessive caffeine, drugs, alcohol and other stimulants.

• **Relax**
  - Learn and practice deep breathing and relaxation techniques.

What can I do to help myself?

• Discuss problems with friends.
• Pursue attainable goals.
• Accept failure and disappointment.

If stress becomes a problem you may need to consult your General Practitioner.
Mental health is important to all our lives and is not something that is relevant to the lives of a small few. It can be understood as, ‘the capacity to feel good about oneself – a sense of self worth, the capacity to relate with others and the capacity to deal with the day to day demands of life’.

When seen in this way we can appreciate not only its relevance to all our lives but also the role that parents/carers have in promoting and maintaining mental health. Parents/carers are well placed to assist children in developing a positive perception of themselves. All children have talents and strengths. These strengths and talents should be acknowledged and even celebrated within the family, allowing the child to feel good about him/herself.

No one is perfect.

We come in all shapes and sizes. Difficulties or challenges experienced can usefully be viewed as a normal fact of life, rather than something that makes a particular child ‘different’ or ‘flawed’ in some way. Where children present with difficult behaviour, it is important to distinguish between the person and the behaviour - for example, to say “it’s wrong to do that” rather than “you are very bold for doing that”. Focussing on and praising what is done well (good behaviour) is far more effective in increasing good behaviour than giving lots of attention to what it is you don’t want the child to do.

Children who feel good about themselves are more confident in their interactions with others.

They learn how to interact by seeing interactions around them. Parents can be helpful by demonstrating and modelling good verbal and non-verbal skills (such as interrupting appropriately and good eye contact). Learning the rules of give and take that are part of family life prepare a child for interacting with other children. Simple board or card games can introduce the idea of turn taking and expose the child to the experiences of winning and losing. As children grow and develop they move from interacting mainly with family to mixing with teachers and many other children. The demands placed on them also broaden from simple tasks within the family to balancing the more complex demands of family, school, friendships and hobbies.

Parents can assist children in developing the skills to meet these demands. Sometimes it seems simplest to make decisions for children. However, we all learn best by experience. Discussions about responding to demands, prioritising, making choices, acknowledging and dealing with conflict are all valuable learning opportunities. By facilitating a child to develop a structure for doing homework in an environment free from distraction, the child enhances skills of concentration, attention and perseverance which are essential throughout life.

Parents/carers are indeed the most valuable teachers children can have. Through their influence children can learn to value themselves and learn the skills necessary to relate with others and deal with the demands placed on them as they go through life. One cannot imagine a better foundation for good mental health.
The Health Service Executive aims to provide the highest standard of health care to you in your local community.

Over the past number of years our services have been transformed to become largely community based, we still have a number of projects to complete. We are anxious to improve our services and would like to hear your views. If you have comments on any aspect of our services please talk to our staff or write to our headquarters at Oak House, Millennium Park, Naas, Co. Kildare.

Please note that all Health Service Executive facilities are Smoke Free Zones and are disability accessible. If you require assistance with transport please advise our staff, we may be able to assist. Our staff are there to assist and support you - if you have any concerns simply ask, we are happy to help.

If your family doctor has referred you to a mental health specialist - what can you expect?

Many people feel anxious and uncertain about seeing a psychiatrist for the first time. A psychiatrist is a medical doctor who has specialised training in mental health. The format is relaxed and open and gives you an opportunity to describe your symptoms. You may wish to bring along a friend or family member. A first assessment usually involves an informal interview lasting about an hour with a Consultant Psychiatrist. It is designed to outline the nature of the condition and explore possible courses of treatment.

The psychiatrist will discuss a range of treatment options and may invite you to meet other team members – Psychiatric Nurse, Psychologist, Social Worker, Occupational Therapist or Counsellor. If you are taking medication it is helpful to bring it along to your appointment. Modern mental health care is community based at clinics, at home or in a local day hospital. A small number of people may require a short stay in hospital. If you have any concerns simply call your local GP or day hospital for advice.
The benefits of a good night’s sleep

Sleep is not merely a ‘time out’ from our busy routine, it is essential for good health, mental and emotional functioning and safety. Sleep needs vary. In general most healthy adults need an average of 8 hours of sleep a night. However some individuals are able to function without sleepiness or drowsiness after as little as 6 hours of sleep. Others can’t perform at their peak unless they have had 10 hours. The need for sleep does not decline with age although the ability to get it all at one time may be reduced.

It may surprise you to learn that during the hours you seem to be out cold a lot is actually happening. Normal sleepers have a relatively predictable sleep pattern which is an alternating pattern of rapid eye movement (REM) and non-REM sleep. REM sleep is when you dream and is characterised by a high level of mental and physical activity. In fact your heart, your heart rate, blood pressure and breathing are similar to what you experience when you wake up. Virtually everyone suffers at least one occasional night of poor sleep. Those most at risk are students, shift workers, travellers and persons with acute stress, depression or chronic pain.
Stress

Stress is considered by most experts to be the No. 1 cause of short term sleeping difficulties. Common triggers include school or job related pressures, a family or marital problem, a serious illness or death in the family. Usually, the sleep problem disappears when the stressful situation is resolved. If sleep difficulties persist for over a week it is always a good idea to talk to your GP. He can help you to take early steps to control or prevent poor sleep.

Lifestyle stressors

Without realising it you may be doing things during the day or night that can work against getting a good nights sleep. These include drinking alcohol or beverages containing caffeine in the afternoon or evening, exercising too close to bed time, following irregular morning and night schedules and working or doing other mentally inter activities right before or after getting into bed.

Environment

A distracting sleep environment such as a room that’s too hot or cold, too noisy or too brightly lit can be a barrier to sound sleep. And interruptions from children or other family members can also disrupt sleep. Other influences to pay attention to are the comfort and size of your bed and the habits of your sleep partner. If you have to lie beside someone who has different sleep preferences, snores, can’t fall or stay asleep or has sleep difficulties, it often becomes your problem too.

Physical

A number of physical problems can interfere with your ability to fall or stay asleep e.g. arthritis and other painful conditions, backache, or discomfort can make it difficult to sleep well. Sleep apnoea which is recognised by snoring and interrupted breathing, causes brief awakening and a person having signs of sleep apnoea should see your GP.

Sleep Hygiene - Some helpful hints

- Don’t Catnap during the day! This can really mess up your nights sleep.
- Avoid mental stimulation at bedtime such as reading, T.V., work and light. If you find that you are having difficulties, try to use some of the relaxation techniques you were taught while in hospital.
- Avoid alcohol! Alcohol leads to disturbed sleep patterns and can make you wake early in the mornings with mild withdrawal symptoms.
- Try to get your old sleeping routine back and re-establish your old pattern.
- Lavender essential oil or incense really works! Just put a few drops on to your pillow at night or burn some in an oil burner for a really peaceful nights sleep.
- Try to get the effect of the sleeping pill may wear off if left any longer.
- Plan your sleep! In planning for sleep, think about relaxing a half an hour before bedtime. Sometimes a bath can help, particularly if you add some lavender bubble bath!
- Avoid tea, coffee or cola after 7pm. Caffeine can disturb your nights sleep by both keeping you awake and encouraging night trips to the loo! Alternatives such as hot milk or camomile tea are much more useful in promoting sleep.
Weekly units;

The recommended advice on drinking is a maximum limit of 3-4 units of alcohol a day for men, 2-3 units/day for women and for pregnant women there is no safe level of alcohol recommended. It is important to note that it is never recommended to save up a week’s worth of units and drink them all in one night. Like medicines, taking a week’s dose in one day is dangerous. If you want to protect your health, you should only drink the allocated number of units or less within a given 24 hour period. Thus, social drinking means that a person is conscious of using alcohol within the context of a social occasion in the company of others, sipped and enjoyed slowly and aiming for no more than 2/3 drinks on that occasion. It is also suggested that a person should be free of or have a break from alcohol use for up to 2/3 days in between social occasions.

1 unit = 1 glass of beer, 1 small glass of wine
1.5 unit = 1 pub measure spirits

### Consumption p/wk

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>Low Risk</td>
<td>1-21 units</td>
<td>1-14 units</td>
</tr>
<tr>
<td>Hazardous</td>
<td>22-49 units</td>
<td>15-35 units</td>
</tr>
<tr>
<td>Harmful/dependent</td>
<td>50+ units</td>
<td>36+units</td>
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**Hazardous drinking** = currently drinking in a manner likely to cause harm to health in the future.

**Harmful drinking** = currently experiencing harm from drinking on a periodic/continual basis

**Dependent drinking** = currently drinking despite clear evidence of continual health and social harms from alcohol

### How much do you drink?

When asked this question many people underestimate the amount they are drinking. People who drink heavily are not necessarily “addicted to alcohol”, but for many reasons they have got into the habit of consuming it regularly. This has short-term and long-term risks. Alcohol is a toxic substance related to more than 60 disorders with short and long term consequences.

**Short-term risks:**

- memory blackouts-not remembering parts of an evening
- anxiety
- sexual difficulties such as impotence
- slowed breathing and heartbeat
- loss of consciousness
accidents and injuries
suffocation through choking on own vomit
potentially fatal poisoning.

Some long-term risks: Drinking more than the recommended number of units regularly over a long period of time can lead to:

- certain types of cancer, especially breast cancer
- memory loss, brain damage or even dementia
- increased risk of heart disease and certain types of stroke
- liver disease, such as cirrhosis and liver cancer
- stomach ulcers

As you get older, the risks are greater. Your body is less able to process alcohol, and, so you may find that the time it takes you to recover from a drinking session is longer than it was when you were younger.

Drinking as a way of dealing with feelings: All human beings experience emotional pain or traumas at some point throughout their lives but for some mental distress is an ongoing lived experience. This can be due to a variety of unresolved emotional difficulties such as losses, pain, hurt or anger. If we use alcohol as a drug to deal with such difficulties we might not even notice how fond of alcohol we are becoming. Although alcohol may appear to reduce anxiety in the short term, using alcohol to relax on a regular and long term basis can lead to dependency and depression. There is extensive evidence indicating that individuals who suffer psychological distress and rely on alcohol to destress are more likely to become dependent on alcohol. However the more we use alcohol to destress the more of the drug we are going to need as our tolerance increases.

Problem Signs: So if we find ourselves drinking more than we were a year or two ago, we may find that our increased drinking may be generating more subtle problems than we had bargained for e.g. family complaints about drinking more often, irritability, gulping drinks, being sneaky, more money spent, more tired etc... The personality of the drinker may begin to subtly change resulting in more aggression, inappropriate and embarrassing behaviour, mood swings etc. Eventually this pattern can lead to a cycle of despair resulting in suicidal thoughts and possible attempts at self harm. Alcohol-related problems are significant risk factors for suicide. Alcohol abuse compounds many of the risks factors.

Alcohol and Medication: As far as your body is concerned, both medication and alcohol are drugs—they change the way some of your body and mind works. Drinking alcohol while taking medications can change the effects of the alcohol, the medication or both (either prescribed by your doctor or bought at a chemist). Drinking alcohol means some medicines just don't work or they don't work as well as they should. Ask your GP about the risks of mixing alcohol with certain medications.

Help and Support: Many people with alcohol problems take a number of years to confront their difficulties with drinking and to recognise that they need treatment to address their problems. A person may only begin to view their drinking as problematic when a crisis arises (health, legal, occupational, family) and they begin to feel as if their lives are out of control. For others there may be no crisis situation or a one off event that prompts someone to contact services. Today there exists self-help groups and counselling services that can help us to deal with our alcohol problem. We deserve freedom and relative peace of mind—there is never freedom in a bottle. As a family member we need to be reminded that even though our loved one may not have the slightest intention of changing their drinking, you as a family member can obtain help for yourself. You are never the cause of someone else's drinking, you can't control their drinking nor can you cure them. So instead of investing your energy in trying to stop someone from drinking, get help for yourself and find your personal freedom.

Contact your local HSE Addiction Counselling Service or AA, Al-Anon, Al-Ateen, Adult Children of Alcoholics
You can also contact Irish Association of Alcohol and Addiction Counsellors: www.iaaac.org
Alcohol and its effect on society

Alcohol Action Ireland is a non-governmental organisation consisting of an alliance of public health and social care organisations concerned with the significant levels of alcohol-related harm on individuals, families and society at large. Our Board currently has representatives from Mental Health, Health Promotion Association of Ireland, Irish Medical Organisation, Royal College of Physicians, Addiction Counsellors, Pioneers, Barnardos, Irish Cancer Society.

Alcohol and Harm:

According to the World Health Organisation, alcohol is the third most detrimental risk factor relating to ill health and premature death in Europe, with only tobacco and high blood pressure more serious. 

An independent survey of Irish Attitudes to alcohol carried out by Alcohol Action Ireland in 2006 sponsored by the HSE found the following:

1. **82%** of people believe our current alcohol consumption levels are a problem and 85% feel that our cultural attitudes need to change.

2. **66%** of people know someone with an alcohol problem with 57% of people currently concerned about someone’s use of alcohol.

Alcohol and Suicide:

**90%** of those under 30 yrs of age had alcohol in their blood.

Marital Problems:

**34%** of those seeking legal advice due to marital breakdown cite alcohol as the main cause of their marital problems. This is due to a strong association between heavy drinking and marital breakdown and an increased risk of separation or divorce among married heavy drinkers.

Harm to others:

Alcohol harms others aside from the drinker such as being afraid of drunk people in public places, being kept awake at night by a drunk person. There is a relationship between alcohol consumption and the risk of involvement in violence including homicide, and also between greater alcohol use and sexual violence. The higher the level of alcohol consumption, the more serious the violence e.g. domestic violence. A large number of studies have reported a variety of childhood adversities to be more prevalent among children of heavy drinkers than others. Also when compared to lighter drinking, higher alcohol use results in lowered productivity and increased injury.
Prenatal exposure to alcohol can be associated with a distinctive pattern of intellectual deficits that become apparent later in childhood. (www.fasd.ie)

Despite all of these harms, as a society we believe we have been in denial and too tolerant of the harms and despite many national and international reports showing us this evidence very little has happened or changed.

**Vision:** An Ireland that recognises and challenges the harm caused by alcohol.

We plan to do this through advocacy, networking and collaboration with Government, organisations and the general public so that alcohol will no longer be a cause of premature death, interpersonal violence and disability in Ireland.

**Actions:**

In order to promote the prevention and reduction of harm we aim to inform and influence policy makers and politicians of the need to implement a **National Alcohol Strategy** by putting in place a **National Alcohol Surveillance** body similar to that which exists for tobacco which would oversee the implementation of the 78 recommendations outlined in the Government Task Force on Alcohol. These measures are recommended based on how effective they have been seen to work across all cultures. One example has been the highly effective Mandatory Alcohol Testing introduced in July 2006 which has saved over 100 lives and the heartache of 100 families. Similar actions could be introduced across other areas which would protect children and save further lives.

We aim to work on a number of policy areas in the short to medium term among which will be:

1. **To seek the reduction of blood alcohol concentration of drivers from 80mgs to 50mgs and 20mgs for provisional drivers.**
2. **To seek the banning of alcohol advertising on TV prior to 9pm.**
3. **To reduce the price of non-alcoholic beverages.**
4. **To seek enforcement of existing legislation regarding the sale of alcohol to persons under 18yrs.**

We aim to work together with other health and social care organisations who have an “alcohol interest” who share our values and views of alcohol problems and the changes required to reduce harm.

We will also be working to counterbalance the messaging of the Alcohol Industry whose role is to protect the profits of their shareholders. Our main message to government and policy makers is that alcohol is a psychoactive drug and is no “ordinary commodity” and that it is their responsibility to protect the health and welfare of all citizens by implementing the measure that have been recommended. We need to start to build the momentum to enable this change to happen. Drinking is a personal act and an individual responsibility, it is also a behaviour shaped by our society, for which society as a whole has a responsibility.

Marion Rackard, Executive Director
www.alcoholactionireland.ie
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Who needs exercise?

We all do! Exercise is vital for good health, but research shows that most of us do not get enough. Regular activity, which gets the heart pumping a little harder, can make us look and feel better. It does this by helping to reduce stress, control weight and lower blood pressure. It also helps to protect us from serious conditions such as heart disease, stroke, osteoporosis and diabetes. Even so, we can find excuses not to exercise.

What’s your excuse?

No time, I’m far too busy - but a total of just 30 minutes most days of the week could make all the difference to your health. You don’t have to do it all at once. Begin by simply putting a little extra energy into things you do already to help you build up to this total. Use the stairs instead of the lift and walk or cycle short distances.

Too tired, I need to relax - exercise can actually help you to relax by relieving stress and this in turn makes you feel good. It can boost your energy levels and make you feel less tired, and you’ll find you’ll sleep better too.

Not the sporty type - you don’t have to be sporty! Activities such as walking, gardening, housework and dancing can be as good for you as jogging, football or working out in a gym. It all depends on the effort you put in!

Exercise is boring - try a variety of activities and choose ones that are good fun and sociable. Options like line dancing, walking clubs or five-a-side football are great ways to meet people, be active and have fun. Link your exercise to something you enjoy.

No one to do it with - try asking a friend (maybe this is their excuse too!) or find out about local clubs or classes where you’ll meet people just like you. Things you do on your own, like housework or washing the car, can count as exercise too if you put a bit of extra energy into them!

I’ve no time’ - ‘I’m too...
Too old to start now - it’s never too late to start. Exercise can help you stay healthy, active, mobile, and independent. Start by trying brisk walking with a friend. Vary your route to keep it interesting. If you have a health problem or any worries about starting a new activity check with your local GP first.

What exercise is best?
Exercise doesn’t have to involve work out! You can try new activities or go back to something you haven’t done for a while, such as:

- dancing
- exercising at home to a video
- cycling
- swimming or aqua aerobics
- jogging
- tennis, badminton or squash
- brisk walking

Tips on exercise
- Try a number of activities before choosing those you like the best.
- It can be more fun to take exercise with a partner or friends.
- Check on your progress. Regular activities should begin to take less time or take less out of you. Always be aware of how your body feels and don’t push it too far. Exercise is not meant to be painful! you should be able to exercise and carry on a conversation, so if it hurts stop.
- Gradually build up your activity to a total of 30 minutes a day. You don’t have to do it all in one go to get the benefits - two sessions of 15 minutes is just as good.
- Don’t feel you’ve lost all the benefits if you miss a day.
- It’s important to stretch your muscles before and after any strenuous exercise.
- The secret of success is doing something you really enjoy that you can fit into life and you can keep doing regularly.
The School of Nursing, DCU, in partnership with the HSE, have developed a new post of Practice, Education, Research Expert by Experience. The post, when it was advertised, uniquely did not require academic qualifications, but sought rather an applicant who had experience as a user of mental health services in Ireland. This is the first time that such a post has been offered in Europe. Mr Paddy McGowan has been recruited to the post following a competitive process that attracted good interest from the mental health service user community.

Martin Rogan, Assistant National Director with Responsibility for Mental Health, said “Service user’s perspective is central to how HSE mental health services operate. Every inpatient unit has ready access to Peer Advocates, the National Service User Executive was launched in January and now this post will point the way forward with a strong evidence base. The HSE is delighted to be able to support this post in partnership with DCU and recognises the enormous potential in the appointment of Mr Paddy McGowan as the first Practice, Education, Research Expert by Experience”.

Professor Chris Stevenson, Head of the School of Nursing stated “The School of Nursing, DCU has a strong commitment to the development of a mental health knowledge community that will support policy and practice nationally and internationally. The community values different forms of knowledge including that gained by the direct experience of mental health distress and service provision. With Martin Rogan, HSE, we made a strategic decision to recruit an expert by experience to support both the School of Nursing and HSE progressive agendas in relation to service user involvement. Traditionally, university based appointments have required academic and/or professional qualifications. The appointment of Paddy McGowan as Practice, Education and Research Expert by Experience is a break with tradition. Paddy has a differently distinguished CV, having both been at the sharp end of receiving mental health services and working tirelessly to introduce different attitudes and practices. Paddy’s appointment is the first of its kind in the state and will make a significant contribution to changing the face of mental health care in Ireland”.

If you would like to hear more about the post and/or develop links please contact Paddy McGowan on (01) 700 8926 or Chris Stevenson on (01) 700 6581.
Vision for Change, the report of the Expert Group on Mental Health Policy, has advocated the setting up of a National Service Users Executive with the following mandate:
To inform the National Health Service Directorate and the Mental Health Commission on issues relating to user involvement and participation in
• planning,
• delivering,
• evaluating and
• monitoring services
including models of best practice.

In order to progress the above an Interim National Service Users Executive has been set up to:
• Create an electoral system for the establishment of NSUE
• Set up a framework for the development of regional and local NSUE’s
• Develop a policy and secretariat support mechanism including standing orders about meetings, location, frequency etc.
• Create formal links with HSE, Mental Health Commission and other statutory agencies.
• Develop formal links with voluntary Mental Health Associations

For further information, please contact us at: info@nsue.ie
What are the warning signs?

Most people who feel suicidal don’t really want to die, they just want an end to their pain. These are some of the signs which may indicate that someone is thinking of taking their life.

- A previous suicide attempt.
- Currently expressing suicidal thoughts.
- Preoccupation with death.
- Depression.
- Becoming isolated.
- Substance/Drug/Alcohol abuse.
- Sudden changes in mood/behaviour.
- Making final arrangements i.e. giving away prized possessions.

Associated risk factors

- Access to a method of suicide e.g. medication, firearms.
- Loss of significant other (close friend/family member).
- Impulsiveness & risk taking behaviour.
- Relationship break-up.

N.B.: Some of these warning signs/risk factors can be associated with everyday behaviour and should be looked at in context with the overall picture of the individual, however the more warning signs/risk the higher the risk.
Suicide: Key Facts in Ireland (North & South)

• There has been an increase in male suicide over a 20 year period.
• More males take their lives than females.
• Suicide occurs in all groups of society.
• There is no single cause for suicide.
• It could happen to anyone.

Self-Harm Attempted Suicide

Many people carry out what are called acts of deliberate self-harm and whilst not all of these acts could be classified as attempted suicide, many of them are.

• All acts of self-harm should be taken seriously.
• Self-harm is a communication of intense distress.
• Both males and females self-harm.
• It is a particular problem with young people.
• Many people who self-harm are under the influence of alcohol.

Local Support Organisations

Are you despairing, unable to cope or having thoughts that life is no longer worth living, or have you concerns for someone? If so, talk to a doctor, who will provide or arrange appropriate professional help. A range of assessment, treatment and support services are available from the agencies in the Eastern Region which encompasses counties Dublin, Kildare and Wicklow.

The range of services available include:

• Hospital Services • Community Care Services
• Primary Care Services • Older Persons Services
• Children and Family Support Services • Services for People with Disabilities • Mental Health Services
• Addiction Services • Asylum Seekers Services
• Services for Homeless People

The HSE provides a National Information Service, the HSE Infoline. This can advise on health services, entitlements, eligibility, application forms and contact details for services across the country. Information is also made available via email or fax, and the Infoline offers a sigma text pad facility for people with a hearing impairment. The HSE Infoline operates from 8.00 am to 8.00 pm Monday to Saturday on Callsave: 1850 24 1850 / Fax: 041 6850330 / Email: info@hse.ie or visit the HSE website on www.hse.ie

DRUGS/HIV Helpline. Provides info, guidance, support and referral on issues related to drugs and HIV. Freephone: 1 800 459 459 (7 days 10am - 5 pm)

THE SAMARITANS are available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide. You can also email for support by contacting jo@samaritans.org . Information about suicide is available on the Samaritans website www.samaritans.org or by contacting either: Dublin Branch: 112 Marlborough Street, Dublin 1 (01) 872 7700. Kildare Branch: 3 Mc Elwaine Terrace, Newbridge, Co. Kildare (045) 435 299.

How to Respond - If you’re concerned about somebody you can follow three steps:

SHOW YOU CARE
Offer support and let them know you care.
“I’m worried about you and I want to help”.

ASK THE QUESTION?
Talking about the subject doesn’t put it in people’s heads.
“Do you feel like harming yourself?”
“Do you feel like ending your life?”

CALL FOR HELP
Encourage them to seek help.
“Let’s talk to someone who can help

Contact THE SAMARITANS -
RoI 1850 609090 / N/Ire 08457 909090
Managing Medicines

Medication is helpful, but must be taken as prescribed. If you are unsure about any aspect of your treatment ask your GP or Pharmacist.

Some tips you may find helpful

• Never share medicines with others
• Store in a cool, dry place away from light & out of reach of children
• Be patient - some medications can take up to two weeks to take effect
• If you miss a dose, don’t double the next dose
• Some dietary restrictions may apply, be careful with alcohol as it may be harmful with some types of medication

• Advise your GP if you think you are pregnant
• Do not discontinue your medication without discussing it with your GP
• Some medications can cause drowsiness - avoid driving or operating machinery
• Report any side-effects you may experience
• Read the Product Information Leaflet included and if not ask your pharmacist for one

Do...

Do use containers with child resistant caps. Remember these caps are child-resistant not child proof!

Do keep chemicals and medicines out of the reach and out of the sight of children.

Do keep all products in their original containers.

Do secure cupboards with child proof locks.

Do read prescription labels carefully to avoid accidental mistakes and contact your GP or pharmacist if in doubt.

Do learn to recognise chemical symbols.

Don’t...

Do not leave household/cosmetic products, drugs, chemicals, or pesticides within reach or sight of children.

Do not leave containers open when using them. Never transfer products into another container. Children will associate soft-drink bottles and containers with food and drink.

Do not remove the labels from medicines or household products. The label has information with ingredients or symbols that are useful in case of emergency.

Do not transfer tablets to another container e.g. another bottle, envelope or purses.

Do not refer to medicine or tablets as sweets.

Do not take your medicine in front of children as they often imitate the actions of adults.
How can Peer Advocacy Help?

- Provide a listening ear
- Let you know you are not on your own
- Help you identify your needs
- Support you in making your wishes known
- Provide information about what is available for you
- Support you in hospital and the community
- Provide information on the 2001 Mental Health Act

These services are confidential and free.

If you are a user of the mental health services and would like to know more about us and our services, please phone our office on 047 38918.
Know the Score

You may or may not be interested in the score of this ball game but there is a much more important ball game that needs your attention. Know the score with your own balls, guys – it’s in your hands.

Testicular cancer is a rare cancer but the number of men who develop testicular cancer has been steadily increasing over the past few years.

It is the most common cancer in young men between 15 and 34 years of age in Ireland. There are just over 100 new cases of testicular cancer each year in Ireland. If detected early testicular cancer is highly treatable and curable.

**Testicular Self-Examination (TSE)**

This involves checking your testicles on a regular basis. The best time to check them is after a warm bath or shower when the scrotal skin is more relaxed. The scrotum is the sac like structure that holds the testicles.

**How to check yourself**

1. Cradle your scrotum in both hands
2. Use fingers and thumb to examine and compare testicles. Small differences in size are normal.
3. Testicles should feel smooth, with no lumps, swellings or hardening
4. A soft rubbery tube at the top and back of both testicles can usually be felt and this tube carries sperm to the penis. It can be tender and wobbles.
5. Lumps tend to be firmly fixed to the testicle. It is common to have one testicle slightly larger or positioned lower than the other.

*Get a Grip Guys!*

by Caroline Murray, Health Promotion Office, Irish Cancer Society, in association with Dr. John McCaffrey, Medical Oncologist, Mater Hospital, Dublin 7.
Be aware of...

- Painless swelling or lump in either testicle
- Dull aches in the groin, scrotum, lower stomach or back
- Hardening of the testicles
- Pain or discomfort in a testicle or the scrotum
- Sensations of dragging or heaviness in the scrotum
- Unusual differences between one testicle and the other.
- Most lumps are not cancer and the symptoms above often do not mean cancer but don’t ignore any symptoms and get a doctor to check them to be sure.

Remember everyone is different so if you are going to pick up any changes you need to know what is normal for you.

The exact cause of testicular cancer is unknown, but there are certain factors that are linked to this cancer.

Undescended testicles – Testicular cancer is more common in men with an undescended testicle (the testicle fails to move down into the scrotum after birth) or who have a testicle that did not descend until some time after birth.

Family History – There is a slight increased risk of developing testicular cancer if your father or brother had testicular cancer.

Past history – A man who has previously had testicular cancer is at a slightly increased risk of developing it again.

Testicular cancer does not occur because of any sexual practice or lifestyle.

No link between injury or sports strains and testicular cancer has been found.

Message from the Irish Cancer Society about the prevention and early detection of Testicular cancer.

Be Body Aware – It’s in your hands

- Know what is normal for you
- Know what changes to look out for
- Report any changes without delay to your doctor

The Irish Cancer Society and Men

A recent national representative survey (2004) conducted by the Irish Cancer Society found that 80% of men do not know that they have a 1 in 3 chance of developing cancer. Only 46% of men reported being aware of the symptoms of testicular cancer.

The Irish Cancer Society is active in funding research into male specific cancers such as testicular and prostate as latest statistics show that while men and women have a similar risk of developing cancer overall, men are more likely to die from it.

In November 2003, the Irish Cancer Society launched its inaugural Men’s Cancer Action Week specifically to raise national awareness of the incidence of cancer amongst men, highlight the need for men to take certain steps that can reduce their risk of these cancers and promote the benefits of early detection. The Irish Cancer Society has also produced specific male orientated literature. This includes the MANual for men on cancer prevention and early detection and leaflets focusing on prostate and testicular cancer. The Manual is also available on audiotape for men who have visual impairments.

Workplace services offered include an information session on ‘Reducing your risk of cancer’, which is targeted to a male audience. This addresses early detection and prevention of cancers specifically for men. Please contact the Health Promotion Department of the Irish Cancer Society to organise a session at your workplace.
The laws on mental health services have been changed, and from November 1st 2006, a lot of improvements have taken place in the quality of care provided to people in Mental Health Services. This information is provided by the HSE & Irish Advocacy Network and describes the changes that apply to people who are admitted involuntarily to Mental Health Services in Ireland.

Around one in four of us will experience some mental health problems in our lifetime. This can range simply from a low period, to more serious depression, to a small number who will experience severe mental health problems. Most people are treated by the GP, at home and in the community.

A small number of people with mental health problems will need hospital admission. Some people may not wish to be admitted and so may be ‘involuntarily detained’ in an approved mental health service, to receive the treatment they need.

People who need this form of treatment are at the centre of the objectives of the Mental Health Act 2001.
The Mental Health Act 2001 says that when a decision is being made about the care or treatment of a person, that their best interests will be the most important thing to consider. Regard will also be given to the interests of other persons who may be at risk of serious harm if the decision is not made.

The Mental Health Act 2001 also says that the person has a right for their dignity, bodily integrity, privacy and autonomy to be respected. Autonomy is an important concept in healthcare. It relates to doing everything you can to make sure that the person can make personal choices about his / her treatment and is often referred to as consent.

A system of Mental Health Tribunals has been established under the Act to ensure that all those who are entitled to a review of their detention will be able to get one.

Tribunals will made up of the following members:

- A practising barrister or solicitor
- A Consultant Psychiatrist
- A Lay Person

A person’s right to information is protected under this law. If there are proposals to involuntarily detain a person, they must have an opportunity to make representations on the matter, or to have someone do this on their behalf. The person also has a right to information about:

- Their detention
- Their treatment
- Admission Orders
- Their right to have their care reviewed by a consultant or by the Mental Health Commission
- Their right to be represented by a lawyer

Mental Health Commission
The Mental Health Commission (MHC) was established in April 2002. It seeks to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services. It also protects the interest of any person admitted involuntarily to an approved centre.

Mental Health Commission
Tel.: 01 636 2400
www.mhcirl.ie

Useful numbers:

**HSE Information Helpline**
Tel: 1850 24 1850 (Mon-Sat / 8am-8pm)
www.hse.ie

**Schizophrenia Ireland Helpline**
Tel: 1890 621 631

**Aware Helpline**
Tel: 1890 303 302

**Irish Advocacy Network**
Tel: 047 38918

**Samaritans**
Tel: 1850 60 90 90
Good nutrition is essential for a healthy body and mind. There is no such thing as a good or a bad food; it’s an overall diet over days and weeks that is important. Following the guidelines in The Department of Health and Children’s Food Pyramid can help you achieve the right balance.

The Food Pyramid model recommends that we eat more foods from the bottom shelf of the pyramid and less from the top. The recommended number of servings from each group is indicated on the shelves on the page opposite:
Bread, cereals, potatoes, pasta and rice group

**Recommended number of servings:** 6 per day (but up to 12 if very active)

- These are energy rich foods but low in fat as long as you watch the amount of butter and creamy sauces.
- Choose wholegrain varieties as much as possible.

**1 portion:**
- 1 medium potato, boiled or baked / 1 bowl of breakfast cereal
- 1 slice of bread / 3 dessertspoons of cooked pasta or rice
- 2 crackers

---

Fruit and Vegetable Group

**Recommended number of servings:** 5 or more portions per day

- Low fat foods.
- Packed with vitamins and minerals.
- A good source of fibre.

**1 portion:**
- 1/2 glass of fruit juice / 1 medium sized fruit / 3 dessertspoons cooked vegetable or salad / small bowl of homemade vegetable soup / 3 dessertspoons of cooked or tinned vegetables

---

Meat, Fish, Poultry and Alternatives

**Recommended number of servings:** 2 per day (3 servings during pregnancy)

- Protein foods for growth and repair of bone tissue.
- Good source of iron for healthy blood.
- To reduce fat trim meat, take the skin off chicken, grill or oven bake as much as possible.

**1 portion:**
- 2oz cooked lean meat or poultry / 3oz cooked fish / 2 eggs
- 9 dessertspoons peas/beans / 2oz cheese / 3oz nuts

---

Top Shelf

Only small amounts recommended

- Cakes, biscuits and sweets should only be eaten as occasional treats and should not replace main meals.

---

Milk Cheese and Yoghurts Group

**Recommended number of servings:** 3 per day for adults (5 for teenagers, pregnant and breast feeding mothers)

- Calcium rich foods, essential for healthy bones.
- Good source of protein for growth and repair.
- Choose low fat varieties if watching weight or cholesterol levels.

**1 portion:**
- 1 glass of milk / 1 carton of yoghurt / 1oz (matchbox size) of cheddar type cheese / milk pudding made with 1/3 pint of milk

---

Bread, cereals, potatoes, pasta and rice group

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- These are energy rich foods but low in fat as long as you watch the amount of butter and creamy sauces.
- Choose wholegrain varieties as much as possible.

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Your breasts will go through many normal changes during your lifetime. These are due to changes in hormones that occur during your menstrual cycle, pregnancy, breast-feeding and the menopause. This leaflet explains the different types of breast changes that can occur. Remember most are harmless but you should always discuss any concerns with your GP.

**Breast Pain**

Breast pain, also called mastalgia, is a very common problem. About one third of women will experience it at some stage. There are two types of breast pain - cyclical and non-cyclical.

**Cyclical pain** is related to your menstrual cycle and changing hormone levels. Your doctor may ask you to keep a chart to find out if there is a pattern to your pain which clearly links it to your menstrual cycle. Cyclical pain is usually more intense during your teenage years and again in your forties; it has no relation to cancer.

**Non-cyclical pain** does not vary with your menstrual cycle. It usually arises from the breast itself or from the muscles and ribs under the breast. This type of pain is often described as a burning or drawing-in sensation. It may be caused by wearing the wrong size bra.

Non-cyclical pain is rarely a sign of cancer, but you should discuss it with your GP.

**Breast Lumps**

Breast lumps can appear at any time during your life. They can be large or small, soft or rubbery, fluid-filled or solid. All lumps should be checked by your GP. Finding a breast lump can be a very frightening experience. However, if you do notice a lump, don’t delay visiting your GP. Remember 9 out of 10 lumps are harmless. Many women experience the following types of lumps during their life.

**Generalised breast lumpiness** (also called fibrocystic changes or fibrocystic disease). Your breasts may feel tender, painful or swollen. Lumpy breasts become more obvious as you approach middle age. Such lumpiness is often described as glandular or nodular and usually occurs in both breasts.

**Fibroadenoma** is the most common solid lump found in women under 30 years although it can occur at any age. It is caused by over-development of fibrous tissue in the breast. There is no need to remove a fibroadenoma unless it becomes painful or very large. If you develop one after the age of 30 your doctor may advise you to have it removed. Removing a fibroadenoma is a simple procedure and it can be done as an out-patient.

**Cysts** occur usually between the ages of 30-45 years. They are swollen, fluid-filled sacs, which often become enlarged, tender and painful just before your menstrual period. They can disappear on their own, but if they don’t, they should be checked by your GP. Cysts can develop while a woman is taking HRT (Hormone Replacement Therapy).

**Fat necrosis** is a painless firm lump formed by damaged tissue. This usually occurs in response to injury to the breast.
Nipple Problems

Nipple problems are common and cause concern, however, they are rarely due to cancer. The following are some common changes.

Inversion: This is where the nipple turns in on itself. Some women are born with inverted nipples and this is quite normal. However, if a nipple changes direction or becomes turned in, it may mean there is an underlying problem. This change should always be checked by your GP.

Discharge:
Milky discharge: This can occur after breast feeding has ceased or if you are taking birth control pills or certain other medications, such as sedatives and tranquillisers.
Yellow or green discharge: This can indicate an infection caused by blocked ducts and may require a course of antibiotics.
Blood stained discharge: It may be caused by a benign duct papilloma (a growth similar to a wart) or sometimes there may be a more serious problem. Blood stained discharge should be discussed with your GP immediately.

Look and feel for changes.
• Changes in size or shape - one breast may become larger than the other
• Changes in the nipple – in direction or shape, pulled in or flattened, or unusual discharge
• Changes on or around the nipple – rash, flaky or crusted skin
• Changes in the skin – dimpling, puckering or redness
• Swelling in your armpit or around your collarbone
• A lump, any size, or thickening in your breast
• Constant pain in one part of your breast or armpit

Know your breasts
The 5 point breast awareness code is for women of all ages

1. Know what is normal for you.
2. Know what changes to look and feel for
3. Look and feel
4. Discuss any changes with your GP without delay
5. Attend for breast screening once you are aged 50 or over

What to do if you find something
If you do notice any change in your breasts see your GP as soon as possible. Remember that most breast changes are not cancer and are harmless. After examining your breasts, your GP may be able to reassure you that there is nothing to worry about. If the change could be connected with your hormones, your GP may ask you to come back at a different stage in your menstrual cycle. Alternatively, you may be referred to a breast clinic for a more detailed examination. Don’t worry that you may be making an unnecessary fuss. If you are concerned about any breast change, ask your GP to explain the change. Make sure you are happy with the explanation. If not, get a second opinion.

ABC – Action Breast Cancer
Action Breast Cancer (ABC) is a project of the Irish Cancer Society and is committed to providing the highest quality service to those affected by breast cancer. Our services are free, confidential and accessible and include:
A National Helpline – staffed by specialist cancer nurses, Freefone 1800 30 90 40
Information – booklets, factsheets and website
Health Promotion – providing community-based programmes on breast cancer awareness
Reach to Recovery programme – one-to-one emotional support
Research – funding
Advocacy – providing a voice for women with breast cancer in Ireland.

Action Breast Cancer,
Irish Cancer Society,
43 – 45 Northumberland Road,
Dublin 4.
Tel: (01) 231 0500
Fax: (01) 231 0555
Email: abc@irishcancer.ie
An invitation to
ASIST
(Applied Suicide Intervention Skills Training)

• Come to ASIST
• Learn suicide first aid
• Make a difference

Our workshop is suitable for all kinds of caregivers, professional workers, volunteers, people responding to family, friends and co-workers.

The Challenge
Create a suicide-safer community...

Most people with thoughts of suicide would rather live.

How can we hear their distress and at the same time strengthen their reasons for living?

How can we reduce the number of people who die by suicide or sustain injuries through acts of self-harm?

Ireland ranks 17th in the EU for rates of suicide with almost 500 people dying by suicide every year.

Suicide first aid helps meet some of the challenges in reducing suicidal behaviour. It could help save a life.

The Opportunity
It begins with you...

Most people thinking about suicide signal and share their pain - they offer us opportunities to respond.

Suicide intervention training can help all of us see, hear and respond to these invitations.

Suicide first aid is an important part of intervention training. It can make us more alert to invitations for help. It can also increase our confidence to ask about suicide when someone's safety may be in the balance.

If someone is at risk, suicide first aid prepares us to work with them to increase their immediate safety and get further help.
About the National Office for Suicide Prevention (NOSP)

The NOSP was formed as an agency of the HSE directly after the launch of Ireland’s first suicide prevention strategy, *Reach Out: A National Strategy for Action on Suicide Prevention 2005-2014*. NOSP coordinates ASIST at a national level.

70 staff from the health services and voluntary agencies have completed a 5-day LivingWorks ‘train the trainer’ course.

These 70 trainers combine their knowledge of local communities with the benefits of standardised Living Works training and material and deliver the 2-day workshop. More than 125 workshops have been delivered to over 3000 participants in the first two years.

The Workshop

Learn suicide first aid...

ASIST trains participants to reduce the immediate risk of a suicide and increase the support for a person at risk. It helps them seek a shared understanding of reasons for suicide and reasons for living.

The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and get more help.

It encourages honest, open and direct talk about suicide as part of preparing people to provide suicide first aid. Participants also consider how personal attitudes and experiences might affect their helping role with a person at risk.

Feel challenged and safe. Experience powerful audiovisuals and work interactively with others in small groups. A suicide first aid model provides a framework for skills practice.

Attendance at the two full days is essential.

The Benefits

Saving lives for tomorrow...

ASIST helps people apply suicide first aid in many settings - with family, friends, co-workers and in more formal helping relationships. Benefits can be found in everyday situations, professional work or volunteering.

Become better prepared to:

- recognise invitations to help
- reach out and offer support
- review the risk of suicide
- work with persons at risk to develop their safeplan
- link with community resources

People remember and use what they learned at ASIST.

Benefits live on in the lives of those we help.
Did you know that a cigarette contains approximately 4,000 different chemicals?

A few of them include:

- **Arsenic** (ant poison)
- **Ammonia** (Floor cleaner)
- **Acetone** (nail varnish remover)
- **Toluene** (found in explosives)
- **DDT** (an insecticide)
- **Cyanide** (used in executions)
- **Methanol** (in jet fuel)
- **Tar** (the sticky brown substance that forms in your lungs when the smoke cools)
- **Carbon monoxide** (in the exhaust of cars: sticks to your red blood cells and stops oxygen from reaching your body)
- **Nicotine** (Highly addictive chemical stimulant: reinforces the habit by hitting your brain in seven seconds!)

Tobacco use is the single most important preventable risk for death in the western world. 7,000 people die each year in the Republic of Ireland as a result of smoking related diseases such as lung cancer, heart attacks, stroke, and emphysema to name but a few. On the positive side, the benefits of quitting smoking are almost immediate!

Also, don’t forget that it costs just over €2,500 per year to smoke 20 cigarettes a day... definitely enough for a holiday somewhere very nice! There was a highly successful ban on smoking in all pubs, restaurants & workplaces which was introduced in January 2004. Many smokers used this ban positively to help their efforts to quit for good!

If you’ve decided that you’re ready to give up smoking and would like support (one to one clinics or groups) or general information, please contact the:
Tobacco Control Service, Health Promotion Department, at (01) 463 2800 or email: icanquit@swahb.ie
Voluntary Organisations

Aware is a voluntary organisation formed by a group of interested patients, relatives and mental health professionals. Its aims are to provide support for sufferers of depression and their families.
Tel: 6617211 - Helpline: 1890 303 302
Email: info@aware.ie
Website: www.aware.ie

GROW aims to help the individual grow towards personal maturity by use of their own personal resources, through mutual help groups in a caring and sharing community. The programme is based on providing a supportive environment for its group members.
Tel: Cork 021 277520 - Dublin 01 8734029

Recovery International is a self-help group, founded in Chicago Illinois in 1937, by the late Dr. Abraham A. Low. It offers The Recovery Method of Will Training for improved mental health and for control of nervous symptoms.
Tel: 01 6260775
Email: info@recovery-inc-ireland.ie
Website: www.recovery-inc-ireland.ie

Bodywhys is a voluntary organisation specifically oriented to meet the needs of people with anorexia and/or bulimia nervosa.
Admin Tel: 01 2834963 - Fax: 01 2056959
Helpline 1890 200 444
Email: info@bodywhys.ie
E-Mail Support: alex@bodywhys.ie

The Primary aim of The Samaritans is to be available at any hour of the day or night to befriend those passing through personal crises and in imminent danger of taking their own lives.
Tel: 1850 60 90 90 anytime, day or night
Website: www.samaritans.org

The Mental Health Association of Ireland is a national voluntary organisation with over 90 local association and branches working throughout the country. Its aim is to help those who are mentally ill and to promote positive mental health.
Tel: 01 2841166 - Fax: 01 2841736
Email: info@mentalhealthireland.ie
Website: www.mentalhealthireland.ie

The Alzheimer Society of Ireland was registered in 1984 as a company limited by guarantee with charitable status. Their main aims are to arouse maximum awareness of the Alzheimer's Disease.
Tel: 01 2846616 - Fax: 01 2846030
Helpline 1800 341 341
Email: info@alzheimer.ie
Website: www.alzheimer.ie

The Huntington's Disease Association of Ireland's aims are to provide up to date information to all those interest in Huntington's Disease and to provide specific advice to those who suffer from the disease and their families.
Tel: 01 8721303 - Freephone: 1 800 393939

The Adult child institute of Ireland is a non profit making organisation. The aim of the organisation is to create an awareness of Adults who grew up in alcoholic or other dysfunctional families.
Tel: 01 4944222

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Tel: 01 2846616 - Fax: 01 2846030
Helpline 1800 341 341
Email: info@alzheimer.ie
Website: www.alzheimer.ie

The Adult Child Institute of Ireland
26 Anne Devlin Park, Rathfarnham, Dublin 14.

The Adult Child Institute of Ireland is a non profit making organisation. The aim of the organisation is to create an awareness of Adults who grew up in alcoholic or other dysfunctional families.
Tel: 01 4944222

Schizophrenia Ireland is the national organisation concerned with promoting the interests and articulating the needs of those affected by schizophrenia.
Tel: 01 8601620
Email: info@sirl.ie
Website: www.sirl.ie

Mensana House, 6 Adelaide Street, Dun Laoghaire, Co. Dublin

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Tel: 01 2846616 - Fax: 01 2846030
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Email: info@alzheimer.ie
Website: www.alzheimer.ie

Carmichael House, North Brunswick Street, Dublin 7

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Tel: 01 8721303 - Freephone: 1 800 393939

140 St. Lawrences Road, Clontarf, Dublin 3.
Tel: 01 8338252 - Fax 01 8334243

Schizophrenia Ireland
Lucia Foundation

The Adult Child Institute of Ireland
26 Anne Devlin Park, Rathfarnham, Dublin 14.

The Adult Child Institute of Ireland is a non profit making organisation. The aim of the organisation is to create an awareness of Adults who grew up in alcoholic or other dysfunctional families.
Tel: 01 4944222

Schizophrenia Ireland is the national organisation concerned with promoting the interests and articulating the needs of those affected by schizophrenia.
Tel: 01 8601620
Email: info@sirl.ie
Website: www.sirl.ie

Carmichael House, North Brunswick Street, Dublin 7

The Huntington's Disease Association of Ireland's aims are to promote the interests and articulate the needs of those affected by Huntington’s Disease.
Tel: 01 8721303 - Freephone: 1 800 393939
NUMBERS WHEN YOU NEED THEM
Help at your fingertips

Bereavement Services
Rainbows Programme ............. 01 4734175
Bethany Bereavement
Support group .................... 01 4943142
Livinglinks ........................ 087 9695021
Console .......................... 01 8574300
Dochas ............................ 01 8200915

Out of hours GP Services
WESTERN AREA
West Doc ......................... 1850 365000

MID WESTERN AREA
Shannon Doc ..................... 1850 212999

SOUTHERN AREA
South Doc GP Co-op ............ 1850 335999

SOUTH EASTERN AREA
Care Doc .......................... 1850 334999

NORTH DUBLIN
D-DOC ............................. 1850 224477

DUBLIN
Dub Doc ............................ 01 6639869
DL Doc ............................. 01 6639869
East Doc ......................... 01 2094021
Luke Doc .......................... 01 4065158
Kildare ............................ 01 6639869
K Doc .............................. 1890599362

MIDLAND AREA
MI Doc ............................. 1850 302702

NORTH EASTERN AREA
NE Doc ............................. 1850 777911

Support Network
Alcoholics Anonymous .......... 01 453990
AA out of hours service .... 1890 412412
AI-Teen .......................... 01 8732699
AI-Anon .......................... 01 8732699
Gamblers Anonymous ........ 01 8212133
Gammanon ....................... 01 8423531
Gammateen ........................ 01 8721133
Narcotics Anonymous ....... 01 6728000
Drug HIV Helpline .......... 1800459459

Helpline Numbers
Childline .......................... 1800666666
Parentline ........................ 01 873 3500
HSE Information Line .......... 1850 241850
National Counselling Service 1800 235235
Information on the go ......<br>text "heudsup" to 50424

Console ............................. 1800 201890
Samaritans ...................... 1850 609090
Womens Aid ..................... 1800341900
Homeless Service ............ 1800724 724
Rape Crisis Centre .......... 1800 778 888
AWARE ............................ 1890303302
Barnardos ...................... 1850 222300

EMERGENCY SERVICES
Garda, Fire Brigade ............. 999
Mobile Phone ................... 112

Support Services
Aware ............................. 01 6766166
Victims Support ................ 01 8531855
Grow .............................. 01 8734029
Recovery inc. .................... 01 6260775
Bodywhys ........................ 01 2834963
Schizophrenia Ireland ........ 01 8601620
Mental Health Ireland ........ 01 12841166
The Alzheimer Society of Ireland .... 01 2846616
Huntington’s Disease
Association of Ireland .......... 01 8721303
The Adult Child Institute of Ireland .... 01 4944222
OANDA ............................ 01 8338252
Headway .......................... 01 8102066
Pieta House - Centre for Prevention of Self harm or Suicide ....... 01 601000

Websites
Internet support ................ www.spunout.ie
Pieta House - Centre for prevention of self harm or suicide www.pieta.ie
Samaritans ...................... www.samaritans.org
Barnardos ...................... www.barnardos.ie
Console .......................... www.console.ie
Livinglinks ..................... www.livinglinks.ie
Rainbows ........................ www.rainbows.com
Irish Assoc. of Suicidology .... www.ias.ie
National Office for Suicide Prevention .......... www.nosp.ie
National Suicide Bereavement Support Network .......... www.nbsn.org
Aware Depression Support .... www.aware.ie
Gay and Lesbian
Equality Network .............. www.glen.ie
Turning the Tide of Suicide .... www.3ts.ie

YOU ARE NOT ALONE, GET CONNECTED, YOU’RE WORTH IT!