Alcohol’s role as a serious risk factor in mental health difficulties, including suicide, self-harm and depression, was examined by expert speakers at a conference held in November 2013 by Alcohol Action Ireland, the national charity for alcohol-related issues.

Dr Bobby Smyth
Consultant Child and Adolescent Psychiatrist with the HSE, Senior Clinical Lecturer with the Department of Public Health & Primary Care in Trinity College Dublin, and a board member of Alcohol Action Ireland.

Professor Ella Arensman
Director of Research with the National Suicide Research Foundation and Adjunct Professor with the Department of Epidemiology and Public Health University College Cork.

Dr Conor Farren
Consultant Psychiatrist at St Patrick’s University Hospital and a clinical senior lecturer at Trinity College Dublin.

Dr Philip McGarry
Consultant Psychiatrist at Mater Hospital in Belfast and was Chair of the Royal College of Psychiatrists in Northern Ireland from 2009 to 2013.

Join the conversation: #facingthefear

For further information see alcoholireland.ie
WHERE ARE WE NOW?

• Unhealthy drinking has become the “norm” in Ireland. Alcohol-related illnesses and deaths are increasing.
• The age of drinking onset in Ireland has declined in recent generations – alcohol has moved earlier into adolescence.
• The more teenagers drink the more likely they are to express anxiety and depressive symptoms.
• Drinking in adolescence hampers the acquisition of healthy coping skills required for independent, adult life.
• Alcohol is a factor in more than half of completed suicides in Ireland and 41% of episodes of deliberate self-harm.
• Alcohol is associated with increasing self-harm and suicide among both men and women.
• Alcohol contributes to increasing rates of self-harm and it causes increased self-harm at specific times in the year, such as a peak of self-harm in July and August. This peak would not exist if alcohol would not be involved.
• Alcohol is associated with increasing trends in highly lethal methods of self-harm, in particular among men.
• There is a consistent pattern of peaks of self-harm (50 or more self-harm presentations to hospital) on public holidays or the day after, such as January 1, March 17 and 18, and June 5.
• Reducing Irish adolescents’ heavy drinking should reduce their rate of deliberate self-harm by at least 17%.
• Among men aged 40 years and older who had died by suicide, the majority (76.5%) had a history of alcohol abuse.
• In Northern Ireland, 70% of under-25s known to psychiatric services who later took their own lives had a drinking problem.

WHAT NEEDS TO HAPPEN?

• Public policy has a crucial role to play in reducing alcohol consumption.
• Minimum unit pricing targets young people and the alcohol dependent. It is a cost-free way of reducing alcohol consumption and significantly improving mental health.
• Alcohol advertising and marketing are significant influences on drinking behaviour and expectations and needs to be curtailed through legislation, including a ban on alcohol sponsorship of sporting events.
• It is recommended that the major national sporting organisations be recruited as partners in the development of a positive mental health promotion campaign.
• The widespread and increasing availability of alcohol through retail outlets needs to be addressed.
• Services providing treatment and counselling to people with alcohol-related issues should be enhanced.
• Active consultation and collaboration between the mental health and addiction services needs to be arranged for patients who present with dual diagnosis – a psychiatric disorder and alcohol abuse.
• Health care professionals working with people who engage in self-harm should receive training in the assessment and management of self-harm and co-morbid alcohol and drug misuse/abuse.
• Health care professionals prescribing medication to people at risk of self-harm or suicide should carefully monitor compliance with appropriate use of medication.
• Parents have an important role to play and tend to underestimate their influence on the drinking of their children. Parental drinking increases risk and parents providing alcohol to children also increases risk. Factors that reduce risk include clear rules in the family home, monitoring of children’s activities and positive communication.
• National strategies to increase awareness of the risks involved in the use and misuse of alcohol should be intensified, starting at pre-adolescent age.