

School_Nurse Daily Newsletter

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Devotional Highlight

"Hope for Gehenna" -
Jeremiah 19:3

A scroll was found with these words found in Numbers 6:24-26 'The Lord bless you and keep you; the Lord make His face shine on you and be gracious to you; the Lord turn His face toward you and give you peace'. This scroll was found in the very place that the prophet Jeremiah told the people of Judah that God would slaughter them for sacrificing their children. This valley was the site of such wickedness that Jesus used the word Gehenna, as a picture of hell.

Would you believe that someone wrote this while Jeremiah was announcing God's judgement on His nation? Well, someone did. This lesson shows that even though we deserve what judgement we have coming, we can cling to God's promise. A promise for a better future.

So, though you disobeyed God and stole, you will receive your judgement, but know that in spite of the judgement, God is still gracious to us all.

Extract from
Our Daily Bread

Diagnosis of the Week "Suicide"

Let's talk suicide. But, just before we get into it..

Disclaimer: It is not within my intention to trigger anyone with this content. Proceed with caution. The contents of this week's edition may contain information that may lead to adverse emotional reactions. My only intention is to educate.

This week's edition is a sensitive one, hence the disclaimer. With that, buckle up, it's gonna be a LENGTHY ONE.

In the first edition of the newsletter series, we covered depression. Depression has a strong connection to suicide. So, if you liked the first one, I'm sure you'll have a great appreciation for this edition.



Surprisingly, more than 700 000 people die due to suicide every year. And for every suicide there are many more people who attempt suicide. Suicide is the fourth leading cause of death among 15-29 year-olds. In 2020, it was recorded that there were at least 47 to 56 deaths per year due to suicide.

With the pandemic and its many stressors, there is no doubt that this has possibly increased. Research has shown that the major risk factors for suicide are:

- trauma
- loss
- mental health issue like depression, anxiety, or trauma
- family history of suicide, violence, or substance abuse
- stressful life events -such as school, breakups, or family trauma
- bullying or discrimination
- Grief
- long-term physical pain or illness
- adjusting to a big change, such as retirement or redundancy
- Isolation or loneliness
- feeling inadequate or a failure
- Postpartum depression, childbirth, or pregnancy
- As well as abuse - not just physical abuse, but emotional abuse, psychological abuse, and mental abuse

And even with all of the research done on this topic, I believe that this topic does not get the appropriate attention it needs. People are still severely depressed, suffering from anxiety, and at the lowest of their lows with little availability of help.



Suicide does not have a definite cause like some of our popular diagnoses that we know. We know hypertension is caused by continuous high blood pressure, we know asthma is caused by the narrowing of our airways, and we know diabetes is either caused by too little insulin production or the body not being able to use the availability that it has. But what about suicide?

There are risks for suicide, there is a link between it and mental disorders, particularly depression and drug abuse. But as stated previously, there are other risk factors.

Many suicide attempts happen impulsively, in moments of crisis.

Depression is linked to suicidal thoughts. While depressed, our emotions and physical pain may become unbearable. And as a result, may urge us to want to die, because we may THINK it is the only way for the pain to end.

For many, it is difficult to see what actually drives a person to take their own lives, but a suicidal person is in so much pain that they see no other option. Attempting suicide is a desperate attempt to escape suffering that has become too unbearable for them. These individuals are blinded by feelings of self-hatred, hopelessness, and isolation, they can't see to finding relief except through death.

However, despite their desire for the pain to stop, most suicidal persons are deeply conflicted about ending their own lives. They wish there was an alternative to suicide, but they just can't see one.

Suffering from depression is involuntarily, just like Type 1 diabetes or cancer. But like any other illness, it can be treated and managed.

There are no symptoms of suicide, just suicide itself. Instead, we have symptoms of depression that leads to suicidal attempts. Much of the symptoms that we had covered in a previous newsletter, so I will only list a few that are specific to the adolescent age-group. It is also important to remember that no one will present with the same symptom, nor will experience them all:



- Physical symptoms such as dizziness, headaches, stomachaches, neck aches, arms or legs hurt due to muscle tension, digestive disorders. (ruling out other medical causes)
- Persistent unhappiness, negativity, irritability.
- Uncontrollable anger or outbursts of rage.
- Overly self-critical, unwarranted guilt, low self-esteem.
- Inability to concentrate, think straight, remember, or make decisions, possibly resulting in refusal to study in school or an inability to do schoolwork.
- Slowed or hesitant speech or body movements, or restlessness (anxiety).
- Loss of interest in once pleasurable activities.
- Low energy, chronic fatigue, sluggishness.
- Change in appetite, noticeable weight loss or weight gain, or abnormal eating patterns.
- Chronic worry, excessive fear.
- Preoccupation with death themes in literature, music, drawings, speaking of death repeatedly, fascination with guns/knives.
- Suicidal thoughts, plans, or attempts.

There are also a few verbal and behavioural cues that we can use to pinpoint someone who has suicidal ideations (thoughts), including:

Persons saying:

- "I shouldn't be here."
- "I'm going to run away."
- "I wish I were dead."
- "I'm going to kill myself."
- "I wish I could disappear forever."
- "If a person did this or that... would he/she die?"
- "The voices tell me to kill myself."
- "Maybe if I died, people would love me more."
- "I want to see what it feels like to die."
- "My parents won't even miss me."
- "My boy/girlfriend won't care anyway."

Persons who are:

- Talking or joking about suicide.
- Preoccupation with death/violence; TV, movies, drawings, books, at play, music.
- High risk behaviour such as jumping from high places, running into traffic, self-injurious behaviours (cutting, burning).
- Having several accidents resulting in injury; "close calls" or "brushes with death."
- Obsession with guns and knives.
- Previous suicidal thoughts or attempts.

Unsurprisingly, there are stigmas associated to why persons commit suicide. Due to these stigmas associated with suicidal thoughts, many believe that they may not be taken seriously, may be judged, or told that 'they have everything to live for', or even that they should be grateful for life and that its not that hard.

The stigma associated to suicidal thoughts make help-seeking very hard for them. Here are a few misconception about suicide, and the actual truth about them.

Here are a few misconceptions about suicide:

Myth: People who talk about suicide won't really do it.

Fact: Almost everyone who attempts suicide has given some clue or warning. Don't ignore even indirect references to death or suicide. Statements like "You'll be sorry when I'm gone," "I can't see any way out,"—no matter how casually or jokingly said—may indicate serious suicidal feelings.

Myth: Anyone who tries to kill themselves must be crazy

Fact: Most suicidal people are not psychotic or insane. They are upset, grief-stricken, depressed, or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

Myth: If someone is determined to kill themselves, nothing is going to stop them.

Fact: Even a very severely depressed person has mixed feelings about death, fluctuating between wanting to live and wanting to die. Rather than wanting death, they just want the pain to stop—and the impulse to end their life does not last forever.

Myth: People who die by suicide are people who were unwilling to seek help.

Fact: Many people try to get help before attempting suicide. In fact, studies indicate that more than 50 percent of suicide victims had sought medical help in the six months prior to their deaths.

Myth: Talking about suicide may give someone the idea.

Fact: You don't give someone suicidal ideas by talking about suicide. Rather, the opposite is true. Talking openly and honestly about suicidal thoughts and feelings can help save a life.

If we are being honest, thinking about suicide is scary. Thinking that someone we love is about to commit suicide is scary. Thinking that people around you may one day get up and decide that today is their last day, is scary. But we have to push through that fear and reach out to help, and help them seek help.

So, just in case you may need to help someone, here are a few ways you can help someone if you think they may want to commit suicide:

Tip 1: Speak up if you're worried

If you spot the warning signs of suicide in someone you care about, you may wonder if it's a good idea to say anything. It's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

Talking to a friend or family member about their suicidal thoughts and feelings can be extremely difficult for anyone. But if you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving a suicidal person the opportunity to express their feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

Tip 2: Respond quickly in a crisis

If a friend or family member tells you that they're thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for committing suicide in the near future have a specific suicide **PLAN**, the **MEANS** to carry out the plan, a **TIME SET** for doing it, and an **INTENTION** to do it.

If a suicide attempt seems imminent, call a local crisis center, emergency services number 911, get in contact with a counselor, your pastor, or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the area, but **DO NOT**, under any circumstances, leave a suicidal person alone.



Tip 3: Offer help and support

If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that they're not alone and that you care.

And for our suicidal persons, there are so many treatment options for you:

- Out-patient psychotherapy:
 - Cognitive Therapy – teaches more positive thinking, coping skills and problem-solving
 - Interpersonal Therapy – might teach children how to make friends
 - Group Therapy – with others of similar age that have a depressive illness
 - Family Therapy – works with the entire family and discusses various family dynamics
- Various supports at your school. Talk with a school nurse or guidance counsellor about the options available.
- Various forms of play therapy, relaxation therapy, biofeedback, visualisation.
- Antidepressant medications, stimulants, also some types of alternative medicine.
- Hospitalisation (in-patient, partial hospitalisation, day-treatment)

All which are accessible to you, if you give it a chance.

Hope is attainable...for those of us who are actually depressed right at this moment - and haven't contemplated suicide, you are just as important. Your life is just as valuable. You too, deserve an improved quality of life, one that you may just receive if you allow someone to know what you are going through.

Many times we keep this information to ourselves, thinking that no one cares, thinking that our mental distortions (misconceptions) of ourselves are true, thinking that we do not deserve to be loved. And we allow depression to eat us from the inside out, willing us into isolation, willing us to not eat, not sleep or even sleep too much, willing us to withdraw and be alone with our thoughts.. The thoughts that got us here in the first place.

When we are at our lowest, it is hard to see life clearly as it is, or as it was for that matter. We are now viewing life through a distorted lens. But because we serve a living and powerfully gracious God, we can find comfort in knowing that God has said, "I will never fail you. I will never abandon you." (Hebrews 13:5, NLT)

He has given us the means and the way to seek treatment, let us all utilize them.

Sanity is attainable, have a talk with someone you trust, or with someone who may help.





A Herbal Remedy

"Sweet Sleep"

In light of our diagnosis of the week 'suicide', I will take a look at some remedies to help us sleep better.

Individuals who suffer from suicidal ideations often have trouble sleeping. Why? The thoughts oftentimes keep them up. The mental war of it all. Though I cannot give any quick tips on how to quiet the noise in your head, I can offer some suggestions on how to help you sleep better at night.

Using these herbs in the form of tea or oils for a massage will help to induce sleep.

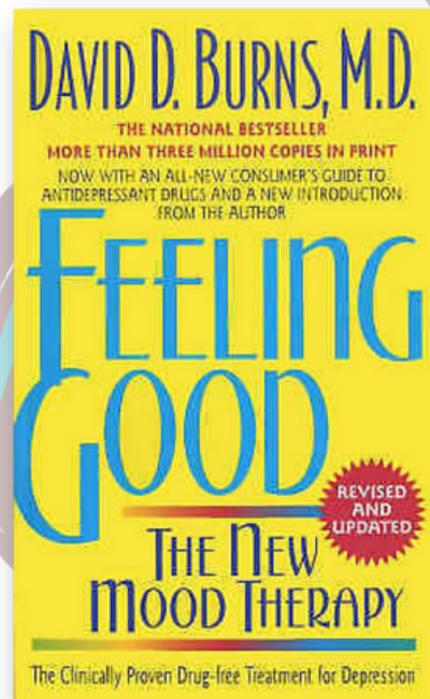
Note: Keep in mind, these remedies do not work at the same time, BUT overtime. So be patient with these, please.

1. **Lavender flower** - this has sedative, antidepressant, and calming properties that helps us sleep better. Studies show that lavender herbs can relax our nerves and reduce anxiety levels.
2. **Chamomile plant** - known for its relaxing effects. It reduces anxiety, soothes nerves, and eases insomnia.
3. **Valerian root** - this is often used to treat insomnia, restlessness, and anxiety. It induces better quality sleep and makes you fall asleep faster as well.
4. **Holy Basil** - though this is mainly used for bug bites, irritations, and even nausea, it is powerful in combating sleep disorders. It promotes better sleep by easing anxiety and reducing stress.
5. **St. John's Wort** - a chemical within this herb helps to boost serotonin (happy hormone) creation. It reduces symptoms of depression, paving a way to a good night's sleep. (avoid exposing your skin to direct sunlight right after applying this herb-infused oil on your skin)

Read a book with me!

'feeling good - the new mood therapy'

The clinically proven drug-free treatment for depression by David D. Burns, M.D



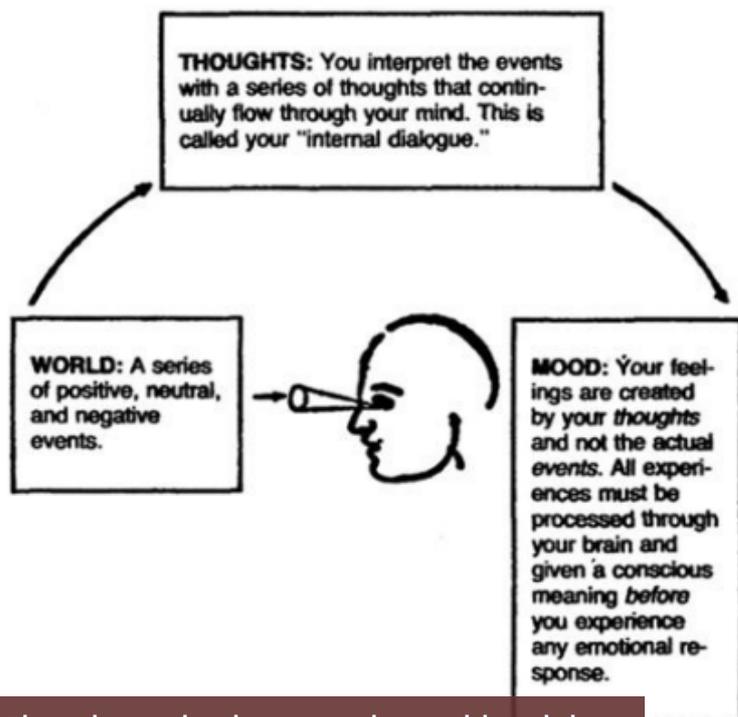
Last week we covered how to diagnose our moods. We went through the Burns Depression Checklist (BDC) and how to use it to determine how depressed we are, or if we are depressed at all.

This week we will be learning how the negative thoughts that floods our mind are the **ACTUAL CAUSE** of your self-defeating emotions. These thoughts are what keeps us lethargic and makes us feel inadequate. The negative thoughts, or cognitions, are the most frequently overlooked symptoms of depression. These cognitions contain the key to relief and are therefore your most important symptoms.

Every time you feel depressed about something, try to identify a corresponding negative thought you had just prior to and during the depression. Because these thoughts have actually created your bad mood. By learning to restructure them, you can change your mood.

What the author calls 'automatic thoughts' are what runs through your mind automatically without the slightest efforts on your part to put them there. They are as obvious and natural to you as the way you hold a fork.

One of the major keys to understanding your moods is by correcting the way you look at things, this entirely affects your emotions. It is an obvious neurological fact that before you can experience any event, you must process it with your mind and give it meaning. You must understand what is happening to you before you can feel it.



The relationship between the world and the way you feel. It is not the actual events but your perceptions that result in changes in mood. When you are sad, your thoughts will represent a realistic interpretation of negative events. When you are depressed or anxious, your thoughts will always be illogical, distorted, unrealistic, or just plain wrong.

If your understanding of what is happening is accurate, your emotions will be normal. If your perception is twisted and distorted in some way, your emotional response will be abnormal. Depression falls into this category. It is always the result of mental "static"—distortions. Your blue moods can be compared to the scratchy music coming from a radio that is not properly tuned to the station. The problem is not that the tubes or transistors are blown out or defective, or that the signal from the radio station is distorted as a result of bad weather. You just simply have to adjust the dials. When you learn to bring about this mental tuning, the music will come through clearly again and your depression will lift.

Read over the following list of ten cognitive distortions that form the basis of all depressions. Get a feel for them. The author has prepared this list with great care; it represents the distilled essence of many years of research and clinical experience. Refer to it over and over when you read the how-to-do-it section of the book (click here to download the text). When you're feeling upset, the list will be invaluable in making you aware of how you are fooling yourself.

Definitions of Cognitive Distortions

1. **ALL-OR-NOTHING THINKING:** You see things in black-and-white categories. If your performance falls short of perfect, you see yourself as a total failure.
2. **OVERGENERALIZATION:** You see a single negative event as a never-ending pattern of defeat.
3. **MENTAL FILTER:** You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that colours the entire beaker of water.
4. **DISQUALIFYING THE POSITIVE:** You reject positive experiences by insisting they "don't count" for some reason or other. In this way you can maintain a negative belief that is contradicted by your everyday experiences.

5. JUMPING TO CONCLUSIONS: You make a negative interpretation even though there are no definite facts that convincingly support your conclusion.

- a. **Mind reading.** You arbitrarily conclude that someone is reacting negatively to you, and you don't bother to check this out.
- b. **The Fortune Teller Error.** You anticipate that things will turn out badly, and you feel convinced that your prediction is an already-established fact.

6. MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION: You exaggerate the importance of things (such as your goof-up or someone else's achievement), or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."

7. EMOTIONAL REASONING: You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be True."

8. SHOULD STATEMENTS: You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt. When you direct should statements toward others, you feel anger, frustration, and resentment

9. LABELLING AND MISLABELING: This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." When someone else's behaviour rubs you the wrong way, you attach a negative label to him: "He's such a louse." Mislabeled involves describing an event with language that is highly colored and emotionally loaded.

10. PERSONALIZATION: You see yourself as me because of some negative external event which in fact you were not primarily responsible for.

Here is an example of how to label your Cognitive Distortions:

You are a housewife, and your heart sinks when your husband has just complained disgruntledly that the roast beef was overdone. The following thought crosses your mind: "I'm a total failure. I can't stand it! I never do anything right. I work like a slave and this is all the thanks I get! The jerk!"

These thoughts cause you to feel sad and angry. Your distortions include one or more of the following:

- a. all-or-nothing thinking;
- b. overgeneralization;
- c. magnification;
- d. labelling;
- e. all the above.

Now I will discuss the correct answers to this question so you can get some immediate feedback. Any answer(s) you might have circled was (were) correct. So if you circled anything, you were right! Here's why.

1. When you tell yourself, "I'm a total failure," you engage in all-or-nothing thinking. Cut it out! The meat was a little dry, but that doesn't make your entire life a total failure.
2. When you think, "I never do anything right," you are over generalising. Never? Come on now! Not anything?
3. When you tell yourself, "I can't stand it," you are magnifying the pain you are feeling. You're blowing it way out of proportion because you are standing it, and if you are, you can. Your husband's grumbling is not exactly what you like to hear, but it's not a reflection of your worth.
4. Finally, when you proclaim, "I work like a slave and this is all the thanks I get! The jerk!" you are labelling both of you. He's not a jerk, he's just being irritable and insensitive. Jerky behaviour exists, but jerks do not. Similarly, it's silly to label yourself a slave. You're just letting his moodiness sour your evening.

Feelings Aren't Facts!

At this point you may be asking yourself, "Okay. I understand that depression results from my negative thoughts because my outlook on life changes enormously when my moods go up or down. But if my negative thoughts are so distorted, how do I continually get fooled? I can think as clearly and realistically as the next person, so if what I am telling myself is irrational, why does it seem so right?"

Even though depressing thoughts may be distorted, they nevertheless create a powerful illusion of truth. The author exposes the basis for the deception in blunt terms—your feelings are not facts! In fact, your feelings, per se, don't even count—except as a mirror of the way you are thinking. If your perceptions make no sense, the feelings they create will be as absurd as the images reflected in the trick mirrors at an amusement park. But these abnormal emotions feel just as valid and realistic as the genuine feelings created by undistorted thoughts, so you automatically attribute truth to them. This is why depression is such a powerful form of mental black magic.

As you go on to the next sections of this book, you will learn to correct the distortions that fool you when you are upset. At the same time, you will have the opportunity to reevaluate some of the basic values and assumptions that create your vulnerability to destructive mood swings.



Ask the Nurse



Question: What are the best methods to help with bloating or feeling uneasy?

Response: Since bloating is caused mainly by gas (or air), here are some ways you can ease the discomfort from it:

- Drinking herbal teas such as ginger, peppermint, chamomile, or even turmeric. It should ease within minutes.
- Antacids also help if you have a reoccurring issue at hand. These can be found at your local pharmacy
- Regular exercise is also a very good method too

Click this [link](#) to send me a question you need answered!

Dear Parents:

"Whew, suicide.. Scary, isn't it? You know what's even scarier, thinking that your child may be contemplating it, at this very moment. Personally, I'm no mother, but I will speak from vicarious and personal experience on this one. My sister attempted suicide at the young age of 16. She is the life of the party (I say 'is' because she has been, and still is this way). The most considerate person you'll ever meet. She is always happy. She is kind, generous, has a bit of a temper, yet still so loving. So, how could someone with this personality trait commit suicide? Smile. Yeah, when I first heard of the attempt I wondered the same thing too. But experience and exposure has taught me alot, and I hope to teach others too.

Without saying too much, family disruption is what drove her to the edge. The edge of that cliff where ending the pain was worth the loss of life. Not because she was a brat, or because she didn't think that maybe a few others loved her... but because things were way less than ideal for her. Because she was the one feeling the pain, while everyone looked from the outside in, judging, and telling her all the things she already tried telling herself, but never really worked.

Are you possibly driving your child to the brink of suicide? Do you verbally express to your child that you love them? Or are you constantly telling them that they are a worthless piece of trash? Do you hug your child when they are hurt and crying? Or do you tell them 'stop the whining already!'. Are negative and mean words a constant in your household?

Are you currently going through a divorce, or breakup? How is that affecting your child? Is your child being bullied? Away from school or in your household?

What are you doing to ensure that your child is not currently depressed? Or even if they are depressed, what are you doing to help them out of that current state?

I was depressed for 5 consecutive years as a teenager and no one recognized my signs, are you missing the signs as well?"



Den Cu Yah!

It is not unusual for those with suicidal ideations to engage in self-injury - things like cutting, burning, or scratching themselves until they bleed. Though it is not unusual, they aren't always coexisting.

The intent of self-injury is almost always to feel better, whereas for suicide it is to end feeling (and, hence, life) altogether.

Studies shows that about 65 percent of youth who self-injure will also be suicidal at some point (though many will not go beyond having suicidal thoughts). For many, self-injury is used alone or in combination with other behaviours as a way to keep emotional distress or disconnectedness at a manageable level.

In either case, stay vigilant, please.

Disclaimer: The content on this newsletter should not be used in place of medical/professional consultation or advice, but to be used for educational purposes only.

Reference

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Thank
you!