

Newsletter

International Association for Suicide Prevention

From The President
Professor Diego de Leo



World Day for Suicide Prevention

10th September, 2003

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• Editorial Board

- Lars Mehlum
- Lanny Berman
- Onja Grad
- Thomas Bronisch
- Paul Corcoran

This newsletter was compiled by Vanda Scott



Dear Colleagues and Friends,

The time for the Stockholm conference is approaching fast, and this occasion will also represent the institutional end of the mandate for this board. Having had the privilege of working with Vanda, Lars, Lakshmi, Lanny, Onja, and then Slavica and Simon, I am sure that we will all remain very committed to the IASP cause and its future development. Maybe those of us who are legally re-eligible (neither Vanda nor I), could be again part of the new board. This would be very desirable, because knowledge of the functioning of the association is of critical importance for the continuity of action. In the past, we have suffered considerably in the total reshuffling of previous IASP boards, which inevitably ended in an undue waste of time and slowed down the natural growth of the association. However, we have tried to obviate this danger by instituting the College of Presidents, whose primary function is to assist new board members by tutoring their first steps in running our common house.

Even if this is my last Newsletter as IASP President, it is not yet time for drawing a line; the general assembly will discuss in Stockholm the President's report together with those from the Secretary General and the Treasurer. I can only anticipate that the board members are reasonably satisfied with the work done. We are all aware that the structure of the association is quite solid (however, not as much as I wish) and everything is in proper order. I am confident that the passage of the witness will be very smooth. I personally hope that the next board members can be representative of the suicidological domains at any level: research, clinical practice, volunteer work., and from different continents, reinforcing that spirit of internationalisation that has so strongly characterised my board.

From the President cont.

her attention to this matter, because IASP must truly be everybody's association, as suicide is everybody's business. We can only benefit from trans-cultural comparisons, because they directly challenge the limitedness of our mindsets in understanding suicide phenomena.

Suicide goes far beyond depression or any other mental disorder, and antidepressants cannot be considered our final, best response to the problem. That is why we went to India in 2001 and we decided on South Africa for 2005. While in 2007 we are going to be hosted by our Irish friends, for 2009, Uruguay, Malaysia, Hong Kong, and others will compete for the organisation of the conference. This is a very exciting perspective, which will enrich all of us.

But the closest excitement surely comes from the organisation of the first World Day for Suicide Prevention. You may remember that this was the most ambitious target in the proposition of my candidature, four years ago. After a rather heavy collection of frustrations, having knocked on quite a number of wrong doors, well.... It is there now! On 10th September, at the opening of the Stockholm conference, this important celebration will definitely occur. This will be the day for all those people who have suffered because the worst of the human tragedies happened too close to them. This will be the day for governments to know that suicide must be a priority in their public health agenda. This will be the day for all people on the earth to recognise that suicide is an important problem, and if the World Health Organisation has decided to endorse this celebration it must mean that its dimension is huge, and that no one is immune from it. But this will also be the day for us, IASP members, who have dedicated and are dedicating our lives to avert suicide, and who, at the very least, have contributed to raise awareness, worldwide, on the size and stigma of this immense suffering.



Membership Fees for 2003

Individual membership in IASP, including a subscription to the journal CRISIS, US \$100.00 per year.

Organisational membership in IASP, including a subscription to the journal CRISIS, US \$100.00 per year.

Please remember that for an organisation to be a member of IASP, there must be two IASP individual members as representatives within the organisation.

If you wish to sponsor an Associate Member of IASP to become a Full Member (therefore providing the opportunity for the Associate to receive the CRISIS journal and vote in the current elections) a discounted membership fee of US\$90 will be made available to you and also US\$90 to your Associate Member requiring from you a total of \$180.

Please take this opportunity while paying your 2003 membership fee to sponsor an IASP Associate Member.

Contact: Vanda Scott at the Central Administrative Office, Le Baradé, 32330 Gondrin,

Suicide in Romania

Dr Calin Scripcaru, Romania

In Romania we dared to approach the problems of suicide in the Institute of Legal Medicine together with the Clinical Psychiatric Hospital of Iasi.

In every violent death (murder, suicide or accident) an autopsy is required by the law, and so suicide could be a subject for a thorough study. In this way, we could avoid confusion between cases of suicide masquerading as accidents.

In the territory of Moldova (one third of the population of Romania), we found in the last ten years 3248 cases of accomplished suicide, almost equally distributed in the 8 counties and in time. We have recorded a great number of occurrences in the countryside (1874) as compared to the urban areas (1371) and obviously, the suicidal crisis affected mostly men (2477) while only 771 women were counted among the victims.

Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Number of cases	304	302	311	384	415	375	380	334	373	415

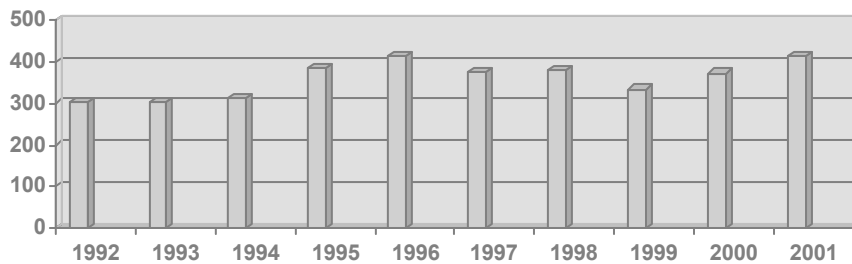


Fig. 1 – Total number of cases of accomplished suicide in Moldova (Romania) in the last ten years.

CRIMES	12,3%
SUICIDE	20,4%
ACCIDENTS	67,3%

Suicide in Romania cont.

COUNTRY SIDE	1874 (57,5%)
URBAN AREAS	1374 (42,4%)

Fig. 3 – The ratio of suicide in rural compared with urban areas.

MEN	2477 (76,2%)
WOMEN	771 (23,8%)

Fig. 4 – The ratio of suicide between men and women.

Regarding the monthly distribution of cases, we have noticed a higher rate of accomplished suicide between April and August (300 – 332 cases each month) compared to the January – March period (199 – 294 cases each month) and the September – December period (185 – 279 cases each month).

Considering the age of the victims, we have found a higher rate of suicide between 21 and 30 years

(530 cases),	UNDER TEN YEARS OLD	7 CASES (0,20%)
	11 – 20 YEARS OLD	244 CASES (7,5%)
	21 – 30 YEARS OLD	530 CASES (16,3%)
	31 – 40 YEARS OLD	671 CASES (20,6%)
	41 – 50 YEARS OLD	652 CASES (20%)
	51 – 60 YEARS OLD	594 CASES (18,3%)
	61 – 70 YEARS OLD	355 CASES (10,9%)
	OVER 70 YEARS OLD	195 CASES (6%)

between 31 and 40 (671 cases), between 41 and 50 (652 cases) and a lower rate at the extreme ages like between 11 and 20 (244 cases) and 61 – 70 (355 cases). With children under the age of 10 we found 7 cases and over 70, 195 cases.

AGRICULTURAL WORKERS	437 (13,5%)
FACTORY WORKERS	489 (15%)
INTELLECTUALS	406 (12,5%)
DOMESTIC WORK OR UNEMPLOYED	1916 (58%)

Concerning the type of professional work in which the victims were involved, 437 of them were

Suicide in Romania cont.

especially in urban areas. The 10 to 20 years old victims included 14 boys, most of them countryside dwellers (8 cases) and 6 girls also living in the countryside. Poisoning was used by 683 victims, of which 332 were women, 224 living in urban areas and 108 in rural areas.

The common toxins prevailed, but some rare poisons were also used, thus hindering to some extent the reaching of a diagnosis. In the group between 10 to 20, we have registered 57 cases of poisoning, most of them in the urban areas and all girls. Much rarer was the choice of a vehicle as suicidal agent. In 94 of the cases, the most often used was the train, especially by women in urban areas. Also very rare were the self-inflicted injuries. As an exception, physical agents, especially heat and electricity were used. Firearms were selected by 25 of the victims, 16 of which being soldiers.

HANGING	2168 (66,7%)
POISONING	683 (21%)
PRECIPITATION	225 (6,9%)
TRAIN	94 (2,9%)
SELF-INFLICTED	34 (1%)
FIREARMS	25 (0,75%)
HEAT AND ELECTRICAL TRAUMA	19 (0,6%)

A very interesting conclusion, which has to be studied in the future, is represented by the higher frequency of suicide in the areas of Romania populated by Hungarians compared with the Romanian population. It is a well known fact that Hungary has one of the highest rates of suicide in the world. That is why we try to contact IASP colleagues from Hungary for a common compared study between suicide in Hungary and the Hungarian population in Romania, which may give very important data concerning the ethiology of suicide.

CORRECTION PLEASE NOTE:

In the book "Suicide Prevention - Meeting the Challenge Together", there is a paper entitled "Surviving the Suicide of Someone Close". The title and the authors are incorrect.

The correct title and correct authors are:

WHAT HELPS AND WHAT HINDERS THE PROCESS OF SURVIVING THE SUICIDE OF SOMEBODY CLOSE? Onja T. Grad, Ljubljana, SLOVENIA; Sheila Clark, Adelaide, AUSTRALIA; Kari Dyregrov, Bergen, NORWAY; Karl Andriessen, Brussels, BELGIUM.

The Second Suicide Survivor Day in Flanders, Belgium

Karl Andriessen

Last year in November, the Flemish Working Group of Suicide Survivors organised the first Suicide Survivor Day as part of the national suicide survivor programme. Almost 200 people, survivors and helpers, participated. Evaluation by the participants and by the organising group was very positive. Hence it was decided to install the Survivor Day as a yearly event.

The second edition of the Suicide Survivor Day will be held on Saturday 15 November 2003, and is organised under the auspices of IASP and in relation with the WHO-IASP World Day of Suicide Prevention (10 Sept.).

The aim is to bring together suicide survivors, caregivers and policy makers; to share experiences, to learn from and to support each other; to draw public attention to suicide and suicide survivors and to tackle the stigma on suicide. Five topics are scheduled in the morning session.

- First, Erik-Jan Dewilde (Netherlands) was invited as guest speaker. Being a psychologist and a survivor, he will talk about the impact of suicide and the burden and challenges faced by survivors.
- Second, the Flemish Minister of Health will present the progress made during the current year to formulate a national suicide prevention policy for the Flemish region of Belgium.
- Third, Nico De Fauw, Chair of the Working Group will give an overview of the achievements of the Working Group.
- Fourth, a variety of self-help, helplines, social and health services will answer the question what support they can offer specifically for suicide survivors.
- Fifth, Karl Andriessen will introduce the Media Award for responsible media. The aim of this new initiative is to promote appropriate and positive media coverage of suicide and suicide survivors.

In the afternoon the participants can choose between various activities: a support meeting for adults, support meeting for adolescents, a creative workshop (drawing, clay), a workshop on rituals, a workshop for caregivers who have lost a client by suicide, a workshop on mourning children after suicide, an information session on risk factors for suicide, and a walk outside in the wood.

During the day, a quiet room, an exhibition of social services and support groups, and a cafeteria will be open. Also individual peer support will be available.

World Federation for Mental Health and Suicide Prevention

The 25th Biennial Congress of the World Federation for Mental Health (WFMH) was held in Melbourne, Australia in February 2003. The WFMH is affiliated with the World Health Organisation and was established over fifty years ago and has members from over one hundred different countries. Its members, like IASP, come from a number of different professional and volunteer groups, as well as consumers, and its main aim is the promotion of good mental health.

At the meeting a committee for the dissemination of information about suicide prevention was established. IASP members, Dr. John Connolly (Convenor), and Professor Bob Goldney (Secretary), will liaise with other committee members and members of the WFMH in disseminating information about national programmes for suicide prevention by establishing links to websites referring to suicide prevention initiatives. The committee is not designed to duplicate the work of any other organisation, but it aims to provide access to information about suicide prevention for WFMH

General situation of completed suicide in Ukraine

Alexander Mokhovikov, IASP National Representative for Ukraine

Ukraine, situated in the southeast of Europe is one of the new independent countries that appeared from the ruins of the former USSR. It had a population of about 55 million in 1991 and 52.1 million in 1994 mostly Ukrainians (72.7%) and Russians (22.1%).

Recently depopulation processes led to further decrease of population, and as of January 1st, 2001, it has a population of 49.3 million. At present it consists of 24 regions, plus the capital (Kiev) and the Republic of Crimea, which is autonomous. 68% of the population live in cities, the rest in rural areas. Men make up 46% of the population. Retired people and those receiving state welfare make up 21%. There are 11.4 births and 13.4 deaths per 1000 population. Thus the natural growth in the population during last years has been negative. The average life expectancy is 69 years (64 years for men and 74 years for women).

Regular statistics on suicide became available only after 1991. Suicide proved to be a serious problem in the Ukraine. For several decades open discussion of this topic was prohibited, and no statistical data was available, even to specialists. Table 1 shows suicide rates per 100,000 for the Ukraine.

Year	Number of suicides	Suicide rate per 100.000 population	Percentage relative to 1998
1988	9,792	19.0	100
1989	10,934	21.1	111
1990	10,693	20.6	108
1991	10,743	20.7	108
1992	11,731	22.5	118
1993	12,541	24.0	126
1994	13,907	26.8	141
1995	14,587	28.3	149
1996	15,258	29.9	157
1997	14,973	29.4	155
1998	14,860	29.6	156

Table 1 Suicides number and rate in Ukraine in 1988 - 1998

As can be seen from data presented the suicide rate has shown a strong tendency to rise since 1988, the percentage rise being 56% during the period of 10 years. All data presented was obtained from the Ministry of Health of the Ukraine, Centre of Statistics, and analyzed by researchers from the Ukrainian Institute of Social and Forensic Psychiatry and Odessa WHO Multicentre Study group. The calculation of the rates for the years 1988-1998 is based on mid-year population data supplied by the Ukrainian Statistical Committee in Kiev in their own annual interpolation of population data.

Graduate Courses in Suicidology, Australia

The **Graduate Certificate in Suicide Prevention Studies** are being held at the Australian Institute for Suicide Research and Prevention (AISRAP). The course is designed to attract applicants who work within the human services industry. This may include nurses, general practitioners, allied health professionals, educators, counsellors, social workers, community service workers, guidance officers, police, emergency services staff, corrections personnel and volunteer workers. The Graduate Certificate is orientated to produce graduates who have a basic understanding of the practical and research issues that currently operate within the field of suicide prevention. The course will allow students to explore the historical and sociological development of the complex phenomenon of suicide whilst developing an insight into strategies for working with suicidal people in both the acute and post-suicide situations. The central purpose of the course is to expose students to a variety of frameworks for understanding and working in the area of suicide prevention.

The **Master of Suicidology** programs have been designed to reflect the needs of human services providers (including health, education and emergency workers) who require detailed and scientifically-grounded knowledge of suicide, suicide research and suicide prevention.

An extension to the Graduate Certificate in Suicide Prevention Studies, the **Master of Suicidology** is intended to produce graduates who are skilled in the identification of a range of concerns regarding suicidal behaviours and their planned management at various levels. The program will allow students to explore the historical and sociological development of the complexities of suicide. Furthermore, students will have the opportunity to compare different management methods and identify the advantages and disadvantages of each theoretical approach. Students will examine the factors that influence the development and assessment of suicidal behaviours and the ways in which current intervention and prevention strategies deal with these factors.

This program does not have a clinical perspective (treatment of suicidal behaviour), but emphasises the importance of scientific and research-based outcomes in the evaluation of current community approaches to suicide prevention. Students who successfully complete the coursework component of the Masters will have the opportunity to enter the **Master of Suicidology (Honours)** program which allows students to plan organise and develop their own detailed research into suicidal behaviour and suicide prevention.

Trainer's Manual in Suicide Prevention Skills

Jacinta Hawgood & Diego De Leo

Suicide Prevention Skills Training: An Accredited Training Program

Outlines the delivery of a comprehensive 2 day workshop in suicide prevention that is evidence based, and which is currently delivered by the Australian Institute for Suicide Research and Prevention.

Includes sessions on:

- Community, culture & diversity
- Knowledge - The myths and facts of suicide and suicide prevention
- Theoretical basis

Ultimo Recurso, Uruguay

Dr. Silvia Peláez.

Ultimo Recurso, a Non Government Organization (NGO), is dedicated to suicide prevention. The institution evolved in 1990 from a project which addresses diverse problems of the most vulnerable groups in our society. The project was established as a concern for the high rate of suicides in Uruguay. It was formed by a group of health professionals, honorarium and volunteers.

This institution is consulted by people of all ages and provides a 24 hour phone help line. It is not phone therapy, it is a bridge to achieve a personal encounter and supports the premise "If there is somebody who listens, suicide will not be committed".

Ultimo Recurso also instigates health investigations and education programmes in keeping with the recommendations of the World Health Organization (WHO) from 1982.

Ultimo Recurso is committed to the theory that suicide is avoidable. Preventing suicide should be approached from many perspectives: through anthropology, psychiatry, psychology, sociology, ethics and theology. Ultimo Recurso interprets suicide as a phenomenon that, although it happens in solitude, is the responsibility of the whole community. The whole community should make a commitment to suicide prevention.

National Representatives Elections: 2003

Australia	Dr Sheila Clark	Lithuania	Professor Danute Gailiene
Austria	Dr Reinhold Fartacek	Malaysia	Professor T. Maniam
Belgium	Professor Kees Van Heeringen	Mexico	Dr Alfonso Reyes Zubiria
Brazil	Dr Ellis D'Arrigo Busnello	Netherlands	Dr Rene Diekstra
Bulgaria	Professor Alexander Marinow	New Zealand	Dr Annette Beautrais
Canada	Dr Antoon Leenaars	Norway	Professor Oivind Ekeberg
Cuba	Professor Sergio A. Perez Barrero	Pakistan	Dr Murad Moosa Khan
Estonia	Dr Airi Varnik	P R of China	Professor Zhai Shu-Tao
Finland	Professor Jouko Lonqvist	Puerto Rica	Dr Carmen E. Parrilla-Cruz
France	Dr Agnes Batt	Romania	Dr Calin Scripcaru
Germany	Dr Georg Fiedler	Russia	Dr Ludmilla Arkhangelskaya
Greece	Professor Alexander Botsis	Slovenia	Professor Onja Grad
Hong Kong	Ms Betty Tsui Chi-Ying	South Africa	Professor Lourens Schlebusch
Hungary	Dr Tamas Zonda	Sweden	Professor Danuta Wasserman
Iceland	Dr Wilhelm Nordfjord	Switzerland	Dr Konrad Michel
India	Dr Lakshmi Vijayakumar	Taiwan	Dr Chong Mian-Yoon
Indonesia	Professor A. Prayitno	Turkey	Professor Isik Sayil
Iran	Dr Ghodrattollah Ansaripour	Ukraine	Professor Alexander Mokhovikov
Ireland	Dr John Connolly	United Kingdom	Mr Simon Armson
Israel	Professor Israel Orbach	USA	Dr Morton Silverman
Japan	Rev Yukio Saito	Yugoslavia	Professor Slavica Selakovic-Bursic

IASP

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The objectives of IASP are:

to provide a common platform for all representatives of different professions and volunteers who are engaged in the field of suicide prevention and crisis intervention;

to allow interchange of acquired experience in this area in various countries, especially through exchange of literature;

to promote the establishment of national organisations for suicide prevention;

to facilitate the wider dissemination of the fundamentals of effective suicide prevention, not only to professional groups and volunteers, but also to the general public;

to arrange for specialised training of selected persons in the area of suicide prevention, in selected training centres, where desired;

- to carry out programs of research, especially those which can be pursued through international joint co-operation.

The Executive board of IASP is elected each two years and at present comprises:

Diego de Leo (Australia)	President
Lakshmi Vijayakumar (India)	Vice President
Onja Grad (Slovenia)	Vice President
Lanny Berman (USA)	Vice President
Lars Mehlum (Norway)	Treasurer
Vanda Scott (France)	General Secretary
Simon Armson (England)	Chair, Council of National Representatives
Slavica Selakovic-Bursic (Yugoslavia)	Chair, Council of Organisational Representatives

IASP CONGRESS IN SWEDEN



XXII IASP Congress
September 2003
Stockholm, Sweden