Looking Ahead: World Suicide Prevention Day Theme 2007 and Global Mortality and Burden of Disease Projections for 2030

Many countries are already planning ahead for activities on the 2007 World Suicide Prevention Day next 10 September. The theme for 2007 will be Suicide Prevention across the Lifespan. IASP will develop and distribute material on this theme early in 2007 and this year we will encourage using World Suicide Prevention Day to launch and announce activities on this theme during the following 12 months. Participants at the IASP International Congress in Ireland will have an opportunity to prepare for their WSPD activities and update their knowledge of suicide across the lifespan, since this is the theme of the 2007 Congress (see the congress link on www.iasp.info for more information – 1 March 2007 is the deadline to submit proposals for presentations).

WHO has recently posted updated projections of global mortality and the burden of disease for 2015 and 2030, based upon estimates from 2002 and sophisticated projections of population growth and improvements of income per capita. The report estimates future mortality data based upon three scenarios: baseline, optimistic and pessimistic. None of the three scenarios assumes that there will be any changes in the risk factors associated with suicide, nor improved prevention and intervention practices. This differs from other diseases, such as HIV/AIDS, where estimates of coverage with anti-retroviral drugs can be predicted to be optimistically high or pessimistically low. Suicide rates are assumed to remain relatively unchanged for both optimists and pessimists. The results show that self-inflicted injuries are predicted to rise from the 14th leading cause of death in 2002 to the 12th leading cause of death in 2030.

The WHO projections do not only present mortality data. They also predict the leading causes of DALYs, that is, Disability Adjusted Life Years. The DALYs are calculated as the sum of years of potential life lost due to premature mortality and years of productive life lost due to disability. No matter whether you are an optimist or pessimist, Unipolar Depressive Disorders are projected to be the second leading cause of DALYs, in high and middle income countries (after HIV/AIDS), and third in low-income countries (after HIV/AIDS and perinatal conditions). Again, it is assumed that between now and 2030 the incidence and burden of depression will continue unabated and treatment impact will not increase substantially.

The prediction of future mortality and the burden of disease based upon the present situation and population trends is limited by the simple fact that we are unaware of future developments, both good and bad. Increased incidence of wars and global conflicts, the discovery of new medical treatments and the outbreak of new diseases can radically change the balance. Still, one would hope that suicide mortality and the burden of Unipolar Depressive Disorders will be decreased by suicide prevention activities and improvements in the treatment and access to treatment for depression. Each year more countries are adopting national suicide prevention strategies, treatments for depressive disorders are reaching larger proportions of the world population, new psychotropic medications are being developed, telephone helplines and aid are available through the internet are expanding and in many areas of the world the stigma of seeking help for mental health problems and suicidal crises is diminishing.

In order to maintain constant estimates of suicide rates between now and 2030, we must either believe that risk factors for suicide will increase proportionately to any improved prevention and treatment (without substantial increases in protective factors) or we need to have little faith in the effects of prevention and treatment on suicide mortality and morbidity. One of the greatest challenges in suicide prevention research involves bridging the gap between what we know from research on suicide prevention and its use in programmes and practices. We also need to fill in gaps in our knowledge of what is effective in reducing the burden of suicidal behaviours. Every two years the IASP International Congress creates an environment where the latest advances in suicide prevention research are presented and their potential impact on suicidal behaviours is discussed. Your participation in the 2007 International Congress in Ireland and your involvement in the dissemination of information from the congress in your area can contribute to ensuring that more optimistic projections of the impact of suicide prevention activities can become a reality.

Brian L. Mishara, Ph.D, President, IASP
mishara.brian@uqam.ca


Service for Suicide Survivors opens in Brazil

“ComViver Project” – a service which supports suicide survivors - started its activities on September 5th 2006, in Rio de Janeiro, Brazil.

During the first four weeks of activities, it has already being contacted by over 70 people. It is important to mention that those who have contacted the center include several who were themselves considering suicide and people with several suicides in the family. Three groups have been created and are now in progress. Two are Care Groups and the other is a therapeutic short-term postvention group. They also have received requests from mental health professionals for help to create groups in their workplace. Next month a similar programme of services will be offered in Brasilia. People involved in the project would like to exchange experiences with other organisations that have similar objectives and activities.

“ComViver Project”, coordinated by Dr. Felipe d’Oliveira, is supported by the Brazilian Health Ministry. Dr Oliveira is the IASP representative in Brazil and he is also in charge of the National Strategy for the Prevention of Suicide.

The project site is: www.projetocomviver.org.br
It is available in Portuguese, English and Spanish.

The Second Congress of the Latin American and Caribbean Suicidology Association (ASULAC) will be held in Belo Horizonte, Brazil 28th to 30th June, 2007
For further information, please visit the congress site: www.congressosuicidio.com
The International Association for Suicide Prevention (IASP) provides awards for those who have contributed in a significant way to the furthering of the aims of the Association. Awards are presented at the IASP biennial conference.

**The Farberow Award**
was introduced in 1997 in recognition of Professor Norman Farberow, a founding member and driving force behind the IASP. This award is for a person who has contributed significantly in the field of work with survivors of suicide, and nominations can be made by any member of IASP.

Chairperson
Karl Andriessen, Flemish Mental Health Centres, Marktlaarstraat 204c, 9000 Gent, Belgium
Phone: +32 (9) 233 50 99
Email: karl.andriessen@pandora.be

**The Ringel Service Award**
was instituted in 1995 and honours the late Professor Erwin Ringel, the founding President of the Association. This award is for distinguished service in the field of suicidology, and nominations can be made by National Representatives of IASP.

Chairperson
Prof. T. Maniam, Department of Psychiatry, National University of Malaysia, Hospital UKM, Jalan Yaacob Lall, 56000 Kuala Lumpur, Malaysia
Phone: +60 3 91702226 Fax: +60 3 91737941
Email: tmmaniam@yahoo.com

**The Stengel Research Award**
have been provided since 1977 and is named in honour of the late Professor Erwin Stengel, one of the founders of the IASP. This award is for outstanding research in the field of suicidology, and nominations can be made by any member of IASP.

Chairperson
Prof. Keith Hawton, University of Oxford
Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, United Kingdom
Phone: +44 [1865] 226 258 Fax: +44 [1865] 226 265 Email: hawton.Keith@psych.ox.ac.uk

Please send your nomination directly to the Chairperson of the respective Award Committee and attach a brief summary of why you feel the nominee is deserving.

**DEADLINE: 30 April 2007**

**XXIV IASP World Congress, Killarney, Ireland**
"Preventing Suicide across the Life Span: Dreams and Realities"
August 28 – September 1, 2007
Congress web site: www.iasp2007.org/

The second announcement and call for papers are now available in the congress web site. The deadline to submit proposals for presentations is March 1, 2007 and persons submitting proposals will be notified of the decision by April 1, 2007.

Speakers include: Margare Pabst Battin, Gregory Brown, Silvia Canneto, Gregory Carter, John Connolly, Diego De Leo, Eric De Wilde, Keith Hawton, Ad Kerkhof, John Mann, Brian Mishara, Jane Pirkis, Lakshmi Vijayakumar, Magda Waern, Mark Williams, Paul Yip and Mette Ystgaard

**The First Mental Health International Conference on Suicidology and Suicide Prevention in United Arab Emirates and Middle East**

**Place:** Dubai
**Date:** April 9-11, 2007

**Title:** Direct and indirect self-destructive behaviors: Mental disorders, transcultural differences

Initiative from the Section on Suicidology of the World Psychiatric Association (Chair: J.P. Soubrier) in collaboration with Emirates Psychological Association

**Contacts:** Nadia Buhamad - President of The Emirates Psychological Association (EPA)
Tel: 971-4-3436766 / Fax: 971-413436767 Email: info@sikologica.com or nadia@emirates.net.ae
Jean Pierre Soubrier - Chair - WPA Section on Suicidology
Tel: 33 1 47046969 / Fax: 33 1 47049933 Email: pr-jp-soubrier@mail.com

Discount fare for hotel and airline. No congress fees so far.

**NEW BOOKS**
