newsbulletin

International Association for Suicide Prevention

DECEMBER 2008

FROM THE PRESIDENT

Suicide and the economic depression: Reflections on suicide during the Great Depression

Recently, journalists around the world have become interested in possible increases in suicide due to the current economic depression. They cite the supposedly "dramatic" increases in suicides during the Great Depression. However, it is probably a myth that the catastrophe of the crash of the stock market in late October 1929 caused an epidemic of dramatic suicides by distraught investors after they lost their fortunes. Suicide rates in the United States had been increasing each year steadily since 1925 and only a slightly greater increase in 1930 and 1931 may be attributed to the effects of the Great Depression (Mishara & Balan, 2002). Even for New York City, which may be thought to be particularly affected by the crash, the changes in suicide rates were not dramatic and rates there were also increasing slightly before 1930. There was certainly not an immediate effect of the stock market crash in October 1929. The number of suicides for the months of October and November 1929 in the United States was lower than all the other months that year except January, February and September. The greatest number of suicides in 1929 occurred during the summer months when the stock market was doing quite well. The Manhattan suicide rates for October 15 to November 13, 1929 were lower than the previous year.

Despite the fact that there was only a slight increase in deaths by suicide during the Great Depression, there were certainly a few well publicized suicides which may have fuelled the myth of a suicide epidemic. One of the most publicized suicides was that of J.J. Reordan who killed himself on Friday, November 8, 1929, but whose death by suicide was not announced in the newspapers until Sunday, November 10. On Friday, November 8, Reordan walked into the bank, took a pistol from a cashier, returned home and shot himself. It was later learned that the medical examiner who was called to the scene withheld announcing Reordan's death until after noon the next day (Saturday) just after the bank closed for the weekend. Despite rumours that Reordan lost a fortune in the stock market (which was later proven to be true when the death was publicized), his colleagues announced that Reordan never invested in stocks and that the bank was financially solid. There was also an announcement that the City of New York would maintain all its deposits in the County Trust Company. The end result was that his suicide did not cause a run on the bank.

Several studies of the relationship between suicide and unemployment cover the period of the Great Depression. Platt's extensive literature review (1984) of unemployment and suicidal behaviour found that there is a consistent relationship between levels of unemployment and suicide rates during all periods. However, Platt's interpretation of the data was that there may not be a direct causal link, but the increased suicide risk and unemployment may be due to mental health problems. Persons with mental health problems are at greater risk of suicide and are also at greater risk of being unemployed. However, his interpretation is subject to debate. Cook (1980) compared different methods of time series analyses to examine the relationship between suicide and unemployment in the United States between 1900 and 1970. He concluded that no matter which method is chosen, there is a significant link between unemployment and suicide.

This brief review of suicide in the Great Depression leads to the conclusion that, despite some highly publicized spectacular suicides which are clearly linked to personal financial losses, if suicide rates did increase as a result of the events during the Great Depression (and this may not be the case since suicide rates were already increasing in the preceding years), the increases in suicides related to this economic disaster were not dramatic in the United States.The most likely explanation for increased suicide during this period is the well documented link between unemployment and suicide. However, the interpretation of this relationship is subject to debate. Unemployment may lead to greater social vulnerability, including lesser social integration by decreasing the possibility of marriage and increasing divorce rates. However, both unemployment and suicide may be the result of increases in other factors, such as stress induced mental health problems. An alternative interpretation is that the presence of protective factors, such as development of social solidarity among vulnerable persons, may have compensated for any increased risk due to the difficult economic situation. Another possibility which has not been subjected to empirical verification, is that people in a desperate situation may tend to focus upon the needs of their family and loved ones. This focus upon the needs of others may be a protective factor to suicide since most suicides involve a primary focus on one's own suffering, rather than being concerned with the suffering of others.

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IFOTES and its role in suicide prevention

Diana Rucli – Director IFOTES – International Federation Of Telephone Emergency Services

IFOTES' (International Federation Of Telephone Emergency Services) history began in 1967 in Geneva (CH), when the main European National Federations of help-lines joined together. Today it has 32 members in 25 Countries, with over 500 hotlines; nearly 25,000 volunteer listeners carefully trained; 600 professionals coaching the volunteers and leading the help-lines; over 5 million phone and internet contacts every year; thousands of face to face conversations.

One of the main objectives of IFOTES is to promote the exchange of experiences amongst members, especially by organizing international congresses, seminars and conferences which contribute to the quality of the services offered. It also supports all efforts to create listening centres worldwide.

IFOTES members' hotlines started in the 50s, first closely related to suicide prevention. Further prevention was soon developed for those suffering from depression or loneliness, or being in a state of psychological crisis. Today, they offer emotional support to any person who simply needs to be listened to and be acknowledged, whatever his/her problem may be. The actual mission is to offer an empathetic listening that helps the caller develop resilience and capability to better manage his emotions.

Based on our experience, we are convinced that one of the most powerful ways to support people in distress, prevent suicide and develop emotional well-being is to understand with respect what others are experiencing, which is what we do every day on the phone, and to promote listening skills amongst the population. This has a direct impact on mental health and it refers to what is called "Emotional Health."

Our members have been training volunteers with very different backgrounds for 50 years; the volunteers come from all sections of society and are selected and trained based on their ability to listen empathetically. Their experience testifies that learning communication skills such as listening, giving and receiving empathy, is life-serving, it improves coping skills and emotional well-being.

IFOTES, with the University of Geneva, has recently conducted ground-breaking research into the emotional profile of volunteers. This is both in terms of building up a general picture of the profile of volunteers worldwide, but also looking at the profile of individual volunteers in relation to their helpline work, and their home and family environment. The results of this research has been important for influencing volunteer selection criteria, informing training needs and methodologies, in addition to exploring emotional resilience and wider well-being in society.

Working in collaboration with sister organisations LifeLine International and the Samaritans/Befrienders Worldwide, IFOTES wishes to improve the quality of the listening services, develop new communication means and promote around the world the awareness that learning and offering training in communication and coping skills will contribute to suicide prevention and improve mental and emotional health.

IFOTES
International Federation of Telephone Emergency Services

www.ifotes.org
www.ifotescongress2007.org

If you are an organizational member of IASP and would like to feature the work of your organization in the newsletter please contact Jerry Reed, Chair of the Council of Organizational Representatives for IASP at **jreed330@comcast.net** for criteria for publication.

American Association of Suicidology (AAS)

Dr Lenny Berman

AAS is a membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS leads the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

Founded in 1968, the AAS has an illustrious history in suicide prevention activities and contributions. Bimonthly, AAS publishes the world's oldest peer-reviewed journal in the field, Suicide and Life-Threatening Behavior. In April, 2009, AAS will hold its 42nd annual conference in San Francisco, bringing together researchers, clinical practitioners, crisis workers, survivors, and others under a theme of A Global Agenda on the Science of Treatment, Prevention, and Recovery.

AAS's Crisis Center Certification Program began in 1976 and, currently, has 141 crisis centers certified by AAS in the U.S., Canada, and Australia. Since 1989, AAS has certified individual crisis workers, as well. In 2008, AAS began accrediting school-based professionals in its School Suicide Prevention Accreditation Program, designed to insure suicide prevention knowledge competencies among those working with at risk youth in our schools.

For practitioners, AAS has developed the most advanced and extensive clinical training program, Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR), which has been given outstanding reviews by those who thus far have been trained in it. In 2009, AAS will debut a targeted suicide risk assessment and triage training curriculum for primary care physicians and staff.

Currently, AAS is working on three concurrent, federally-funded grants to study and prevent suicide on U.S. rail system rights-of-way and their impact on employees who witness or discover these suicides. It is intended that the identification of sites of high prevalence ("hot spots"), psychological autopsies, and root cause analyses being conducted, will lead to significant countermeasures to prevent such tragic deaths.

AAS has long convened task forces of researchers and specialists to address significant issues in Suicidology and suicide prevention. These task forces have produced consensus statements on Acute Risk Factors for Suicide, currently captured by the acronym/mnemonic IS PATH WARM; on Youth Suicide by Firearms; in addition to Discharge Planning Recommendations for Hospitals, Postvention Guidelines for Schools, Recommendations for the Reporting of Suicide by the Media, Survivor Support Group Leader Guidelines, and a Report on Assisted Suicide and Euthanasia.

AAS greatly values its membership in IASP and actively supports the efforts of our international partners and members. For more information, see www.suicidology.org.

42nd AAS Annual Conference: A Global Agenda on the Science of Prevention, Treatment, & Recovery

April 15 - 18, 2009 Westin St. Francis Hotel San Francisco, CA

SAVE THE DATE! JOIN US IN SAN FRANCISCO FOR:

- Skill-enhancing workshops
- Cutting-edge research presentations
- Best practices in prevention programs
- Four full days of content
- Over 150 presenters
- Invaluable networking opportunities

For Additional Information: www.suicidology.org

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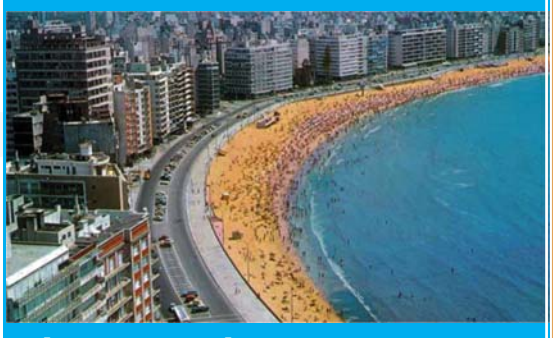
AMERICAN ASSOCIATION OF SUICIDOLOGY
Dedicated to the Understanding and Prevention of Suicide

In September 2008, Professor Brian Mishara, President of IASP, received the Special Contribution Award for his efforts in suicide prevention at the 2008 International Caring for Life Awards and Inspirational Forum hosted by the Dharma Drum Humanities and Social Improvement Foundation (DDHSIF) at the Grand Hotel in Taipei. Taiwan's suicide rate is ranked the third in Asia, with 4000 deaths each year. The awards and forum are held to draw public attention to the value of life, and DDHSIF promotes the idea of "caring for life" with the help of the media.

"The Way We Were"

Many IASP members attended the ESSSB12 meeting in Glasgow in August 2008.
More than 600 photos from the meeting are available at www.flickr.com/photos/esssb12/sets/
They are organised into sets according to the day(s) of the conference. **Here's to ROME 2010!**

XXV IASP WORLD CONGRESS MONTEVIDEO, URUGUAY 27-31 OCTOBER 2009

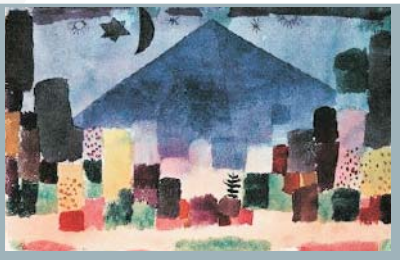


The Second Announcement is now available: www.iasp.info

LOTTERY

A lottery will be held with the prize FOUR FREE NIGHTS in a double room at the Radisson Hotel during the congress. The winner will be drawn from the first 50 people to complete and register with payment for the congress.

IASP
XXV IASP WORLD CONGRESS



The Aeschi Working Group

The therapeutic approach to the suicidal patient: New perspectives for health professionals

5th AESCHI CONFERENCE 4.–7. MARCH 2009

Hotel Aeschi Park, Aeschi, Switzerland
Special theme: to hospitalize or not to hospitalize?

www.aeschiconference.unibe.ch

IASP newsbulletin

Please forward, distribute or disseminate this newsletter to others to whom it would be of interest