newsbulletin

International Association for Suicide Prevention

NOVEMBER 2008

FROM THE PRESIDENT

Golden Gate Bridge barrier approved, Asia-Pacific Regional Conference and lottery for free hotel in Montevideo

After decades of debate and over 1300 lives lost to suicide the bridge authority approved for the first time the construction of a physical barrier to prevent suicides. The board that controls the bridge opted for putting a metal net along the structure that would partially collapse around anyone who jumped into it, allowing rescuers to fish the person out without harm. Perhaps the letter from IASP and the IASP members around the world who were invited to offer their opinion last August in this column may have had some impact on their decision. However, do not expect construction to start soon. The construction is subject to an environmental review of the net's effect on the pelicans and cormorants that nest on the bridge. Also, they have not yet obtained financing of the $40 - $50 million cost.

Asia-Pacific Regional Conference

The Third bi-annual Asia Pacific Regional Conference of the International Association for Suicide Prevention, held in Hong Kong on 31 October to 3 November 2008 included 119 oral presentations on research and interventions in suicide prevention, and 52 poster presentations. Researchers, practitioners, planners, suicide survivors and volunteers from 18 different countries shared their recent discoveries and innovative practices in a welcoming environment hosted by Paul Yip and his dedicated staff of the Hong Kong Jockey Club Centre for Suicide Research and Prevention, The University of Hong Kong. The conference theme, "Suicide Research and Prevention in Times of Rapid Change in the Asia Pacific Region: Opportunities and Challenges" was particularly appropriate in the context of the world economic crisis and was the focus of attention of journalists who covered this event. The 2010 Asia Pacific Regional Conference will be held in Australia and we are currently open for proposals to host the 2012 regional conference.

Lottery for Free Hotel in Montevideo

For those of you who are planning to attend the 2009 World Congress on Suicide Prevention in Montevideo, I would like to remind you of an opportunity to win a free complimentary hotel stay at the congress venue, the Radisson Montevideo, during the Congress. Registration has just opened for the congress and we are ready to accept early registration (at a substantial discount). There will be a lottery of the first 50 persons to register and pay their full registration fees: the winner will receive a 4-night free stay at the Radisson during the congress. All you need to do in order to be eligible is to be one of the first 50 persons to send in your registration with fees.

Brian L. Mishara, Ph.D
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JOIN A IASP TASK FORCE

Kees van Heeringen
IASP Vice President

Task forces play an important role in IASP's contributions to suicide prevention. They offer the opportunity for the IASP community of members, researchers, professionals, lay people and volunteers to focus deeply on a specific aspect of suicide and suicide prevention. There currently are seven very active IASP task forces targeting suicide prevention in the elderly, prisons, and defence and police forces, studying cross-national differences in certifying suicide deaths or the role of genetics in suicide, developing guidelines for media reporting of suicide, and supporting suicide survivors (see www.iasp.info/ task_forces.php). In addition, one new task forces are currently prepared, i.e. suicidal behaviour and emergency medicine and the development of best practice standards for helplines.

IASP cordially invites its members to share their knowledge and expertise with others by joining these activities, and thus contribute to IASP's goal i.e. suicide prevention. In addition, members are invited to propose new topics for task forces. An example of a possible new task force could be 'Decreasing the availability of means to commit suicide', thereby aiming at developing guidelines for policy makers and mental health professionals. Members interested in joining an existing task force may contact the Task Force chairs (see list column right).
Those interested in starting up a new task force can contact Kees van Heeringen, IASP Vice President, via cornelis.vanheeringen@ugent.be .

IASP TASK FORCES AND THEIR CHAIRS:

- **Cross-national differences in certifying suicide deaths:** Paul Corcoran (paul.nsrf@iol.ie)
- **Suicide prevention in the elderly:** Annette Erlangsen (aer@ncrr.dk), Sylvie Lapierre (Sylvie.Lapierre@uqtr.ca)
- **Suicide and the media:** Jane Pirkis (j.pirkis@unimelb.edu.au), R. Warwick Blood (warwick.blood@canberra.edu.au)
- **Suicide in prisons and jails:** Marc Daigle (marc.daigle@uqtr.ca)
- **Suicide in defence and police forces:** Aaron Werbel (aaron.werbel@usmc.mil)
- **Postvention:** Karl Andriessen (karl.andriessen@pandora.be), Michelle Linn-Gust (chellehead@aol.com), Seán McCarthy (sean.mccarthy@console.ie)
- **The genetics of suicide:** Dan Rujescu (Dan.Rujescu@med.uni-muenchen.de)
- **Emergency medicine and suicidal behaviour:** Greg Larkin (GLuke.Larkin@Yale.edu), Annette Beautrais (Annette.beautrais@otago.ac.nz), Murad Khan (Murad.khan@aku.edu)
- **The development of best practice standards for helplines:** Dawn O'Neil (dawns@lifeline.org.au)

REVISED IASP/WHO MEDIA GUIDELINES

Preventing Suicide: A Resource for Media Professionals

The updated 2008 media resource prepared by the IASP Media Task Force is now available and can be accessed and downloaded at: **www.iasp.info**

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

COUNTRY REPORT: **SOUTH AFRICA**

Suicide statistics and prevention efforts

Professor Lourens Schlebusch
IASP national representative for South Africa

Comparatively speaking, South Africa, which is part of the AFRO E region, appears to have higher suicide prevalence rates than many other African countries. Data from various studies provide a disturbing profile of suicidal behaviour in South Africa with rates of up to 19 per 100,000 of the population or higher having been reported. It is considered that up to 11% of all non-natural deaths in South Africa are due to suicides, and that for every suicide there are at least 20 attempted suicides. Based on this, estimates show that between 5 514 and 7 582 South Africans die of suicide annually and that between 110 280 and 151 646 or more engage in non-fatal suicidal behaviour annually. Suicide is higher among males than females, whereas non-fatal suicidal behaviour typically occurs more frequently among females than males. As is the case in some other parts of the world, there has been a shift in suicidal behaviour from the elderly to younger people in South Africa. The average age for suicide is around 35 and non-fatal suicidal behaviour tends to peak in the second decade of life. Almost one third of all non-fatal suicidal behaviours involve adolescents who make up the second most at risk age group for attempted suicide. When targeting prevention efforts, it is important to monitor these patterns on an ongoing basis as evidence shows that suicidal behaviour in different groups within the country changes across time.

Suicide methods tend to differ across socio-demographic groups. Hanging is usually reported as the most commonly used method in suicide (typically accounting for between 34-43% of suicides). Other methods used are firearms (29-35%), ingestion of poison (9-14%), gassing (6-7%), burning (2-4%) and jumping off buildings or other high places (2-4%). Regarding non-fatal suicidal behaviour, the overall choice of method in 90% of cases is overdose. A wide variety of substances is ingested, but over-the-counter analgesics, prescription only medications (notably benzodiazepines and anti-depressants) are commonly used, along with household utility products such as paraffin, cleaning agents, pesticides and various poisons.

In certain vulnerable groups stress is a critical co-morbid aetiological consideration in suicidal behaviour. A number of South African studies have clearly identified the role that family problems and interpersonal conflicts play in suicidal behaviour along with comorbid psychopathological conditions (in particular mood disorders, alcohol and drug abuse) In addition, South Africa is experiencing an HIV/AIDS pandemic and several studies have reported a potential link between suicidal behaviour and HIV/AIDS.

Although South Africa does have certain regional suicide prevention initiatives, a national programme is yet to be developed. A recommended framework for such a national suicide prevention programme, underpinned by international and South African research, has recently been published (Burrows & Schlebusch, 2008). Proposed strategies are aimed at individual/family, community and societal levels as well as at educational institutions and state level. Taking into account other research, this proposed future national prevention programme also includes an outline of goals, guiding principles and possible strategies specific to South Africa. South Africa is a developmental state that has undergone rapid transformation and democratization. Suicide prevention efforts, therefore, also need to take cognisance of the numerous stresses that the country in transition presents to its people.

Burrows, S. & Schlebusch. L. (2008). **Priorities and Prevention Possibilities for Reducing Suicidal Behaviour in South Africa.** In: Seedat M, Van Niekerk A (Eds): Crime, Violence and Injury Prevention In South Africa. Data to Action. Cape Town: Medical Research Council, University of South Africa. pp173-201.

Professor Lourens Schlebusch
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Please send any news items, articles of interest or conference announcements for the monthly news bulletin to the editor, Dr Annette Beautrais: **annette.beautrais@otago.ac.nz**

SAMARITANS

JOE FERNS
Deputy Director of Service Support

Samaritans is a Charity with 201 branches and almost 15,000 volunteers across the UK and Republic of Ireland. The ultimate purpose of our work is to bring about a reduction in the number of people who die by suicide and it's a vision that has changed very little since we were founded some 55 years ago.

Every year, Samaritans' helpline services handle approximately 2.8 million contacts where there is some form of dialogue. People contact us via phone, email, SMS text messaging, letter or by dropping into branches. The principles of all these services are the same. Samaritans volunteers use active listening skills to encourage people to explore options that they may not realise they have. By encouraging people to talk we believe we can help them understand what they are feeling and how they might move forward.

In addition to our support services, we estimate that our work in schools reaches about 101,000 young people every year and involves general awareness talks and delivering lessons designed to change attitudes, improve skills and provide information. Further information on this work can be found at www.samaritans.org/deal.

Samaritans also provides training to agencies whose employees may come into contact with very distressed individuals. We have trained people from a wide range of backgrounds from over 140 agencies including emergency services personnel, health care staff and railway staff. Further information about our training services can be found at www.samaritans.org/externaltraining.

Work that we currently have in development at Samaritans includes a new service designed to support school communities in the aftermath of a suicide, a new technology platform which will allow us to integrate all our communication methods and answer more calls, an evaluation of the impact of our services and increasing the ways in which people can volunteer to support our work.

In short, we are a household name and we reach a huge number and range of people but we are far from complacent. We have developed such a level of trust and respect from the communities we serve that people will talk to us about their deepest worries and their darkest fears. It is a privileged position we occupy but with that privilege comes a duty to strive to be better, to challenge what we do and to find new ways of bringing about our ultimate goal of reducing suicide.

SYMPOSIUM AND CONFERENCES

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

• 202-237-2280 • info@suicidology.org

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

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