newsbulletin

International Association for Suicide Prevention

October 2008

FROM THE PRESIDENT

Maybe what we don't know *can* hurt us

The old adage, "Look and thee shall find," clearly explains important gaps in our knowledge about suicide prevention. Researchers have simply been looking mostly at certain populations and types of prevention activities and almost ignoring others. A survey of research publications on suicide (but not "assisted suicide") in PsychINFO and PubMed from 1 January to 31 December 2007 conducted by our centre's librarian Evelyne Pilon, indicated that some age groups and prevention methods are clearly over and under represented.We know that worldwide, most suicides occur in adulthood and in most Western countries (where most of the suicidology research is conducted) the elderly have the highest suicide rates. Yet we find that 38% of the PsychINFO research publications and 37% in PubMed concerned teens and children under age 18. This compares to 42% and 43% on adults and 19 and 12% on persons over age 65. When we examine what types of suicide prevention activities have been studied, we find that overall 46% concern evaluations of the effectiveness of medications and only 6.5% assess psychotherapy and 2.2% report on telephone help lines.

So, we know a lot more about preventing teen and youth suicides than their relative risk would seem to warrant. We also know a tremendous amount about which medications may be helpful in preventing suicide and, in comparison, very little about other prevention methods and interventions. We can understand the plethora of medication research because of the great investment in drug studies by the pharmaceutical industry. However, the popularity of studying youth suicide and the under-representation of research on adults and the elderly can only be explained by a greater interest in youth suicide prevention. One of the important challenges for suicide prevention is to attract more researchers to study the elderly and suicide in adulthood. Since the researchers themselves are adults, one would think that they should be more interested in their own peers (as well as what will occur with their peer group as they grow old). However, popular publicity focuses upon the preservation of youth and, as much as we may want to think that suicidology researchers are above such influences, the attraction of youth is prevalent in our field.

As for the dearth of studies of prevention methods other than drugs, finances cannot be ignored. Research on psychotherapy, social interventions, internet and helplines is not easy to finance. Furthermore, organizations involved in providing volunteer services or those that are not affiliated with a major university, are less likely to have the resources and a culture that promotes research on the services they offer. In order to understand more about other prevention methods and their effectiveness, we need to incite non-traditional research milieus to become involved in research studies. We also have to entice researchers to expand their horizons outside their research institutions and universities to study the wide range of suicide prevention activities that we find around the world.

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New IASP Task Force: Emergency Medicine and Suicidal Behavior

Dr Gregory Luke Larkin
Chair of the Emergency Medicine Task Force

There is emerging interest in Emergency Departments (EDs) as sites for suicide prevention prompted by increasing presentations to EDs for suicidal behaviour in many countries. In response, most national strategies for suicide prevention include an explicit focus on improving assessment, treatment and management of people who present to the ED.

While suicide researchers and policy analysts are paying increasing attention to EDs as sites for screening and intervention, traditionally, suicide prevention has not been a focus for emergency physicians and other ED staff. Emergency physicians are expert in the acute management, resuscitation, and stabilization of suicide attempt patients. However, their expertise in EMS, toxicology, and medical aspects of disease has not always extended to the management of psycho-social problems. Buy building collaborative bridges with mental health professionals, emergency staff can better manage suicide attempt patients and help stratify those who are at imminent risk.

For these reasons, there is a need a need for improved collaboration between emergency medicine and suicide prevention. To address this challenge IASP has convened a new Task Force on Emergency Medicine and Suicidal Behaviour.

The Task Force has the following goals:

- To improve linkages between suicide researchers and emergency physicians and other ED staff;
- To develop sysytematic reviews of research about suicide prevention and emergency medicine (including screening, surveillance, interventions);
- To identify gaps in knowledge, to develop a research agenda to address these gaps, and to encourage relevant research;
- To focus on developing research and interventions which are appropriate for both developed and developing countries, and to promote research which can be generalized from developed to developing countries.
- To identify, collect and collate guidelines for emergency department management of suicidal patients which have been developed in various countries, and examine and report on their content, development and implementation;
- To work collaboratively with emergency physicians and other ED staff to develop and promote evidence based recommendations for developing and implementing suicide preventtion activities in EDs.
- To assemble an international body of experts which can provide authoritative comment on issues regarding emergency medicine and suicidal patients and suicide prevention.

Planned activities

The above goals will be achieved through the following activities:

- We will develop a 'virtual network' of individuals and organisations with an interest in suicide and emergency medicine;
- We will organise symposia on suicide and emergency medicine at IASP congresses;
- We will develop a section on suicide and emergency medicine on the IASP website to increase awareness of IASP members about this issue, and
- We will develop a bank of experts to act as an internationally recognised, IASP-supported spokesgroup on issues relating to suicide and emergency medicine;
- We will review and report on suicide and emergency medicine research, and encourage international collaborative research on these matters;
- We will act as a clearing house for international guidelines on suicide and emergency medicine, and provide summary information on their content and the processes by which they have been developed and implemented;
- We will produce recommendations for developing and implementing suicide intervention and prevention activities in emergency medicine.

Contact details

The Task Force will be chaired by **Professor Gregory Luke Larkin**, Professor of Surgery and Public Health, and Associate Director of Emergency Medicine at Yale University School of Medicine. Co-Chairs will be Professor Murad Khan, of the Aga Khan University in Karachi, a psychiatrist with a specific interest in emergency medicine in developing countries, and Associate Professor Annette Beautrais, of New Zealand, an ED suicide researcher. IASP members interested in joining this Task Force are invited to contact the Chair or co-Chairs (below). People interested in joining the Task Force who are not yet IASP members are invited to join IASP using the online submission form at **www.iasp.info** A meeting of the Task Force will be held at the XXVth IASP Congress in Montevideo October 2009 (www.iasp.info). The Task Force will also organise symposia on emergency medicine and suicide at this congress and invites researchers interested in presenting their papers in these symposia to contact the Chairs now with their abstracts.

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Associate Prof. Annette Beautrais (Annette.Beautrais@otago.ac.nz)

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

A report on suicide and suicidal behaviour in JAMAICA

ABOUT JAMAICA


Dr Lorraine Barnaby

Jamaica is the 3rd largest island in the Greater Antilles, ranking behind Cuba and Hispaniola, but ahead of Puerto Rico. Its population is 2.7 million at the last census in 2001, comprising mainly people of African descent, with Chinese, East Indians, Syrians, Jews, Europeans and mixed races in the minority. The capital is Kingston.

HISTORICAL PERSPECTIVE

Historians writing about the Middle Passage and other aspects of the African slave trade have declared that the suicide rate among these slaves was very high – some starved themselves or threw themselves overboard before they reached the Caribbean, others deliberately tried escape, knowing that punishment quite likely meant death.

SUICIDAL BEHAVIOR IN JAMAICA

A former British colony, the island became independent in 1962. Suicide was a relatively rare occurrence in the years following the abolition of slavery in 1938 up to the 1990's. A study by Burke in 1985 found a suicide rate of 1.4 per 100,000. Towards the end of that period, the nation, which in the 50's, 60's and 70's had been relatively stable and with a reliance on sugar, banana and bauxite as the main sources of income, experienced social changes – political, ideologic and economic which caused an increasing rate of violence – turned outwards as murder and inward as suicide. In fact, 1998 had the highest murder and suicide rate to have been seen in the island.

A psychological autopsy study by Irons-Morgan in 1998 found a suicide rate of 2.8 per 100,000 – double that of 13 years before. By the year 2000, the rate was even higher, 3 per 100,000. Since then, the rate of suicide has not exceeded that of 2000, but murders continue to increase. The male-female ratio of suicide is about 7 to 1, and hanging is the most common method, followed by firearms. Drowning, self immolation and taking of poison are also employed.

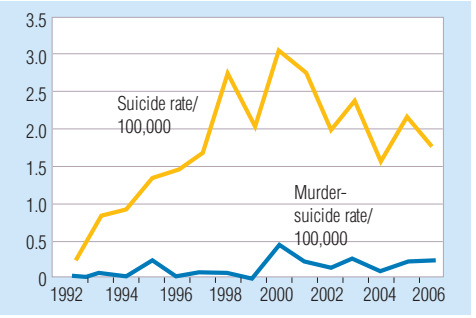
Suicidal behavior has also been studied. Sankar in 1995, found that there were significant psychological problems in persons who presented over a three-month period. The factors found to be of importance in suicidal behavior included the presence mental illness with major depression a significant factor. Precipitating factors were an argument just before the attempt, and financial and relationship problems. Females were more likely to demonstrate suicidal behavior. Medication overdose was the most common method of parasuicide. Barnaby (2001) studied admissions to the University Hospital of the West Indies over a 25 year period and found that such admissions increased over ten-fold from the 1970's to 2001.

CURRENT CONSIDERATIONS

Across the Caribbean, persons from adolescensce to 40 are increasingly involved in suicide. Substance abuse is an important factor. Youth suicides are of concern as they occur at the time of the 11+ or Grade six achievement test (GSAT). The students take an exam which if successfully negotiated allows them to go to secondary school. There is tremendous psychological pressure on them, as failure to pass the GSAT almost always dooms them to failure on the job market.

Pesticide use is not a major problem, but does occur with generally fatal results. The on-going education by the Agriculture ministry about safe storage seems to have had good effect. On the other hand, the use of household bleach as a suicide agent, seems to be increasing among young women. In the last week alone two such persons were admitted to the Ear, nose and throat ward for management of the corrosive effect of the bleach.

Cannabis is associated with suicide, as is seen in many international studies. The use of prescription and over-the-counter medications continues and is the most common parasuicide method in Jamaica as well as other islands. Murder- suicide has emerged as a serious issue over the last decade, with women the victims of murder in the majority of cases. Males comprised 94.2% of those committing murder, then took their own life. 75% of murder-suicide cases occurred in rural areas.



Whenever there is a high-profile suicide or a perception of something unusual about the situation, print and television go to extreme lengths to cover the event. The newly published media guidelines for suicide reporting will help to improve this situation.

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**

REGISTRATIONS AND ABSTRACT SUBMISSIONS ARE NOW OPEN FOR THE 27–31 OCTOBER 2009 **XXV IASP WORLD CONGRESS** IN MONTEVIDEO, URUGUAY

www.iasp.info

SYMPOSIUM AND CONFERENCES

Befrienders worldwide

Befrienders Worldwide Conference, Jomiten, Thailand, 25-28 October 2008
'Forward Together'
www.befrienders.org/link/externaldelegates.html

Association québécoise de prévention du suicide

2008 Conference
Jointly presented by the Canadian Association for Suicide Prevention and Association Québécoise de prévention du suicide
Quebec City, October 2008
For more information, please check: www.aqps.info

3RD ASIA PACIFIC REGIONAL CONFERENCE OF SUICIDE PREVENTION

Suicide research and prevention in times of rapid change in the Asia Pacific Region: Opportunities and challenges. 31 October – 3 November 2008, Hong Kong

Join us in this special and important regional conference and join hand in suicide prevention. Further information on programme and speakers can be found at: **http://csrp.hku.hk/iasp2008/** Deadline of registration at regular conference rate has been extended to **October 17.** Limited seats for local students and local delegates are available, please register online at **https://www.fo-d.com/iasp2008/** immediately. For enquiry on conference registration, please contact conference secretariat at: **registration@iasp2008.com** Affordable accomodations can be specially arranged. Please contact **csrp@hku.hk** for further details.