FROM THE PRESIDENT

Relocation of Central Office, expansion of the Journal Crisis, United Nations launch of World Suicide Prevention Day and Montevideo submissions exceed expectations

I have a lot of news to share during these usually quiet summer months. First, after several years of searching and finally consideration of three interesting proposals, the IASP Board of Directors voted to accept the proposal from the National Centre for Suicide Research and Prevention of Norway to move the IASP Central Administrative Office to the Gaustad Campus of the University of Oslo, Faculty of Medicine. The move will be initiated in the Fall of 2009 and we are grateful to Lars Melheim and the National Centre for Suicide Research and Prevention to offer us offices free of charge as well as furniture, cleaning, maintenance and electricity at no cost. The premises, owned by the Oslo University Hospital Trust, will be managed by a General Director of IASP who will be recruited for the job and supported by an administrative assistant. This move will facilitate the expansion and development of IASP activities in the coming years and the stability of the organization.

The IASP Board also decided to increase the number of issues of our official journal, Crisis, from four to six issues per year starting in January 2010. Crisis is provided to all IASP members as part of their membership benefits. This increase will allow the editors, who are receiving far more good articles than they can publish, to increase the proportion of articles published in the journal and provide for more timely publication of submissions. Although there will be a 50% increase in the number of issues, the publisher, Hogrefe, has generously proposed to only increase the costs to IASP members by 25%, who receive the journal as part of their IASP membership, with IASP being billed at a cost that is substantially reduced from the price for the general public. The Board will be debating whether to propose at the Annual General Meeting in Montevideo an increase in dues to compensate for this approximately $20 per member cost or try to finance the expansion of CRISIS by other means.

On World Suicide Prevention Day, 10 September 2009, there will be a launch activity at the United Nations Headquarters in New York; co-sponsored by the World Health Organization and the IASP President will participate in a press conference at the United Nations on this important event. More details will be posted on the IASP website (www.iasp.info). Anyone who is interested in attending this event will find information on the IASP website in the coming month. IASP members are encouraged to look at examples posted on our web site of World Suicide Prevention Day activities in other years for inspiration. You should also send us your 2009 activities so that we can post a selection of activities on the IASP website again this year. (send to annette.beautrais@yale.edu)

The Montevideo XXVth World Congress on suicide prevention of IASP is shaping up to be an extraordinary event. With 4 pre-conference workshops, 22 plenary speakers, 13 short workshops during the conference, almost 300 oral presentations and 100 poster presentations, this event will provide considerable stimulation for people interested in any aspects of suicide prevention and postvention. In addition to the scientific programme, there will be meetings of 6 IASP Task Forces and interesting social events, including an “Asado” (barbecue) on a ranch with gauchos and tango dancers (included with everyone’s registration) and an optional benefit concert by the Philharmonic Orchestra of Montevideo in the fabulous Solis Theatre. The costs are quite reasonable in comparison with previous congresses. This meeting will be held in springtime in Montevideo and it will be a wonderful opportunity to meet colleagues from around the world.

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

PARTNERSHIP FOR CHILDREN

Shortly after the Olympic athletes left Beijing last summer, another visitor arrived in the Chinese capital - a stick insect called Zippy. He is one of the characters in an international programme called Zippy’s Friends, which is helping 100,000 young children around the world to develop coping skills.

The programme was pioneered by Befrienders International (now Befrienders Worldwide) as an experiment in suicide prevention - if young children can learn how to cope with difficulties, they should be better able to handle problems and crises in adolescence and adult life.

The programme is built around a set of stories about a group of young children who have to confront familiar issues - friendship, communication, feeling lonely, bullying, dealing with change and loss, and making a new start. Over 24 weekly sessions, children aged from five to seven learn to identify and talk about their feelings, and to explore ways of dealing with them. They are also encouraged to help other people with their problems. The programme is taught by class teachers, who are specially trained to deliver it.

Zippy’s Friends is managed by a UK-based non-profit agency, Partnership for Children. Originally developed in Denmark and Lithuania, it is now running in primary schools and kindergartens in 16 countries - from Iceland to India, São Paulo to Shanghai. Cultural adjustments, which are crucially important with programmes for teenagers, have proved to be less of an issue with younger children, and the lessons being taught in a violent and deprived area of London are the same as those being taught to children of the Sami reindeer herders in Northern Norway.

Of course, it is impossible to evaluate whether the programme helps to prevent suicide, but a number of studies have found that children who complete Zippy’s Friends show clear improvements in their coping and social skills. Major ongoing studies in Ireland and Norway are also showing promising results, and the programme has been recognised by the World Health Organisation, the World Federation for Mental Health and a number of national and regional governments.

For more information, see www.partnershipforchildren.org.uk

Contributions for the news bulletin are welcomed from other organizations. Please send any contributions to Dr Jerry Reed or contact him for advice about preparing your report. jreed330@comcast.net
Hong Kong, a former British Colony which has now become a Special Administrative Region of the People’s Republic of China since 1997, has experienced one of the most drastic changes in its suicide rate. The rate increased from 12.5 per 100,000 in 1997 to 18.6 per 100,000 in 2003, a nearly 50% increase for the seven year period. In 2003, Hong Kong suffered from the attack of the epidemic called Severe Atypical Respiratory Syndrome (commonly known as SARS) causing about 300 deaths and 2000 infections, one of the worst hit regions in the world. The economy, unemployment rate and the mental well-being of the community as a whole were all at their worst situations. Furthermore, the emergence of a new suicide method, namely Charcoal Burning Poisoning suicide had also contributed significantly to the overall increase in the suicide rate for the period of 1997-2003. However, since 2003 the suicide rate in Hong Kong has reduced significantly up until 2008 with an estimated rate in 2008 of 13.1 per 100,000, a nearly 30% reduction between 2003 and 2008.

As we are in the midst of a global financial tsunami, we are faced with large increases in the unemployment rate. Does this mean we will experience yet another rapid increase in the suicide rate again? Although the causal relationship between unemployment rates and suicide rates in Asia is stronger than that in Western countries, so far no signs have been seen of any immediate increase of suicide rate associated with the recent economic downturn in Hong Kong.

In our recent Lancet letter on the need to rethink “suicide prevention in Asian countries”, we highlighted the problems relating to availability and affordability of psychiatric services in Asia, which creates barriers for the community and as a result makes these services less relevant in suicide prevention. With no exception, the majority of suicides in Hong Kong did not consult mental health services prior to death. Only about 26%-28% of suicides had received psychiatric treatment within 12-months before they died. It has been recognized that improving medical treatment for patients at risk of suicide is necessary, but not sufficient, to prevent suicide. Our local research suggest that aftercare support for discharged psychiatric patients, family support, employment opportunities and community acceptance of discharged mental health patients are crucial. The stigmatization of mental patients in our community is a major concern and needs to be removed through school education and public awareness campaigns. Given the scale of the problem, especially with limited resources, a community-based approach would be most relevant and most cost-effective.

During the past few years, our Centre has been advocating a variety of preventive measures, including restricting access to suicide means, promoting mental health literacy via a 12-session school-based psycho-educational programme based on cognitive - behavioral therapeutic approach, and reaching out to suicide survivors at public mortuaries. The installation of platform screen doors along subway stations has also effectively reduced suicides among psychotic patients without any significant sign of substitution. As for school-based programmes, a significant improvement in attitudes towards help- seeking behaviours was found among students in an intervention group but more importantly, a larger reduction was found among students with high depressive scores in comparison with the controls after participating in the 12-session programme.

In addition, with the support of forensic pathologists, we have reached over 3,000 suicide survivors at public mortuaries in the past year, offering immediate support and referral services to families in acute grief. About 35% of them agreed to participate in a follow-up study. This innovative study shed light on developing accessible services for suicide survivors by front-line helping professionals. We have also participated in some community based projects which make use of the resources in the community to help those in need and vulnerable.

The 30% reduction in the suicide rate from 2003-2008 was phenomenal and it was due not to luck but to dedicated commitment and hard work from stakeholders at all fronts in the community. It definitely underscores calls for participation from the wider community to tackle the problem of suicide prevention.

**SUICIDE RATE HONG KONG**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>12.5</td>
</tr>
<tr>
<td>2003</td>
<td>18.6</td>
</tr>
<tr>
<td>2008</td>
<td>13.1*</td>
</tr>
</tbody>
</table>

*estimated