FROM THE PRESIDENT

Montevideo News and more on Unemployment and Suicide

As the deadline for submitting manuscripts for the XXVth IASP World Congress on Suicide Prevention approaches (March 16 2009 is the official deadline) many fascinating proposals are being submitted. Funding has been received for translation of the majority of parallel sessions, as well as all plenary activities. Also, the organizers have some interesting new developments for the social activities during the congress. The Philharmonic Orchestra will be holding a benefit concert for the IASP Congress during the meetings in the historic Teatro Solis, which is directly across the plaza from the congress venue. The beautiful Teatro Solis opened in 1857, but was closed to the public from 1998 to 2004 in order to undertake extensive renovations. The theatre has now been completely restored to its magnificent grandeur and congress participants will be able to purchase tickets for the concert at a reduced rate along with their registration. Although submissions are coming in steadily and there is great interest in the congress, early registrations have only been trickling in (I assume that people are waiting until the deadlines for increased registration fees draw near). This means that there is still the possibility of participating in the lottery for the free hotel room at the Radisson during the congress, with the winner to be chosen from among the first 50 fully paid registrations received.

One of the fringe benefits of being IASP President is the opportunity to try to instigate some discussion on important issues by expressing my opinions in this column. My December column on Suicide and the Economic Depression, raised the ire of a few IASP members who felt that, following what I reported as the “consistent relationship between levels of unemployment and suicidal behaviour…” I should have made a public announcement that the current economic crisis is likely to increase the risk of mental ill health and suicide. I was advised to encourage IASP members to advise their local and national governments on how to mitigate this risk.

I wrote that article in the context of a deluge of contacts from journalists who all wanted to write sensational articles about the impending epidemic of suicides immediately following the financial downturn. Many journalists expected that there would be an immediate dramatic increase in suicides and they were poised to feature spectacular articles announcing the suicide epidemic that was about to begin or had already started (I succeeded in convincing one to not proceed) and not to run a photograph on the front page of a major US newspaper of a man in a business suit jumping to his death.) My first concern was to avoid the creation of a self fulfilling prophecy - the sensational reporting could produce an effect of increased suicides due to well documented media effects. I did this, despite the findings from Steven Stack’s analyses of the impact of publicity about suicides during the Great Depression. He hypothesized that people would be more vulnerable to being influenced by media reports on suicide because of the effect of the economic collapse. However, contrary to his expectations, he found that the media effects that are evident in the latter part of the 20th century were simply not present during the Great Depression. He concluded that “while mass unemployment may have put many members of the suicide audience in a suicidal mood, it also created many movements for social and economic change.” “…possibly a considerable portion of the frustration generated by the Great Depression did not get channelled into a suicidal mood, but, instead was channelled into other-directed aggression in such form as social movements.”

I hope that the current economic crisis will not eventually result in increased suicides, but history teaches us that increased suicides in many parts of the world are most probably on the horizon. I also hope that governments will increase investments in mental health care and suicide prevention in order to decrease the risk. However, it is my experience, from attempts to influence government leaders in my own country, that governments are more likely to put their money into job creation programmes than increased support for the unemployed. (Perhaps they do not realize that creating jobs for suicide prevention specialists also helps decrease unemployment rates). As researchers, we need to be vigilant. People involved in prevention and intervention need to develop, implement and evaluate programmes to reduce the potential impact of unemployment on mental health and suicide risk. We also need to do our best to avoid sensational media reporting on hypothetical suicide epidemics before they occur.

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GREETINGS TO IASP MEMBERS

I would like to introduce myself as the incoming editor of the IASP Postvention Taskforce Newsletter. As the National Co-ordinator for the StandBy Response Service based at United Synergies Ltd, on Australia’s Sunshine Coast, I oversee the replication of the StandBy postvention response model in several Australian sites as well as developing several programmes within the StandBy for LIFE training syllabus. StandBy is a community-based active postvention programme, providing a 24-hour co-ordinated response to assist families, friends and associates who have been bereaved through suicide.

My interest and passion in addressing the needs of suicide survivors has been greatly enhanced by gaining a Masters in Suicideology with the Australian Institute for Suicide Research & Prevention at Griffith University. Under the directorship of Professor Diego De Leo. Currently completing a Masters in Health Studies (Grief & Loss) at the University of Queensland, under the previous directorship of Dr. Judith Murray, my future plans include further research into suicide bereavement models of care as well as the impact of media on grief experiences. My work in the areas of crisis and traumatic loss & grief combined with my media background and research experience, has prompted this decision to assist the Postvention Taskforce team in production of the Newsletter. I deeply appreciate the welcome and support given by previous editor Michelle Linn Gust and all members of the Taskforce and take this opportunity to express gratitude to Michelle for her work and dedication in the production of the IASP Postvention Taskforce Newsletter - an invaluable resource for all those involved in this field.

Jill Fisher, National Co-ordinator - StandBy Response Service, United Synergies Ltd., 14 Ernest Street, Tewantin, Queensland, Australia 4560, Ph. 61 7 5455 3322 / Mob:61 0458 406 640. Please contact Jill with contributions or comments at jfisher@unitedsynergies.com.au

AWARD TO DR VIJAYAKUMAR

The IASP Executive Board and members are delighted to congratulate Dr. Lakshmi Vijayakumar, long standing member of IASP and national representative for India, on her prestigious award from the Royal College of Psychiatrists Education, Training and Standards Committee in recognition of her outstanding contribution to the profession and to the college.

Dr Vijayakumar is the first woman psychiatrist in India to receive this award and only the second Indian psychiatrist to ever win this award.

JILL FISHER
New editor of the IASP Postvention Task Force Newsletter.
COUNTRY REPORT

SUICIDE IN THE NETHERLANDS

In 2007 an unexpected and unexplained fall in the number of suicides occurred in The Netherlands. Suicide figures had been remarkably stable during the last 15 years, oscillating between 1500 and 1550 a year. In 2006 there were 1523 suicides. Suddenly, in 2007, number dropped to 1353, a spectacular decrease of 170 or 11% (the number of railway suicides did not decrease however). This is an unprecedented fall.

We do not understand why this happened. Nothing spectacular happened in this country in 2007. The only relevant change was the introduction of a new format for the notification of suicides in mental health care to the health care inspectorate. Clinicians and medical directors of mental health care organisations were asked to report each and every case in more detail, focussing on systematic risk assessment and the explicit focus on suicide-ideation in the treatment the patient received. As such the Inspectorate asked the mental health care delivery system to adhere more strictly to the 2003 guidelines of the American Psychiatric Association (APA). Although this had quite an impact on the field, it seems unlikely that this renewal had such an impact that it could explain the decrease in suicides in The Netherlands. Only in one third of all cases had the patients had mental health care before the suicide. Two thirds were not in contact with mental health care. There are indications that the number of suicides in 2008 were rising again, notably after the financial crisis started.

There are other positive developments promoting suicide prevention. In 2008 the Ministry of Health finally (after 22 years) launched a suicide prevention plan including several measures to improve mental health care, to develop and operate a nationwide 24/7 staffed website and telephonic crisis line especially for suicidal people, to develop and implement a screening instrument for suicidal adolescents, and to develop good practices and clinical guidelines for the assessment and treatment of suicidal patients. Two special teams have been established to develop these guidelines and to develop protocols for the chain of delivery of mental health care for suicidal patients, for example, for care after hospital treatment because of deliberate self harm. Furthermore research grants have been given to interventions for survivors. These are all very promising developments, although for suicidologists the size of the problem is not yet reflected in the size of the measures taken. We will keep you informed about the trends and developments in the near future.

IASP National Representative for The Netherlands, Professor Ad Kerkhof, e-mail: ajfm.kerkhof@psy.vu.nl

COUNTRY REPORT

SUICIDE IN ROMANIA

Major changes which occurred in Romanian society after the fall of the Iron Curtain, in conjunction with individual consequences generated by fluctuating social values, have led to an intriguing pattern of suicide behavior in Romania.

Romania is located in South-Eastern Europe, has an area of 238,000 square kilometers, 41 counties and the District of Bucharest, and a population of 21.7 million in 2002 - 45% residing in rural settings. It is surrounded by countries with higher suicide rates, such as Hungary, Ukraine, Republic of Moldova, Bulgaria. Suicide rates within the past decade declined to 13.38 suicides per 100,000 population in 2007 from 17.60 in 2000. However, there are significant differences from one county to another and even from one year to another in some counties (Braia, Dolj, Giurgiu, Ilfov). County suicide rates range from less than 10 to more than 25 suicides/100,000.

Ethnic composition of specific counties has traditionally influenced suicide rates: counties with a strongly represented Hungarian population (such as Harghita and Covasna) have suicide rates constantly higher than 30/100,000, while counties with more than 95% Romanian population have lower suicide rates.

However, dramatic changes have occurred in certain Romanian areas. County Salaj reported the highest suicide rate in 1998, followed by a dramatic decrease - from 20.7/100,000 in 2003 to 14 in 2007. Similar trends are evident in counties Tulcea, Satu Mare, Cluj. Conversely, counties Braia, or Dolj, Giurgiu, Ilfov (a small Romanian population and traditionally low suicide rates) reported a strong increase in suicide in 2006. Changes suggest the need for targeted strategies of local assessment, prevention and intervention and an effort to identify the underlying factors, regardless of ethnic background.

Romanian mental health professionals can no longer predict suicide patterns and trends strictly based on local ethnic backgrounds, due to the fact that certain Romanian counties with similar underpinning (ethnic distribution and psychopathology) show different patterns of suicide. Therefore, further studies are required in order to ascertain specific local risk and protective factors involved in suicidality, and certain steps in this respect have already been taken by Romania joining a European project on suicide.

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