FROM THE PRESIDENT

Montevideo Congress Update; Suicide and working with WHO

Montevideo Congress

The large number of presentations submitted for the 2009 IASP World Congress in Montevideo has resulted in some delays in finalizing the program. Over 450 submissions were received and evaluated by the Scientific Committee. Final decisions will be sent out by the end of June. The deadline for reduced registration fees will be extended for all persons who submitted a proposal until July 15. Others should register by June 30 to obtain the reduced registration fees. I highly recommend including with your registration tickets for the optional Philharmonic Orchestra Concert in the newly renovated historic Solis Theatre. All proceeds will go to IASP and the local organizers, the Montevideo helpline Último Recurso.

WHO Activities

Suicide prevention has recently been included as a priority as part of the mhGAP (mental health Gap Action Programme) initiative of the Department of Mental Health and Substance Abuse of the World Health Organization. This programme aims at improving mental health services in low and middle income countries by “scaling up” care for mental, neurological and substance abuse disorders. The “evidence based” suicide prevention activities that WHO will promote in this initiative are: Restriction of access to common methods of suicide and the prevention and treatment of depression, and alcohol and drug dependence. These are certainly laudable activities. Nonetheless, there are many other components to a complete national suicide prevention strategy, as indicated in guidelines for national strategies published by WHO.

IASP is the only suicide prevention organization in Official Relations with WHO. The IASP President met in May to discuss collaborative projects with the Director of the Department of Mental Health and Substance Abuse, Dr. Benedetto Saraceno, and the other key WHO personnel involved in suicide prevention; WHO has officially agreed to co-sponsor World Suicide Prevention Day again in 2009, and we are hoping to be able to arrange a launch event on the 10th of September, possibly at the United Nations Headquarters in New York. I will update you on this in the coming month. We will continue with the successful joint IASP-WHO guidelines publications, developed by IASP Task Forces, and we plan to collaborate in several other initiatives. A new collaborative initiative that was discussed was work to set up together toward decriminalizing suicidal behaviours in countries where suicide attempts are still considered to be a criminal offense. For a variety of reasons, which were explained to me as being mostly administrative and related to internal considerations, WHO has cancelled their formal agreement with IASP to collaborate on an initiative in the prevention of pesticide suicides. Dr Saraceno explained that WHO will continue with the project, which involves funding of three pilot programmes run by IASP members in China, India and Sri Lanka.

At WHO, as in many parts of the world, suicide has been considered as primarily a problem that is the purview of their Mental Health Division. WHO also has a Department of Injury and Violence Prevention. Although the World Report on Violence and Health (2002) clearly indicates that that suicidal behaviours (“self-directed violence”) constitute the most common category of violent injuries and account for the most burden of violent injuries worldwide, WHO violence prevention activities focus almost exclusively on interpersonal violence. To date, the international Violence Prevention Alliance that WHO has developed has given little attention to self-directed violence. IASP has representatives in this alliance and we hope that suicidal behaviours will receive more attention in the future.
Suicide in Ukraine - Time Trends and Prevention Efforts

Ukraine became an independent country in 1991 with the fall of the USSR. Since that time, suicide statistics have become public, the problem of suicide in Ukraine has been acknowledged and suicide research at national level has started. Several local monographs on the problem of suicide in the Ukraine have now been published. The changes observed in suicide rates over the last 20 years are typical of all post-Soviet industrial countries in transition – a fairly low rate during "perestroika", and a dramatic rise after the fall of the USSR. In 1995 the suicide rate in Ukraine was about 29 per 100 000 giving rise to serious concerns. Since then, the rate has persistently declined, and according to official WHO data, most recent data (2006) indicate the rate was a little lower than 20. There are striking regional differences in the suicide rates in Ukraine. While the industrialized and mostly inhabited western part of the country demonstrates very high rates (about 33 per 100,000), in the mostly agrarian and religious southern part suicide rates are 3 times lower. One of the major problems is the high male suicide rate (the gender ratio is about 5:1). Males who die by suicide are predominantly of middle age, with destructive pattern of alcohol consumption, and mostly live in the country-side. The predominant method (about 80%) is hanging.

Suicide prevention measures in Ukraine are implemented mostly by volunteer organizations, professional associations and local initiative groups, such as Human Ecological Health in Odessa region (www.humeco.org.ua). This organization, with support from the international professional suicidology community, created a network of professionals around the country and has recently formulated a National Strategy for Suicide Prevention. The document is not accepted officially, although it is supported by the authorities, professional associations, schools, army and police system, and the medical community.

Mass media reports about suicide in the Ukraine stray rather far from the standards recommended for suicide prevention. On the other hand, the growing number of publications about suicide in the Ukraine, the growing number of psychologists, and better education of GPs and psychiatrists raise hopes for enhanced understanding of the problem of suicide in Ukraine, for improved attitudes in the general public and amongst authorities, and for the promotion of further suicide prevention measures at local and national levels.

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Suicide prevention activities in Indonesia

Indonesia, as the largest Moslem population in the world (86% of the total 220 million population), has a serious problem in preventing suicide, especially in the face of religious denials of expressions of suicidal ideation, depression and other mental disorders. Religious proscriptions against suicide are very strong: In Islam suicide is a sin, more condemned than killing. Suicide is reported more frequently among non-Islamics, and amongst those of Chinese and Indian descent.

After the tsunami disaster in Aceh on December 2004, it was considered that mental disorders might affect as many as one in eight of the population of the devastated province. Benedetto Saraceni, Director of WHO’s Department of Mental Health and Substance Abuse warned that suicides might be expected to increase in the aftermath of the disaster. He suggested that two things needed to be done: Firstly, to train community leaders, women and people rooted in the community. Secondly, to strengthen health sectors in Aceh, where, at the time, there were only five psychiatrists. A community; Secondly, to strengthen health sectors in Aceh, Indonesia, as the largest Moslem population in the world (86% of the total 220 million population), has a serious problem in preventing suicide, especially in the face of religious denials of expressions of suicidal ideation, depression and other mental disorders. Religious proscriptions against suicide are very strong: In Islam suicide is a sin, more condemned than killing. Suicide is reported more frequently among non-Islamics, and amongst those of Chinese and Indian descent.

As a National Representative of IASP since 1984, I always try to promote the IASP message, especially on World Suicide Prevention Day, to the government, professionals (especially psychiatrists), community leaders, and mass media. I publish, via seven prominent national newspapers, IASP’s WSPD message, informing readers and increasing awareness of suicide prevention. I also give presentations on suicide prevention, and speak at scientific meetings and congresses about the importance of suicidal behavior. In addition, press conferences and seminars are held by the Indonesian Psychiatric Association in big cities like Jakarta, Surabaya, Medan, Yogyakarta, Solo, Macassar and Den Pasar (Bali) on WSPD to promote knowledge of suicide prevention for health professionals and community leaders. In April 2009 the Indonesian Psychiatric Association held a National Seminar on Suicide Prevention in Surabaya, the first suicide prevention seminar to be held in Indonesia. Hopefully, in the future, psychiatrists will work more actively with all professionals allied to mental health, government and community leaders to prevent suicide. The Ministry of Health, sponsored by WHO, published a technical manual on suicide prevention for health professionals in 2007. I contributed to this, and local doctors working at primary health centers with a high prevalence of suicide cases were invited to prepare the manual and outline their experiences of preventing suicide. Despite all these efforts, however, there are only three members of IASP in Indonesia, despite Indonesia having the highest suicide rate for countries with a Moslem majority (with a reputed rate of 24 per 100 000), and a total of more than 50 000 suicides per year.

In Indonesia, population risk factors for suicide are high - almost half of the population has an income of less than $2 per day, 10 million are either unemployed, or have untreated mental disorders and are exposed to psychosocial stressors such as natural and man made disasters, violence, and political unrest.

It is difficult to obtain national suicide data from the Ministry of Health and National Police, even through suicide, overdose and homicide are supposed to be compulsorily reported to those two institutions. The only data I have been able to obtain is from the Department of Forensic Medicine and Medical Legal, Faculty of Medicine, University of Indonesia in Jakarta, and dates from 1997. The data pertain only to Jakarta (the capital city) and its surroundings with approximately 12 million population: the suicide rate is 58/100 000; most suicides are male (ratio 2:1) and, of 1119 cases, 41% were hanging and 23% used pesticides. Attempted suicide, without fatal outcome, was predominately female (ratio 2:1), and by pesticides 62%, drugs (17%) and poison (18%).

Radisson Hotel Lottery Winner

The IASP 2009 Congress organizers have much pleasure in announcing that the winner of the free hotel stay during the Congress, very graciously and generously offered by the Radisson Hotel in Montevideo, is: DAVID HOUGH, of the Nelson Marlborough District Health Board, New Zealand.

International Association for Suicide Prevention