



FROM THE PRESIDENT

Montevideo deadline extended

The deadline for submitting proposals for presentations at the XXV World Congress on Suicide Prevention of IASP in Montevideo, 27–31 October 2009, has been extended until 10 April 2009. If you are planning to attend and submit a proposal, you have a bit more time. Early bird registrations are coming in and we are impressed by the number of interesting proposals received to date.

Beijing WHO Collaborating Center for Research and Training in Suicide Prevention

On the 6th to 9th of March 2009 the Beijing Suicide Research and Prevention Center held an inaugural academic meeting and training course to highlight their designation as a World Health Organization Collaborating Center for Research and Training in Suicide Prevention, the first WHO collaborating center on suicide in a middle and low income country. This event, attended by Dr. Benedetto Saraceno, Director of the WHO Department of Mental Health and Substance Abuse, included scientific presentations by several prominent researchers from around the world, as well as an impressive number of papers by Chinese researchers and practitioners. The IASP President was there to speak, along with several IASP members, including Annette Beautrais, Mort Silverman, Lanny Berman, Lakshmi Vijayakumar, Lars Mehlum, David Gunnell, Paul Yip, Gustavo Turecki, Armin Schmidtke and Greg Larkin. The WHO collaborating center status recognizes the many accomplishments of the center since its founding in 2002.

The Beijing Suicide Research and Prevention Center is a department of Beijing Hui Long Guan Hospital, which is administered by the Beijing Bureau of Health. Since its establishment, the center has undertaken many international and domestic research projects. It has devised a China-specific methodology for studying suicide, developed culturally sensitive research instruments, and conducted several training programs on research methodology and psychological interventions.

The center's Executive Director, Michael Phillips is actively involved in IASP and his center's research activities include 19 major projects, ranging from a pesticide-control project to case controlled studies of serious suicide attempters seen in hospital. Besides their numerous research activities, the center runs a national toll free 24 hour Psychological Crisis Hotline, offers outpatient and inpatient services to suicidal individuals, and provides individual and group support services for survivors, and website information and counselling.

Michael Phillips is the China National Representative for IASP and vice-chair of the IASP Council of National Representatives. The status as a WHO Collaborating Center will help Michael and his 88 colleagues work to achieve their goal of reducing the huge economic and social burden of suicide in China, the rest of Asia and around the world.

Brian L. Mishara, Ph.D
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Dear all,

We all could not understand what happened as our friend and great man Prof. Andrej Marušič passed away. We all know what a powerful and dynamic scientist he was, and I am sure that he would be very happy to see that his IASP Task Force on Genetics will continue to be active in the future.

I was very much honored to be invited to act as the new chair of this task force, and would like to thank all people responsible for this!

Will do my best to continue the successful activities of this Task Force, and would like to invite IASP members who are interested in joining this task force to contact me.

The major goals will be to promote studies of genetic aspects of suicide ideation and behaviour among suicidologists on one side, and to promote genetic studies of suicide ideation and behaviour among behavioural geneticists on the other; thus forming an independent discipline of genetic suicidology.

This Task Force will provide a place where scientists interested in genetics of suicidal behavior can easily get in contact with each other, can cooperate and stimulate the whole field with new studies and results.

We plan to create a forum on the IASP website where members of the Task Force will present new interesting papers on genetics and suicidal behavior and will stimulate discussions open to the whole audience.

Furthermore we will organize a workshop of the Task Force during IASP meetings to show progress and meet each other to discuss new developments.

I hope that many IASP members will join us!

Best wishes, Dan Rujescu
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Prof. Dan Rujescu
Chair of the Genetics Task Force

SRI LANKA SUMITHRAYO

Sri Lanka Sumithrayo was founded in 1974 by Joan de Mel an ex-Samaritan from London. It is the only organisation in Sri Lanka whose primary objective is the prevention of suicide. Sumithrayo was set up in response to a rapidly increasing rate of suicide in the country: A 227% increase in suicide rates, from 9.7/100,000 in 1961 to 22/100,000 by 1973. The first of the Sumithrayo Crisis Intervention Centres/Befriending Centres was opened in Colombo in 1974 and now there are eleven Befriending Centres island-wide.

The meagre statistics that were available to Sumithrayo in the early 1980's suggested that approximately 25% of all suicides were alcohol-related. Judging from people who contacted Sumithrayo for help it was felt that alcohol and other drug dependencies were major problems, especially amongst males. The Sumithrayo Drug Demand Reduction Programme was set up in 1984 in Colombo to address this situation.

The steady rise in rates of suicide in the 1960's coincided with the widespread use of agro-chemicals in the country. In 1995 the suicide rates peaked at 47/100,000, one of the highest in the world. Since then suicide rates have gradually decreased and by 2008 the rate was 20/100,000. Since the early 1960's, the most common method of suicide has been the ingestion of agricultural poisons.

The high rate of suicide, especially in rural areas, can be directly linked to the availability of these chemicals in village homes.

The Sumithrayo Rural Programme was set up in 1996 in an effort to contain the very high rates of suicide and attempted suicide in farming communities where agro-chemicals are used in most acts of self harm and suicide. The programme presently operates in 72 of the most suicide-prone villages in two of the four most suicide-prone provinces in the country: the North Western and the Southern provinces. Many of these villages are in very remote areas, not easily accessible by road.

The Sumithrayo are experimenting with a three-pronged effort to contain the problem of suicidal behaviour in villages: 1). Awareness and Education; 2). Befriending, the offer of emotional support to the depressed and despairing; 3). Provision of lockable secure storage boxes to farming families for safely storing pesticides and other household poisons.



Lakshmi Ratanayeke

Sri Lanka
SUMITHRAYO



