FROM THE PRESIDENT

Benefits and Harm from the Internet

As the Internet expands as the primary source of information around the world, increasing numbers of people in a suicidal crisis search the net for psychological help and emotional support. However, others look to the Internet for information and encouragement in ending their lives. Although there are no reliable data available, there are frequent reports of people who die using methods found on the Internet, as well as people who died after cyber-encouragement to proceed with a suicide plan. In this context, it is important to ask what role IASP can and should play in terms of its mandate to promote suicide prevention around the world.

Perhaps, the first challenge is to specify the purpose and content of the IASP web site. The traditional role of the site has been to provide information to IASP members and the general public on IASP activities. The new IASP site is in the process of development and the focus has been to first provide a user friendly showcase and repository of information on IASP activities. However, we also provide links to resources to obtain help for people who are suicidal or bereaved by suicide. This is essential, since many visitors to the site are either suicidal, know someone who is considering suicide or are bereaved by suicide. As we begin to provide links to information on suicide and postvention, we realize that the demand is enormous and that it is a very time consuming task to determine which of the many sites should be recommended on our site. It is an impossible task to visit and evaluate the pertinence of all suicide prevention resources on the web. Also, it would not be useful to provide so many links to information of varying quality that someone seeking help on our site does not easily find the help they need. Whenever we suggest a link to a resource we implicitly “approve” of the site content being useful, despite any disclaimers we may provide when visitors leave our site to follow a link. The current challenge facing IASP is to provide essential help to site visitors without draining our limited resources in evaluating, selecting and monitoring sites chosen from the many thousands of potential web sites around the world.

A second challenge is what to do, if anything, about sites that incite, encourage or provide “how to do it” information on suicide. As the President of IASP I often receive letters asking that IASP “do something about” a site that they feel is dangerous. One poignant email arrived from a father who was convinced that his son would not have killed himself if he had not been encouraged to commit suicide during an online chat. As I have written elsewhere (Mishara & Weisstub, 2007), any attempt at control or censorship of the Internet must be considered in the perspective of rights to freedom of expression and the reality that repressive measures are generally impossible to enforce. Still, IASP could potentially take a public stand or adopt policies to encourage policies to limit internet content that encourages suicide. We could also develop or incite others to develop pro-active monitoring of potentially dangerous sites and to join in on chats and internet forums where suicide is encouraged in order to provide support and references to prevent suicides.

IASP and its members must decide where to focus their limited resources and we must all decide where to invest our energy in suicide prevention activities. There are many interesting areas where we may want to expand our internet presence. One possibility is to provide resources in languages that are not well served by the Internet of which the many sites should be recommended on our site. It is an impossible task to visit and evaluate the pertinence of all suicide prevention resources on the web. Also, it would not be useful to provide so many links to information of varying quality that someone seeking help on our site does not easily find the help they need. Whenever we suggest a link to a resource we implicitly “approve” of the site content being useful, despite any disclaimers we may provide when visitors leave our site to follow a link. The current challenge facing IASP is to provide essential help to site visitors without draining our limited resources in evaluating, selecting and monitoring sites chosen from the many thousands of potential web sites around the world.

A friend who works in the field of Artificial Intelligence has insisted that a sophisticated computer programme can respond to all requests in a warm empathetic manner, and that this is the best way to help many people and provide personalised referrals. I have played with some experimental programmes and often it is difficult to believe that the kind and caring response is computer generated. But, occasionally the computer gets it wrong. My friend says this is just a “bug” that needs sorting – and the final version would be better than most human replies. It certainly is tempting, but I have what my friend views as an “irrational” concern, that real human contact is (or at least should be) what is warranted. Your personal (not computer generated) comments are welcome.

Brian L. Mishara, Ph.D
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COUNTRY REPORT UGANDA

A wave of suicides/homicide in Uganda

Uganda, a developing country (GDP per capita $279) in Eastern Africa, is surrounded to the north by Sudan, to the east by Kenya, to the west by Democratic Republic of Congo, and to the south by both Rwanda and Tanzania. Most (85%) of its 30 million people live in rural areas where the main source of income is peasant agriculture. The country does not routinely collect suicide data, but from an ongoing MOH/WHO study in war-affected Northern Uganda a crude suicide rate of between 20.0-15.0/100,000 (2005-7) has been estimated.

In a pattern that began last year and continues into this year, Uganda is experiencing a wave of suicides, usually combined with homicides, reported from all over the country. These suicides are reported across all strata of the population: the urban; the rural; those from war affected communities; professional groups such as the army and the police; and patient groups such as persons living with HIV/AIDS. The suicide/homicide account that most caught the attention of the country occurred on the 1st August 2008 when Marion, a young mother of three from one of the suburbs of Kampala, the capital city of Uganda, killed all her three children aged four, three and one and half years and later attempted to commit suicide by drinking poison. The issues that appeared to underlie this tragedy included: urban poverty; loneliness and lack of social support in the impersonal world of a big urban centre; marital friction and threats of divorce by the husband over her inability to give him male children.

In response to this wave of suicide/homicide the Mental Health Division of the Ministry of Health of Uganda put together a task force to develop a communication response to educate members of the general public about this problem.

At a one day workshop a fact sheet with key messages about the problem of suicide and homicide was developed and later shared with the media at a press conference at the Ministry of Health headquarters on the 8th August 2008. The media engaged members of the task force in a lively discussion and carried excerpts from the fact sheet and the press conference in both electronic and print media during the following days.

IASP National Representative for Uganda,
Dr Eugene Kinyanda, email: ekinyanda@hotmail.com

Nominations for IASP Awards

Stengel Research Award, the Ringel Service Award, the Faberow Award for contributions to work with survivors of suicide, and De Leo Fund Award for outstanding suicide research conducted in developing countries

- DEADLINE HAS BEEN EXTENDED TO JUNE 15, 2009

Nominations are open and details are available from the website: www.iasp.info

President: Prof. Brian Mishara
Vice President: Prof. Heidi Hjelmeland
Treasurer: Prof. Kees van Heeringen

In official relations with the World Health Organization

In official relations with the World Health Organization

In official relations with the World Health Organization

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Edwin S. Shneidman, founding president of The American Association of Suicidology, dies at 91

On May 15, 2009, Dr. Edwin S. Shneidman died of natural causes at his home in Los Angeles. Dr. Shneidman, a member of IASP and founding president of the American Association of Suicidology (AAS), had just celebrated his 91st birthday. He is survived by four sons, six grandchildren. His beloved wife, Jeannie, died in 2001.

Dr. Shneidman had a profound influence on the field of Suicideology (a neologism he coined), and on untold numbers of suicidologists whom he mentored, stimulated intellectually, and seduced to the study and prevention of suicide. While working as a Ph.D. psycho-logist for the Veterans Administration in 1949, he serendipitously came across a trove of suicide notes at the Los Angeles County Coroner's Office and immediately envisioned a case-control research study comparing real versus simulated notes to help better understand the minds of those that died by suicide. A lifelong career in the study of suicide followed.

With his colleague and past-IAST president, Dr. Norman Farberow, he co-founded the Los Angeles Suicide Prevention Center (LASPC) in 1958, which, with the addition of Robert Litman as psychiatric director, became a model for all centers to follow and a Mecca for training future leaders in the field. While there, and under contract to the LA Coroner’s Office, procedures were developed to investigate retrospectively a decedent’s contribution to their own death, the psychological autopsy, a method now indelibly etched into the armamentarium of research and forensic suicidologists worldwide and which has been singularly responsible for differentially defining risk factors for suicide through case-control research studies. The LASPC’s psychological autopsy of the sensational and sudden death of actress Marilyn Monroe in the summer of 1962 led to a surge in calls to the Center (and international renown for the LASPC) and the need for significant numbers of people to handle the influx. Shneidman pioneered and championed the role and importance of using trained lay volunteers to provide help to suicidal callers -- the use of volunteer has since become the only) collection of whale-imprinted ties, which he wore practically daily.

Dr. Shneidman’s was a Herman Melville scholar and saw, in Melville’s writings, especially in his classic Moby Dick, a plethora of metaphors about suicide. He built a significant collection of Melville memorabilia, now contributed to and displayed as The Edwin S. Shneidman Program in Thanatology.

Ed. has been a friend and mentor for a number of years. Despite a big generation gap, we got acquainted and developed a mutual sincere interest. He was always kind, sweet, polite, and articulate as well as kindly severe for things of which he did not approve. His dedications to me in letters and books are really precious drops of his enormous wisdom that I will never forget. When meeting him in Los Angeles last year I found a man filled with memories and reminiscences of all kinds. I discovered a truly beautiful human being who was grateful for what life had given to him. His house was full of collections related to his great love for his family and for his beloved wife as well as with signs of his interest for Melville and Murray. During the conversation you could appreciate the emotions of a sensible man who became excited by simple things. He always stressed the need to include a mentalistic approach when trying to understand suicide. His was the view of a person who never gave up the mission to ameliorate the psychological drama occurring in suicidal individuals. Suicideology has lost a charismatic figure who shaped the world’s view of suicide over the past decades. Everyone involved in suicide prevention is united in paying tribute to this man and his tremendous achievements.

Maurizio Pompili, MD, PhD , IASP National Representative for Italy - maurizio.pompili@uninoma1.it

We are deeply indebted to Dr Lanny Berman, Executive Director of the American Association of Suicidology (AAS) (founded by Dr Shneidman) for providing this obituary, and to Dr Maurizio Pompili, IASP National Representative for Italy and recipient of the 2008 AAS Shneidman Award for suicide research for his sharing his memories of his friend and mentor Dr Shneidman.
Malaysia is a small country of 26 million people from diverse ethnic and social backgrounds. Situated at the southern tip of the Asian mainland, it has historically received major socio-cultural inputs from the Middle East, South Asia and the Far East.

Two major developments have taken place on the suicide prevention scene in Malaysia in the past 2 years. The first is the setting up of the National Suicide Register in 2007. The second is the formation of a Task Force (Working Group) to work towards implementing a National Suicide Prevention Program.

National Suicide Register (NSR)

Malaysian suicide statistics are woefully inadequate. Most suicides appear to be misclassified as deaths due to undetermined causes. To rectify this, the Department of Psychiatry of the Kuala Lumpur Hospital with the collaboration from the Universities and the relevant divisions of the Malaysian Ministry of Health has initiated the NSR. It is an ambitious project because it seeks eventually to cover all hospitals in Malaysia involving all forensic pathology departments which conduct autopsies on all unnatural deaths. Forensic department staff are trained to interview relatives and review all available data so that suicides will not be misclassified as accidental deaths or as deaths due to undetermined causes.

The first report covering the last 6 months of 2007 has been released. Though it is not complete (only some of the states returned the requisite data) and there are still teething problems, it makes interesting reading. For example, men and women chose equally lethal methods of committing suicide. Suicide by carbon monoxide poisoning (car exhaust fumes) is almost exclusively employed by the Chinese. This may have something to do with the fact that Chinese news media have in the past given extensive coverage to suicides by this method. My colleagues are currently working on collecting data on the reporting pattern of Chinese newspapers and their possible effect on the choice of method of suicide among Malaysian Chinese.

We hope the 2008 data will be out soon and will be more complete so that we may have reliable statistics that will enable us to plan prevention activities in a more informed way. We hope the initiators of this project will be able to present these data soon.

National Suicide Prevention Plan (NSPP)

In 2004 we held a workshop on Formulating a National Suicide Prevention Plan. Implementing the program has taken a long time and in 2007 through 2008 the Working Group set up by the Ministry of Health (MOH) has been working hard to bring this to fruition. The NSR will complement this effort by providing timely and useful data.

The WHO has agreed to fund a Consultant to advise the MOH on the implementation of this program. We are currently waiting for the funds to be released and a Consultant has been identified. The Consultant will help finalize the Suicide Prevention Plan in Action, conduct Train the Trainers Workshops, and be involved in related activities. We hope by the end of 2009 that, at long last, a viable program will be in place. This is always difficult in developing countries where so many health issues are priorities. Further, in the prevailing economic climate public funding for new programs is bound to be restricted. Nevertheless, we are hopeful that the NSPP will eventually succeed in reducing suicides in this country.

World Suicide Prevention Day

The WSPD in 2008 was observed in a rather low key way because of budgetary problems. A pharmaceutical firm sponsored a press conference with mainly the print media with a fair amount of public exposure and education about suicide.

I hope to share more detailed information about progress in these activities at the IASP Congress in Montevideo in October.

Prof Maniam Thambu, IASP National Representative for Malaysia

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