THE SUICIDE PREVENTION RESOURCE CENTER

The Suicide Prevention Resource Center (SPRC) is a national resource center in the United States to help stakeholders enhance their capacity to develop, implement, and evaluate suicide prevention programs, policies, and activities.

SPRC was funded in 2002 by the United States Department of Health and Human Services to fulfill Objective 4.8 of the National Strategy for Suicide Prevention which called for the development of one or more training and technical resource centers to build capacity for states and communities to implement and evaluate suicide prevention programs. In 2004, SPRC expanded its role to provide technical assistance services to states, tribes, and colleges and universities receiving Federal funds for suicide prevention activities under the Garrett Lee Smith Memorial Act, a legislative initiative that supports the planning, implementation, and evaluation of activities to prevent youth suicide in the United States.

SPRC’s staff includes experts in suicide and suicide prevention, public health, mental health, communications, technology, education, training, program design, implementation, and evaluation, and library and information science. Prevention and information specialists offer technical support to state, tribal, territorial, and campus groups engaged in activities to prevent suicide. SPRC’s Best Practices Registry for Suicide Prevention reviews and disseminates information about evidence-based programs, expert and consensus statements, and suicide prevention programs and practices. The SPRC Training Institute provides a wide array of face-to-face and online learning opportunities including Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals, Strategic Planning for Suicide Prevention, and Research to Practice Webinars. Resources available through the SPRC Online library includes suicide data fact sheets, program planning tools, information on suicide risk in specific populations, clinical guidelines, and SPRC publications such as Suicide Risk and Prevention for Lesbian, Gay, Bisexual and Transgender Youth and The Role of Faith Communities in Preventing Suicide. The Weekly Spark, SPRC’s electronic newsletter, highlights news, announcements, events, research, and funding opportunities related to suicide and suicide prevention.

SPRC works closely with other suicide prevention organizations, including the American Association for Suicidology (AAS), the American Foundation for Suicide Prevention (AFSP), and the National Suicide Prevention Lifeline, a free, 24-hour telephone hotline for people in emotional distress or suicidal crisis. For more information about SPRC and direct access to many of its resources, visit the SPRC website (http://www.sprc.org). SPRC prevention and information specialists can be reached by telephone at +1-877-438-7772 or by email at info@sprc.org.

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.

TASK FORCE:
National systems for certifying suicidal deaths

Suicide statistics are a central focus for all involved in suicide research and prevention, yet many of us have limited knowledge of the systems and procedures that generate these statistics. As a consequence, we may be unaware of issues that would affect our interpretation and use of suicide statistics. The primary goal of this task force is to establish a database that describes national systems for certifying suicidal deaths. Anyone interested in contributing descriptions of their national system is invited to visit the relevant page of the IASP website (http://www.iasp.info/national_systems_for_certifying_suicidal_deaths.php) where a detailed description of the Irish system is provided as an example. Descriptions may be submitted by email to the Chair of the Task Force.

Dr Paul Corcoran, Task Force Chair, paul.nsr@iol.ie
Effective restriction of access to means and methods of suicide and deliberate self harm - An update

The review of effectiveness of suicide prevention programmes by Mann et al (2005) showed that restricting access to (potentially) lethal means appears to be one of the most effective measures to prevent suicide. Since publication of the review, the outcomes of numerous new studies have been published reporting on various measures to restrict access to lethal means for suicide and deliberate self harm. Overall, the outcomes of the research published in recent years further consolidate the findings of Mann and colleagues published in 2005.

Studies in which the effects of barriers on bridges or limited access to bridges which had become so-called ‘hotspots’ were examined, all showed significant reductions in suicide with no indications for substitution effects (Bennewith et al, 2007; Reisch et al, 2007; Skegg & Herbison, 2009). Remarkably, Beautrais et al (2009) reported a fivefold increase in the number and rate of suicides from a bridge in New Zealand after barriers that had been in place for 60 years were removed, which further underlines the importance of restricting access to means as a suicide prevention strategy.

A study investigating the impact of the withdrawal of prescription painkiller co-proxanol in the UK consistently showed significant reductions in suicide involving co-proxanol, with little evidence for substitution effects (Hawton et al, 2009).

Even though legislation restricting paracetamol pack size initially showed promising results in terms of reduced rates of suicide and deliberate self harm, this was not confirmed by outcomes of a study by Bateman et al (2006) conducted in Scotland. However, in a second Scottish study reduced rates of deliberate self harm were observed immediately following the 1998 legislation restricting the paracetamol pack size, but this effect was not maintained in the long term (Gorman et al, 2007). In this regard it would be recommended to further restrict the paracetamol pack size and restrict the number of outlets where paracetamol can be obtained.

In most studies the impact of restricting access to lethal means was evaluated over a relatively short period. Therefore, it would be recommended to verify the effectiveness including possible substitution effects over a longer period of time.

Dr Elia Arensman

Effectiveness of restricting access to means and methods of suicide and deliberate self harm - An update

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