

World Suicide Prevention Day

● Preventing Suicide in Multicultural Societies

WORLD SUICIDE PREVENTION DAY 2011

World Suicide Prevention Day is held on September 10th each year. The purpose of this day is to raise awareness around the globe that suicide can be prevented. Disseminating information, improving education and training, and decreasing stigmatization are important tasks in such an endeavour. The theme in 2011 is **"Preventing Suicide in Multicultural Societies"**.

The themes of the last two years of the World Suicide Prevention Day have focussed on suicide prevention in different cultures across the world. This year's theme aims at raising awareness of the fact that all countries in the world are multicultural. Many countries harbour different minority groups, in the form of various indigenous and/or immigrant groups, refugees and/or asylum seekers. Some countries comprise many different ethnic groups due to artificial borders having been drawn by former colonial powers. This means that in all countries there are a variety of ethnic and religious groups living in the same society.

Multicultural societies require cultural sensitivity in all suicide prevention efforts. However, a common mistake is to treat culture as something objective that explains differences. When we find differences between cultural groups in a society, e.g. suicide rates and risk factors, we tend to explain these in terms of cultural differences. This can, however, conceal the real reasons for differences that may or may not have something to do with culture at all.

Examples of other factors that may be important are unemployment, poverty, oppression, marginalisation, stigmatisation, or racism. Moreover, culture is not a static or measurable variable; rather culture describes the dynamics evolving in an interaction between individuals and their surroundings.

So, at the same time as we need to be culturally sensitive and aware of potential cultural differences, we must not let "culture" overshadow other important factors that might be at play. Neither must we overlook similarities in our vigilance to find differences.

The WHO estimates that about one million people around the world die by suicide every year. However, many countries still lack reliable suicide statistics, and even countries with reliable statistics may lack knowledge about the magnitude of the problem in (some of) their minority populations. This knowledge might also be challenging to acquire due to stigma having a larger impact in various minority groups compared to the majority. Nevertheless, such information is needed. Some studies have shown that suicide rates among immigrants are more similar to the suicide rates of those in their original country compared to the new country in which they have settled. Other studies, however, show that this varies across country and subgroup. Therefore, we need to be careful about drawing universal conclusions.

Risk factors for suicide vary across cultural groups. Knowledge about common risk factors in a society often stems from research in majority populations. However, in a multicultural context we need to be aware that some risk factors may play different roles in the suicidal process as well as in suicide prevention for some minority groups compared to the majority population. For instance, risk factors for elderly men in the majority population may have little relevance for young immigrant girls. In addition, other factors that might have a different impact on minorities compared to the majority population are attitudes towards suicidal behaviour and suicidal people (e.g. taboo, stigma), religion and spirituality, and family dynamics (gender roles and responsibilities).

Studies have shown that stereotyping might be common in the health and social care system in dealing with minority groups. Therefore, we need to be careful to distinguish between how the rules and traditions of a cultural group define how members of that group may or should behave and how individuals from a cultural group actually do behave. We must not let stereotypes rule what we perceive or do. Some of the previous research reporting average values for immigrant groups or comparing heterogeneous groups of immigrants with the majority population in the country may contribute to such stereotyping in suicide prevention.

However, it gives little meaning to compare the relatively homogeneous majority population in a small country such as, for instance, Norway, with Asian immigrants to this country since the latter group can comprise people from a vast number of very different countries, cultures and religions, as Asia stretches out from the Middle East to Siberia. In the health and social care system the individual must not be met as a representative of a cultural group, but be allowed to be themselves with their own beliefs, attitudes, understandings, thoughts, and knowledge.

Gender issues and racism in therapeutic settings are important to be aware of in multicultural societies. Use of interpreters in the health and social care system also requires special attention when a sensitive issue such as suicide is on the agenda. Often, minority populations in a community are small and interpreters are recruited from the same social circle as the client. If suicidality is particularly taboo or stigmatised in the minority group, it may be necessary to check the interpreters' attitudes towards suicidal behaviour and suicidal people because these might affect both what is being said by the client as well as what is translated and how by the interpreter.

National suicide prevention strategies have now been implemented in several countries, but not all of them reflect the fact that the country is comprised of various minority groups. The strategy/program is often aimed at the majority population and a specific cultural perspective or focus is missing.

Strategies therefore may need revision with this in mind and countries still not having initiated suicide prevention efforts should integrate a cultural perspective from the start.

Even though suicide is a complex and multifactorial phenomenon with cultural differences, there are still some suicide prevention efforts that might have "universal" effect.

- Experiences of connectedness are important in the mental health and wellbeing of all people. Thus, communities that are well integrated and cohesive may be suicide preventive.
- Educating professionals of health and social services as well as communities in general about how to identify people at risk for suicide, encouraging those who need it to seek help, and providing them with needed and adequate help can reduce rates of suicide. These efforts require both cultural sensitivity and cultural competence.
- Methods of suicide vary across cultural contexts, but restricting access to whatever means are commonly employed has been found to be effective in reducing the number of suicides (e.g. safe storage of firearms, pesticides and medicines; restricting access to bridges and high rise buildings commonly used as jumping sites).
- Educating the media on how to report on suicide responsibly, and
- Providing adequate support for people who are bereaved by suicide.

Suicide prevention in multicultural societies needs to be targeted as a multidisciplinary effort. Effective suicide prevention involves a multifaceted and intersectoral approach to address the multiple pathways to suicidal behaviour in a socio-cultural context. People who can contribute to suicide prevention include, for instance, health and social care professionals, researchers, teachers, police, journalists, religious leaders, cultural leaders, politicians and community leaders, volunteers, and relatives and friends affected by suicidal behaviour. People also tend to open up to bartenders, hairdressers, and taxi drivers, among others. In short, suicide prevention is everybody's business, and thus everyone can contribute.

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WHAT YOU CAN DO TO SUPPORT WORLD SUICIDE PREVENTION DAY

WORLD SUICIDE PREVENTION DAY, September 10th, is an opportunity for all sectors of the community - the public, charitable organizations, communities, researchers, clinicians, practitioners, politicians and policy makers, volunteers, those bereaved by suicide, other interested groups and individuals - to join with the International Association for Suicide Prevention and the WHO to focus public attention on the unacceptable burden and costs of suicidal behaviours with diverse activities to promote understanding about suicide and highlight effective prevention activities.

Those activities may call attention to the global burden of suicidal behaviour, and discuss local, regional and national strategies for suicide prevention, highlighting cultural initiatives and emphasising how specific prevention initiatives are shaped to address local cultural conditions.

Initiatives which actively educate and involve people are likely to be most effective in helping people learn new information about suicide and suicide prevention. Examples of activities which can support World Suicide Prevention Day include:

- Launching new initiatives, policies and strategies on World Suicide Prevention Day
- Holding conferences, open days, educational seminars or public lectures and panels
- Writing articles for national, regional and community newspapers and magazines
- Holding press conferences
- Placing information on your website and using the IASP World Suicide Prevention Day banner, promoting suicide prevention in one's native tongue (www.iasp.info/wspd/2011_wspd_banner.php)
- Securing interviews and speaking spots on radio and television
- Organizing memorial services, events, candlelight ceremonies or walks to remember those who have died by suicide
- Asking national politicians with responsibility for health, public health, mental health or suicide prevention to make relevant announcements, release policies or make supportive statements or press releases on WSPD
- Holding depression awareness events in public places and offering screening for depression
- Organizing cultural or spiritual events, fairs or exhibitions
- Organizing walks to political or public places to highlight suicide prevention
- Holding book launches, or launches for new booklets, guides or pamphlets
- Distributing leaflets, posters and other written information
- Organizing concerts, BBQs, breakfasts, luncheons, contests, fairs in public places
- Writing editorials for scientific, medical, education, nursing, law and other relevant journals
- Disseminating research findings
- Producing press releases for new research papers
- Holding training courses in suicide and depression awareness
- Becoming a Facebook Fan of the IASP (www.facebook.com/IASPinfo)
- Following the IASP on Twitter (www.twitter.com/IASPinfo), tweeting #WSPD or #suicide or #suicideprevention
- Creating a video about suicide prevention (www.youtube.com/IASPinfo)
- Lighting a candle, near a window, at 8 PM in support of: World Suicide Prevention Day, suicide prevention awareness, survivors of suicide and for the memory of loved lost ones.

World Suicide Prevention Day - www.iasp.info/wspd