



## FROM THE PRESIDENT

### IASP members can support a suicide barrier on the Golden Gate Bridge

Since 1937 more than 1,300 persons have committed suicide on the Golden Gate Bridge that spans San Francisco Bay, in California. The Golden Gate Bridge District, after years of study and debate, has finally elaborated five potential designs for a barrier to prevent suicides. The potential environmental impact of the five



THE GOLDEN GATE BRIDGE

designs has been compared with the "no build alternative" of maintaining the status quo, in a public document you can access on the web site: <http://www.ggbsuicidebarrier.org> Comments on the proposals are being accepted until 25 August 2008, after which the authorities will decide whether to maintain the status quo or proceed and build a barrier. The current situation is that there are 20 to 30 deaths by suicide on the bridge each year. An additional 60 people are intercepted each year before a suicide attempt by a combination of surveillance cameras, safety patrols by police officers trained in suicide prevention, access to 111 emergency crisis intervention telephones placed on the pedestrian walkways and special training of volunteer bridge workers.

Anyone who is aware of research on the effectiveness of limiting access to means of suicide, as well as the specific studies of the impact of bridge barriers, knows that bridge barriers effectively prevent suicides by inhibiting people who are feeling suicidal from completing their suicide (see the special Supplement to Crisis on Controlling Access to Means of Suicide, Volume 28, 2007, and particularly Annette Beautrais's article on "Suicide by Jumping: A Review of Research and Prevention Strategies," pp58-63). One would think that the Golden Gate Bridge authorities should have put up an effective barrier many years ago, and that now that they have developed some designs of potential barriers, it is just a matter of deciding which to put up and the tragic loss of lives by suicide on the bridge will be stopped. However, it is still not certain that the "no build alternative" of doing nothing more will not again prevail. Although the cost of \$40 to \$50 million seems like a reasonable expense (less than \$39,000 per life lost to date), the report cites "direct adverse effects to the bridge historic defining features." This means that the bridge would not look exactly the same as in 1937 with an added barrier. Also some peregrine falcons who nest on the bridge could be disturbed during the construction and may even abandon their nests. Finally, 4 of the 5 proposals would partially block the scenic view from the bridge while crossing it.

Any IASP members who feel strongly about building a barrier are invited to comment on the proposal to build barriers by filling out a website comment form at: <http://www.ggbsuicidebarrier.org/getinvolved.asp> or by sending an email to: [suicidebarrier@goldengate.org](mailto:suicidebarrier@goldengate.org) before 4:30pm on August 25, 2008. Also, you can sign a petition to have the bridge authority choose a barrier rather than the "do nothing" option by visiting the site:

<http://www.thepetitionsite.com/2/Raise-the-Rails-Save-A-Life>

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## WORLD SUICIDE PREVENTION DAY - SEPTEMBER 10TH, 2008 Public Conference at the United Nations Headquarters



A public conference on Effective Activities to Prevent Suicides will be held at the United Nations Conference Room 1, United Nations Headquarters in New York from 1 PM to 3:30PM. IASP members are requested to publicize this event, which is open to the general public at no charge. However, please note that it is important to arrive early because of possible delays in security screening to enter the UN Headquarters building.

This public conference at the United Nations focuses upon promising prevention activities to prevent suicides. The American Foundation for Suicide Prevention and the U.S. National Lifeline network of telephone helplines joins with IASP and WHO in the 2008 Conference. Activities: The conference would begin with a general introduction by Werner Obermeyer who will represent the WHO UN Executive Director. Professor Brian Mishara, President of the International Association for Suicide Prevention, will present the general theme of World Suicide Prevention Day 2008 "Think Globally, Plan Nationally, Act Locally" and will present an

overview of suicide prevention around the world and activities being held on World Suicide Prevention Day 2008. WHO will be represented at the conference by Dr. Jorge Rodriguez, Unit Chief of Mental Health, Substance Abuse and Rehabilitation Technology and Health Service Delivery of the Pan American Health Organization, who will speak on challenges in suicide prevention in Latin America. Dr. John Draper, Project Director of the U.S. National Suicide Prevention Lifeline will present on "The Role of Telephone Helplines in Suicide Prevention. Professor Madeleine Gould, of Columbia University will present on "School Based Suicide Prevention Programs." Then Professor John Mann of Columbia University and the American Foundation for Suicide Prevention will present on "The role of general practitioners in suicide prevention." The presentations will be followed by a period of discussion and questions.



## WORLD ACTIVITIES FOR WORLD SUICIDE PREVENTION DAY 2008

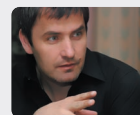
A list of initiatives and activities that have been undertaken around the world on previous World Suicide Prevention Days can be accessed on the IASP website [www.iasp.info/wspd/](http://www.iasp.info/wspd/) We encourage you to consult this list and see what others have done to publicise suicide prevention. Also, please fill out [www.iasp.info/activities\\_mailform.php](http://www.iasp.info/activities_mailform.php) to tell us what activities you plan for WSPD 2008.

An example for WSPD 2008 is provided from Austria where Professor Gernot Sonneck has advised that the Viennese Crisis Intervention Center has organized an international

conference on Suicide Prevention in cooperation with the Austrian Society for Suicide Prevention (ÖGS). Lectures will be held on the following topics: '30 years Suicide Prevention: the Viennese Crisis Intervention Center', 'Suicidal Tendencies and Personality Disorders' and 'Suicidality of Elderly People', to give some examples. Interesting workshops on 'The Gender Gap in Suicide', 'Working with Survivors' or 'How to Report on Suicide' can be attended. Please visit the website [www.kriseninterventionszentrum](http://www.kriseninterventionszentrum) to find further information.

### ANDREJ MARUSIC INSTITUTE

Following the untimely death of Professor Andrej Marusic, the Institute at the University of Primorska, Koper, Slovenia, where Andrej worked as a Senior Research Associate, has been renamed the Andrej Marusic Institute in his honour.



ANDREJ MARUSIC,  
1965-2008

COUNTRY REPORT: IRELAND

ROOM FOR OPTIMISM???

After many years of the booming economy the possibility of a slide into recession looms large. There are already talks of major cut backs in spending on public service and inevitably this will effect all aspects of the health services in Ireland. Prior to this there was already a demand for a 'saving' of 3 euros million on health spending and an embargo on staff recruitment.

The Irish National Suicide Prevention Strategy 'Reach Out' was launched in 2005 and the National Office for Suicide Prevention (NOSP) established to coordinate the implementation of the strategy, and budgets were agreed for both. While the strategy did not set any targets for suicide prevention the Department of Health subsequently set a target of a 10% reduction in suicide by 2010. The strategy was well received and generated a great deal of interest in suicide prevention. A sum of 5,500,000 euros was promised for the first 3 years of the strategy but to date only 3,500,000 euros has been received. Consequently many worthwhile projects will be curtailed or abandoned. Unfortunately, due to the recession, further cuts in the budget allocation are expected and questions arise as to the future of suicide in Ireland. It seems to me that the success of any suicide prevention strategy largely depends on the appropriate level of funding for the duration of the strategy.

An additional problem in suicide prevention arises from the plight of the Irish Mental Health Services. 'Vision for the Future', a policy document recommending radical changes in our ailing mental health services, was launched some years ago. Additional funding of 50 million euros over two years was allocated to kick start the implementation of the programme. Unfortunately much of this was diverted to other health areas by the Health Service Executive (HSE). The embargo on staff recruitment will have a serious effect the number of psychiatrists, counsellors and other support services for suicidal persons.

Of interest to many readers will be the 'Review of General Bereavement Support and Specific Services Available Following Suicide Bereavement' produced by Petrus. One of the conclusions was that 'No clear and compelling evidence-based justification has been identified that suggests that

suicide bereavement support is sufficiently different so as to require a standalone, dedicated response'. Comments on this would be welcome.

Reporting of suicide, in particular murder suicide of which there have been an unprecedented number in Ireland in the past two years, remains a problem.

On a positive note there have been a number of exciting joint projects between the two jurisdictions on the island of Ireland in suicide prevention and the promotion of positive mental health in the past few years.

In the last decade there has been a huge increase in the number of voluntary organisations involved in all aspects of suicide prevention, both local and national, seeking a slice of the dwindling resources available from the corporate sector, the public and statutory bodies. This has led to a great deal of costly duplication which needs to be addressed. Among the long standing stalwarts like Samaritans, the National Suicide Research Foundation (NSRF), and the Irish Association of Suicidology (IAS), a number of exciting new ventures have come on the scene – these include SpunOut, Console, Pieta House, Living Links, Headstrong, and Teen Line to name but a few. Following a successful 18 month pilot and evaluation, in 2009 Samaritans will add 'live' emotional support via SMS text message to its 24 hour helpline services in Ireland.

In spite of all this gloom and doom there is, in general, a lively and healthy interest in suicide and suicide prevention in Ireland and, hopefully, this will ensure that suicide prevention will be a live issue on the political agenda and sustain our enthusiasm in working to reduce suicide.



John Connolly, National Representative, Ireland. drjfc@iol.ie

COUNTRY REPORT: PAKISTAN

SUICIDE PREVENTION IN PAKISTAN

Pakistan is a South Asian developing country with a population of approximately 162 million. 97% population are Muslims. Suicide is a condemned act in Islam. In recent years, traditional low suicide rates and the protective influence of Islam have undergone a radical change and suicide has become a major public health problem in Pakistan. The deteriorating economic conditions and increasing poverty and unemployment are being blamed for this rise. Despite this, there are no official statistics. Suicide is not included in the national annual mortality statistics nor reported to the World Health Organization (WHO). Under Pakistani law suicide and deliberate self-harm (DSH) are illegal acts, punishable with a jail term and financial penalty. Many victims seek private treatment. Suicide and DSH are, therefore, under-reported in Pakistan.

Sources of information

Information on suicide in Pakistan comes from newspapers, non-governmental organizations (NGOs), voluntary and human rights organizations and from hospital-based studies on acute intentional poisoning, DSH and forensic autopsies. Suicide appears to cut across all ethnic, provincial and rural/urban boundaries and has been reported from almost all parts of the country.

Suicide rates/numbers

While official rates of suicide are lacking, research conducted at Aga Khan University, Karachi show the total number of suicides in Pakistan is probably in the range of 6000-7000/year with rates in different cities of the country as: 0.43/100,000/year (Peshawar 1991-2000), 2.86/100,000 (Rawalpindi, 2006), 2.1/100,000 (Karachi, 1995-2001), 1.08/100,000 (Karachi, 1993-95), 1.12/100,000 (Faisalabad, 1998-2001) and 2.6/100,000 (Larkana, 2003-2004).

Age & Gender

Highest gender-specific rates were: for men 5.2/100,000 in Rawalpindi and Haripur; for women 16.7/100,000 in Ghizer District in the Northern Areas of Pakistan. Suicide is mostly committed by young people most suicide victims are in the age group 18 to 30 years. An analysis of 5394 suicides showed poisoning (34%), hanging (26%), firearms (16%),

drowning (11%), self-immolation (5%) and jumping (heights, trains, moving vehicles) (1% each) as the most common methods. Use of medications featured in only a minority. Organosphosphate insecticides were the most common poisons.

Suicide prevention

Suicide prevention remains a neglected area in Pakistan. A multi-sectoral approach that address both proximal and distal factors is needed: low cost community mental health programs with suicide prevention integrated within them; psychological management of DSH; restricting availability of poisons and firearms; and school based life-skills programs are ways of addressing suicide. The 'criminalization' of DSH has led to stigma, avoidance of health seeking help and of developing innovative prevention programs. There is a need to review the law so people can seek psychological help without fear of authorities. Most suicide victims belong to the lower socio-economic strata of society where poverty and unemployment are high. Hence there is need for equitable and fair social policies to improve social conditions in the country. Lastly, suicide statistics need to be collected through a standard system so that information obtained can be used for research, to inform policy and develop prevention programs.

Lack of resources, poorly established primary and mental health services and weak political processes make suicide prevention a formidable challenge in Pakistan.

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**Befrienders worldwide**  
  
**Befrienders Worldwide Conference, Jomiten, Thailand, 25-28 October 2008 'Forward Together'**  
[www.befrienders.org/link/externaldelegates.html](http://www.befrienders.org/link/externaldelegates.html)

SYMPOSIUM AND CONFERENCES

**ESSSB12**  
 12TH EUROPEAN SYMPOSIUM ON SUICIDE & SUICIDAL BEHAVIOUR  
  
**12th European Symposium on Suicide and Suicidal Behaviour 27th - 30th August 2008 Glasgow - Scotland**  
 The 2nd Announcement is available at <http://www.hamptonmedical.com/pdf/2008/esssb12/announcement.pdf> **Registration is now open.**

**2008 Conference**  
 Jointly presented by the **Canadian Association for Suicide Prevention and Association Québécoise de prévention du suicide**  
**Quebec City, October 2008**  
 For more information, please check: [www.aqps.info](http://www.aqps.info)

**3RD ASIA PACIFIC REGIONAL CONFERENCE OF SUICIDE PREVENTION**  
**Suicide research and prevention in times of rapid change in the Asia Pacific Region: Opportunities and challenges**  
**31 October –3 November 2008, Hong Kong**  
 For submission of abstracts, registration details and programme overview see the website <http://csr.p.hku.hk/iasp2008>.

The conference is organized by the International Association for Suicide Prevention and the HKJC Centre for Suicide Research and Prevention, Faculty of Social Sciences, the University of Hong Kong.

**Important Dates**  
**Deadline for Abstract/Poster Submission April 30, 2008**  
**Notification of Results June 30, 2008**  
**Deadline for Early Bird Registration July 15, 2008**  
**Deadline for Normal Registration Sep 30, 2008**

