



FROM THE PRESIDENT

Maybe what we don't know can hurt us

The old adage, "Look and thee shall find," clearly explains important gaps in our knowledge about suicide prevention. Researchers have simply been looking mostly at certain populations and types of prevention activities and almost ignoring others. A survey of research publications on suicide (but not "assisted suicide") in PsychINFO and PubMed from 1 January to 31 December 2007 conducted by our centre's librarian Evelyne Pilon, indicated that some age groups and prevention methods are clearly over and under represented. We know that worldwide, most suicides occur in adulthood and in most Western countries (where most of the suicidology research is conducted) the elderly have the highest suicide rates. Yet we find that 38% of the PsychINFO research publications and 37% in PubMed concerned teens and children under age 18. This compares to 42% and 43% on adults and 19 and 12% on persons over age 65. When we examine what types of suicide prevention activities have been studied, we find that overall 46% concern evaluations of the effectiveness of medications and only 6.5% assess psychotherapy and 2.2% report on telephone help lines.

So, we know a lot more about preventing teen and youth suicides than their relative risk would seem to warrant. We also know a tremendous amount about which medications may be helpful in preventing suicide and, in comparison, very little about other prevention methods and interventions. We can understand the plethora of medication research because of the great investment in drug studies by the pharmaceutical industry. However, the popularity of studying youth suicide and the under-representation of research on adults and the elderly can only be explained by a greater interest in youth suicide prevention. One of the important challenges for suicide prevention is to attract more researchers to study the elderly and suicide in adulthood. Since the researchers themselves are adults, one would think that they should be more interested in their own peers (as well as what will occur with their peer group as they grow old). However, popular publicity focuses upon the preservation of youth and, as much as we may want to think that suicidology researchers are above such influences, the attraction of youth is prevalent in our field.

As for the dearth of studies of prevention methods other than drugs, finances cannot be ignored. Research on psychotherapy, social interventions, internet and helplines is not easy to finance. Furthermore, organizations involved in providing volunteer services or those that are not affiliated with a major university, are less likely to have the resources and a culture that promotes research on the services they offer. In order to understand more about other prevention methods and their effectiveness, we need to incite non-traditional research milieus to become involved in research studies. We also have to entice researchers to expand their horizons outside their research institutions and universities to study the wide range of suicide prevention activities that we find around the world.

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New IASP Task Force: Emergency Medicine and Suicidal Behavior

There is emerging interest in Emergency Departments (EDs) as sites for suicide prevention prompted by increasing presentations to EDs for suicidal behaviour in many countries. In response, most national strategies for suicide prevention include an explicit focus on improving assessment, treatment and management of people who present to the ED.

While suicide researchers and policy analysts are paying increasing attention to EDs as sites for screening and intervention, traditionally, suicide prevention has not been a focus for emergency physicians and other ED staff. Emergency physicians are expert in the acute management, resuscitation, and stabilization of suicide attempt patients. However, their expertise in EMS, toxicology, and medical aspects of disease has not always extended to the management of psycho-social problems. By building collaborative bridges with mental health professionals, emergency staff can better manage suicide attempt patients and help stratify those who are at imminent risk.

For these reasons, there is a need for improved collaboration between emergency medicine and suicide prevention. To address this challenge IASP has convened a new Task Force on Emergency Medicine and Suicidal Behaviour.

The Task Force has the following goals:

- To improve linkages between suicide researchers and emergency physicians and other ED staff;
- To develop systematic reviews of research about suicide prevention and emergency medicine (including screening, surveillance, interventions);
- To identify gaps in knowledge, to develop a research agenda to address these gaps, and to encourage relevant research;
- To focus on developing research and interventions which are appropriate for both developed and developing countries, and to promote research which can be generalized from developed to developing countries.
- To identify, collect and collate guidelines for emergency department management of suicidal patients which have been developed in various countries, and examine and report on their content, development and implementation;
- To work collaboratively with emergency physicians and other ED staff to develop and promote evidence based recommendations for developing and implementing suicide prevention activities in EDs.
- To assemble an international body of experts which can provide authoritative comment on issues regarding emergency medicine and suicidal patients and suicide prevention.

Planned activities

The above goals will be achieved through the following activities:

- We will develop a 'virtual network' of individuals and organisations with an interest in suicide and emergency medicine;



Dr Gregory Luke Larkin
Chair of the Emergency
Medicine Task Force

- We will organise symposia on suicide and emergency medicine at IASP congresses;
- We will develop a section on suicide and emergency medicine on the IASP website to increase awareness of IASP members about this issue, and
- We will develop a bank of experts to act as an internationally recognised, IASP-supported spokesperson on issues relating to suicide and emergency medicine;
- We will review and report on suicide and emergency medicine research, and encourage international collaborative research on these matters;
- We will act as a clearing house for international guidelines on suicide and emergency medicine, and provide summary information on their content and the processes by which they have been developed and implemented;
- We will produce recommendations for developing and implementing suicide intervention and prevention activities in emergency medicine.

Contact details

The Task Force will be chaired by Professor Gregory Luke Larkin, Professor of Surgery and Public Health, and Associate Director of Emergency Medicine at Yale University School of Medicine. Co-Chairs will be Professor Murad Khan, of the Aga Khan University in Karachi, a psychiatrist with a specific interest in emergency medicine in developing countries, and Associate Professor Annette Beautrais, of New Zealand, an ED suicide researcher. IASP members interested in joining this Task Force are invited to contact the Chair or co-Chairs (below). People interested in joining the Task Force who are not yet IASP members are invited to join IASP using the online submission form at www.iasp.info. A meeting of the Task Force will be held at the XXVth IASP Congress in Montevideo October 2009 (www.iasp.info). The Task Force will also organise symposia on emergency medicine and suicide at this congress and invites researchers interested in presenting their papers in these symposia to contact the Chairs now with their abstracts.

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