WEEKLY EPIDEMIOLOGICAL REPORT

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Prevention of suicides -The challenge (Part I)

This is the second in a series of three articles. Preceding article discussed the epidemiology of suicides. Prevention of suicides is a challenging task as people have their own unique reasons for committing suicide. Often, what works in one situation may not work in others due to the above mentioned reason. Certainly, the lessons learnt or approaches developed can be shared and translated across countries and communities, keeping the socio-cultural values and belief systems in mind. Only the combined efforts of individuals and families, communities, professionals and governments can help in mitigating the problem.

Many lives can be saved with multiple approaches and meaningful interventions. It is crucial to identify the person at risk, analyze the thoughts and circumstances and act immediately and appropriately.

Most persons pass through different stages of ambivalence and undetermined responses of "willing to live and a wish to die" before attempting suicide. The majority of these people are extremely unhappy with life, feel that the doors are closed and choices are nil. For some, suicide is an impulsive phenomenon, the impulse lasting only a short time. If the ongoing crisis can be defused, they can be pulled out of such situations.

Some of them are rigid in their thoughts and behaviour. Such people require long term persuasion to change their behaviour. Preventing suicide requires interventions at individual, family and societal levels.

You can save lives…

It is important to realize that reaching out and establishing contact with a person on the verge of suicide is the first step. This is taken by observing people, by listening to people or by hearing about people. It is also possible to observe suicidal behaviour among people around you by watching their actions, reactions and feelings. Such people can help themselves, and can be helped by others in a planned manner. Whenever people say "I wish to die," "I am sick and tired of life," "I should not live any more," "I must leave this world," it should be taken seriously, as it is a cry for help. One should not hesitate to bring up the subject, especially if the person is depressed and socially unstable. Many studies have shown that talking about suicide has never harmed anyone or precipitated suicide. It has helped many and saved their lives. Individuals should step in bravely, offering a helping hand. Whenever such people are encountered, one should:

- Try to establish contact and find out who they are
- Listen carefully and allow them to talk about themselves and their feelings
- Try to recognize the problem and understand their feelings
- Respect their thoughts and not say "You are wrong;" "You made a mistake;" "Why did you do this?"
- Know the present situation, as well as past experiences and beliefs
- Explore the possible, positive alternative options
- Identify the best possible way of helping them in the crisis
- Give them hope and optimism
- Release them from their circle of thoughts
- Engage them in social and recreational activities such as meeting people, talking to friends, listening to the radio, watching television (not films or serials showing suicides), attending social functions like marriages etc.
- Refer them to a counsellor or a mental health professional (psychiatrist, psychologist, social worker)
- Follow the advice of the doctor or counsellor strictly, especially with regard to compliance with treatment
- Be with them and help them in every possible way
- Continue to interact, listen and offer support.

Once a crisis situation has passed, it is essential to offer continued support to enable them to overcome challenges in a positive way. If previous thoughts continue to persist, support through counsellors and other professionals is required, they must be referred to the appropriate agency. Undoubtedly, all members of the society can act as counsellors in their limited way to communicate, empathize, support and show positive directions.

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What the family can do….

The family is the nucleus of all activities in an individual's life. Interpersonal conflicts, disturbed relations and non harmonious living are the principal triggering or precipitating factors for suicide, apart from specific family related factors of status, recognition and struggles. Apart from identifying those in the family with suicidal feelings, thoughts and behaviours, the family has to be the supporting and driving force for preventing suicide. Family members can effectively intervene in a number of ways by:

- Identifying warning signals of stress and suicidal tendencies. Since these expressions are unique to each culture (some are general), families have to know such tendencies
- Establishing close relations with the person by caring, listening, respecting feelings and understanding emotions
- Building on the potential strengths of the person rather than weaknesses
- Not leaving alone a person harbouring suicidal wishes
- Working gradually (rapidly in some situations) to promote the "wish to live"
- Teaching and practicing problem solving methods with the affected person and inculcating a sense of optimism
- Trying to minimize conflicts at home and developing problem solving exercises jointly with other family members
- Encouraging the person to seek timely help from a professional, suitable agency or hospital. Those with underlying mental health problems do not want to be labelled as mentally ill. Hence, persuasion is a key factor in actually taking the person to a doctor. Further, a one-time visit is not likely to result in any significant change. Regular interaction with the doctor and following the advice given are crucial elements for success
- Helping the affected person to overcome the crisis with alternative, feasible, realistic and sustainable options
- Continuing to observe the reactions and behaviour of the person and acting (fast) even at the slightest suspicion or doubt
- Keeping a specific watch on those who are elderly, terminally ill, mentally ill (depressed, alcoholic, violent and others) and disabled
- Identifying agencies in the community for assistance with regard to specific causes (schools, employment agencies, social welfare agencies, health care institutions, spiritual leaders and elders in the neighbourhood)
- By giving love, understanding and support, besides prescribed medicines, following a suicidal attempt.

Community responsibility…

To a great extent, the responsibility for preventing suicides in society rests with the community. Society should establish behavioural norms to help people grow in a healthy and positive way. Thus, positive influences in a society can influence human beings to refrain from harmful behaviour. A major problem in transitional societies is the slow breakdown of value systems, rapid reforms and accompanying conflict generated by new opportunities, and frustrations arising due to societal changes. Thus each social institution and individuals within them can play a vital role in preventing suicide. Every society needs to build social defense mechanisms covering preventive, therapeutic and after-care services to reduce suicides.

Individual communities, organizations and agencies have an extremely important role in developing preventive services, emergency services, after-care service and preventive programmes. Thus, enlisting the support of local groups is a vital step for organizing programmes and identifying resources. Local communities can help in suicide prevention programmes by taking up local issues, problems and causes with the local authorities (e.g. improving the quality of life among low-income communities, reducing violence and crime rates, removing stigma, eliminating discriminatory attitudes, influencing the local press and improving information databases on suicides). Apart from this, a number of activities can be taken up

- Area-based help lines can be established
- Greater publicity and awareness about these help lines can be generated by encouraging people to access these services and by having personnel on 24 hour duty to listen to and answer calls
- Local volunteer youth services can be developed to act as emergency help personnel for the distressed and needy in crisis situations
- Local people from various agencies can be brought together to develop an intersectoral support system based on local problems and available resources.
- Mental and social health promotional activities in schools and colleges, industries, hospitals and high-risk communities can be organized through local programmes, with the involvement of families and individuals.
- Meaningful information can be given to the local media on actual causes, situations and circumstances of suicides. High-risk places, popular with those contemplating suicide, can be made safer through increased security measures.
- Educational programmes in local languages by using local dialects and communication strategies can be facilitated for proper socio-cultural applications.

Surveillance of high-risk places….

Suicides have also been attempted in several places like hospitals, jails and lodging establishments and hence these can be "high-risk" places. It is important to develop mechanisms for preventing suicides in these places by special efforts.

Individuals who are at "high risk" of suicides in each of these places should be identified . Focused, targeted and prioritized intervention programmes should be developed for the identified persons.

- The staff in these places must be trained to identify people and keep a watch on them. Periodic on-the-job training is essential to reinforce the problem and methods of prevention.
- A screening programme should be developed at the time of registration by evaluating the personalities of inmates
- Local health personnel, legal officers, police personnel, social workers and counsellors should be involved in offering corrective help on a regular basis
- Joint interventions should be developed with family and close friends, local spiritual leaders, rehabilitation staff and professional counsellors.
- A stock of emergency first-aid material should be kept to intervene in sudden and unexpected suicidal attempts
- Special caution must be taken in placing a high-risk person along with others. This should only be done if there are no threats to others
- Potentially injurious objects (any object which people can use to hang or poison themselves) should be removed and safety features increased
- Security checks in the environment (especially hotels and lodges) should be increased
- Healthy and valuable social interactions should be promoted and people involved in recreational activities such as songs, prayers, meditation, physical exercise, good hobbies, reading, listening to the radio and watching television, to promote positive social and mental health among inmates.

Sources :
Suicide prevention, available from
http://www.searo.who.int/en/Section1174/Section1199/Section1567/Section1824_8087.htm

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

to be continued

Table 1: Vaccine-preventable Diseases & AFP

27th August- 02nd September 2011 (35th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	01	00	00	00	01	00	01	00	02	03	62	63	- 01.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	00	00	01	00	01	01	00	00	00	03	03	104	70	+ 48.6 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	16	17	- 05.9 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	27	21	+ 28.6 %
Tuberculosis	00	00	01	02	34	23	00	02	05	69	588	6157	6530	- 05.7 %

Table 2: Newly Introduced Notifiable Disease

27th August- 02nd September 2011 (35th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	10	05	12	00	04	06	08	05	06	56	48	3016	2330	+ 29.4 %
Meningitis	03 CB=3	03 KN=1 ML=1 NE=1	01 GL=1	00	00	01 KN=1	02 AP=1 PO=1	00	04 KG=4	14	11	603	1201	- 49.7 %
Mumps	15	08	04	01	10	03	05	11	03	06	26	2203	800	+ 175.4 %
Leishmaniasis	00	00	02 HB=2	00	00	01 KN=1	03 AP=2 PO=1	00	00	06	09	513	234	+ 119.2 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

DPDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008. .

Dengue Prevention and Control Health Messages

Reduce, Reuse or Recycle the plastic and polythene collected in your home and help to minimize dengue mosquito breeding.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

27th August- 02nd September 2011 (35th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	178	6925	3	150	0	6	8	137	0	48	7	298	0	7	2	53	0	2	**62**
Gampaha	54	2695	1	101	0	15	3	53	0	27	4	393	0	21	4	200	0	6	**80**
Kalutara	16	934	5	110	0	4	3	47	0	21	5	217	0	2	1	6	0	1	**92**
Kandy	41	640	8	314	0	7	1	24	1	38	4	137	1	85	1	44	0	0	**100**
Matale	4	249	1	128	0	3	0	26	0	18	0	149	1	14	0	6	0	0	**92**
Nuwara	7	143	0	291	1	4	3	46	0	89	0	41	2	55	0	18	0	1	**77**
Galle	4	593	1	73	0	6	1	15	0	6	6	129	2	32	0	9	0	5	**84**
Hambantota	2	327	2	44	0	4	0	3	4	25	12	446	1	52	1	10	0	1	**92**
Matara	3	343	1	61	0	2	0	11	0	28	9	221	4	59	0	15	0	1	**82**
Jaffna	16	246	12	178	0	3	3	196	3	71	0	2	2	193	2	23	0	1	**100**
Kilinochchi	1	45	1	16	0	3	0	9	0	12	0	2	0	8	0	3	0	0	**75**
Mannar	0	26	1	17	0	0	1	27	0	78	0	13	0	32	0	2	0	0	**100**
Vavuniya	1	65	0	24	0	11	0	8	0	47	0	44	0	2	0	1	0	0	**100**
Mullaitivu	0	15	1	42	0	1	0	3	0	9	0	5	0	1	0	2	0	0	**75**
Batticaloa	2	689	4	529	0	5	0	5	0	25	0	2	0	3	0	2	0	6	**93**
Ampara	0	105	6	98	0	1	0	9	0	28	2	56	0	1	0	7	0	0	**86**
Trincomalee	7	139	5	567	0	2	0	5	0	9	0	87	0	7	0	7	0	0	**100**
Kurunegala	13	677	4	259	0	12	0	80	0	69	2	1404	2	66	2	30	0	4	**83**
Puttalam	6	377	0	153	0	1	0	25	0	9	0	99	0	17	0	6	0	2	**67**
Anuradhapu	6	213	2	104	0	1	0	3	0	33	0	237	0	16	1	15	0	1	**89**
Polonnaruw	4	236	0	96	0	1	0	9	0	22	1	78	0	1	0	15	0	0	**86**
Badulla	15	459	6	269	0	5	0	48	0	9	0	64	3	67	3	52	0	0	**94**
Monaragala	6	178	4	74	0	4	0	30	0	10	0	170	1	57	4	54	0	0	**100**
Ratnapura	5	663	0	409	0	5	2	43	0	17	8	406	0	26	0	33	0	2	**78**
Kegalle	19	526	1	91	0	12	1	60	0	23	2	266	0	27	4	146	0	0	**82**
Kalmune	1	28	4	500	0	0	0	1	0	25	0	5	0	2	0	3	0	1	**92**
SRI LANKA	**90**	**17536**	**73**	**4698**	**01**	**118**	**26**	**923**	**08**	**796**	**62**	**4995**	**19**	**853**	**25**	**762**	**00**	**34**	**87**

Source: Weekly Returns of Communicable Diseases WRCD).
***Dengue Fever / DHF** refers to Dengue Fever / Dengue Haemorrhagic Fever.
****Timely** refers to returns received on or before 02nd August , 2011 Total number of reporting units =327. Number of reporting units data provided for the current week: 285
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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