

Profile Of Patients At High Suicide Risk: Data From Life Promotion Clinic

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People with a history of suicidal behaviour are at higher risk for suicide and are an important target group for suicide prevention. Consequently, in 2004 the Australian Institute for Suicide Research and Prevention established the Life Promotion Clinic - the first outpatient clinic in Australia to provide specialised treatment for people with a history of suicidal behaviour, conducting research into suicidal behaviour and its treatment. The aim of this presentation is to present a profile of the patients who attended the clinic from 2004 to 2010. The data were collected at the time of patients' first appointment at the clinic using a Registration Form and the following questionnaires: Beck Scale for Suicide Ideation; Beck Hopelessness Scale; World Health Organization Quality of Life: Brief Version; Depression Anxiety Stress Scales; and Impulsiveness Questionnaire. Patients were predominantly females, aged 15-44 years and single. More than three thirds of the cases attempted suicide at least once. At the time of their appointment the majority of patients still reported an active or a passive desire to kill themselves and had high Impulsiveness scores. Half of the patients expressed severe levels of hopelessness, presented extremely severe depression and anxiety and rated their quality of life as 'poor' or 'very poor'. This profile suggests that clients of the Life Promotion Clinic are people who remain at high risk for subsequent suicidal behaviour. Outcomes of treatment and difficulties in the follow-up of this particular type of clientele are presented and discussed.

Pesticide Suicides In Asia: A Literature Review

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Introduction: Pesticide ingestion accounts for most suicides in Asia. Pesticide regulation in terms of imposing bans on lethal pesticides and making less accessible to others is recognized as an effective strategy reducing suicides and attempts. In the absence of national programs in the region, evidence available from local studies need to be revisited to broaden our understanding of the relationship between pesticide regulation and suicides and attempts.

Objective: To review published articles on pesticide regulation and rates of suicides and attempts in Asian countries.

Methods: MEDLINE (PubMed) database was searched for articles published in English using keywords; suicides, pesticides, prevention, Asia. The references of each retrieved study were checked to recover studies that were missed in the database search.

Results: Banning lethal pesticides significantly reduced overall suicide rates in Sri Lanka while the rates were increasing in India. Studies have not focused on its impact on suicidal attempts. Effectiveness of safe storage and improved medical care are still on pilot study stage.

Conclusion: Pesticide regulation alone probably reduces suicides in Asia while evidence of its evidence on suicidal attempts is not available. Cost - effectiveness of safe storage, improved primary medical care to poisoning and strengthening community -based support systems and mental health services are yet to be studied.

Recommendation: Sri Lankan experience of reducing suicides due to pesticide regulation needs to be closely followed while available knowledge should be translated into practice in other larger countries such as India and China. Coordinated governmental level Asian initiative is urgent.

Cald Community Connections: Reducing Suicide Within Tasmania's Cald Communities

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The Phoenix Centre's suicide prevention project responds to the needs of culturally and linguistically diverse (CALD) communities by a) reducing stigma associated with mental health and suicide, b) increasing the capacity of CALD communities to respond to suicidal crises, c) increasing connectedness within communities, and d) providing individual support. Project activities include workshops, information packages, and wellbeing groups, along with counselling support and facilitated referrals for individuals. In addition, the project has worked with key organisations to develop the capacity of service providers to meet the needs of CALD communities. A key component of the project has been the expansion of Multicultural Mental Health Australia's *Stepping Out of the Shadows* program to include a suicide prevention component developed in conjunction with Lifeline.

Participants indicated the program enabled concepts and issues, which were previously avoided by members of their communities, to be discussed openly, and increased capacity for recognition and supportive responses to mental health issues as well as suicide. Yoga, hip hop, drumming, bushwalking and a youth camp have provided wellbeing group members the opportunity to meet others, develop friendships, reduce isolation, as well as develop a stronger sense of self, place and belonging. The success of this program has been due to ongoing consultation with community members and service providers, a strong emphasis on collaboration and the development of strategies which address the needs of CALD individuals and communities.