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World Federation for Mental Health
6564 Loisdale Court, Suite 301
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Phone: 703.313.8680 Fax: 703.313.8683
Email: info@wfmh.com

June 1, 2006

The World Federation for Mental Health is pleased to provide you with the 2006 World Mental Health Day global mental health education campaign materials packet. We encourage you to make full use of the materials and resources included in this year's packet to organize and commemorate World Mental Health Day in your community and country.

This year's campaign theme, *Building Awareness-Reducing Risk: Mental Illness and Suicide*, calls attention to one of the world's greatest public health epidemics. The World Health Organization estimates that there are one million suicide deaths each year, representing 1.4% percent of the total global burden of disease. It is also estimated that half of all people who die by suicide have at least one (often undiagnosed) mental illness or abuse alcohol or other drugs. The 2006 World Mental Health Day campaign provides an in-depth look at the role in which mental illnesses play in suicide. We hope that our collective efforts will also serve as a powerful strategy to counter the commonly held perception that mental illnesses are a "secondary" health concern that can be delayed until more "immediate and pressing" healthcare concerns have been addressed. Left unrecognized, undiagnosed, and untreated, mental illnesses can be fatal, and must be addressed as an integral public, physical and mental health issue of utmost priority.

WFMH is extremely pleased to be entering into collaboration with the International Association for Suicide Prevention to jointly promote World Suicide Prevention Day (September 10) and World Mental Health Day (October 10). This collaboration will add to the impact and benefit of both of these global awareness days, and will increase the value that each of the days has in improving public awareness, reducing stigma and discrimination, and promoting service and policy advocacy to address the global impact that suicide associated with mental illnesses has on the global burden of disease. We encourage you to use this year's campaign theme and materials to promote these messages in your country. Reducing public misunderstanding and stigma about both mental illness and suicide can help break down the barriers that prevent too many people from seeking available treatment for mental and behavioral problems.

I would also call your attention to the Richard C. Hunter Excellence in World Mental Health Day Program Memorial Award established by WFMH in 2004, and encourage you to submit an application for that award describing your 2006 World Mental Health Day activities based on this year's theme.

On behalf of WFMH's Board of Directors and staff, I wish you great success as you commemorate World Mental Health Day 2006 on 10 October, and as you continue your important work throughout the next year.

Sincerely,

Shona Sturgeon

Shona Sturgeon
President
WFMH Board of Directors

WORLD OF THANKS

The theme for World Mental Health Day 2006, *Building Awareness-Reducing Risk: Mental Illness and Suicide*, focuses attention on a growing public health issue, and one which needs the priority attention of professionals and advocates working in the mental health sector worldwide. The 2006 World Mental Health Day campaign will provide an in-depth look at the role in which mental illnesses play in suicide, and will serve as a powerful strategy to counter the commonly held perception that mental illnesses are a “secondary” health concern that can be delayed until more “immediate and pressing” healthcare concerns have been addressed.

We have worked hard this year to make additional design and format enhancements to the campaign materials and to make them easily reproducible for optimal use and distribution. We have also brought back the sample “World Mental Health Day Proclamation” and sample media releases. We encourage you to make copies and distribute this information throughout your communities.

The WFMH extends its appreciation and gratitude to those who have been influential in this year’s campaign. *Presenting Facts with Flair* writer, Milly Dawson, MS, our principal writer; our 2005 Summer Intern, Caleb Ward, for his excellent background paper; those many people who offered advice on the theme and materials; Cohn & Wolfe Healthcare UK for the cover design and creative assistance; the WFMH staff for their teamwork and dedication; and the members of our Science Advisors Panel for their tremendous support, advice, and assistance. We also wish to express a special thanks to all of those organizations that gave us permission to adapt and use their material in this packet.

WFMH wishes to offer special acknowledgement to Dr. Brian Mishara and Dr. Annette Beautrais of the International Association for Suicide Prevention for their consultation, editing, and overall assistance. The collaboration between WFMH and IASP has been extremely valuable to the development of this year’s World Mental Health Day campaign.

A campaign of this scope would not be possible without the financial assistance we receive from our generous sponsors. We would like to acknowledge the WMHDay sponsors and contributors for this year: Eli Lilly and Company was our major sponsor for the 2006 campaign, along with contributing support from AstraZeneca, Bristol-Myers Squibb, Organon International, Otsuka America, US Center for Mental Health Services and the Charles E Kubly Foundation. The continued support of these sponsors makes it possible for the WFMH to send this packet to thousands of organizations all over the world, free of any charge.

WFMH owes special gratitude to Dr. L. Patt Franciosi, WFMH Immediate Past President and Chair of World Mental Health Day. Patt has been one of the strongest advocates for World Mental Health Day throughout her tenure on the WFMH Board of Directors, and has served as a valued supporter for the campaign theme and a key advisor to this year’s project.

Most of all, WFMH thanks the many individuals and organizations around the world for their leadership efforts in organizing events and programs to commemorate World Mental Health Day in their communities and countries on October 10. Without those efforts, World Mental Health Day would not reach the wide audience it does and would have no impact on improving awareness, understanding and acceptance of mental illnesses or the need to promote emotional and mental health.



VISION

THE WORLD FEDERATION FOR MENTAL HEALTH ENVISIONS A WORLD IN WHICH MENTAL HEALTH IS A PRIORITY FOR ALL PEOPLE. PUBLIC POLICIES AND PROGRAMS REFLECT THE CRUCIAL IMPORTANCE OF MENTAL HEALTH IN THE LIVES OF INDIVIDUALS.

MISSION

THE MISSION OF THE WORLD FEDERATION FOR MENTAL HEALTH IS TO PROMOTE THE ADVANCEMENT OF MENTAL HEALTH AWARENESS, PREVENTION, ADVOCACY, AND BEST PRACTICE RECOVERY FOCUSED INTERVENTIONS WORLDWIDE.

GOALS

To heighten public awareness about the importance of mental health, and to gain understanding and improve attitudes about mental disorders

To promote mental health and prevent mental disorders

To improve the care, treatment and recovery of people with mental disorders

WORLD FEDERATION FOR MENTAL HEALTH
"Making Mental Health Global"

“TIPS” AND SUGGESTIONS ON PLANNING YOUR 2006 WORLD MENTAL HEALTH DAY COMMEMORATION

Thank you for your interest in planning and conducting events to commemorate World Mental Health Day 2006 - the fourteenth annual global mental health awareness campaign organized by the World Federation for Mental Health. Every year since 1992, local, regional and national non-governmental organizations and governmental agencies in countries throughout the world have participated in commemorating World Mental Health Day. For those who will conduct campaign activities for the first time this year, know that you are joining a rapidly growing worldwide public awareness and education effort that can collectively improve the general public's understanding and acceptance of our shared goals to improve mental health services, promote positive mental health practices across the life span, and reduce the still prevalent stigma and discrimination that all too often is associated with mental health and mental illnesses.

WFMH is happy to be able to offer you some “tips” and suggestions that may be of help in making your 2006 World Mental Health Day campaign a great success.

Connect with local suicide prevention programs and support groups to work collaboratively - WFMH has joined with the International Association for Suicide Prevention (IASP) to jointly promote World Suicide Prevention Day (September 10) and World Mental Health Day (October 10). We hope that this collaboration will maximize the impact of both days and encourage cooperative efforts and activities at the local, regional and country levels. If you have a suicide prevention program, hotline, or support group in your area, contact them to see if they would join you in planning and presenting jointly sponsored events and programs. You can learn more about World Suicide Prevention Day at the IASP website <http://www.med.uio.no/iasp>.

Plan and Conduct a “Citizen’s March for World Mental Health Day” - In a number of communities around the world, mental health advocates, consumers, family members and professionals join together to carry out a “citizen’s march” on October 10 to kick off World Mental Health Day. Often the “march” will end with a rally or other public “kick-off” event, either in a park or public plaza. The purpose of these “marches and rallies” is to call the general public's attention to the fact that the theme for World Mental Health Day addresses an important public and personal issue. When planning to organize a public “march” or “rally,” be sure to check with your local government authorities regarding necessary parade permits and security requirements, and to seek their support and cooperation. It may sound like a lot of work (and it is), but World Mental Health Day marches and rallies have proven very popular in many communities over the years.

Schedule and hold a Media Conference to promote the World Mental Health Day theme - When carefully planned and organized, local media conferences can help increase reporting and publicity for your World Mental Health Day events. When planning a media conference, it is important to have a “news hook” beyond just the event itself. You might want to work with your local mental health service agency, crisis hotline, or governmental officials to gather statistics and information about mental illness and suicide in your community and country, and prepare a brief report to release during your media event. If you can locate a well-known celebrity or public figure who has some personal or family experience with mental illness or suicide, and who is willing to discuss their experiences, the chance of attracting good media coverage will increase. You may wish to seek out a state or national government health official who would be willing and available to speak to, and be interviewed by, the media on topics relating to mental illness and suicide, national policy issues, and other areas of interest related to the World Mental Health Day theme.

Contact Local or Country Offices of WFMH's World Mental Health Day Sponsors to seek their support - WFMH is fortunate to have attracted a number of continuing corporate sponsors that help make World Mental Health Day possible through funding for the campaign materials development and production. Their support allows WFMH to distribute the WMHDay packets to over 3500 organizations worldwide without charge. Many of these companies have local and country offices around the world. A little research can help you locate offices of these corporations whom you might approach to solicit support for your WMHDay events. There are also probably other companies, local foundations or charities, and private or government agencies that could assist you in your efforts. Don't be afraid to ask, and to say “thanks” for their support of World Mental Health Day.

Organize and hold a "Mental Health Fair" on World Mental Health Day - Health Fairs are very popular public events, and aren't very costly to organize. Find a suitable meeting room, invite health and social service organizations in your community to reserve a table where they can display and distribute educational materials, and promote your event to the community. These events offer great opportunities to conduct "depression awareness and screening" programs (recruit local mental health professionals to work with you on this), distribute flyers (such as those included in this year's WMHDay packet that can be easily reproduced), and to recruit new members and volunteers for your organization.

Prepare and have a World Mental Health Day Proclamation or Resolution released by a government official - In a number of countries, the nation's President, Prime Minister, or Minister of Health sign and release an official Proclamation or Resolution declaring October 10 as World Mental Health Day in the country. This is great promotion for the Day and the theme. Local, state, and provincial organizations can also use this strategy to promote their events by getting a mayor, governor, or head of the city council to sign and release a proclamation (such as the sample included in this year's packet). It is an important way to build awareness of the issues and support for your organization's ongoing work.

Consider starting a support group for family members who have experience with mental illness and suicide - Many parents, spouses, and children who have had to deal with suicidal behavior or the death of a loved one suffer in silence and alone. Support groups for family members who have experienced the trauma and grief following an attempt or completed suicide are a needed and well-received service in many communities. If no such group exists in your community, perhaps this is a service your organization could consider starting. For information about groups such as these, or to consider establishing a local "helpline" service, contact an organization such as Befrienders Worldwide (www.befrienders.org), or IFOTES (www.ifotes.org).

Remember, "It is not how much you can do to help others that matters - it is that you do something!!"

"Building Awareness-Reducing Risk: Mental Illness and Suicide"
WORLD MENTAL HEALTH DAY 2006

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WORLD MENTAL HEALTH DAY 2006

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2006 WMHDAY SPONSORS

The WFMH would like to thank the following Sponsors of this year's WMHDay project. Their assistance has been instrumental in the production and distribution of this publication.

ELI LILLY and COMPANY



ASTRAZENECA



BRISTOL MYERS SQUIBB



CENTER FOR MENTAL HEALTH SERVICES



CHARLES E KUBLY FOUNDATION



ORGANON INTERNATIONAL



OTSUKA AMERICA



2006 WMHDAY REPORT FORM

How Did You Celebrate The Day?

Here is your chance to let us know about your World Mental Health Day events and help us improve future education packets. The strength of this project lies in the effect it has in the field - therefore we urge you to send in a report of your 2006 activities. We hope everyone will join in, not only by doing something to 'spread the word' but also by letting the rest of the world know what you are doing by writing back to us! Every event - no matter how large or small - is important to us. And all pictures, news articles, and promotional materials are welcome. Most of the prominent activities, if received by 28 February 2007, will be up on the WFMH Website. We look forward to hearing from all of you!

(PLEASE PRINT ALL INFORMATION)

NAME:

ORGANIZATION:

ADDRESS:

PHONE:

FAX:

EMAIL:

1. How has this educational packet improved your ability to educate people in your community?

2. What impact has the WMHDAY program had on -

- Reducing stigma in your community?
- Improving treatment or access to means of treatment?
- Bringing more attention to your organization and work in the community?

3. Where and how did you use the material in this packet?

4. How many people did you reach with your event? What kinds of people did you reach?

5. If you were to choose the one outcome that you are most proud of accomplishing through your World Mental Health Day Event, this year, what would it be? (Use additional pages, if needed)

6. How will you follow up with what you did for WMHDay this year?

Do you know of anyone who would be interested in obtaining a copy of future World Mental Health Day Educational Material? Please PRINT their name and address below:

Name:

Organization:

Address:

Phone:

Fax:

Email:

Please return this form by mail to:
World Federation for Mental Health
6564 Loisdale Court, Suite 301
Springfield, VA 22150
wmhday@wfmh.com

2006 World Mental Health Day Proclamation

WHEREAS, the World Federation for Mental Health has designated “Building Awareness - Reducing Risk: Mental Illness and Suicide” as the primary focus of World Mental Health Day 2006; and

WHEREAS, an estimated 1,000,000 people die by suicide each year - One death every 40 seconds; and

WHEREAS, 450 million people worldwide are affected by mental, neurological or behavioral problems at any time; and

WHEREAS, mental disorders are associated with more than 90% of all cases of suicide; and

WHEREAS, the stigma associated with mental illness and suicidal behaviour works against early intervention and prevention by keeping persons at risk of completing suicide from seeking lifesaving help; and

WHEREAS, reducing the risk of suicide and the incidence of mental illnesses should be encouraged to the maximum extent possible:

NOW, THEREFORE, BE IT RESOLVED that I, _____, encourage all citizens of _____ to join in year round efforts to:

- Increase awareness that mental illnesses and suicide are major local, national and worldwide health problems impacting the well-being of individuals, families, communities and nations;
- Support efforts to raise awareness and disseminate information about the risk factors and warning signs associated with mental illness and suicide;
- Encourage the implementation of strategies to reduce stigma and discrimination associated with being a consumer of mental health, substance abuse and suicide prevention services;
- Promote the adoption of policies and funding needed to implement prevention, intervention, and treatment activities that are effective in reducing the risk of suicide and suicide attempts;
- Promote increased availability of and access to mental health and substance abuse diagnosis, intervention, and treatment services; and
- Promote and support research and education programs to reduce the risk of suicide in the general population and among people with a mental illness.

I urge all my fellow citizens to take part in the activities designed for the observance of WMHDay, October 10, 2006.

Signature

Date

The Richard C. Hunter Mental Health Day Award

2006 Nomination Form

Nominee Name: _____

Organization Name: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Email: _____

Please read the information below carefully before submitting your nomination

Deadline: Material must be received no later than January 31, 2007. Send material and nomination form to WFMH Secretariat, 6564 Loisdale Court, Suite 301, Springfield, VA 22150 USA or email to dmaguire@wfmh.com or fax to US+703.313.8683.

General Information:

Purpose: To recognize those individuals or organizations who produce and carry out activities under the auspices of WMHDay. The RCH Mental Health Day award will be presented annually in honor of an outstanding WMHDay activity that has created awareness of the year's theme and of mental health in general.

All material sent in will be reviewed and a final winner will be chosen by May 1, 2007. The chosen person or organization will be notified and sent a special award as the RCH Mental Health Day Award winner, along with a mention on our website and their material displayed at our 2007 World Congress in Hong Kong.

Criteria

- The activity will have focused on the current years theme.
- The activity will have had to occur at some point during 2006.
- The nominee will need to have information on the numbers of possible people reached/influenced, material handed out and in what type of arena this was held.
- Pictures, reports, articles, documents, etc should be sent in to help substantiate the depth and reach of the event.

World Federation for Mental Health

MEMBERSHIP APPLICATION

If you are not yet a member of the World Federation for Mental Health, why not join NOW? Join and become a part of the worldwide mental health movement to help improve the mental and emotional well being of people around the world! Send in your membership form and become a part of the only international, multidisciplinary, grassroots advocacy and education organization concerned with all aspects of mental health!

TYPES OF MEMBERSHIP

- I Individual membership, for any individual who would like to join WFMH.
- I Affiliate membership, for organizations that would like to be affiliated with WFMH.
- I Voting membership, for national or international organizations that would like to help with the matters related to WFMH, both internally and externally. Applications are available upon request.

MEMBERSHIP BENEFITS

- I Opportunities for networking and collaboration with colleagues in other parts of the world with common interests and concerns
- I WFMH newsletter - bringing you timely information on global mental health issues
- I Annual reports of WFMH's activities
- I Reduced rates at some WFMH events including regional seminars and conferences as well as the Biennial World Congresses
- I Copies of WFMH Special Reports and Publications

MEMBERSHIP FEES

Individual membership

Regular member (developed countries)	\$35
Developing country member (designated by OECD)	\$15

Affiliate membership

Libraries	\$40
Annual budget below \$100,000	\$50
Annual budget of \$100,000-\$999,999	\$150
Annual budget of over \$1 million	\$300

Application on other side

Please circle the type of membership you are applying for:

Individual membership

Affiliate membership

Regular \$35

Library \$40

Developing country \$15

Budget below \$100,000 \$50

Budget of \$100,000 - \$999,999 \$150

Budget over \$1 million \$300

Please provide the following information:

Organization name *(only if applying as an affiliate member)*

Main contact person _____

Title _____

Address _____

Telephone _____ Fax _____

E-mail _____

Payment:

Please charge my Visa or MasterCard *(circle one)*

Credit Card number _____

Expiration date _____

Name on card _____

Signature _____

Check, bank draft or money order enclosed (payable to WFMH)

Please return this form along with your payment (in U.S. Dollars) to:

WORLD FEDERATION FOR MENTAL HEALTH
6564 Loisdale Court, Suite 301
Springfield, VA 22150
USA

FOCUS OF 2006 WORLD MENTAL HEALTH DAY IS ON MENTAL ILLNESS AND SUICIDE

Mental health organizations around the world, including some in {YOUR CITY/TOWN}, are making plans to observe the fourteenth annual World Mental Health Day on October 10. The theme for this year's global mental health awareness campaign organized by the World Federation for Mental Health addresses one of the world's most pressing public health problems - the high prevalence of suicide among people with a mental illness.

On October 10, the [YOUR ORGANIZATION] will join mental health service, education and advocacy groups in over 100 countries to conduct public awareness, education and advocacy events that will bring these issues to the attention of the general public, primary healthcare professionals, public health officials, and policymakers. The campaign combines both education and advocacy strategies intended to improve public understanding and attitudes about people with mental illnesses and to encourage governmental officials to increase the effort necessary to direct more resources towards addressing the early recognition and treatment of mental health problems.

This year's campaign theme is "Building Awareness-Reducing Risk: Mental Illness and Suicide." It was selected to call attention to the fact that suicide is often a consequence of failing to recognize and treat serious mental illnesses, such as depression and schizophrenia. Studies from both developed and developing countries show a high prevalence of mental illness among those who die by suicide. The World Health Organization estimates that, of the 1 million people who die from suicide each year, up to 90% have at least one, often undiagnosed and untreated, mental illness or abuse alcohol or other drugs. These facts should motivate governmental bodies and officials to pay greater attention to the negative social and economic consequences that result from failure to implement progressive national policies and strategies to address the unmet needs of people with mental illnesses and at-risk for suicide.

The devastation that suicide brings for relatives, as well as the immense personal suffering people with a mental illness and contemplating suicide endure, makes this one of the most pressing issues for the entire community to address. One of the key messages that the World Federation for Mental Health hopes will be communicated through local World Mental Health Day campaigns is that suicide should not be accepted as a tragic but unavoidable aspect of mental illnesses. A number of research studies have shown that at least one-fifth of suicides among people with serious mental illnesses are preventable.

Tackling the problem of reducing the risk of suicide among people with mental illnesses, and in the general population, requires increased resolve and political will from health care systems, mental health professionals, and governmental officials. Health care services must strive towards prompt diagnosis of those with mental illnesses. Adequate and appropriate treatment options must be made available, along with comprehensive rehabilitation programs. Public health approaches need to include increased attention to eradicating the persistent stigma and discrimination that has historically surrounded both mental illness and suicide so that those in need of help will be more likely to come forward to seek treatment and support during the early stages of their disorder.

Focusing the theme for this year's World Mental Health Day campaign on mental illness and suicide sends a powerful message to counter the all too often held perception that mental illnesses are a secondary health concern that can be delayed until more immediate and pressing health care issues have been addressed. Left untreated, mental illnesses can be fatal, and thus they must be addressed as an issue of utmost importance.

WORLD MENTAL HEALTH DAY 2006
SAMPLE MEDIA RELEASE

[YOUR ORGANIZATION] ANNOUNCES PLANS FOR
WORLD MENTAL HEALTH DAY 2006 ON OCTOBER 10

FOR IMMEDIATE RELEASE

The {YOUR ORGANIZATION} will celebrate World Mental Health Day 2006 with a [education program, workshop, public event, etc.] on 10 October in [YOUR TOWN/CITY].

The theme for World Mental Health Day 2006 is *Building Awareness-Reducing Risk: Mental Illness and Suicide*, and addresses one of the world's major public health concerns. The World Health Organization estimates that over 1 million people die by suicide each year, and that non-fatal self-inflicted injuries are probably at least 20 times greater than completed suicides. According to recent WHO studies of suicide rates in countries around the world, the suicide rate for {YOUR COUNTRY} is _____ per 100,000 persons.

"In many cases, suicide represents a tragic consequence of failing to recognize and treat severe mental illness," said [YOUR ORGANIZATION'S PRESIDENT OR SPOKESPERSON]. "Studies from both developed and developing countries show a high prevalence of mental illnesses among those who die by suicide.

The WHO estimates that 90% of people completing suicide have at least one (often undiagnosed and untreated) mental illness, or abuse drugs or alcohol. This is a major health problem that represents 1.4% of the global health burden. It needs the public's attention and action by our governments." {YOUR ORGANIZATION} is organizing this year's World Mental Health Day activities to call for greater understanding and action regarding suicide and mental illness."

[INCLUDE HERE A BRIEF DESCRIPTION OF YOUR PLANNED WMHDAY ACTIVITIES, INCLUDING TIMES, DATES, LOCATION, KEY SPEAKERS.]

The World Federation for Mental Health organizes World Mental Health Day each year. It is the only global public awareness campaign focusing exclusively on major mental health topics. World Mental Health Day was first commemorated in 1992, and is now observed on October 10 in over 100 countries.

*NOTE: Specific information about your country's suicide rates can be found at:
www.who.int/entity/mental_health/prevention/suicide_rates/en/*

RESOURCES & WEBSITES

American Association of Suicidology
5221 Wisconsin Avenue, NW
Washington, DC 20015
USA
www.suicidology.org

American Foundation for Suicide Prevention
120 Wall Street, 22nd Floor
New York, NY 10005
USA
www.afsp.org

American Psychiatric Association
1000 Wilson Blvd, Suite 1825
Arlington, VA 22209-3901
USA
www.psych.org

American Psychological Association
750 First Street, NE,
Washington, DC 20002-4242
USA
www.apa.org

Australian Institute for Suicide Research and
Prevention (AISRAP)
Griffith University
Mt Gravatt Campus
Brisbane Queensland 4111
AUSTRALIA
www.griffith.edu.au/aisrap

Befrienders Worldwide/Samaritans
International Officer
Samaritans
Upper Mill, Kingston Road
Ewell, Surrey
KT17 2AF
UNITED KINGDOM
www.befrienders.org / www.samaritans.org

Canadian Mental Health Assn
Centre for Suicide Prevention
#320 1202 Centre St. S.E.
Calgary, Alberta
CANADA T2G 5A5
www.suicideinfo.ca

Canadian Assn for Suicide Prevention (CASP)
The Support Network
301, 11456 Jasper Avenue
Edmonton, Alberta T5K 0M1
CANADA
www.suicideprevention.ca

Center for Mental Health Services
SAMHSA
5600 Fishers Lane
Rockville, MD 20857
USA
www.mentalhealth.samhsa.gov/cmhs

Depression and Bipolar Support Alliance (DBSA)
730 N. Franklin Street, Suite 501,
Chicago, Illinois 60610-7224
USA
www.dbsalliance.org

IFOTES
11, Palace du Port
Rolle 1180
SWITZERLAND
www.ifotes.org

Irish Association of Suicidology
16, New Antrim St
Castlebar, Co. Mayo
IRELAND
www.ias.ie

International Association for Suicide Prevention
I.A.S.P. Central Administrative Office
Le Barade, F-32330 Gondrin
FRANCE
www.med.uio.no/iasp

LifeLine International
PO BOX 553
Anerley 4230 KZN
SOUTH AFRICA
www.lifeline.web.za

LivingWorks
www.livingworks.net

Mentality
The Sainsbury Centre for Mental Health
134-138 Borough High Street
London SE1 1LB
UNITED KINGDOM
www.mentality.org.uk

MIND, the Mental Health Charity
15-19 Broadway
London E15 4BQ
UNITED KINGDOM
www.mind.org.uk

Ministry of Health New Zealand
133 Molesworth St
P.O. Box 5013
Wellington
NEW ZEALAND
www.moh.govt.nz/mentalhealth

National Institute for Mental Health
Suicide Research Consortium
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663 USA
www.nimh.nih.gov/suicideresearch/consortium.cfm

Rethink, Head Office
5th Floor, Royal London House
22-25 Finsbury Square
London EC2A 1DX
UNITED KINGDOM
www.rethink.org

Samaritans of Singapore
Blk 10, Cantonment Close, #01-01
Singapore 080010
SINGAPORE
www.samaritans.org.sg

Suicide Awareness Voices of Education (SAVE)
9001 E. Bloomington Fwy
Suite #150
Bloomington, MN 55420
USA
www.save.org

Suicide Prevention Action Network of USA (SPAN)
1025 Vermont Avenue, NW, Suite 1066
Washington, DC 20005
USA
www.spanusa.org

Suicide Research and Prevention Unit
University of Oslo
Sognsvannsvn 21, Bygning 12
N-0320 Oslo
NORWAY
Phone 47 22 92 34 73
Fax 47 22 92 39 58
www.med.uio.no/ispy/ssff/hovedengelsk.htm

Sumaitri
1 Bhagwandas Lane
Aradhana Hostel Complex Basement
New Delhi 110 001
INDIA
www.sumaitri.org

World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
www.who.int

Canterbury Suicide Project (New Zealand)
www.chmeds.ac.nz/RESEARCH/SUICIDE/suicide.htm

Gay, Lesbian, Bisexual & Transgendered Resources
www.youth-suicide.com/gay-bisexual/index.htm

MindFrame for the Mental Health Sector
"Suicide and Mental Illness in the Media"
www.mindframe-media.info/mentalhealth

Libraries and Directories on Suicide
<http://mentalhealthlibrary.info/library/sui/suigen/suigenlib/sui.htm>

World-wide Suicide and Crisis Hotlines
<http://suicidehotlines.com/international.html>

International Suicide Hotlines:
www.preventsuicidenow.com/suicide-hotlines-international.html

This is by no means a complete list of possible resources on the 2006 theme. We hope this partial list will help you further educate yourself on the issues of suicide and mental illness but do not hesitate to search further for additional information.

September 10, 2006

World Suicide Prevention Day

"WITH UNDERSTANDING, NEW HOPE"

September 10, 2006 is World Suicide Prevention Day. Each year the International Association for Suicide Prevention (IASP), in collaboration with the World Health Organisation, uses this day to call attention to suicide as a leading cause of premature and preventable death. This year's theme is "With understanding, new hope" and the focus is upon translating current scientific knowledge and research about suicidal behaviour into practical programmes and activities that can reduce suicidal behaviour and save lives. We invite the public, societies, communities, researchers, clinicians, practitioners, politicians and policy makers, volunteers, those bereaved by suicide and interested groups and individuals to join with us on World Suicide Prevention Day to develop activities to enhance understanding about suicide and to demonstrate ways in which knowledge about suicide can be translated into effective suicide prevention programmes. This year the World Federation for Mental Health has joined IASP in promoting activities on World Suicide Prevention Day.

SUICIDAL BEHAVIOUR: THE EXTENT OF THE PROBLEM

Already in this new century there have been more than 5 million suicide deaths worldwide. Each year approximately one million people in the world die by suicide. Suicide is an important public health problem in many countries, and is a leading cause of death amongst teenagers and young adults.

In addition, it is estimated that there are from 10-20 times as many suicide attempts as suicide deaths. At a personal level, all suicide attempts, regardless of the extent of injury, are indications of severe emotional distress, unhappiness and/or mental illness.

Suicide and suicide attempts have serious emotional consequences for families and friends. The burden of bereavement by suicide can have a profound and lasting emotional impact for family members. The families of those who make suicide attempts are often especially anxious and concerned about the risk of further suicidal behaviour, and about their responsibilities in trying to prevent further attempts.

SUICIDAL BEHAVIOUR: WHAT IS KNOWN

Mental illness is the most important factor that predisposes people to suicidal behaviour. People with mental illness have a 10-fold increased risk of suicide compared with people without such illness. In most Western countries almost 90% of people who die by suicide have a diagnosable mental disorder. In some Asian countries, including China, the proportion with mental disorder is much less, although mental disorders still play an important role in suicidal behaviour. The disorders commonly associated with suicidal behaviour are depression, bipolar disorder, alcohol and substance abuse and schizophrenia. Of these, depression is the most common. Nevertheless, the vast majority of persons with a mental illness will not die by suicide: despite the increased risk associated with mental illness, most persons with a mental health problem do not experience the life stresses or other risk factors that contribute to suicide risk, or they receive adequate help to deal with their problems.

A family history of suicide is a strong risk factor for suicidal behaviour. People who have made a previous suicide attempt have increased risks of making further suicide attempts and of dying by suicide.

Poor socio-economic, educational, and social circumstances and poor physical health are also associated with suicidal behaviour

Stressful events such as relationship break-ups, loss of loved ones, arguments with family or friends, financial, legal or work-related problems and events that lead to shame or humiliation can precipitate suicide attempts. The availability of lethal methods of suicide is an important risk factor for suicidal behaviour and an important determinant of whether an attempt will result in death.

Recent developments in genetic research are helping us better understand the possible genetic basis for susceptibility to suicidal behaviour and the ways in which genetic predispositions to suicidal behaviour may be influenced by the environment. Biochemical abnormalities in the brain, particularly in the serotonergic system, and particularly related to impulsivity and aggression, also appear to be involved in increasing the risk of suicidal behaviour.

SUICIDAL BEHAVIOR: WHAT NEEDS TO BE DONE

The challenge facing the 21st century lies in translating knowledge about why people attempt to take their lives into effective strategies, policies, programmes and services to reduce the tragic loss of life and the devastating effects of suicidal behaviour. However, based on our current understanding, the promising areas for suicide prevention include:

Educating physicians about recognising, treating and managing depression and suicidal behaviour can reduce suicide rates. This approach is based on our knowledge that, often, depression is under-recognised and inadequately treated.

Restricting access to lethal means of suicide: Reducing access to particular means of suicide can reduce the rate of suicide by that method, and sometimes, can reduce total suicide rates.

Educating community gatekeepers: Programmes that focus on enhancing the skills of community, organisational and institutional gatekeepers (including clergy, those who work in schools, prisons, workplaces, and homes for the elderly) can improve identification and referral of people at risk of suicidal behaviour.

Providing help in crisis situations: Recent research from the USA and Canada suggests that people at risk of suicide are often helped by telephone help lines and other crisis organisations. However the best help is not always provided by some centres.

Screening programmes: A series of promising programmes have been developed that screen directly for suicide risk or for mental illnesses which are known to increase suicide risk. These programmes have typically been used in schools or universities

Improving mental health treatment and management: Treating mental illness effectively and providing long-term mental health care and support are, clearly, major approaches to preventing suicide.

Providing support after suicide attempts: People who make suicide attempts are at increased risk of making further attempts, and of dying by suicide. A small number of interventions, which focus on enhancing treatment and support for these people, have been shown to reduce the risk of repeated suicidal behaviour.

Media coverage of suicide: Certain ways of presenting and portraying suicide in the media appear to precipitate suicidal behaviour in vulnerable people. This evidence has led many countries to develop media guidelines for reporting and portraying suicide.

PREVENTING SUICIDE: WHO CAN HELP?

The theme of World Suicide Prevention Day 2006, "With understanding, new hope", is an opportunity for researchers, clinicians and practitioners to share with representatives from other sectors, information about what is known about the causes of suicidal behaviour, to highlight ways in which this knowledge can be applied and what approaches to preventing suicide seem likely to be effective, and to encourage evaluation of existing suicide prevention programmes and policies. Those who work in all areas of suicide prevention can use the day to highlight activities which increase public understanding and awareness of suicide as a preventable public health problem.

WORLD SUICIDE PREVENTION DAY ACTIVITIES: WHAT CAN BE DONE

On World Suicide Prevention Day a range of activities can be used to translate and transfer knowledge about suicide and suicide prevention to various sectors of the population. Initiatives that actively engage and involve people, and encourage participation and personal contact, will play an important role in encouraging people to learn and absorb new information. Information on suggested activities is available at: www.iasp.info.

IASP *An initiative of the International Association for Suicide Prevention*

co-sponsored by the World Health Organization

The Warning Signs of Suicide

Suicide is rarely a spur of the moment decision. In the days and hours before people kill themselves, there are usually clues and warning signs.

The strongest and most disturbing signs are verbal - "I can't go on," "Nothing matters any more" or even "I'm thinking of ending it all." Such remarks should always be taken seriously.

Other common warning signs include:

- Becoming depressed or withdrawn
- Behaving recklessly
- Getting affairs in order and giving away valued possessions
- Showing a marked change in behavior, attitudes or appearance
- Abusing drugs or alcohol
- Suffering a major loss or life change

The following list gives more examples, all of which can be signs that somebody is contemplating suicide. Of course, in most cases these situations do not lead to suicide. But, generally, the more signs a person displays, the higher the risk of suicide.

Situations

- Family history of suicide or violence
- Sexual or physical abuse
- Death of a close friend or family member
- Divorce or separation, ending a relationship
- Failing academic performance, impending exams, exam results
- Job loss, problems at work
- Impending legal action
- Recent imprisonment or upcoming release

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Behaviors

- Crying
- Fighting
- Breaking the law
- Impulsiveness
- Self-mutilation
- Writing about death and suicide
- Previous suicidal behavior
- Extremes of behavior
- Changes in behavior

Physical Changes

- Lack of energy
- Disturbed sleep patterns - sleeping too much or too little
- Loss of appetite
- Sudden weight gain or loss
- Increase in minor illnesses
- Change of sexual interest
- Sudden change in appearance
- Lack of interest in appearance

Thoughts and Emotions

- Thoughts of suicide
- Loneliness - lack of support from family and friends
- Rejection, feeling marginalized
- Deep sadness or guilt
- Unable to see beyond a narrow focus
- Daydreaming
- Anxiety and stress
- Helplessness
- Loss of self-worth

This fact sheet is available in 16 different languages on the Befrienders Worldwide website... www.befrienders.org.

"Building Awareness- Reducing Risk: Mental Illness and Suicide" WORLD MENTAL HEALTH DAY 2006

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RESPONSIBLE MEDIA REPORTING GUIDELINES

KEY POINTS

- *Avoid presenting simplistic explanations for suicide.*

Suicide usually results from a complex set of circumstances and is seldom the result of a single event such as the loss of a job or the end of a relationship.

- *Do not engage in repetitive, prominent, or excessive reporting of suicide.*

This may promote and maintain a preoccupation with suicide among at-risk individuals. For example, suicide reports should be located on an inside page of a newspaper, never as a front page headline.

- *Be careful not to sensationalize coverage.*

Sensational news coverage of a suicide tends to heighten the general public's preoccupation with suicide, particularly when a celebrity is involved. For example, sensational coverage can be minimized by avoiding the use of dramatic photographs.

- *Avoid "how-to" descriptions of suicide.*

It is also thought that technical details about the method of suicide used in a particular incidence may provide a vulnerable person with the knowledge they need to imitate the actions of the victim.

- *Do not position a suicide as a means to solve problems.*

Presenting suicide as a means of dealing with personal problems may suggest that suicide is an acceptable coping strategy.

- *Avoid glorifying the incident or the victim.*

Prominent coverage of community expressions of grief (e.g. eulogies, memorials, flags at half-mast) may suggest that society is honouring the suicidal behaviour of the victim, rather than mourning the person's death.

- *Avoid overemphasizing the victim's positive characteristics.*

It is important to note the victim's problems in addition to the positive aspects of his or her life in order to decrease the attractiveness of the suicidal behaviour, especially for individuals who rarely receive positive reinforcement.

- *Treat survivors with sensitivity and respect their privacy.*

Immediately following a death by suicide, grieving family members and friends are in shock, have difficulty understanding what happened, and may be at heightened risk of suicide themselves. Care and consideration should always be shown when interviewing close family and friends of the victim.

- *Provide information that increases public awareness.*

Enhancing general public awareness about suicide risk factors, warning signs, and possible actions to assist a suicidal person can help friends and family members recognize suicidal risk in a vulnerable person.

- *List available community resources.*

Information on available resources (help lines, crisis services, and clinical services) with up-to-date contact information should always be included in media stories dealing with suicide.

- *Feature stories about people who adopted life-affirming options.*

Stories that present positive ways of coping and positive role models can help prevent further suicide attempts.

