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IANS-English

**May** 2, 2014 Friday

**Detailed suicide coverage driving teens to end life: Study**

**LENGTH:** 275 words

**DATELINE:** Washington

Washington, May 2 -- The sensationalisation of **suicide** coverage in media may trigger vulnerable readers, especially teenagers, to commit **suicide** themselves, a study has indicated

The link between news and future **suicides** was strongest when the media reported on the **suicide** of a famous person, or when news reports included details such as the time, place and method of **suicide**, the researchers noted.

"The more sensational the coverage of the **suicides**, and the more details the story provides, then the more likely there are to be more **suicides**," Madelyn Gould of the New York State Psychiatric Institute was quoted as saying in a statement.

After analysing 48 cases of **suicide** clusters, researchers found that groups of **suicides** are more likely to be preceded by news reports on **suicide** than individual **suicides**.

"After a prominent **suicide** in the community, **suicide** rates in that area might temporarily increase," researchers said.

In the case of a celebrity **suicide**, the **suicide** rate could go up nationwide.

To understand this phenomenon, the team focused on teenage **suicide** clusters in the US.

They examined newspaper archives from the period between the first **suicide** in each cluster and the second.

The results showed that clustered **suicides** were preceded, on average, by more news stories than noncluster **suicides**.

The likelihood of a **suicide** cluster also increased if newspapers reported on a celebrity **suicide** in great detail.

"Our findings support the interpretation that media portrayals of **suicide** might have a role in the emergence of some teenage **suicide** clusters," the researcher said in the study published in the journal The Lancet Psychiatry.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Wire

**SUBJECT:** SUICIDE (96%); RESEARCH REPORTS (92%); TEEN SUICIDE (92%); ADOLESCENTS (90%); PSYCHIATRY (76%)

**STATE:** NEW YORK, USA (70%)

**COUNTRY:** UNITED STATES (91%)

**LOAD-DATE:** May 2, 2014

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Lowell Sun (Massachusetts)

**August** 3, 2010 Tuesday

**Stats and signals**

**BYLINE:** The Lowell Sun

**SECTION:** TODAY'S HEADLINES

**LENGTH:** 239 words

**Suicide** Statistics:

\* **Suicide** is the 11th leading cause of death in the U.S.

\* More than 33,000 people die by **suicide** each year.

\* One person dies by **suicide** every 16 minutes.

\* It is estimated that more the 750,000 people attempt **suicide** every year.

\* Guns are the leading means of **suicide** death.

\* Men die by **suicide** 4 times more often than women.

\* Women attempt **suicide** 3 times more often than men.

\* **Suicide** is the 3rd leading cause of death for youth ages 15-24.

\* In Mass. people die by **suicide** 2 1/2 times more often than by homicide.

\* For every **suicide** death, it is estimated that there are 6 survivors.

\* Most **suicides** occur during the spring months, not the holidays.

\* If a person attempts **suicide**, it is likely they will try again. Eighty percent of those who die by **suicide** have made at least one previous attempt.

Risk Factors:

\* Mental-health issues or substance-abuse problems.

\* Family history and/or exposure to **suicide** or mental health issues.

\* Previous **suicide** attempt.

\* Aggressive or impulsive behavior

\* Preoccupation with death or **suicide**

\* Withdrawal from family, friends, sports, social activities

\* Increased use of alcohol or drugs

\* Unable to think clearly, can't make decisions, can't see a future without pain

\* Changes in appetite, sleeping habits, personal appearance

For Help:

1-866-912-HOPE (4673) (toll free) or 978-327-6607

Teen Help Line: 978-688-8336 (TEEN)

Statewide Help Line: 1-877-870-4673 (HOPE)

Source: Samaritans

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); DEATHS & DEATH RATES (90%); DEATHS (90%); MENTAL HEALTH (79%); FAMILY (78%); NEWS BRIEFS (74%); HOMICIDE (73%); SUBSTANCE ABUSE (67%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** August 4, 2010

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**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** August 4, 2010

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Toronto Star

**August** 18, 2001 Saturday Ontario Edition

**Avoiding copycats with sensitivity**

**BYLINE:** Robin Harvey

**SECTION:** NATIONAL REPORT; Pg. K06

**LENGTH:** 567 words

A PANEL of experts released a groundbreaking study recently with convincing arguments showing news coverage of **suicide** can increase the number of these tragic deaths.

The report, released through the Annenberg Public Policy Centre, explored the troubling issue of "**suicide** contagion" or copycat **suicides** linked to news coverage. It points out that research finds an increase in **suicide** by readers or viewers when:

<li/> The number of stories about individual **suicides** increases.

<li/> A particular death is reported at length or in many stories.

<li/> The story of an individual death by **suicide** is placed on the front page or at the beginning of a broadcast.

<li/> The headlines about specific **suicide** deaths are dramatic.

Through its policy on **suicide** coverage, The Star tries to be responsible, yet still inform the public about **suicide** when it is newsworthy.

"Our policy on **suicides** is not to indicate that a death was a **suicide** unless there is some overriding public interest in doing so. All stories mentioning **suicides** must be cleared by the city editor and the senior editor on the news desk before they are published" the policy reads.

The Annenberg **suicide** recommendations for the media support this thrust. They ask all news organizations to think carefully about portrayal of **suicide**.

"Media stories about individual deaths by **suicide** may be newsworthy and need to be covered, but they also have the potential to do harm," the report states.

So what are the major considerations when covering **suicide**?

News organizations should avoid any portrayal of **suicide** that may be viewed as heroic or romantic. They should not give detailed descriptions of **suicide** methods or detailed descriptions or pictures of the location of a **suicide**. They should not present **suicide** as an "inexplicable act" of an otherwise healthy or high-achieving person. The report also says, whenever possible, to avoid referring to **suicide** in a headline.

When covering **suicides**, reporters should ask if the victim had received treatment for depression or any other mental health disorder and if he or she had a problem with substance abuse. This helps shed light on the varied and complex issues and events that may cause **suicide**.

The report does not suggest eliminating **suicide** coverage. It urges news organizations to provide stories that inform readers and viewers about the causes of **suicide**, its warning signs, trends in **suicide** rates and recent treatment advances.

The research behind the study is compelling.

It found that after an education campaign on the coverage of subway **suicides** aimed at journalists in Vienna in 1987, subway **suicides** and non-fatal subway **suicide** attempts dropped by more than 80 per cent after six months. All journalists would be wise to take the recommendations seriously.

The Saturday Star puzzle page has had some embarrassing mix-ups lately. The Prize crossword for Saturday, Aug. 11, 2001 was incorrect. The clues were correct, but the grid did not match them.

Editors tried to solve the problem by printing what they thought was the correct puzzle on A2 last Saturday. However it was a puzzle that had already run a few weeks back.

Many readers were understandably riled. This week's crossword has been proofread and vetted by many sets of eyes and should be fine. The Star apologizes to all the puzzle enthusiasts who called to complain.

**SUBJECT:** SUICIDE (93%); DEATHS & DEATH RATES (90%); DEATHS (90%); NEWS REPORTING (90%); JOURNALISM (89%); TRENDS (78%); DEPRESSION (78%); MENTAL HEALTH (78%); MENTAL ILLNESS (78%); DISEASES & DISORDERS (77%); PUBLIC POLICY (77%); WRITERS (76%); SUBSTANCE ABUSE (61%);

**COUNTRY:** EUROPE (50%);

**CITY:** VIENNA, AUSTRIA (50%);

**LOAD-DATE:** August 18, 2001

**LANGUAGE:** ENGLISH

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The Observer (Gladstone, Queensland)

**September** 14, 2013 Saturday

**Third worst region in Qld for suicides**

**SECTION:** Pg. 5

**LENGTH:** 270 words

THE number of **suicides** in central Queensland has increased in the past decade, despite a new report showing a decline in the statewide rate.

The **Suicides** in Queensland (2008-10) report revealed male **suicide** was on the rise, with the Mackay-Fitzroy region recording the third-worst **suicide** rate in Queensland.

More male **suicides** occurred in the Mackay-Fitzroy region than in Brisbane and outer Brisbane suburbs.

The findings come days after Gladstone residents commemorated those taken by **suicide** on World **Suicide** Prevention Day and RU OK Day?

In recent months, Gladstone has been rocked by a number of **suicide** deaths.

The report also found:

There were 23.5 male **suicides** per 100,000 people recorded in Mackay-Fitzroy region between 1996 and 2010.

The rate of female **suicide** across the state is the highest it has ever been, with 6.6 **suicides** per 100,000 people between 1990 and 2010.

The data was recorded by the Queensland **Suicide** Register, a **suicide** mortality database, and is managed by Griffith University's Australian Institute for **Suicide** Research and Prevention.

Uniting Care Gladstone operations manager Leanne Montgomery said that an increase in Gladstone's construction workforce could be linked to the male **suicide** rate in the region.

"The **suicide** rates for males in the construction industry are more than two times higher than the national average for men," Ms Montgomery said.

"Some factors contributing to this could be the long hours working away from home that could lead to a sense of isolation, family breakdown, increase in alcohol use and increased stress."

**If you need help, contact Lifeline on 131114.**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** OGO

**SUBJECT:** SUICIDE (95%); MEN (91%); MEN'S HEALTH (90%); LABOR FORCE (78%); DEATHS & DEATH RATES (78%); MANAGERS & SUPERVISORS (73%); RESEARCH INSTITUTES (73%); CONSTRUCTION (71%); PREVENTION & WELLNESS (70%)

**CITY:** BRISBANE, AUSTRALIA (94%)

**STATE:** QUEENSLAND, AUSTRALIA (99%)

**COUNTRY:** AUSTRALIA (99%)

**LOAD-DATE:** September 13, 2013

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Yorkshire Post

**April** 11, 2008

**Suicide websites 'encourage rather than help'**

**LENGTH:** 339 words

People searching the Internet for information on ways to commit **suicide** are more likely to come across sites encouraging it than sites offering help, research showed yesterday.

Almost half of sites contain details on how to commit **suicide** while one in five hits are for "dedicated **suicide** sites", a study found. Half of these were found to be "encouraging, promoting or facilitating **suicide**".

Researchers led by Lucy Biddle, professor of epidemiology at the University of Bristol, said media reporting of **suicide** and its portrayal on TV were known to influence suicidal behaviour, "particularly the choice of method used".

However, little was known about the influence of the Internet, they said.

The team searched the Internet in May 2007 for sites providing instructions and information on methods of **suicide**.

They used four popular search engines - Google, Yahoo, MSN and Ask15 - to search the entire web, not just British sites.

The researchers selected 12 terms that were entered into each search engine in turn. The first 10 hits retrieved by each search were then analysed, with a total of 240 sites identified and 480 hits reviewed.

The terms used were: **suicide**; **suicide** methods; **suicide** sure methods; most effective methods of **suicide**; methods of **suicide**; ways to commit **suicide**; how to commit **suicide**; how to kill yourself; easy **suicide** methods; best **suicide** methods; pain-free **suicide** and quick **suicide**.

The authors said: "Just under a fifth of hits (90) were for dedicated **suicide** sites. Half of these were judged to be encouraging, promoting, or facilitating **suicide**; 43 contained personal or other accounts of **suicide** methods, providing information and discussing pros and cons but without direct encouragement; and two sites portrayed **suicide** or self harm in fashionable terms."

The chief executive of the mental health charity Sane, Marjorie Wallace, said: "Sane remains deeply concerned about the possible influence of the Internet on **suicide** rates, not least the ease with which information about particular methods can be found."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); INTERNET & WWW (91%); SEARCH ENGINES (90%); EPIDEMIOLOGY (77%); VOLUNTARY HEALTH ORGANIZATIONS (73%); MEDICAL CHARITIES (50%)

**COMPANY:** GOOGLE INC (55%)

**TICKER:** GOOG (NASDAQ) (55%); GGEA (LSE) (55%)

**INDUSTRY:** NAICS518112 WEB SEARCH PORTALS (55%); SIC8999 SERVICES, NEC (55%); SIC7375 INFORMATION RETRIEVAL SERVICES (55%)

**LOAD-DATE:** April 11, 2008

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The Irish Times

**June** 4, 2014 Wednesday

**Number of deaths by suicide**

**SECTION:** LETTERS; Pg. 15

**LENGTH:** 416 words

Sir, - In a recent article on **suicide** ("Number of deaths by **suicide** fell overall last year", Home News, May 31st), it was concluded that deaths by **suicide** had fallen by more than 6 per cent when comparing the CSO **suicide** mortality figures for 2013 to the figures published in 2012.

The article did not clarify that this conclusion was based on comparing the preliminary **suicide** figures for 2013 to the preliminary figures for 2012. Research conducted by the National **Suicide** Research Foundation has shown that the preliminary **suicide** figures published by the CSO are consistently lower than the final **suicide** figures. The discrepancy between the preliminary and final **suicide** figures varies from +6 per cent to +20 per cent. This means that, in principle, the final 2013 **suicide** figures may turn out to be even higher than the final **suicide** figures for 2012.

For example, in 2008, the preliminary **suicide** figures were 424 and indicated a significant reduction, whereas the final **suicide** mortality figures included 82 additional **suicide** cases (final number, 506), thus turning 2008 into a year with one of the most significant increases. We would recommend caution in interpreting the preliminary **suicide** figures, and suggest reviewing whether there are any benefits in publishing preliminary **suicide** mortality figures. It was for this reason that several years ago, the National **Suicide** Research Foundation developed the **Suicide** Support and Information System (SSIS), representing a real-time database or register of **suicide** deaths.

With funding from the National Office for **Suicide** Prevention, the SSIS was implemented in close collaboration with coroners in Cork city and county between September 2008 and March 2011, covering all consecutive deaths by **suicide**. Information on factors associated with the death and the deceased were obtained in an appropriately sensitive and confidential manner from sources including coroners, the family, and healthcare professionals who had been in contact with the deceased.

In this regard, the SSIS obtains information on cases of **suicide** at least two years earlier than the CSO and provides in-depth information on patterns and risk factors of **suicide** that is vital and more timely information for **suicide** prevention initiatives.

Further steps are being undertaken to implement this system in other regions in the country. - Yours, etc,

Prof ELLA ARENSMAN

EILEEN WILLIAMSON,

National **Suicide**

Research Foundation,

Western Gateway

Building,

University College Cork.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); LETTERS & COMMENTS (92%); DEATHS & DEATH RATES (90%); RESEARCH INSTITUTES (89%); CORONERS COURTS & OFFICES (78%); PREVENTION & WELLNESS (69%); COLLEGE & UNIVERSITY PROFESSORS (60%)

**COUNTRY:** IRELAND (72%)

**LOAD-DATE:** June 3, 2014

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The Age (Melbourne, Australia)

**April** 19, 2001 Thursday

Late Edition

**Divorced men head suicide list**

**BYLINE:** DARREN GRAY

**SECTION:** NEWS; Pg. 6

**LENGTH:** 309 words

CANBERRA

Divorced men are at least three times as likely to commit **suicide** as any other group, according to a review of **suicide** patterns in Australia.

The Institute of Health and Welfare found that more than 41,000 Australians committed **suicide** over the past 20 years, more than seven people every day.

The report found **suicide** rates were highest among men over 80 and those aged 20 to 39.

Men aged 20 to 24 had the highest individual **suicide** rate in 1998, at 42.3 **suicides** per 100,000 people, compared to 18.4 for those aged 15 to 19.

The report showed that overall **suicide** rates jumped by about 9 per cent between 1996 and 1997.

But Victoria has the lowest **suicide** rate of the six states, with 12.4 per 100,000 people, noticeably lower than Queensland's 16.6 per 100,000.

The study also found:

\* Hanging is the most common method of **suicide** for men and women.

\* For every female **suicide** there are four male **suicides**.

\* In 1998, 2683 Australians committed **suicide**.

\* **Suicide** accounted for 33.8 per cent of injury deaths in 1998 and 2percent of all deaths.

\* Married women have the lowest **suicide** rate in the community.

The report's co-author, James Harrison, said divorced and never-married men had been found to have "higher **suicide** rates than married men".

The **suicide** rate in 1998 for divorced men was 134.1 per 100,000 people, compared to 39.3 for never-married men and 13 for widowed men. Among women, divorcees also had the highest **suicide** rate, at 11.1 per 100,000 people.

Professor Harrison said **suicide** killed more people than road accidents. The reduction in the road toll could be copied by a strong public health effort to curb **suicide**. "It (the **suicide** rate) has been lower in the past; why shouldn't it get lower in the future?" he said.

Life Line 131 114 or 9662 1000, Crisis Line 9323 0300, Kids Help Line 1800 55 1800, Here For Life www.hereforlife.org.au

**GRAPHIC:** Photo. Graph: The suicide scourge. Source: Australian Institute of Health and Welfare

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MEN (90%); DEATHS & DEATH RATES (90%); HEALTH STATISTICS AGENCIES (90%); MARRIAGE (90%); DIVORCE & DISSOLUTION (90%) Health/Death/Suicides

**CITY:** CANBERRA, AUSTRALIA (89%); MELBOURNE, AUSTRALIA (58%)

**STATE:** AUSTRALIAN CAPITAL TERRITORY (89%); VICTORIA, AUSTRALIA (79%); QUEENSLAND, AUSTRALIA (73%)

**COUNTRY:** AUSTRALIA (94%)

**REGION:** Australia

**LOAD-DATE:** July 24, 2007

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The Balochistan Times (AsiaNet)

**September** 6, 2012 Thursday

**World Suicide Prevention Day on September 10**

**SECTION:** Vol. XXXVI No. 247

**LENGTH:** 321 words

World **Suicide** Prevention Day is observed on 10 September every year across the globe including Pakistan to promote worldwide commitment and action to prevent **suicides**. Every day 3,000 people end their own lives, and for every person who dies, there are 20 more people who unsuccessfully attempt a **suicide**, according to the World Health Organization (WHO).

World **Suicide** Prevention Day, which first started in 2003.The sponsoring International Association for **Suicide** Prevention, the co-sponsor WHO and other partners advocate for the prevention of suicidal behavior, provision of adequate treatment and follow-up care for people who attempted **suicide**, as well as responsible reporting of **suicides** in the media.

Various events and activities are held during this occasion to raise awareness that **suicide** is a major preventable cause of premature death. World **Suicide** Prevention Day gives organizations, government agencies and individuals a chance to promote awareness about **suicide**, mental illnesses associated with **suicide**, as well as **suicide** prevention.

Organizations such as the International Association for **Suicide** Prevention (IASP) and World Health Organization (WHO) play a key role in promoting this event. Events and activities for World **Suicide** Prevention Day includes the launch of new government initiatives to prevent **suicide**, conferences, open days, educational seminars or public lectures, media programs promoting **suicide** awareness and prevention, launches of publications about suicid awareness and prevention and training courses about **suicide** and depression awareness. At the global level, awareness needs to be raised that **suicide** is a major preventable cause of premature death. Governments need to develop policy frameworks for national **suicide** prevention strategies. At the local level, policy statements and research outcomes need to be translated into prevention programmes and activities in communities.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); SPONSORSHIP (90%); HEALTH DEPARTMENTS (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); DEPRESSION (78%); PUBLIC HEALTH ADMINISTRATION (77%); UNITED NATIONS INSTITUTIONS (76%); CONFERENCES & CONVENTIONS (76%); NEWS REPORTING (69%); EVENT MARKETING (69%)

**CITY:** ISLAMABAD, PAKISTAN (58%) ISLAMABAD

**COUNTRY:** PAKISTAN (93%) Pakistan

**LOAD-DATE:** September 7, 2012

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**CITY:** ISLAMABAD, PAKISTAN (58%) ISLAMABAD

**COUNTRY:** PAKISTAN (93%) Pakistan

**LOAD-DATE:** September 7, 2012

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The Balochistan Times (AsiaNet)

**September** 6, 2012 Thursday

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**SECTION:** Vol. XXXVI No. 247

**LENGTH:** 321 words

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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**CITY:** ISLAMABAD, PAKISTAN (58%) ISLAMABAD

**COUNTRY:** PAKISTAN (93%) Pakistan

**LOAD-DATE:** September 7, 2012

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Pakistan Observer

**December** 4, 2013 Wednesday

**Suicidal tendencies among youth**

**BYLINE:**  Amna Mumtaz

**SECTION:** LETTERS TO THE EDITOR Vol. XXV No. 032

**LENGTH:** 358 words

**Suicide** is the third-leading cause of death for 15- to 24-year-olds. First of all, I would like to discuss that why **suicide** attempts are becoming more and more common among youth. The reasons behind a teen's **suicide** or attempted **suicide** can be complex. Although **suicide** is relatively rare among children, the rate of **suicides** and **suicide** attempts increases tremendously during adolescence. The risk of **suicide** increases dramatically when kids and teens have access to firearms at home. That's why any gun in your home should be unloaded, locked, and kept out of the reach of children and teens. While any child or adolescent can develop suicidal thoughts or behavior, **suicide** is an especially significant risk for young people who are facing: depression, substance abuse, problems with disruptive or aggressive behaviors.

**Suicide** rates differ between boys and girls. Girls think about and attempt **suicide** about twice as often as boys, and tend to attempt **suicide** by overdosing on drugs or cutting themselves. Yet boys die by **suicide** about four times as often as girls, perhaps because they tend to use more lethal methods, such as firearms, hanging, or jumping from heights with 42% of completed youth **suicides** being **suicide** contagion related. Harassment is a leading cause of teen **suicide**, along with the abuse. Teenagers are indefensible to the threat of **suicide** due to increased stress from school and work. The **suicide** rate among young teens and young adults has increased by more than 300% in the last three decades, increased incidence of childhood depression and decreased family stability are some social and personal changes which can increase the desire to commit **suicide**.

**Suicide** attempts among youth is not because of only one or two reasons, there are numbers of reason which are the many factors that trigger the suicidal behavior among young girls and boys. And the parents' role is an important in creating or comprising such behavior. Minimizing this is very important and it is possible, through the coordinated actions of parents, peers, school personnel, and the community at large, to reverse the growing trend of teenage **suicide**.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (92%); LETTERS & COMMENTS (92%); CHILDREN (90%); DEATHS & DEATH RATES (90%); ADOLESCENTS (90%); MENTAL ILLNESS (90%); PARENTING (73%); SUBSTANCE ABUSE (73%); TRENDS (71%); EDUCATIONAL INSTITUTION EMPLOYEES (64%)

**COUNTRY:** PAKISTAN (70%) Pakistan

**LOAD-DATE:** December 4, 2013

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Pakistan Observer

**December** 4, 2013 Wednesday

**Suicidal tendencies among youth**

**BYLINE:**  Amna Mumtaz

**SECTION:** LETTERS TO THE EDITOR Vol. XXV No. 032

**LENGTH:** 358 words

**Suicide** is the third-leading cause of death for 15- to 24-year-olds. First of all, I would like to discuss that why **suicide** attempts are becoming more and more common among youth. The reasons behind a teen's **suicide** or attempted **suicide** can be complex. Although **suicide** is relatively rare among children, the rate of **suicides** and **suicide** attempts increases tremendously during adolescence. The risk of **suicide** increases dramatically when kids and teens have access to firearms at home. That's why any gun in your home should be unloaded, locked, and kept out of the reach of children and teens. While any child or adolescent can develop suicidal thoughts or behavior, **suicide** is an especially significant risk for young people who are facing: depression, substance abuse, problems with disruptive or aggressive behaviors.

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**Suicide** attempts among youth is not because of only one or two reasons, there are numbers of reason which are the many factors that trigger the suicidal behavior among young girls and boys. And the parents' role is an important in creating or comprising such behavior. Minimizing this is very important and it is possible, through the coordinated actions of parents, peers, school personnel, and the community at large, to reverse the growing trend of teenage **suicide**.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (92%); LETTERS & COMMENTS (92%); CHILDREN (90%); DEATHS & DEATH RATES (90%); ADOLESCENTS (90%); MENTAL ILLNESS (90%); PARENTING (73%); SUBSTANCE ABUSE (73%); TRENDS (71%); EDUCATIONAL INSTITUTION EMPLOYEES (64%)

**COUNTRY:** PAKISTAN (70%) Pakistan

**LOAD-DATE:** December 4, 2013

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The Times Higher Education Supplement

**July** 28, 1995

**Suicides linked to poverty; Research**

**BYLINE:** OLGA WOJTAS

**SECTION:** Issue 1186, Pg.7

**LENGTH:** 354 words

Bristol University research into **suicide** and attempted **suicide** supports the importance of social policy measures in improving mental health.

Researchers in the department of social medicine examined local rates of **suicide** and of hospital admissions for attempted **suicide** and psychiatric illness over a number of years.

Between 1982 and 1991, nearly 1,000 people in Bristol committed **suicide,** and there were almost 1,500 attempted **suicides** a year, rates which are comparable to other parts of the country.

The highest rates of **suicide,** attempted **suicide** and psychiatric illness were in Bristol's inner city, and the research published in the latest British Medical Journal suggests a strong link between areas of poverty and the incidence of **suicide** and attempted **suicide.**

Higher proportions of people living in poorer areas than in more affluent neighbourhoods have mental illness which requires hospital admission.

The university research team, led by David Gunnell, lecturer in public health medicine and epidemiology, and Tim Peters, senior lecturer in medical statistics, says that attempted **suicide** is more common among women and younger people, while **suicide** is more common among men, with the highest rates among the over-75 age group. Attempted **suicide** is ten to 20 times higher than **suicide.**

There has been a great deal of debate about the relation between **suicide** and attempted **suicide,** but the Bristol team found a strong link between the two, in that areas with high death rates from **suicide** also had high admission rates for attempted **suicide.**

The researchers say the link exists despite differences in age and sex and is partially explained by socioeconomic deprivation.

There has been an alarming increase in the number of young men committing **suicide** over the past 15 years, and the Government's White Paper, Health of the Nation, has set targets to reduce the number of cases.

'Social policy and Government measures to reduce socioeconomic deprivation may be as important in realising the Health of the Nation targets as health service activities,' says the report.

**COMPANY:** BRISTOL UNIVERSITY (95%);

**ORGANIZATION:** BRISTOL UNIVERSITY (95%);

**SUBJECT:** SUICIDE (96%); PSYCHIATRY (90%); DISEASES & DISORDERS (90%); MENTAL HEALTH (90%); MENTAL ILLNESS (90%); PUBLIC POLICY (89%); POVERTY & HOMELESSNESS (88%); EPIDEMIOLOGY (88%); LEGISLATION (78%); PUBLIC HEALTH ADMINISTRATION (78%); RESEARCH REPORTS (78%); DEATHS & DEATH RATES (72%); STATISTICS (72%); DEMOGRAPHIC GROUPS (67%);

**LOAD-DATE:** September 26, 2000

**LANGUAGE:** English

**PUB-TYPE:** Magazine

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The Pioneer (India)

**November** 22, 2011 Tuesday

**'20 persons committ suicide in MP every day'**

**LENGTH:** 289 words

**DATELINE:** Bhopal

Bhopal, Nov. 22 -- The State Government in the State assembly accepted the facts that 20 persons are committing **suicide** in Madhya Pradesh every day.

The number of **suicides** in the State, to say the least, is shocking. The **suicide** figures, tabled in the House on replying to a question of Ramnivas Rawat, the Home Minister informed that the reason behind taking this extreme step is being joblessness and poverty.

From January 1, 2011 to October 28, 2011 as many as 5874 persons committed **suicide** in the State. Jabalpur and Satna are the leading districts as far as **suicides** are concerned, where 403 persons committed **suicide**. As many as 197 persons committed **suicide** in Bhopal, 311 in Indore, 74 in Ujjain, 308 in Sagar and 221 persons in Gwalior .

In Sehore and Vidisha, 92 persons and 130 persons committed **suicide** respectively.

It was also informed that in the last 10 months, Khargone registered only 3 **suicide** cases while 7 **suicides** were reported from Alirajpur, 27 from Jhabua, 9 from Sheopur, 73 from Anuppur, 63 from Umaria and 46 **suicides** from Dindori.

In the last two years, 502 students committed **suicide**. According to the figures of **suicides** from November 2009 to October 2011, every month around 20 students are committing **suicide**. Out of 502, 280 girls and 202 boys committed **suicide**.

Amongst students, failure in examination, love affairs and depression are the major reasons for **suicide**. As far as **suicides** in students is concerned, 46 incidents took place Indore, 48 in Bhopal, 43 in Rewa and 38 **suicide** cases were registered in Satna. Published by HT Syndication with permission from Pioneer. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); LEGISLATIVE BODIES (90%); REGIONAL & LOCAL GOVERNMENTS (78%); STATISTICS (77%); POVERTY & HOMELESSNESS (71%)

**STATE:** MADHYA PRADESH, INDIA (92%)

**COUNTRY:** INDIA (93%)

**LOAD-DATE:** November 21, 2011

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Right Vision News

**September** 11, 2012 Tuesday

**Pakistan: World Suicide Prevention Day today**

**LENGTH:** 355 words

**DATELINE:** ISLAMABAD

ISLAMABAD, Sept. 11 -- World **Suicide** Prevention Day is observed on

September 10 every year across the globe including Pakistan to promot

worldwide commitment and action to prevent **suicides**.

Every day 3,000 people end their own lives, and for every person who

dies, there are 20 more people who unsuccessfully attempt a **suicide**, according to the World Health Organization (WHO).

World **Suicide** Prevention Day, which first started in 2003. The sponsoring International Association for **Suicide** Prevention, the co-sponsor WHO and other partners advocate for the prevention of suicidal behaviour, provision of adequate treatment and follow-up care for people who attempted **suicide**, as well as responsible reporting of **suicides** in the media.

Various events and activities are held during this occasion to raise

awareness that **suicide** is a major preventable cause of premature death. World **Suicide** Prevention Day gives organizations, government agencies and

individuals a chance to promote awareness about **suicide**, mental illnesses

associated with **suicide**, as well as **suicide** prevention.

Organizations such as the International Association for **Suicide**

Prevention (IASP) and World Health Organization (WHO) play a key role in

promoting this event.

Events and activities for World **Suicide** Prevention Day includes the

launch of new government initiatives to prevent **suicide**, conferences, open

days, educational seminars or public lectures, media programs promoting

**suicide** awareness and prevention,launches of publications about suicid

awareness and prevention and training courses about **suicide** and depression

awareness.

At the global level, awareness needs to be raised that **suicide** is a

major preventable cause of premature death. Governments need to develop policy frameworks for national **suicide** prevention strategies. At the local level, policy statements and research outcomes need to be translated into prevention programmes and activities in communities Published by HT Syndication with permission from Right Vision News. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); SPONSORSHIP (90%); HEALTH DEPARTMENTS (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); DEPRESSION (78%); PUBLIC HEALTH ADMINISTRATION (77%); UNITED NATIONS INSTITUTIONS (76%); CONFERENCES & CONVENTIONS (76%); MEDIA SYNDICATION (74%); NEWS REPORTING (69%); EVENT MARKETING (69%)

**CITY:** ISLAMABAD, PAKISTAN (89%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** September 11, 2012

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Right Vision News

**September** 8, 2012 Saturday

**Pakistan: World Suicide Prevention Day on Monday**

**LENGTH:** 355 words

**DATELINE:** ISLAMABAD

ISLAMABAD, Sept. 8 -- World **Suicide** Prevention Day is observed on

September 10 every year accross the globe including Pakistan to promot worldwide commitment and action to prevent **suicides**.

Every day 3,000 people end their own lives, and for every person who

dies, there are 20 more people who unsuccessfully attempt a **suicide**, according to the World Health Organization (WHO).

World **Suicide** Prevention Day, which first started in 2003.The sponsoring International Association for **Suicide** Prevention, the co-sponsor WHO and other partners advocate for the prevention of suicidal behaviour, provision of adequate treatment and follow-up care for people who attempted **suicide**, as well as responsible reporting of **suicides** in the media.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); SPONSORSHIP (90%); HEALTH DEPARTMENTS (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); DEPRESSION (78%); PUBLIC HEALTH ADMINISTRATION (77%); UNITED NATIONS INSTITUTIONS (76%); CONFERENCES & CONVENTIONS (76%); MEDIA SYNDICATION (74%); NEWS REPORTING (69%); EVENT MARKETING (69%)

**CITY:** ISLAMABAD, PAKISTAN (89%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** September 7, 2012

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Right Vision News

**September** 6, 2012 Thursday

**Pakistan: World Suicide Prevention Day on September 10**

**LENGTH:** 355 words

**DATELINE:** ISLAMABAD

ISLAMABAD, Sept. 6 -- World **Suicide** Prevention Day is observed on 10

September every year accross the globe including Pakistan to promot worldwide commitment and action to prevent **suicides**.

Every day 3,000 people end their own lives, and for every person who

dies, there are 20 more people who unsuccessfully attempt a **suicide**, according to the World Health Organization (WHO).

World **Suicide** Prevention Day, which first started in 2003.The sponsoring International Association for **Suicide** Prevention, the co-sponsor WHO and other partners advocate for the prevention of suicidal behaviour, provision of adequate treatment and follow-up care for people who attempted **suicide**, as well as responsible reporting of **suicides** in the media.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); SPONSORSHIP (90%); HEALTH DEPARTMENTS (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); DEPRESSION (78%); PUBLIC HEALTH ADMINISTRATION (77%); UNITED NATIONS INSTITUTIONS (76%); CONFERENCES & CONVENTIONS (76%); MEDIA SYNDICATION (74%); NEWS REPORTING (69%); EVENT MARKETING (69%)

**CITY:** ISLAMABAD, PAKISTAN (89%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** September 5, 2012

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Coffs Coast Advocate (New South Wales)

**June** 6, 2012 Wednesday

**A caring, sensitive approach**

**SECTION:** Pg. 8

**LENGTH:** 220 words

THE time has come to change the way we talk about **suicide**.

According to local Lifeline trainer and telephone crisis support supervisor Lyn Anderson, the phrase "committing **suicide**" perpetuates the stigma toward and judgment of the tragic event.

"We associate the word "~committed with' crime and sin - one also can be "~committed' to a mental health facility," Lyn said.

Many advocates in **suicide** prevention and bereavement, along with social researchers, are promoting a more sensitive and respectful language around **suicide**.

"At presentations and workshops we talk about the language of **suicide**," Lyn said.

"Through education, we hope we can purge our language of phrases like "~commit **suicide'**, "~successful **suicide'**, "~failed **suicide** attempt' or "~completed **suicide'**. The terms successful or failed should never be associated with **suicide**. Typically, when we complete something we feel good - that feeling should not be associated with **suicide**."

What words are more sensitive and respectful and less judgmental?

"We can choose to say "~died by **suicide'** or there was a "~**suicide** attempt' - such phrases are void of judgment and lessen the stigma associated with **suicide**," Lyn said.

It is estimated each year more than 300,000 Australians are touched in some way by **suicide**.

**- In a time of crisis, call Lifeline on 13 11 14.**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** CCA

**SUBJECT:** SUICIDE (96%); DEATHS (78%); MENTAL HEALTH (73%); PREVENTION & WELLNESS (71%)

**LOAD-DATE:** June 5, 2012

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The Age (Melbourne, Australia)

**November** 1, 1994 Tuesday

Late Edition

**The statistics of suicide**

**SECTION:** NEWS; Letters; Pg. 12

**LENGTH:** 291 words

from Simon Cooke, history department, University of Melbourne.

Your editorial (27/10, **Suicide**: A Public Problem) is valuable for the attention it draws to the painful fact of death by **suicide**, but you overestimate the novelty of the problem.

Official statistics kept in Victoria allow us to calculate the **suicide** rate as far back as 1857. These figures show that, while youth **suicide** was rare in the 19th century, the total **suicide** rate was not appreciably lower than it is today.

Nor has concern over the **suicide** rate been confined to recent years.

In the 19th century, statisticians interested in "moral statistics" (where **suicide** was once categorised) pointed to rising **suicide** rates in some countries as proof that these societies were in decay.

In 1911, G.H. Knibbs, the Australian Commonwealth statistician, found it "remarkable" that Australian **suicide** rates should "greatly exceed" those of the United Kingdom. **Suicide** has never been restricted to "gloomy, complex northern civilisations" as you suggest. At the time Knibbs wrote, others were also concerned that Australian **suicides** pointed to degeneration among the Australian population.

You rightly point to the need for research into the cultural, social, and economic aspects of **suicide**.

The study of the history of **suicide** at different times and in different cultures can tell us not only the conditions under which **suicide** rates rise and fall, but also how societies have understood and responded to the "ultimately unfathomable" (as you put it) act of **suicide**.

In understanding the different meanings that have been given to **suicide**, we will be enriched in our understanding of **suicide** in our own times, and relieved of the burden of thinking it unique to our society.

Simon Cooke, Parkville.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); LETTERS & COMMENTS (91%); STATISTICAL METHOD (90%); STATISTICS (77%)

**CITY:** MELBOURNE, AUSTRALIA (88%)

**STATE:** VICTORIA, AUSTRALIA (92%)

**COUNTRY:** AUSTRALIA (92%); UNITED KINGDOM (69%)

**LOAD-DATE:** July 25, 2007

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The Patriot

**July** 4, 2014 Friday

**Over one lakh suicides in India every year, report says**

**SECTION:** Vol. 13 No. 184

**LENGTH:** 300 words

Over 100,000 people commit **suicides** in India every year on an average. The number of **suicides** in the past decade has recorded an increase of 21.6 percent, said a government report.

The number of **suicides** increased to 134,799 in 2013 from 110,851 in 2003, said the National Crime Record Bureau report titled Crime in India 2013, Times of India reported.

The population has increased by 15 percent during the decade while the rate of **suicides** has increased by 5.7 percent in 2013 over 2003 (from 10.4 percent in 2003 to 11 percent in 2013), hence showing a mixed trend in incidents of rate of **suicides** during the decade, it said.

The highest incidents of 16,622 **suicides** were reported from Maharashtra in 2013, followed by 16,601 **suicides** in Tamil Nadu. Both account for 12.3 percent each of the total **suicides.**

Andhra Pradesh (14,607 **suicides)**, West Bengal (13,055 **suicides)** and Karnataka (11,266 **suicides)** accounted for respectively 10.8 percent, 9.7 percent and 8.4 percent of the total **suicides** reported in the country, said the report.

These five states together accounted for 53.5 percent of the total **suicides** reported in the country. The remaining 46.5 percent **suicides** were reported from the rest of the 23 states and seven union territories.

Among the 53 mega cities, Chennai tops the list by witnessing 2,450 **suicide** cases in 2013, followed by Bangalore 2,033, Delhi 1,753 and Mumbai 1,322 cases.

These four metro cities have contributed more than 35 percent of the total **suicide** reported from 53 cities, it said.

The report attributed family problems and illness to be the main reasons for committing **suicides.** The two reasons account for 24 percent and 19.6 percent **suicides** out of the total **suicides.** Unemployment, debt and drug abuse are the other factors that compel a person to take one's life.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); POPULATION GROWTH (78%); TRENDS (78%); FAMILY (63%); SUBSTANCE ABUSE (50%)

**CITY:** ISLAMABAD, PAKISTAN (79%); DELHI, INDIA (58%); MUMBAI, MAHARASHTRA, INDIA (58%); BANGALORE, KARNATAKA, INDIA (58%); CHENNAI, TAMIL NADU, INDIA (58%) ISLAMABAD

**STATE:** MAHARASHTRA, INDIA (79%); KARNATAKA, INDIA (79%); WEST BENGAL, INDIA (79%); ANDHRA PRADESH, INDIA (79%); TAMIL NADU, INDIA (79%)

**COUNTRY:** INDIA (97%); PAKISTAN (79%) Pakistan

**LOAD-DATE:** July 4, 2014

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The Daily Telegraph (Sydney, Australia)

**September** 27, 1997, Saturday

**RURAL BLUES**

**SOURCE:** MATP

**BYLINE:** KATE de BRITO

**SECTION:** FULLPAGE, FEATURES; Pg. 33

**LENGTH:** 268 words

**SUICIDE** is one of the greatest public health problems facing Australia today, particularly in rural areas -where population levels and job opportunities are decreasing.

During the last decade one of the most notable increases in **suicide** mortality has been in smaller rural towns with populations of less than 4000. Bundanoon has a population of 1500.

Male **suicide** especially has became the focus of national concern since World Health Organisation figures revealed Australia has one of the highest **suicide** rates among young men in the western world.

Australia's male **suicide** rate is seven times higher than that of women. Men tend to use more lethal forms of **suicide**, including use of firearms, and have greater "success". Between 1983 and 1994 there were 22,372 **suicides** in Australia, with male **suicides** accounting for 78 per cent of those **suicide** deaths.

Researchers say **suicides** resulting in death are a small proportion of the overall number of attempted **suicides** that occur in Australia each year.

In 1995, about 2500 Australians died from **suicide** while a suspected 250,000 attempted **suicide**.

In the early 1960s, the rate for young male **suicides** was about 5 per 100,000 in small country towns. In 1991, in small towns it had risen to 60 per 100,000.

It's suspected that some fatal single passenger car accidents involving young males are **suicides**.

The public health bill for **suicide** is calculated to cost the community $1 billion a year.

The main causes of **suicide** are alcohol and drug abuse, loneliness, family breakdown and an inability to seek help when facing problems.

**SUBJECT:** SUICIDE (95%); RURAL COMMUNITIES (91%); MEN (91%); DEATHS (90%); MEN'S HEALTH (90%); PUBLIC HEALTH ADMINISTRATION (90%); DEATHS & DEATH RATES (78%); HEALTH DEPARTMENTS (73%); MOTOR VEHICLES (51%); ALCOHOL ABUSE & ADDICTION (50%);

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (57%); WORLD HEALTH ORGANIZATION (57%);

**CITY:** SYDNEY, AUSTRALIA (58%);

**STATE:** NEW SOUTH WALES, AUSTRALIA (79%);

**COUNTRY:** AUSTRALIA (98%);

**LOAD-DATE:** March 4, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** DTM

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The Times of India (TOI)

**November** 8, 2012 Thursday

**'Family problems behind most cases'**

**BYLINE:** Manish Umbrajkar

**SECTION:** PUNE

**LENGTH:** 272 words

PUNE: Most people in the city who take the extreme decision to end their lives are below the age of 30 years and 'family problems' account for a large number of **suicides**, even in the state, reveals a report of the National Crime Records Bureau.

The NCRB report, released earlier this year, is based on the statistics of accidental deaths and **suicides** in 2011. According to the report, there were 675 **suicides** in Pune in 2011 (in 2010, the number was 646). Among them, 465 were males and 210 females.

Of the 675 **suicide** deaths, 183 occurred due to family problems, the report says. The next major cause was illness. As many as 153 **suicides** were due to illnesses.

The number of **suicides** per one lakh population is accepted as the yardstick for determining **suicide** rate of a city. With 675 **suicides** in a population of 50.5 lakh last year, Pune was ranked 18th in the **suicide** rate.

In Pune, of the 675 **suicide** deaths in 2011, 312 were in the age-group of 15 to 29 years. Ten youngsters in the age-group of 14 years or less committed **suicide** last year.

**Suicide** due to drug abuse is also one of the major causes. As many as 84 **suicides** were because of drug abuse in the city last year. Thirteen people committed **suicide** because of failure in examination. Unknown causes accounted for 122 **suicides**.

In Maharashtra, 15,947 **suicides** were reported in 2011, of which 10,887 were males and 5,060 were females. In the state, too, family problem is the major reason for **suicide** (39.9%), followed by illness (25.63%).

Medical experts said that helplines can support the individual and help him from taking the extreme step.

For Reprint Rights: timescontent.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); FAMILY (90%); CITY LIFE (90%); DEMOGRAPHIC GROUPS (90%); ACCIDENTAL FATALITIES (71%); SUBSTANCE ABUSE (66%)

**STATE:** MAHARASHTRA, INDIA (79%)

**COUNTRY:** INDIA (90%)

**LOAD-DATE:** November 7, 2012

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The Statesman (AsiaNet)

**September** 16, 2012 Sunday

**751 commit suicide in six months**

**SECTION:** Vol. 12 No. 440

**LENGTH:** 457 words

The trend of **suicides** is on a sharp rise in Pakistan, as 751 **suicide** cases were recorded from January to June 2012, says Madadgaar National Helpline here Saturday.

**Suicide**, a criminal offence and a major mental health problem has destructive effects on individuals, families and communities.

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Then report said as many as 32762 people committed **suicides** in the country during the last 12 years (2001-12). The victims include 4031 children, 11752 women and 16975 males.

The report is compiled from the data published in national, local newspapers. However, a number of cases are also unreported, as families are reluctant to register cases of **suicide** or attempted **suicide** because they consider it a social stigma. Men are more likely to commit **suicide** as the data shows.

It seems strong association between poor socio-economic conditions and **suicide** in Pakistan. Domestic violence, poverty, insecurity, and hopelessness are the most common reasons of **suicide**.

Whereas, poisoning, firearms, hanging, excess use of medicines or sleeping pills, use of insecticides and jumping from height are most common methods of committing and attempting **suicide**.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); FAMILY (90%); TRENDS (90%); CHILDREN (89%); PREVENTION & WELLNESS (89%); MUSLIMS & ISLAM (78%); MENTAL HEALTH (78%); DOMESTIC VIOLENCE (78%); LEGAL AID (78%); MENTAL ILLNESS (78%); CRIME PREVENTION (77%); HUMAN RIGHTS (77%); DOMESTIC OFFENSES (77%); HEALTH CARE POLICY (77%); CRIMINAL LAW (77%); DOMESTIC VIOLENCE PROGRAMS (76%); RESEARCH REPORTS (76%); LAWYERS (74%); DEATHS (73%); LAW ENFORCEMENT (72%); HEALTH CARE (69%); POVERTY & HOMELESSNESS (67%); INSECTICIDES (66%); RELIGION (62%); ECONOMIC NEWS (52%)

**CITY:** PESHAWAR

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** September 17, 2012

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The Statesman (AsiaNet)

**September** 16, 2012 Sunday

**751 commit suicide in six months**

**SECTION:** Vol. 12 No. 440

**LENGTH:** 457 words

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**CITY:** PESHAWAR

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** September 16, 2012

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The Messenger

**September** 9, 2012 Sunday

**751 commit suicide in six months: data report**

**SECTION:** Vol. IV No. 251

**LENGTH:** 458 words

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**CITY:** KARACHI,PAKISTAN (58%) Karachi

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** September 10, 2012

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The Patriot

**September** 9, 2012 Sunday

**751 commit suicide in six months: data report**

**SECTION:** Vol. 11 No. 249

**LENGTH:** 458 words

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); FAMILY (90%); TRENDS (90%); CHILDREN (89%); PREVENTION & WELLNESS (89%); MUSLIMS & ISLAM (78%); MENTAL HEALTH (78%); DOMESTIC VIOLENCE (78%); LEGAL AID (78%); MENTAL ILLNESS (78%); CRIME PREVENTION (77%); HUMAN RIGHTS (77%); HEALTH CARE POLICY (77%); DOMESTIC OFFENSES (77%); CRIMINAL LAW (77%); DOMESTIC VIOLENCE PROGRAMS (76%); RESEARCH REPORTS (76%); LAWYERS (74%); DEATHS (73%); LAW ENFORCEMENT (72%); HEALTH CARE (69%); POVERTY & HOMELESSNESS (67%); INSECTICIDES (66%); RELIGION (62%); ECONOMIC NEWS (52%)

**CITY:** KARACHI,PAKISTAN (58%) Karachi

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** September 10, 2012

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The West Australian (Perth)

**September** 7, 2011 Wednesday

First Edition

**SECTION:** HEA; Pg. 4

**LENGTH:** 423 words

**Suicide** is now one of the three leading causes of deaths among males and females aged 15-44 years.

Australia is recognised as having one of the highest ratios of male-to-female **suicides** (approximately 4:1) compared with other countries.

Each year in WA more than 200 people die from **suicide** and an even greater number harm themselves in **suicide** attempts.

The Coroner's database reveals that men most at risk of **suicide** are aged 2034 years and 75 years and over, Aboriginal, living in rural and remote areas and in custody. For women, over the past two decades, the highest rates of completed **suicides** were those aged 4049 years.

The real percentage of **suicides** among car accidents is not reliably known. Studies by **suicide** researchers suggest that vehicular fatalities that are **suicides** vary from 1.6 to 5 per cent.

**Suicide** has a profound effect on the family and friends of the deceased. Research suggests that family and friends who are bereaved by **suicide** are at a two to five-fold higher risk of **suicide** compared to the general population. (ARBOR provides an outreach service for family and friends who lose a loved one by **suicide**. Referrals can be made by calling 9263 2050).

**Suicide** is believed to have been uncommon among Aboriginal communities in pre-colonial times. Since the late 1970s, the rising incidence of **suicide** and other self-inflicted injuries has become a serious issue. From 1986 to 2006, 304 Aboriginal **suicides** were recorded in WA. Of these **suicides**, 261 were men and 43 were women. The emergence of **suicide** clusters in Aboriginal communities is of particular concern.

**Suicide** clustering refers to a number of **suicides** or **suicide** attempts which occur closer together in time or location than would be expected statistically for that community, according to Lifeline WA chief executive Amanda Wheeler. It appears to particularly affect young and vulnerable people. Clusters may occur due to socio-economic factors or may be related to a traumatic event in the community that has a flow-on effect for vulnerable people.

Social contagion is one factor which may lead to **suicide** clustering and it is the concept that a combination of grief, over-identification and fixation on **suicide** leads to an increase in suicidal behaviour among a group of people who have been exposed to a **suicide**, said Ms Wheeler. She said the media played an important part in social contagion because it was a means of transmitting or moderating the information which may lead to contagion and communicating information that may help keep people safe.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); TEEN SUICIDE (90%); DEATHS (79%); WOMEN (78%); RURAL COMMUNITIES (75%); FAMILY (75%); CORONERS COURTS & OFFICES (74%); TRAFFIC ACCIDENTS (74%); WOUNDS & INJURIES (73%); EXECUTIVES (50%)

**COUNTRY:** AUSTRALIA (90%)

**LOAD-DATE:** September 6, 2011

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Daily Mail (London)

**April** 11, 2008 Friday

**Suicide sites warning;**

**Youngsters are only two clicks away as they surf the internet, say doctors**

**BYLINE:** Jenny Hope

**SECTION:** 1ST; Pg. 22

**LENGTH:** 594 words

TEENAGERS are just 'two clicks' away from finding help to commit **suicide** on the internet, warn doctors.

Websites promoting **suicide** are easier and quicker to access than those which aim to prevent it, according to research.

In the first study of its kind, a quick web search found half of 'hits' brought up details on methods of committing **suicide** while one in five were for 'dedicated **suicide** sites'.

There has been growing concern about the proliferation of **suicide** sites, with some claiming to have facilitated **suicide** pacts among strangers who met and planned their deaths on the internet. Controversy followed a series of **suicides** by teenagers and young adults in Bridgend, South Wales, many of whom used networking sites, despite a lack of police evidence of internet involvement.

**Suicide** sites are not illegal in Britain, unlike Australia, although campaigners argue they have been a factor in at least 30 cases of young **suicides** in the UK in the past six years. The latest study by five doctors and epidemiologists at universities in Bristol, Manchester and Oxford is published today in the British Medical Journal.

Professor David Gunnell, professor of epidemiology at Bristol University's department of social medicine, said the internet made it simple for youngsters seeking information about **suicide**.

He said: 'We were surprised by the frequency with which the same pro-**suicide** sites came up across four search engines and the evaluation of methods provided. There was detailed information about speed, certainty and the likely amount of pain associated with a method.

'It would only take a couple of clicks to get to these sites once you've put simple words into the search.' The research team searched the internet last May for sites providing instructions and information on methods of **suicide**. They used Google, Yahoo, MSN and Ask15 to search the entire web, not just UK sites.

The researchers selected 12 terms that were entered into each search engine in turn. The first ten hits retrieved by each search were then analysed, with a total of 240 sites identified and 480 hits reviewed.

The terms used were: **suicide**; **suicide** methods; **suicide** sure methods; most effective methods of **suicide**; methods of **suicide**; ways to commit **suicide**; how to commit **suicide**; how to kill yourself; easy **suicide** methods; best **suicide** methods; pain-free **suicide** and quick **suicide**.

Just under a fifth of hits, 90, were for dedicated **suicide** sites. Half of these were judged to be encouraging, promoting, or facilitating **suicide** while 43 contained personal or other accounts of **suicide** methods, providing information and discussing pros and cons but without direct encouragement.

Two sites portrayed **suicide** or self harm in 'fashionable' terms.

Sites focusing on preventing **suicide** or offering support accounted for 62 hits (13 per cent). Sites forbidding or discouraging **suicide** accounted for 59 (12 per cent).

Chat rooms may exert 'peer pressure to commit **suicide**, idolise those who have completed **suicide**, and facilitate **suicide** pacts', warned the 'Portrayed in fashionable terms' study. However, some sites enable searchers to share their distress and learn new coping strategies.

**Suicide** rates among the young have been declining since the 1990s - while internet use has expanded - but Professor Gunnell said there was a danger this might not continue.

He said the Government should look at whether **suicide** sites should be made illegal.

Another possible solution was to ensure that sites which support youngsters during a crisis came higher up the search ranking.

j.hope@dailymail.co.uk

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Papers

**SUBJECT:** SUICIDE (95%); INTERNET & WWW (90%); ADOLESCENTS (90%); EPIDEMIOLOGY (90%); RESEARCH (89%); SEARCH ENGINES (89%); ASSISTED SUICIDE (73%); CHAT ROOMS (73%); COLLEGES & UNIVERSITIES (72%); EVIDENCE (54%); COLLEGE & UNIVERSITY PROFESSORS (72%); TEEN SUICIDE (90%)

**CITY:** LONDON, ENGLAND (56%); MANCHESTER, ENGLAND (56%)

**COUNTRY:** UNITED KINGDOM (90%); WALES (71%); ENGLAND (56%)

**LOAD-DATE:** April 11, 2008

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Times of India (Electronic Edition)

**November** 8, 2012 Thursday

Pune Edition

**'Family problems behind most cases'**

**BYLINE:** Manish Umbrajkar TNN

**SECTION:** TIMES CITY

**LENGTH:** 305 words

Pune: Most people in the city who take the extreme decision to end their lives are below the age of 30 years and 'family problems' account for a large number of **suicides**,even in the state,reveals a report of the National Crime Records Bureau.The NCRB report,released earlier this year,is based on the statistics of accidental deaths and **suicides** in 2011.According to the report,there were 675 **suicides** in Pune in 2011 (in 2010,the number was 646).Among them,465 were males and 210 females.Of the 675 **suicide** deaths,183 occurred due to family problems,the report says.The next major cause was illness.As many as 153 **suicides** were due to illnesses.The number of **suicides** per one lakh population is accepted as the yardstick for determining **suicide** rate of a city.With 675 **suicides** in a population of 50.5 lakh last year,Pune was ranked 18th in the **suicide** rate.In Pune,of the 675 **suicide** deaths in 2011,312 were in the age-group of 15 to 29 years.Ten youngsters in the agegroup of 14 years or less committed **suicide** last year.**Suicide** due to drug abuse is also one of the major causes.As many as 84 **suicides** were because of drug abuse in the city last year.Thirteen people committed **suicide** because of failure in examination.Unknown causes accounted for 122 **suicides**.In Maharashtra,15,947 **suicides** were reported in 2011,of which 10,887 were males and 5,060 were females.In the state,too,family problem is the major reason for **suicide** (39.9%),followed by illness (25.63%).Medical experts said that helplines can support the individual and help him from taking the extreme step.**Suicide** statistics No of **suicides** in Pune in 2011: 675 (646 in 2010) Due to family issues: 183 Illnesses: 153 Drug abuse: 84 Failure in examination: 13 Unknown causes: 122 **Suicides** in the age-group of 15 to 29 years: 312 In the age-group of 14 years or less: 10

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); FAMILY (90%); CITY LIFE (90%); DEMOGRAPHIC GROUPS (89%); SUBSTANCE ABUSE (71%); ACCIDENTAL FATALITIES (71%)

**STATE:** MAHARASHTRA, INDIA (79%)

**COUNTRY:** INDIA (92%)

**LOAD-DATE:** November 7, 2012

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COURIER-MAIL

**November** 17, 1990 Saturday

**SUICIDE 'TRIED' BY 40,000 EACH YEAR**

**SOURCE:** QNP

**BYLINE:** AAPGROUP

**LENGTH:** 282 words

**Suicide** "tried' by 40,000 each year MELBOURNE: More than 40,000 Australians attempt **suicide** each year, research by a welfare group has found. The Sydney City Mission yesterday said that Australia's **suicide** rate was a staggering 300 percent higher than in Britain and 30 percent higher than in Japan. The group said a young Australian committed **suicide** every day. The **suicide** rate for males aged between 15 and 19 had more than doubled in 20 years. Statistics Bureau figures show that, apart from road accidents, **suicide** is the biggest killer of young Australian males. The City Mission has organised a conference on youth **suicide** prevention titled ""Hearing The Cry" in Sydney on December 12-13. A **suicide** researcher and secretary of Australian National Lifeline, Ms Margaret Appleby, said Australia's ""she'll be right" attitude contributed to the nation's increasing incidence of **suicide**. ""We've got to dispel the myths about **suicide**," Ms Appleby said. ""People don't take it seriously. ""They think that if someone talks about **suicide** they won't do it but nine out of 10 people tell us they are going to commit **suicide** and the public doesn't know what to do about it. ""People need to know it's okay to talk about **suicide** \_ it's not contagious." Ms Appleby, who has also written a book about **suicide** prevention, said prevention programs should be compulsory in schools as they were in the United States. ""Seventy percent of people who complete **suicide** have tried it once or more before," Ms Appleby said. She said rural areas had a **suicide** rate up to six times greater than the cities. Women attempted **suicide** more than men but men committed **suicide** more than women, she said.

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); MEN (76%); CHILDREN'S HEALTH (74%); PREVENTION & WELLNESS (74%);

**COMPANY:** CITY MISSION (71%);

**PERSON:** MARGARET APPLEBY (91%); SIR GEORGE YOUNG (55%);

**CITY:** SYDNEY, AUSTRALIA (88%); MELBOURNE, AUSTRALIA (73%);

**COUNTRY:** AUSTRALIA (94%); JAPAN (90%); UNITED STATES (79%);

**LOAD-DATE:** September 24, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** CML

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The Advertiser (Australia)

**September** 10, 2012 Monday

1 - State Edition

**Time to lift veil of silence Call for media to report suicides**

**BYLINE:** MILES KEMP

**SECTION:** NEWS; Pg. 6

**LENGTH:** 369 words

THE media have a responsibility to make people aware of **suicide** and not contribute to under-reporting of the problem, Commissioner for the Victims of Crime Michael O'Connell says.

Mr O'Connell was commenting in the lead-up to R U OK? Day, next Thursday, an annual event to promote mental health awareness.

``It is time to lift the shroud of silence and facilitate sensible media reporting as part of a campaign to prevent **suicide** and minimise **suicide** harm,'' he said.

**``Suicide** is newsworthy and a legitimate subject for reporting.''

Mr O'Connell said media critics needed to understand that only some irresponsible reporting of **suicide** led to copycats.

``Opponents to media reporting on **suicide** often cite research and commentary that indicate when the number of stories about individual **suicides** increase so to does the number of deaths by **suicide**,'' he said.

``But this is only the case when for example, graphic descriptions of methods of **suicide** are reported, and romanticising **suicide** and portraying notable individuals who take their own lives as heroic are factors that likely encourage others to contemplate taking their own lives.

``In my opinion, the under-reporting of **suicide** has contributed to a silence that masks both the reality of **suicide** as a social issue and the tragedy that impacts on those bereaved by **suicide**.''

Mr O'Connell said the guidelines journalists should observe were:

RESPECT the privacy and dignity of the victim and their family.

AVOID words suggesting that a **suicide** attempt ``failed'' or ``succeeded''.

BROAD terms only should be used to describe the method.

EXPERTS should be quoted on **suicide** prevention.

Mr O'Connell's comments come as the Federal Government is to pledge $4.8 million towards a **suicide** prevention program.

Minister for Mental Health Mark Butler will announce the funding today, which is World **Suicide** Prevention Day, and said it will enhance the capacity of local communities to prevent **suicide**.

Under the initiative, teachers, sports coaches, police and other community workers will get training from the Wesley LifeForce program to help identify and support people at risk of **suicide**.

For information

on **suicide**

prevention call

Lifeline

13 11 14 or

SANE Helpline

1800 18 7263.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** ADV

**SUBJECT:** SUICIDE (94%); PREVENTION & WELLNESS (89%); CRIME PREVENTION (78%); MENTAL HEALTH (78%); VICTIMS RIGHTS (78%); JOURNALISM (78%); SOCIETAL ISSUES (78%); DEATHS & DEATH RATES (72%); WRITERS (68%)

**LOAD-DATE:** September 9, 2012

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The Advertiser (Australia)

**September** 10, 2012 Monday

2 - Metro - AD Edition

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``Opponents to media reporting on **suicide** often cite research and commentary that indicate when the number of stories about individual **suicides** increase so to does the number of deaths by **suicide**,'' he said.

``But this is only the case when for example, graphic descriptions of methods of **suicide** are reported, and romanticising **suicide** and portraying notable individuals who take their own lives as heroic are factors that likely encourage others to contemplate taking their own lives.

``In my opinion, the under-reporting of **suicide** has contributed to a silence that masks both the reality of **suicide** as a social issue and the tragedy that impacts on those bereaved by **suicide**.''

Mr O'Connell said the guidelines journalists should observe were:

RESPECT the privacy and dignity of the victim and their family.

AVOID words suggesting that a **suicide** attempt ``failed'' or ``succeeded''.

BROAD terms only should be used to describe the method.

EXPERTS should be quoted on **suicide** prevention.

Mr O'Connell's comments come as the Federal Government is to pledge $4.8 million towards a **suicide** prevention program.

Minister for Mental Health Mark Butler will announce the funding today, which is World **Suicide** Prevention Day, and said it will enhance the capacity of local communities to prevent **suicide**.

Under the initiative, teachers, sports coaches, police and other community workers will get training from the Wesley LifeForce program to help identify and support people at risk of **suicide**.

For information on **suicide** prevention call Lifeline 13 11 14 or SANE Helpline 1800 18 7263.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** ADV

**SUBJECT:** SUICIDE (94%); PREVENTION & WELLNESS (89%); CRIME PREVENTION (78%); MENTAL HEALTH (78%); VICTIMS RIGHTS (78%); JOURNALISM (78%); SOCIETAL ISSUES (78%); DEATHS & DEATH RATES (72%); WRITERS (68%)

**LOAD-DATE:** September 9, 2012

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The Frontier Post

**April** 20, 2014 Sunday

**Trends of suicide in Pakistan**

**BYLINE:**  Fatima Islam - Islamabad

**SECTION:** LETTERS TO THE EDITOR Vol. XXVII No. 908

**LENGTH:** 243 words

The word "**suicide**" comes from two Latin roots, sui "of oneself" and cidium "killing" or "slaying". According to World Health Organization, on average, almost 3000 people commit **suicide** daily. **Suicide** is an act of killing oneself intentionally causing his or her own death out of feeling hopelessness, helplessness and worthlessness. **Suicide** is considered to be the last option to overcome the pain, the risk often increases in lack of social-support and self-esteem.

World **Suicide** Prevention Day is marked on 10 September which aims to promote worldwide commitment and action to prevent **suicides.** Causes of **Suicide** in Pakistan are Depression, Mental illness, Family factors in **suicide,** Social and cultural factors, Terrorism, Religious cults, Drug abuse, Financial difficulties, Unemployment etc. According to statistics Trend of **suicide** is highest in Karachi and in Azad Kashmir and Balochistan rate of **suicide** is the lowest. **Suicide** methods in Pakistan are Insecticides, Medicine, Hanging, Shot, Electrocution, Jumping, and Accident. The ratio of male committing **suicide** is more than females. **Suicide** is a very grave issue of our society, which is being ignored only because it is a taboo.

Trend of **suicide** seems to be increasing annually. Frequent researches are needed in this perspective to fully understand this issue. We must make people realize the sanctity of life. Life is beautiful, live it to the fullest and get rid of the plague called '**suicide'.**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); LETTERS & COMMENTS (92%); TRENDS (90%); DEATHS (78%); DEPRESSION (78%); PREVENTION & WELLNESS (77%); HEALTH DEPARTMENTS (77%); CULTS & SECTS (73%); TERRORISM (73%); MENTAL ILLNESS (73%); ASSOCIATIONS & ORGANIZATIONS (72%); STATISTICS (72%); PUBLIC HEALTH ADMINISTRATION (72%); UNITED NATIONS INSTITUTIONS (72%); SUBSTANCE ABUSE (70%)

**CITY:** KARACHI,PAKISTAN (54%)

**STATE:** KASHMIR (54%)

**COUNTRY:** PAKISTAN (94%); ASIA (54%) Pakistan

**LOAD-DATE:** April 21, 2014

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Irish Independent

**May** 16, 2009 Saturday

**Losing a friend or family member is one of life's most traumatic events**

**SECTION:** NATIONAL NEWS

**LENGTH:** 624 words

**SUICIDE** of a family member or friend is one of the most traumatic events in a person's life.

One of the first questions which we ask is 'why'.

We look for a simple reason.

Today, six heartbroken families and their communities will be desperately asking why these girls could be driven to end their young lives in such a harrowing manner.

But there is never a simple answer to this most difficult question.

The reasons why a person ends their life are most complex and there are always many underlying causes.

Those who are in such personal crisis that they see no other solution than to end their lives are not intent in doing so but do not see any other way to deal with their mental anguish and pain.

Copycat **suicides** or **suicide** by imitation has long been recognised.

While we must be careful not to exaggerate this, research confirms that a **suicide** in a community has caused others who are vulnerable to see the terrible solution to life crisis as an example to deal with their psychological pain.

In many areas it as if all those who are vulnerable to **suicide** complete it.

It is important to be careful not to inadvertently romanticise **suicide** or idealise those who take their own lives and we must be careful not to portray **suicide** as a heroic or romantic act.

**Suicide** is neither a cowardly nor brave act.

It is the act of a person in deep crisis and in many cases the outcome of the failure of State services to respond to the need for help.

There is evidence that excessive publicity of actual **suicides** does increase copycat **suicides**.

For example, in the 1970s, during the 12-month period following international publicity of **suicide** by burning, there were 60 more **suicides** from burning in Britain than would normally be expected.

It is accepted there is an increase when media reports of **suicide** increase, or when **suicide** is treated prominently -- on the front page of a newspaper or at the beginning of a broadcast.

The effect of copycat **suicides** in the wake of celebrity **suicides** has been extensively researched.

Celebrity **suicides** are more likely to produce imitation due to the prominence of those involved and the respect that they receive.

Young people especially identify with a celebrity as a role model.

Celebrity **suicide** also receives considerable media coverage following the **suicide** death of a famous person.

However, the expected rise in copycat **suicide** among his local fans following the death of noted pop singer Kurt Cobain, the lead singer of the rock band Nirvana in Seattle in 1994 did not occur. This was thought to be due to the sensitive reporting of the event.

This did not glamourise the **suicide** as a tragic waste of a talented life.

There was close cooperation between the local health authorities and the media.

In addition to the reporting of the **suicide**, the media published the telephone details of a number of helplines and agencies that offer support to vulnerable persons.

The number of calls to these services increased dramatically in subsequent days and weeks and the **suicide** rate reduced.

There is a powerful role to be played by the media in educating the public about **suicide** prevention.

This can the form of articles or broadcast material which informs the public about the:

likely causes of **suicide**; its warning signs; trends in **suicide** rates; and recent advances in dealing with the underlying causes.

Opportunities to prevent **suicide** can also be highlighted.

We must never forget that **suicide** is a terrible act against nature, causes desperate trauma to the bereaved family and community and must never be considered as a solution to any problem under any circumstances.

Dan Neville is Fine Gael's spokesman on mentalhealth and presidentof the Irish Association of Suicidology

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); CELEBRITIES (86%); FAMILY (78%); PSYCHOLOGY (74%); PUBLIC HEALTH ADMINISTRATION (69%); SINGERS & MUSICIANS (63%); POP & ROCK (63%); HEALTH DEPARTMENTS (50%)

**CITY:** SEATTLE, WA, USA (79%)

**STATE:** WASHINGTON, USA (79%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** May 16, 2009

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The Times of India (TOI)

**May** 13, 2011 Friday

**Nagpur records most suicides in state**

**BYLINE:** Umesh Isalkar

**SECTION:** NAGPUR

**LENGTH:** 281 words

PUNE: Family problems, unemployment, failure in examinations, poverty and dowry disputes are reasons for people succumbing to the urge to commit **suicide**. Nagpur, Pune and Nashik are among 20 cities in the country with high **suicide** rates, according to the National Crime Records Bureau's data collated between 2005 and 2009. The findings were published in a report - Accidental Deaths and **Suicides** in India. The data was analysed by the health department and released this month.

Nagpur, with the highest number of **suicides** in the state and a **suicide** rate of 18.4, was ranked 11th in the country. Pune came 12th with 17.3, and Nashik was 16th. The **suicide** rate is the number of **suicides** per one lakh population. The report said that social and economic causes led most men to commit **suicide** whereas emotional and personal

causes drove women to end their lives.

The analysis indicated that there were more **suicides** in the 15-29 age group in Nagpur, Pune and Nashik and that more men committed **suicide** than women. Pune recorded 648 **suicides** in the 60 years and above age group as against 390 in Nagpur and 168 in Nashik in 2009.

Prakash Doke, former executive director, State Health Systems Resource Centre said Nagpur has been consistently reporting high **suicide** rates. About 14,426 people committed **suicide** in Maharashtra as against the national count of 1,13,914 **suicides** in 2005. In 2009, there were 14,300 **suicides** in Maharashtra against the country's count of 1,27,151. The analysis also showed that Maharashtra ranked 13th, accounting for 11.2% of total **suicides** in the country with a **suicide** rate of 13.2. Bangalore topped the list followed by Chennai.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); DEMOGRAPHIC GROUPS (90%); FAMILY (78%); POVERTY & HOMELESSNESS (78%); HEALTH DEPARTMENTS (77%); RESEARCH REPORTS (72%)

**COMPANY:** HEALTH SYSTEMS RESOURCES INC (53%)

**INDUSTRY:** SIC7372 PREPACKAGED SOFTWARE (53%)

**STATE:** MAHARASHTRA, INDIA (96%); TAMIL NADU, INDIA (79%); KARNATAKA, INDIA (58%)

**COUNTRY:** INDIA (96%)

**LOAD-DATE:** May 12, 2011

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Korea Times

**July** 30, 2004, Friday

**Guidelines Set for Suicide Reports**

**LENGTH:** 477 words

The government and civil associations on Thursday announced guidelines for media reporting of **suicide** in an effort to prevent further growth of the national **suicide** rate.

The guideline came after research indicated that press reports on high-profile **suicide** cases trigger copycat **suicides.** However, some doubt the effectiveness of the measure, as it is just a proposed guideline and not compulsoryKorea Association for **Suicide** Prevention, Journalists Association of Korea, and the Health and Welfare Ministry jointly announced a guideline for press reporting of **suicide,** and recommended journalists follow the guideline.

The government has decided to propose the instruction following research that news, movies or novels on **suicide** have the Werther effect, which incites people to commit copycat **suicide.**

The term Werther effect was coined in the 18th century when many young people took their lives after reading the novel ''The Sorrows of Young Werther.''Many advanced countries such as the United States, Japan, Australia, and Canada have adopted such guidelines.

The number of people committing **suicide** has sharply increased in South Korea in a few years, due to extreme stress mainly from economic difficulties and family collapse. It is suspected that **suicides** by influential people and the way media report such **suicides** are another factor encouraging **suicides.**

''**Suicide** reports remind those wanting to escape hardship and difficulties that **suicide** is an option. Media reports need to be more cautious,'' Lee Young-tae, editor of Media Today, told The Korea Times.

The guideline suggests journalists protect the privacy of those who commit **suicide** or their families and avoid describing details of the place and method of **suicide,** unless it is a famous figure the public should know about. It also urged media not to deal with **suicide** cases as a scoop or a means of drawing public interest.

Journalists are also advised to notify people of the negative impact of **suicide,** as well as information that can prevent **suicide.**

The guideline also urges media not to embellish or justify **suicide.** ''Famous figures who recently took their lives were facing punishment due to illegal behavior. Their **suicide** was a means of evading punishment, so such **suicide** should not be justified,'' a staff of the journalists association said.

However, as the guideline is not a rule and has no legal binding, whether to follow it or not is totally up to media people themselves.

''It is difficult to limit what kind of details should not be disclosed or included in **suicide** reports, or whose **suicide** can be regarded as that of a public figure. The judgment should be made by journalists' conscience,'' a ministry official said.

''The guideline will be an opportunity for media to consider how to report **suicide** cases,'' Lee of Media Today said.

**SUBJECT:** SUICIDE (93%); WRITERS (90%); JOURNALISM (90%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (78%); FAMILY (76%); NOVELS & SHORT STORIES (75%); DEATHS (73%); HEALTH DEPARTMENTS (71%); ASSOCIATIONS & ORGANIZATIONS (90%);

**COMPANY:** SUICIDE PREVENTION JOURNALISTS ASSOCIATION (69%);

**PERSON:** SIR GEORGE YOUNG (70%);

**COUNTRY:** NORTHERN ASIA (94%); KOREA, REPUBLIC OF (92%); CANADA (79%); JAPAN (79%); UNITED STATES (79%);

**LOAD-DATE:** July 29, 2004

**LANGUAGE:** ENGLISH

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The Financial Post (Pakistan)

**September** 9, 2012 Sunday

**751 commit suicide in six months**

**LENGTH:** 495 words

**DATELINE:** KARACHI

KARACHI, Sept. 9 -- The trend of **suicides** is on a sharp rise in Pakistan, as 751 **suicide** cases were recorded from January to June 2012, says Madadgaar National Helpline here Saturday. **Suicide**, a criminal offence and a major mental health problem has destructive effects on individuals, families and communities.Madadgaar National helpline, sharing its report on the data of on the eve of the World **Suicide** Prevention Day, said 751 cases of **suicide** were reported from January to June, 2012 across Pakistan.

In these six months 136 children, 303 women and 312 male committed **suicide**. Then report said as many as 32762 people committed **suicides** in the country during the last 12 years (2001-12). The victims include 4031 children, 11752 women and 16975 males. The report is compiled from the data published in national, local newspapers. However, a number of cases are also unreported, as families are reluctant to register cases of **suicide** or attempted **suicide** because they consider it a social stigma. Men are more likely to commit **suicide** as the data shows.It seems strong association between poor socio-economic conditions and **suicide** in Pakistan. Domestic violence, poverty, insecurity, and hopelessness are the most common reasons of **suicide**. Whereas, poisoning, firearms, hanging, excess use of medicines or sleeping pills, use of insecticides and jumping from height are most common methods of committing and attempting **suicide**. Zia Ahmed Awan, President Lawyers for Human Rights and Legal Aid (LHRLA) regretted the rising incidents of **suicide** and attempted **suicide**. He said the lack of basic civic facilities, dearth of resources, poorly established healthcare services and political instability make **suicide** prevention an alarming challenge in Pakistan. Awan said, under Section 325Pakistan Penal Code (PPC), attempt to commit **suicide** is punishable with simple imprisonment for a term of one year or with fine or both. **Suicide** is condemned act in Islam, as well. Traditionally, **suicide** cases in Islamic societies remained very low but recently we see a sharp rise in **suicide** cases, which has become a major problem in Pakistan.He said collective efforts of families, civil society, government, media, law enforcement agencies, healthcare and other related department are needed in reducing the incidence of **suicide**. There is a dire need to develop and implement community-based **suicide** prevention program. A National **Suicide** Statistics should be compiled at government level. Government needs to develop policy frameworks for chalking out **suicide** prevention strategies.He said media can play a vital role in preventing **suicide**. There is dire need to convey people who want to commit **suicide** to choose something other than ending their life to solve their problems. Published by HT Syndication with permission from The Financial Post. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); FAMILY (90%); TRENDS (90%); CHILDREN (89%); PREVENTION & WELLNESS (89%); MUSLIMS & ISLAM (78%); LEGAL AID (78%); CRIME PREVENTION (77%); DOMESTIC VIOLENCE (77%); DOMESTIC OFFENSES (77%); HEALTH CARE POLICY (77%); CRIMINAL LAW (77%); DOMESTIC VIOLENCE PROGRAMS (76%); HUMAN RIGHTS (76%); RESEARCH REPORTS (75%); LAWYERS (74%); MENTAL HEALTH (73%); PUBLISHING (73%); MEDIA SYNDICATION (73%); MENTAL ILLNESS (73%); DEATHS (73%); LAW ENFORCEMENT (72%); HEALTH CARE (69%); INSECTICIDES (66%); POVERTY & HOMELESSNESS (66%); RELIGION (62%); ECONOMIC NEWS (52%)

**CITY:** KARACHI,PAKISTAN (89%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** September 9, 2012

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The Halifax Daily News (Nova Scotia)

**February** 20, 2005 Sunday

**Are genetics important when predicting suicide?**

**BYLINE:** McGrath, Patrick

**SECTION:** YOUR GENERATIONS; Pg. YOU10

**LENGTH:** 478 words

Is **suicide** genetic?- Wondering in Bedford

- **Suicide** has many complex causes. It is hardly ever caused by one factor.

Genetics of some diseases is clear. This is not the case with **suicide**. There is no **suicide** gene. But genetics may have an effect.

The effect of genetics on **suicide** are due to inheriting mental illness and inheriting traits. Several mental illnesses have genetic influences and increase the risk of **suicide**. These include depression, bipolar disease, schizophrenia, and some types of anxiety. None of these mental illnesses are entirely genetic; they also are due to the environment.

The science is still in its early stages. We don't have a clear understanding of the genetics of mental illness.

**Suicide** is also influenced by traits that are partly genetic. Pessimism or always looking at the negative things is caused partly by genetics. Feeling hopeless is also important. The genetics of pessimism and hopelessness are not clear but there seems to be a genetic aspect of these traits.

Being impulsively aggressive is related to **suicide**. Someone who lashes out without thinking has more risk of **suicide**. This trait is partly genetic.

Sometimes genes cause specific things. Genes cause eye colour. Genes cause sickle cell disease and cystic fibrosis. If your parents give you the wrong genes, you will have one of these diseases.

This is not true with **suicide**. Having all the genetic risk factors for **suicide** does not mean a person will commit **suicide**. **Suicide** is never specifically caused by genes.

Having a parent who committed **suicide** is a serious burden. It increases risk of depression and **suicide**. However, much of the increased risk is not genetic but because of having to cope with this trauma. However, most children who have a parent who committed **suicide** learn to deal with it.

Although **suicide** is an important cause of death, it really is quite rare. Statistics Canada reports that, in adolescents aged 15 to 18, the **suicide** rate is about 20 per 100,000 for males and just over four per 100,000 for girls. But that means that 99,980 out of 100,000 boys and 99,995 out of 100,000 girls do not commit **suicide**.

**Suicide** is a terrible tragedy when it occurs. Getting help can prevent **suicide**. Talking to someone who cares is important. For some, a religious counsellor or a teacher can help. Many teens can talk to their parents or a close friend. Your school's teen health centre is there to help. There are lots of other sources of help. Some are:

The Metro Help Line at 902-421-1188.

The Teen Help Line at 1-800 420-8336.

The Parent Help Line at 1-888-603-9100.

Central Referral of the IWK Health Centre at (902) 464-4110.

askdoctorpat@hfxnews.ca

Dr. Patrick McGrath is professor of psychology, pediatrics and psychiatry at Dalhousie University and a psychologist in the family help research program at IWK Health Centre. He lives in Halifax and East LaHave.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** MENTAL ILLNESS (93%); SUICIDE (92%); GENES & CHROMOSOMES (90%); DISEASES & DISORDERS (90%); TEEN SUICIDE (89%); ADOLESCENTS (89%); PSYCHOLOGY (89%); DEPRESSION (89%); CHILDREN'S HEALTH (78%); GENETIC DISEASE FACTORS (78%); PSYCHIATRY (76%); BIPOLAR DISORDER (76%); MENTAL HEALTH PRACTICE (76%); SICKLE CELL DISEASE (73%); RESPIRATORY DISEASE (73%); CYSTIC FIBROSIS (73%); CHILDREN (71%); TEACHING & TEACHERS (67%); COLLEGE & UNIVERSITY PROFESSORS (64%); STATISTICS (62%)

**COUNTRY:** CANADA (77%)

**LOAD-DATE:** February 21, 2005

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Milton Canadian Champion

**September** 13, 2012 Thursday

Final Edition

**We can all help break the barriers**

**SECTION:** EDITORIAL; Pg. 1

**LENGTH:** 284 words

Yesterday marked the 10th anniversary of World **Suicide** Prevention Day, a day when people are encouraged to discuss solutions to what's becoming an almost epidemic mental health issue among our young people.

According to Children's Mental Health Ontario (CMHO), **suicide** is the second leading cause of death among 10- to 24-year-olds in Canada.

Untreated mental illness - depression, in particular - is the leading risk factor for **suicide**.

For every **suicide** completion, there are thousands more young people having thoughts of **suicide** and attempting **suicide**, according to the CMHO.

One recent study found one in 10 students in Grades 7 to 12 reported they had seriously considered **suicide**, and about three per cent reported attempting **suicide**.

**Suicide** among Aboriginal youth is estimated to occur at rates five times higher than non-Aboriginal youth.

To mark World **Suicide** Prevention Day, the Halton **Suicide** Prevention Coalition and Talking About Addictions and Mental Health will co-host a community forum on **suicide** this Thursday at Craig Kielburger Secondary School.

The forum, from 7 to 10 p.m., is being held to help break the stigma associated with **suicide**, help people talk openly about **suicide** and show how everyone has a role to play in its prevention.

Shame is one of the most challenging and prominent feelings around **suicide**. The stigma associated with **suicide** often prevents those suffering from getting help.

Early intervention remains critical to young people having the best possible chance at succeeding in all aspects of their life.

No doubt this Thursday's forum will provide vital information on how we can all help break the barriers and prevent **suicide**.

To register, visit www.halton.ca/tamievent.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); ANNIVERSARIES (90%); THIS DAY IN HISTORY (90%); EDITORIALS & OPINIONS (90%); CHILDREN'S HEALTH (78%); DEPRESSION (78%); STUDENTS & STUDENT LIFE (77%); TALKS & MEETINGS (73%); MENTAL ILLNESS (73%); SECONDARY SCHOOLS (53%)

**STATE:** ONTARIO, CANADA (72%)

**COUNTRY:** CANADA (92%)

**LOAD-DATE:** September 14, 2012

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Daily Regional Times

**September** 9, 2012 Sunday

**751 persons committed suicide in past six months: Report**

**SECTION:** Vol. VII No. 382

**LENGTH:** 460 words

The trend of **suicide** is on the rise in Pakistan, as 751 **suicide** cases were reported from January to June 2012, says Madadgaar National Helpline here on Saturday.

**Suicide**, a criminal offence and a major mental health problem has destructive effects on individuals, families and communities. Madadgaar National helpline, sharing its report on the data of on the eve of the World **Suicide** Prevention Day, said that 751 cases of **suicide** were reported from January to June, 2012 throughout Pakistan. In these six months 136 children, 303 women and 312 males committed **suicide**.

Then report said as many as 32762 people committed **suicides** in the country during the last 12 years (2001-12). The victims include 4031 children, 11752 women and 16975 males. The report is compiled from the data published in national, local newspapers. However, a number of cases are also unreported, as families are reluctant to register cases of **suicide** or attempted **suicide** because they consider it a social stigma. Men are more likely to commit **suicide** as the data shows. It seems strong association between poor socio-economic conditions and **suicide** in Pakistan. Domestic violence, poverty, insecurity, and hopelessness are the most common reasons of **suicide**. Whereas, poisoning, firearms, hanging, excess use of medicines or sleeping pills, use of insecticides and jumping from height are most common methods of committing and attempting **suicide**.

Zia Ahmed Awan, President Lawyers for Human Rights and Legal Aid (LHRLA) regretted the rising incidents of **suicide** and attempted **suicide**. He said the lack of basic civic facilities, dearth of resources, poorly established healthcare services and political instability make **suicide** prevention an alarming challenge in Pakistan.

Awan said, under Section 325Pakistan Penal Code (PPC), attempt to commit **suicide** is punishable with simple imprisonment for a term of one year or with fine or both. **Suicide** is condemned act in Islam, as well. Traditionally, **suicide** cases in Islamic societies remained very low but recently we see a sharp rise in **suicide** cases, which has become a major problem in Pakistan.

He said collective efforts of families, civil society, government, media, law enforcement agencies, healthcare and other related department are needed in reducing the incidence of **suicide**. There is a dire need to develop and implement community-based **suicide** prevention program. A National **Suicide** Statistics should be compiled at government level. Government needs to develop policy frameworks for chalking out **suicide** prevention strategies. He said media can play a vital role in preventing **suicide**. There is dire need to convey people who want to commit **suicide** to choose something other than ending their life to solve their problems.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); FAMILY (90%); TRENDS (90%); CHILDREN (89%); PREVENTION & WELLNESS (89%); MUSLIMS & ISLAM (78%); MENTAL HEALTH (78%); DOMESTIC VIOLENCE (78%); LEGAL AID (78%); HUMAN RIGHTS (78%); MENTAL ILLNESS (78%); CRIME PREVENTION (77%); DOMESTIC OFFENSES (77%); HEALTH CARE POLICY (77%); CRIMINAL LAW (77%); DOMESTIC VIOLENCE PROGRAMS (76%); RESEARCH REPORTS (76%); LAWYERS (75%); DEATHS (73%); LAW ENFORCEMENT (72%); HEALTH CARE (69%); POVERTY & HOMELESSNESS (67%); INSECTICIDES (66%); RELIGION (62%); ECONOMIC NEWS (52%)

**CITY:** KARACHI,PAKISTAN (58%) KARACHI

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** September 10, 2012

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IANS-English

**July** 3, 2014 Thursday

**Over one lakh suicides in India every year, says report**

**LENGTH:** 510 words

**DATELINE:** New Delhi

New Delhi, July 3 -- Over 100,000 people commit **suicides** in India every year on an average. The number of **suicides** in the past decade has recorded an increase of 21.6 percent, said a government report.

The number of **suicides** increased to 134,799 in 2013 from 110,851 in 2003, said the National Crime Record Bureau report titled Crime in India, 2013, released here this week.

The report showed that **suicide** rate has declined in the country after 2011.

The population has increased by 15 percent during the decade while the rate of **suicides** has increased by 5.7 percent in 2013 over 2003 (from 10.4 percent in 2003 to 11 percent in 2013), hence showing a mixed trend in incidents of rate of **suicides** during the decade, it said.

The highest incidents of 16,622 **suicides** were reported from Maharashtra in 2013, followed by 16,601 **suicides** in Tamil Nadu. Both account for 12.3 percent each of the total **suicides**.

Andhra Pradesh (14,607 **suicides**), West Bengal (13,055 **suicides**) and Karnataka (11,266 **suicides**) accounted for respectively 10.8 percent, 9.7 percent and 8.4 percent of the total **suicides** reported in the country, said the report.

These five states together accounted for 53.5 percent of the total **suicides** reported in the country. The remaining 46.5 percent **suicides** were reported from the rest of the 23 states and seven union territories.

Among the 53 mega cities, Chennai tops the list by witnessing 2,450 **suicide** cases in 2013, followed by Bangalore 2,033, Delhi 1,753 and Mumbai 1,322 cases.

These four metro cities have contributed more than 35 percent of the total **suicide** reported from 53 cities, it said.

The report attributed family problems and illness to be the main reasons for committing **suicides**. The two reasons account for 24 percent and 19.6 percent **suicides** out of the total **suicides**.

Unemployment, debt and drug abuse are the other factors that compel a person to take one's life.

It pointed out that the number of married men (64,098) committing **suicide** in 2012 was double the married women (29,491).

"The incidence of married men committing **suicide** mainly due to family stress is on the rise," Child Rights Initiative for Shared Parenting (CRISP) president Kumar V. Jahgirdar told Thursday.

Studies conducted by the CRISP said the married men committed **suicide** mainly due to alleged misuse of Section 498 (A) of the Indian Penal Code (IPC) and the Domestic Violence Act of 2005.

Section 498 (A) deals with harassing a married woman.

"We are demanding setting up of national commission for men on the lines of the National Commission of Women to look into the problems faced by the married men," Jahgirdar added.

"When a married man faces the domestic violence in the form of verbal abuse, mental abuse and economical abuse, there is no provision in law to seek justice," said Save Family Foundation-Delhi founder member Swarup Sarkar.

On the analogy of the Lokpal Act, which has a special clause to punish those who misuse the law, there should a law to check misuse of Section 498 (A) and the domestic violence act, he added.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Wire

**SUBJECT:** SUICIDE (92%); MARRIAGE (89%); DOMESTIC OFFENSES (89%); POPULATION GROWTH (78%); TRENDS (77%); CRIMINAL LAW (71%); DOMESTIC VIOLENCE (68%); FAMILY (68%); PARENTING (65%); SUBSTANCE ABUSE (50%)

**CITY:** NEW DELHI, INDIA (90%); DELHI, INDIA (59%); MUMBAI, MAHARASHTRA, INDIA (58%); CHENNAI, TAMIL NADU, INDIA (58%); BANGALORE, KARNATAKA, INDIA (58%)

**STATE:** KARNATAKA, INDIA (79%); MAHARASHTRA, INDIA (79%); WEST BENGAL, INDIA (79%); TAMIL NADU, INDIA (79%); ANDHRA PRADESH, INDIA (79%)

**COUNTRY:** INDIA (97%)

**LOAD-DATE:** July 4, 2014

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Warwick Daily News (Queensland)

**November** 20, 2013 Wednesday

**Tools for bush folk to beat suicide New group tackles suicide in bush**

**SECTION:** Pg. 1

**LENGTH:** 571 words

Candyce Braithwaite

Reporter

ARE you having suicidal thoughts? It's a question none of us want to ask but a new program in the region is renewing calls for locals to be open about the realities of **suicide**.

In a rural community the right help is not always available, however safeTALK is designed to teach everyday people to become more alert to prevention opportunities.

Yesterday, Gaynor Hicks of the National Centre for **Suicide** Prevention and Training met with members of the Warwick **Suicide** Prevention Group.

Johno Felton organised Mrs Hicks' visit "because she is one of the best **suicide** educators in the world".

"There was another **suicide** in the region at the weekend," Mr Felton said.

"Those who want to help now have the opportunity to get training to prevent **suicide**.

"We've got to get people talking about the issue so they can learn to be alert to the signs."

SafeTALK is training that prepares anyone over the age of 15 to identify people with thoughts of **suicide** and connect them to **suicide** first aid resources.

Most people with thoughts of **suicide** invite help to stay safe. Alert helpers know how to use these opportunities to support that desire for safety.

If you become a safeTALK-trained **suicide** alert helper, you will be better able to move beyond common tendencies to miss, dismiss or avoid **suicide** and identify people who have thoughts of **suicide**.

You'll also be able to apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with **suicide** thoughts to **suicide** first aid.

Mrs Hicks said **suicide** can be prevented.

"The thoughts of **suicide** are dangerous and they really need to be taken seriously," she said.

"There are a lot of signs people are missing when it comes to **suicide**.

"These include certain behaviours, actions, withdrawing from normal activity."

Mrs Hicks said asking about **suicide** can be as hard as someone asking for help.

"There's a lot of stigma about not talking about **suicide**," she said.

"Some people think it's a topic to be left untouched. But we need to be more open about **suicide** to prevent it."

Mrs Hicks said if you have someone close to you who is having suicidal thoughts or has even made an attempt it's not the time to be drilling for answers.

"It's confusing; you often wonder do they really want to die? Will they do it again? What can I do?"

"You really need to let them know that you are going to support them," Mrs Hicks said.

"Listen to what they have to say and how their mental outlook may be affecting their well-being. If you don't think you can help them, find someone who can."

Kicking off next Wednesday will be the first monthly healing meeting organised by the Mayan Maruma-li Indigenous support group.

Organiser Joanne Wallace said while it was aimed at Indigenous people, everyone was more than welcome to head along.

"The first meeting will be in Allora from 10am at the hall in Warwick St," she said.

"It's designed to get people talking and basically making sure everyone is OK.

"We hope to see the group move around the district on a monthly basis."

Social worker Leonie Hobson said the program was overdue for our region.

"It's absolutely fantastic and definitely an area that had previously been untapped in our region," she said. "It's meeting a new need and it's really good to see."

**If you or someone you know needs immediate help phone Lifeline on 131114. For more information on the monthly healing meeting phone Joanne on 46664156 or email safetalk@livingworks.net**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** WDN

**SUBJECT:** SUICIDE (94%); PREVENTION & WELLNESS (76%); RURAL COMMUNITIES (72%)

**LOAD-DATE:** November 19, 2013

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Oakville Beaver

**September** 11, 2012 Tuesday

Final Edition

**Preventing suicide**

**BYLINE:** Oakville Beaver editorial

**SECTION:** EDITORIAL; Pg. 1

**LENGTH:** 366 words

Monday (Sept. 10) marked the 10th anniversary of World **Suicide** Prevention Day, a day when people are encouraged to discuss solutions to what is becoming a prevalent mental-health issue among our young people.

According to Children's Mental Health Ontario (CMHO), **suicide** is the second leading cause of death among 10-24 year olds in Canada.

Untreated mental illness - depression, in particular - is the leading risk factor for **suicide**.

For every **suicide** completion, there are thousands more young people having thoughts of **suicide** and attempting **suicide**, according to the CMHO.

One recent study found one in 10 students in Grades 7-12 reported they had seriously considered **suicide**, and about three per cent reported attempting **suicide**.

Among Aboriginal youth, **suicide** is estimated to occur at rates five times higher than non-Aboriginal youth.

In keeping with the theme of this year's World **Suicide** Prevention Day in Ontario, "All Together - Promoting Hope and Resiliency," the CMHO joined with the Canadian Association for **Suicide** Prevention to encourage communities across the province to get involved by showing their support for people affected by **suicide** and promote a collaborative approach to **suicide** prevention.

While support can be expressed many ways, the gift of non-judgmental support is of utmost importance.

Shame is one of the most challenging and prominent feelings around **suicide**. The stigma associated with **suicide** often prevents those suffering from getting help.

"We need to be open and we need to be educated," said Gordon Floyd, president and CEO of CMHO. "Let's remove the stigma associated with **suicide** and start talking about it. "

One-in-five children and youth has a mental-health issue severe enough to seriously affect their daily functioning at home, school or within the community.

Early intervention remains critical to young people having the best possible chance at succeeding in all aspects of their life.

The community-based organization Distress Centre Oakville has been providing support to individuals 24 hours a day, seven days a week since 1974 and helped people to better cope with - to contact the centre, call 905-849-4541 or visit www.distresscentreoakville.com .

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); CHILDREN'S HEALTH (90%); PREVENTION & WELLNESS (90%); ANNIVERSARIES (90%); EDITORIALS & OPINIONS (90%); CHILDREN (89%); DEPRESSION (78%); THIS DAY IN HISTORY (78%); STUDENTS & STUDENT LIFE (77%); MENTAL ILLNESS (73%); ASSOCIATIONS & ORGANIZATIONS (72%); EXECUTIVES (50%)

**STATE:** ONTARIO, CANADA (88%)

**COUNTRY:** CANADA (94%)

**LOAD-DATE:** September 12, 2012

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The Toronto Star

**March** 7, 2008 Friday

**other deadly attacks in jerusalem**

**SECTION:** NEWS; Pg. A14

**LENGTH:** 169 words

Jan. 24, 2008: Palestinian gunmen open fire outside Shuafat refugee camp on outskirts of Jerusalem, killing a border police officer and seriously wounding another.

Sept. 22, 2004: **Suicide** bombing at bus stop kills one and seriously wounds three others.

Feb. 22, 2004: **Suicide** bombing on bus kills eight people and wounds 59.

Jan. 29, 2004: **Suicide** bombing on bus kills 11.

Sept. 9, 2003: **Suicide** bombing at popular bistro kills seven.

Aug. 19, 2003: **Suicide** bombing on bus kills 23.

June 11, 2003: **Suicide** bombing on bus kills 17.

May 18, 2003: **Suicide** bombing on bus kills seven.

Nov. 21, 2002: **Suicide** bombing on bus kills 11 and wounds dozens.

June 19, 2002: **Suicide** bombing at Jerusalem intersection kills seven.

June 18, 2002: **Suicide** bombing at Jerusalem junction kills 19.

March 9, 2002: **Suicide** bombing in cafe kills 11.

March 2, 2002: **Suicide** bombing outside Jewish seminary kills nine.

Dec. 1, 2001: **Suicide** bombing on pedestrian mall kills 11.

Aug. 9, 2001: **Suicide** bombing at pizza restaurant kills 15.

Associated Press

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** COLUMN

**PUBLICATION-TYPE:** NEWSPAPER

**SUBJECT:** SUICIDE BOMBINGS (93%); RESTAURANTS (90%); GUNSHOT WOUNDS (90%); BOMBINGS (90%); JEWS & JUDAISM (88%); REFUGEES (88%); REFUGEE & RELIEF CAMPS (73%)

**COMPANY:** ASSOCIATED PRESS (55%)

**INDUSTRY:** SIC7383 NEWS SYNDICATES (55%)

**CITY:** JERUSALEM, ISRAEL (94%)

**COUNTRY:** ISRAEL (94%); PALESTINIAN TERRITORY, OCCUPIED (92%)

**LOAD-DATE:** March 7, 2008

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London Community News

**September** 9, 2012 Sunday

ONT Edition

**Suicide prevention day on Sept. 10 marks its 10th anniversary**

**SECTION:** Pg. 0

**LENGTH:** 353 words

Sept. 10 marks the 10th anniversary of World **Suicide** Prevention Day. Sadly, **suicide** is the second leading cause of death among 10- to 24-year-olds in Canada.

The leading risk factor for **suicide** is untreated mental illness, particularly depression.

For every **suicide** completion, there are thousands more young people having thoughts of **suicide** and attempting **suicide**: a recent study found that 1-in-10 students in Grades 7 through 12 reported that they had seriously considered **suicide**, and about three per cent reported attempting **suicide**. Furthermore, **suicide** among Aboriginal youth is estimated to occur at rates five times higher than non-Aboriginal youth.

To mark World **Suicide** Prevention Day, Children's Mental Health Ontario is joining with the Canadian Association for **Suicide** Prevention to encourage communities across the province to get involved by showing their support for people affected by **suicide**.

Support can be expressed many ways; however, the gift of non-judgmental support is of utmost importance. Shame is one of the most challenging and prominent feelings around **suicide**. The stigma associated with **suicide** often prevents those suffering from getting help.

"We need to be open and we need to be educated. Let's remove the stigma associated with **suicide** and start talking about it", said Gordon Floyd, president and CEO of Children's Mental Health Ontario (CMHO). "Less stigma will lead to earlier identification of mental health problems that could lead to **suicide**, and earlier intervention will result in more effective treatment."

CMHO represents more than 85 accredited child and youth mental health service providers in Ontario, and works to raise public awareness of children's mental health issues, including **suicide**, to generate discussion about this issue.

One-in-five children and youth has a mental health issue severe enough to seriously affect their daily functioning at home, school or within the community. The importance of early intervention is critical so that young persons have the best possible chance at succeeding in all aspects of their life.

Find us on Facebook: London Community News

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); ANNIVERSARIES (91%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); CHILDREN'S HEALTH (90%); PREVENTION & WELLNESS (90%); THIS DAY IN HISTORY (90%); MENTAL ILLNESS (89%); CHILDREN (88%); DEPRESSION (78%); DISEASES & DISORDERS (77%); STUDENTS & STUDENT LIFE (76%); MENTAL HEALTH PRACTICE (72%); ASSOCIATIONS & ORGANIZATIONS (69%); INTERNET SOCIAL NETWORKING (68%); ACCREDITATION (64%); EXECUTIVES (51%)

**COMPANY:** FACEBOOK INC (52%)

**TICKER:** FB (NASDAQ) (52%)

**INDUSTRY:** NAICS519130 INTERNET PUBLISHING & BROADCASTING & WEB SEARCH PORTALS (52%)

**STATE:** ONTARIO, CANADA (90%)

**COUNTRY:** CANADA (94%)

**LOAD-DATE:** September 10, 2012

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THE KOREA HERALD

**April** 24, 2002, Wednesday

**Police cracking down on Internet suicide sites**

**BYLINE:** By Lee Jae-hee Staff reporter

**LENGTH:** 653 words

Alarmed by increasing cases of assisted **suicides** and contract killing through Internet sites, the Seoul Metropolitan Police Agency (SMPA) launched a crackdown on **suicide** sites yesterday.

A spokesman said the police will seek out, manage and collect information on **suicide**-related sites during the crackdown period that will continue for a month.

The target of the control will be sites that encourage, assist **suicide** or provide information on contract killing, those with messages that instigate **suicide** or introduce **suicide** methods, and anti-**suicide** sites that, in the end, contribute to **suicide**.

The police also plan to severely punish netizens who have been involved in illegal anti-**suicide** sites or sites that incite or assist **suicide** and immediately close down these sites.

It sent out letters issued by the police chief to Internet portal service operators, asking them to delete **suicide**-related messages on their boards.

The cyber crime investigation team of SMPA said that it is aware of the fact that there are three to four anti-**suicide** sites and that they are abused as places for exchanging information on **suicide**.

However, there are no laws that force the sites to be closed down nor punish the operators, an SMPA official said.

Meanwhile, advocates and opponents are staging a heated debate on whether to close down anti-**suicide** sites after it was revealed that three people who committed **suicide** last week met through one of these sites.

Advocates of the anti-**suicide** sites say that the sites should be allowed on the Net since the sites intend to give hopes on life to those who have determined **suicide**.

On the other hand, the opponents argue the anti-**suicide** sites are being abused as a means of promoting **suicide**.

In fact, the three who committed **suicide** last Friday met through an anti-**suicide** site established by a psychiatrist who intended to console and give courage to those who were thinking of killing themselves.

A man, whose family name is Kim, 34, and two high school girls, whose last names are Cha, 16, and Cho, 15, leaped off an apartment building in Seoul. Another man whose last name is Kim, 26, was later found that he aided the three take their lives by planning the **suicide** method with them and taking them in his car to the apartment where they jumped.

Song, 25, a male college student, also tried to kill himself but in vain last Friday by taking poison on a bridge in Seoul. Kim and Song said they got acquainted with the deceased Kim through the anti-**suicide** site.

Since the triple **suicide**, netizens have posted hundreds of messages on the anti-**suicide** site in question, inquiring ways to commit **suicide** and seeking for people to commit **suicide** with them.

Opponents of the anti-**suicide** sites posted messages on various Internet bulletin boards, insisting that the sites be abolished.

One netizen with an ID of "Let's live" said that anti-**suicide** sites should be eradicated immediately to prevent other victims. "Anti-**suicide** sites are becoming the hotbed of **suicide** contrary to its purpose of preventing **suicide**," the author wrote.

Another netizen pointed out, "Although there are several anti-**suicide** sites, most of them have fallen to a place where those who intend to kill themselves exchange information. Other cases of group **suicide** will occur."

But others opposed to shutting down anti-**suicide** sites, stressing their need.

"Although the sites are somewhat abused, they have good functions such as giving hopes and consolations to people who determined to commit **suicide**," said a netizen by the ID of "Giraffe."

Another asked, "We cannot shut down a knife factory because a murder occurred using a knife, can we?"

One operator of an anti-**suicide** site said that due to exploitation, he is closing down some parts of the site such as the chat room. He added that he will devise measures to overcome the adverse effects.

(jhl@koreaherald.co.kr)

**SUBJECT:** SUICIDE (95%); ASSISTED SUICIDE (90%); POLICE FORCES (90%); INTERNET & WWW (89%); TEEN SUICIDE (89%); BLOGS & MESSAGE BOARDS (78%); WEB SITES & PORTALS (78%); CYBERCRIME (78%); INVESTIGATIONS (78%); CRIMINAL INVESTIGATIONS (73%); STUDENTS & STUDENT LIFE (66%); HIGH SCHOOLS (61%);

**ORGANIZATION:** SEOUL METROPOLITAN POLICE AGENCY (81%);

**COUNTRY:** KOREA, REPUBLIC OF (92%);

**CITY:** SEOUL, KOREA, REPUBLIC OF (92%);

**COMPANY:** SEOUL METROPOLITAN POLICE AGENCY (81%);

**LOAD-DATE:** April 23, 2002

**LANGUAGE:** ENGLISH

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The Namibian (Windhoek)

**September** 12, 2011 Monday

**Lack of Jobs Linked to Suicide Rate**

**BYLINE:** Jana-Mari Smith

**LENGTH:** 373 words

HIGH **suicide** numbers in northern Namibia could be linked to unemployment and poverty.

Last week Namibia, which ranks as having one of the highest **suicide** rates in the world, commemorated World **Suicide** Prevention Day.

The day takes place annually to promote worldwide commitment and action to prevent **suicides**.

This year's global **suicide** awareness day focused on "preventing **suicide** in multicultural societies", with the aim that **suicide** prevention programmes should consider that "multicultural societies require cultural sensitivity in all **suicide** prevention efforts".

During her keynote address, the Deputy Minister of Health and Social Services, Petrina Haingura, said **suicide** is one of the leading causes of death in Namibia. She said statistics also show that "it is on the increase in Namibia".

In Namibia, 81 per cent of all **suicides** in 2010 were committed by men, mainly by hanging or shooting themselves. Of the total number of **suicides** committed by men and women last year, 84 per cent died by hanging and 12 per cent shot themselves. According to experts, for every successful **suicide**, there are at least 10 attempted **suicides**.

Statistics show that **suicide** and attempted **suicides** peaked in the northern regions of the country last year, and according to some, this is linked to high unemployment there.

Windhoek psychologist Shaun Whittaker said **suicide** statistics from 2010 show that the vast majority take place in rural areas of Namibia.

Police records for 2010 reveal that 17 per cent of **suicides** last year took place in the Ohangwena Region. The second highest number of **suicides** were committed in the Oshana Region - 13 per cent. The Khomas Region, with 9 per cent of **suicides**, came in third.

According to Whittaker, it is significant and "not a coincidence" that the top number of **suicides** took place at Okongo in the Ohangwena Region, which has the second highest unemployment rate in the country at 76,4 per cent.

Whittaker says while two-thirds of Namibians live in rural regions, Namibia's economic policies "do not consider rural development as a priority".

He says it is vital to investigate the reason for the high, and low, number of **suicides** in the various regions, as the answers could be vital to an intervention strategy.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); UNEMPLOYMENT RATES (89%); ECONOMIC NEWS (78%); DEATHS (78%); STATISTICS (78%); INVESTIGATIONS (78%); POVERTY & HOMELESSNESS (78%); MEN (76%); RURAL COMMUNITIES (70%); RURAL DEVELOPMENT (66%); PUBLIC POLICY (61%) Namibia; Economy, Business and Finance

**CITY:** WINDHOEK, NAMIBIA (79%)

**COUNTRY:** NAMIBIA (99%)

**LOAD-DATE:** September 13, 2011

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THE KOREA HERALD

**May** 5, 2009 Tuesday

**Police to root out internet suicide rings**

**LENGTH:** 360 words

The police will take aggressive measures against **suicide** information found on the internet, as a response to the recent series of collective **suicide** cases.

The National Police Agency, together with the Ministry for Health, Welfare and Family Affairs and the Korean Association for **Suicide** Prevention, started a two-week anti-**suicide** campaign yesterday, said officials.

During the period, over 1,000 members of Nuri Cops, a group of honorary cyber police officers selected from active internet users, will watch over and delete postings that may incite suicidal impulses. These include invitations to a joint **suicide** and guides on **suicide** methods.

The police will also strike hard on those who run **suicide** websites, or sell toxic chemicals that may be used as a **suicide** tool, said officials.

Last month, 21 people attempted to commit joint **suicide** and 12 died in the Gangwon Province. Some were found to be members of a major online **suicide** community. Last Thursday, the police arrested the founder of the website for aiding and abetting **suicide**.

The Health Ministry and the KASP will assist the police's anti-**suicide** campaign by distributing visual and audio educational materials in schools all over the country. They will also offer counseling to those who hinted at suicidal intentions on the internet.

President Lee Myung-bak, during his radio speech yesterday, worried about the **suicide** trend in Korea, especially on the joint **suicides** of people who met through **suicide** websites.

"It is deplorable that such websites should exist at all," said Lee. "A person who has enough determination to commit **suicide** may be up to surviving any difficulties."

A recent OECD data showed that Korea's **suicide** rate is the highest among all OECD countries. **Suicide** was also the top-ranking cause of death for Koreans in their 20s, according to the National Statistical Office.

"Government policies are insufficient in eradicating harmful online information," said a police official. "Above all, the internet users themselves need to be aware of the dangers found on the internet and cooperate with these campaigns to clean up the cyber space."

By Bae Hyun-jung

(tellme@heraldm.com)

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); HEALTH DEPARTMENTS (90%); INTERNET & WWW (90%); POLICE FORCES (90%); STATISTICS (89%); SPECIAL INVESTIGATIVE FORCES (78%); INTERNET SOCIAL NETWORKING (78%); PUBLIC POLICY (78%); LAW ENFORCEMENT (78%); DEATHS (78%); ASSOCIATIONS & ORGANIZATIONS (77%); ARRESTS (73%); DEATHS & DEATH RATES (73%); ASSISTED SUICIDE (73%); PREVENTION & WELLNESS (72%); TRENDS (70%); PUBLIC HEALTH ADMINISTRATION (68%); TEACHING MATERIALS & MEDIA (66%); TOXIC & HAZARDOUS SUBSTANCES (56%)

**PERSON:** LEE MYUNG-BAK (50%)

**COUNTRY:** NORTHERN ASIA (94%)

**LOAD-DATE:** May 4, 2009

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Irish Examiner

**December** 12, 2008 Friday

**Two people take own lives each day**

**SECTION:** IRELAND

**LENGTH:** 429 words

Pieta House, the community-based **suicide** and self- harm prevention centre, has warned the continuing refusal to properly fund **suicide** prevention is failing to prevent needless deaths.

According to the organisation, despite 96 recommendations of the Government's Reach Out **suicide** prevention strategy, up to 700 people died by **suicide** across the state last year.

Official Central Statistics Office figures show during 2007, a total of 460 **suicides** were recorded in Ireland.

However, citing drownings, single occupant car accidents, "fudged" verdicts by coroners, and research by the National **Suicide** Research Foundation of Ireland (NSRF) - which indicates that up to 50 **suicides** were not recorded last year because the relevant documentation was not filled out by gardaÌ - the organisation has claimed in reality the **suicide** figure is far in excess of official levels.

"Approximately two funerals a day occur as a result of **suicide** in Ireland. The official figures are only based on **suicide** verdicts by coroners, but that doesn't reflect the true number of **suicides** every year.

"There are drownings, there are road accidents, there are coroners who do not want to provide a verdict of **suicide**, but they're not counted because they are not recorded as **suicide**.

"It's anecdotal evidence, but the real level of **suicide** is far higher than what's reported," said Dr Joan Freeman, chief executive of Dublin-based Pieta House, which opened in 2006.

Last year, just EUR 3.05 million was set aside for **suicide** and self-harm prevention programmes out of a health service budget of about EUR 15 billion - despite **suicide** rates rising by 41% since the mid-1990s.

Criticising the "totally inadequate" **suicide** prevention funding, Irish Association of Suicidology chairman Dan Neville said vulnerable members of the public are being put at risk.

The Fine Gael TD, who is also chair of the Oireachtas health sub-committee on the prevention of **suicide**, said: "The true figure is considerably higher than the official figure of 460 **suicides** last year. More people die by **suicide** than on the roads, but last year **suicide** prevention programmes received EUR 3.05m in funding and the road accident prevention received EUR 40m.

"The road accident funding is essential... but how are we going to reduce the rate of **suicide** if we do not receive adequate funding?"

A HSE spokesperson said while the executive was "keenly aware" of the level of **suicide** in Ireland, as it is a state body it can only act on official figures detailed by Coroners Court verdicts and subsequently reported by the Central Statistics Office.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); CORONERS COURTS & OFFICES (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); STATISTICS (89%); BUDGETS (77%); VERDICTS (75%); EXECUTIVES (64%)

**CITY:** DUBLIN, IRELAND (72%)

**COUNTRY:** IRELAND (94%)

**LOAD-DATE:** December 12, 2008

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Hobart Mercury (Australia)

**April** 24, 1998, Friday

**Deadly potential for more youth deaths exposed**

**BYLINE:** Eve Lamb

**LENGTH:** 431 words

Internet **suicide** alert

THE Internet has the potential to significantly increase Australia's

youth **suicide** rate, a national conference in Hobart heard yesterday.

Professor Pierre Baume, of the University of NSW school of psychology,

said there were now hundreds of thousands of references to **suicide** on

the Internet, including interactive sites with instructions on how to

commit **suicide**.

Professor Baume attracted worldwide attention when he completed the

first study into **suicide** and the Internet.

The study traced the lives of three adolescent males who had

publicised their intention to commit **suicide** in a regular series of

interactive **suicide** notes on the Internet.

The three subsequently committed **suicide**.

Professor Baume's study found 366,645 references to **suicide** on the

Internet, a number which he said would already have increased.

He said when he tried to infiltrate Internet conversations which were

encouraging **suicide**, with messages discouraging it, he had been shut

out by those controlling the sites.

"It takes about half an hour to set up a web page and within that

time you could have had one million people visiting your site," he

said.

"It's so quick and so powerful and, unlike pornographic material, it

is all free."

State Mental Health manager Mary Blackwood said 13 people had

committed **suicide** in Tasmania so far this year, while 63 suicided in

the state in 1997.

Of those who committed **suicide** last year, 12 were female and 51 male.

In Australia, young males were by far the most likely to commit

**suicide,** with a significantly higher **suicide** rate than all other

sectors of society.

Professor Baume said **suicide** now accounted for one quarter of all

deaths among young Australian males.

"The Internet has the potential to have a huge impact on increasing

**suicide** rates for vulnerable populations," he said.

"**Suicide** is now the leading cause of external death in Australia."

From 1990-95 Professor Baume studied the psychological profiles of

3000 **suicide** victims \_ the largest **suicide** study in Australia.

He said while the rate of **suicide** among young women had remained the

same between 1960 and 1996, the rate of male youth **suicide** had

quadrupled and showed no sign of decreasing.

Professor Baume told yesterday's conference of the Australian and New

Zealand College of Mental Health Nurses that nurses could influence

those at risk of **suicide** far more than GPs or psychiatrists because

nurses could spend far greater time with those at risk.

And he said parents should learn to become Internet literate.

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); COLLEGE & UNIVERSITY PROFESSORS (90%); CHILDREN'S HEALTH (90%); INTERNET & WWW (90%); PSYCHOLOGY (89%); MENTAL HEALTH (89%); ADOLESCENTS (78%); MEN (75%); PORNOGRAPHY (74%); PSYCHIATRY (71%); MENTAL HEALTH PRACTICE (71%); NURSES & NURSING (64%);

**PERSON:** PIERRE BAUME (93%);

**CITY:** HOBART, AUSTRALIA (73%);

**STATE:** NEW SOUTH WALES, AUSTRALIA (73%); TASMANIA, AUSTRALIA (58%);

**COUNTRY:** AUSTRALIA (94%);

**LOAD-DATE:** March 8, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** MER

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The Gazette (Montreal, Quebec)

**June** 19, 1993, Saturday, FINAL EDITION

**Suicide should be painless, not prevented**

**BYLINE:** RICHARD ZIEGLER; FREELANCE

**SECTION:** WEEKLY REVIEW; Pg. B6

**LENGTH:** 603 words

It is commonly accepted that **suicide** is a social problem and that **suicide** prevention is therefore permissible and desirable.

We are inundated with media reports on the "problem" of youth **suicide**, the "tragedy" of elder **suicide**, the "epidemic" of native **suicide** on reserves, the "horror" of **suicide** by the handicapped, the "misfortune" of collective **suicide** for religious motives, and the "loss" of all those unfortunate others who are "victims" of **suicide**.

We have conferences organized by concerned interest groups and health professionals on how to detect **suicide**, how to intervene more efficiently, and how to "treat" those who have attempted **suicide**.

**Suicide** is regarded as an evil, a disease, or a moral transgression. The verb commit is invariably used when talking of **suicide**, implying an immoral or illegal act. One commits rape, thievery, or murder. Similarly, we state that one commits **suicide**, which must by extension be wrong, and therefore, must be prevented.

I argue against the prevailing wisdom. I believe **suicide** prevention, the prolongation of another person's suffering, is wicked.

**Suicide** is not a social problem; **suicide** is a fundamental human right. **Suicide** prevention is oppression. Why? Because the sufferer is prevented from acting as an autonomous agent engaged in self determination.

Those groups that are most active in **suicide** prevention - namely psychiatrists, psychologists, social workers, counsellors, therapists and the police - share the value and belief systems of the privileged.

It is the haves that prevent the have-nots from dying. It is the healthy, the wealthy, the powerful, the attractive, the loved, the employed and the successful who prevent the sick, the poor, the powerless, the unattractive, the unloved, the unemployed and the unsuccessful from ending their misery.

**Suicide** prevention would be more acceptable if those who attempted to dissuade others from **suicide** would limit their methods to dialogue.

This is not the case, and the power of the state and the medical establishment is utilized against those wishing to die. Historically, much cruelty has been inflicted upon those who desired death. They have been imprisoned in hospitals, tied to beds or kept in straitjackets, forcibly drugged and involuntarily subjected to electroshock therapy and lobotomy.

All these tortures were masqueraded as treatments.

Even today, people who threaten or attempt **suicide** can be sent by the police to hospitals where they are incarcerated, kept under surveillance, pressured into taking drugs and run the risk of being declared mentally incompetent - which would increase the likelihood of receiving unwanted treatment.

Yet why should we permit the state, and in particular the mental- health movement, to continue to interfere with our right to take our lives?

What makes **suicide** prevention so repugnant, in addition to the use of state and psychiatric violence, is its barrenness and self- serving nature.

What can the **suicide** preventer offer that would ameliorate the plight of the suffering individual? Nothing. All that can be given is therapy, which is merely an attempt to alter or manipulate emotions and beliefs.

The desperate individual is told to develop self-esteem, that difficulties are exaggerated, that the desire to die is irrational, or that hope is always present.

The objective conditions that provoked the wish to die remain unchanged. But if the do-gooders are unable to do any good, it is presumptuous to offer assistance in the first place.

n Richard Ziegler is a freelance writer who lives in Ottawa.

**COUNTRY:** CANADA (59%);

**STATE:** QUEBEC, CANADA (59%);

**SUBJECT:** PREVENTION SUICIDE SUICIDE (96%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); DISEASES & DISORDERS (90%); MENTAL HEALTH PRACTICE (86%); HOSPITALS (85%); DEATHS (78%); HUMAN RIGHTS (78%); MENTAL HEALTH (78%); UNEMPLOYED PERSONS (77%); MURDER (73%); RELIGION (71%); SEXUAL ASSAULT (70%); PHYSICIANS & SURGEONS (70%); PSYCHOLOGY (70%); PSYCHIATRY (70%);

**LOAD-DATE:** June 20, 1993

**LANGUAGE:** ENGLISH

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Daily Pakistan Today

**September** 9, 2012 Sunday

**Suicides on the rise in Pakistan**

**LENGTH:** 341 words

**DATELINE:** KARACHI

The trend of **suicides** among the people has seen a sharp rise in the first six month of this year. **Suicide** is considered as a criminal offence, a major mental health problem, and it is a desperate attempt to escape agony that has become awful. Madadgaar national helpline shared the report about **suicide** to mark the world **suicide** prevention day, as this day is observed on September 10 every year across the world including Pakistan to promote the worldwide commitment and action to prevent **suicide**.

Madadgaar national helpline's database documented total 751 cases of **suicide** during January to June, 2012, across Pakistan. In these six month as many as 136 children, 303 women and 312 male committed **suicide**. As many as 32,762 people committed **suicide** including 4,031 cases of children, 11,752 of women and 16,975 of male were documented across Pakistan during the last 12 years (2001-12). The report shared by the organization has been compiled from the monitoring of different national, local newspapers. However, a number of cases also went unreported, as families are reluctant to register the cases of **suicides** or attempted **suicides** because they consider **suicide** and attempt **suicides** as social stigma. Men are more likely to commit **suicide** as data showed. It seems strong association between poor socio-economic conditions and **suicide** in Pakistan. Domestic violence, poverty and loss of control over their lives, insecurity, hopelessness about their future and depression are the most common reason for **suicide**. Whereas, poisoning, firearm, hanging, excess use of medicines or sleeping pills, use of insecticides and jumping from height are most common methods of committing and attempting **suicide**. Zia Ahmed Awan, President Lawyers for Human Rights and Legal Aid (LHRLA) regretted over the rising incidents of **suicide** and attempt **suicide**. He said it shows that due to the lack of basic facilities, lack of resources, poorly established health services and political instability make **suicide** prevention an alarming challenge in Pakistan.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TRENDS (90%); PREVENTION & WELLNESS (89%); MENTAL ILLNESS (78%); MENTAL HEALTH (78%); DOMESTIC OFFENSES (78%); LEGAL AID (78%); FAMILY (77%); DOMESTIC VIOLENCE (77%); LAWYERS (74%); POVERTY & HOMELESSNESS (65%); ECONOMIC NEWS (65%); INSECTICIDES (64%) National

**CITY:** KARACHI,PAKISTAN (57%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** September 12, 2012

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The NPA Bulletin

**August** 5, 2011

**Rules shift on taboo topic**

**BYLINE:** TREVOR ALLEN

**LENGTH:** 396 words

THE Australian Press Council has said journalists should report **suicides** only if certain criteria have been met.

After extensive talks with **suicide** prevention groups, the Press Council has released its new standard of practice for the reporting of **suicides**.

It is part of a wider threeyear Standards Project to revise journalism guidelines.

"We had a lot of consultation with **suicide** prevention groups, roundtable discussions in Sydney and Melbourne," said APC director of standards, Derek Wilding.

"Those discussions determined that there are community benefits in reporting **suicide**, providing it is responsible."

The new guidelines have received support from **suicide** prevention groups.

Mindframe said they were "consistent with the group's resources for journalists and the Response Ability resources for journalism students".

A **suicide** may be reported if it is deemed in the public interest; if consent has been given by relatives; or police have not moved to withhold the report.

The guideline states the method and location of a **suicide** should not be described in detail "unless the public interest in doing so clearly outweighs the risk, if any, of causing further **suicides**."

**Suicides** have been a taboo as many journalists have been concerned about the potential impact on society.

Some researchers claim that "an association exists between media portrayal of **suicide** and actual **suicide**, and that in some cases the link is causal".

Others suggest that increased reporting of **suicide** "can act as a deterrent to people at risk, and can draw attention to the social problems that may lead to the contemplation of **suicide**".

The guidelines now state: "Reporters should not sensationalise, glamorise or trivialise **suicides**.

They should not inappropriately stigmatise **suicides** or people involved in them, but this does not preclude responsible description or discussion of the impacts, even if they are severely adverse, on people, organisations or communities."

Journalists should describe the death as "died by **suicide**" or "took his/her life" rather than "committed **suicide**", which implied a crime.

A mental illness the victim may have suffered should also be mentioned.

The guide also applies to cases of attempted **suicide**.

More new standards are on the way. The Press Council will also update how reporters should represent themselves when trying to gain access to hospitals and nursing homes.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**LOAD-DATE:** August 5, 2011

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**PUBLICATION-TYPE:** Magazine

**LOAD-DATE:** August 5, 2011

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Daily Pakistan Today

**September** 8, 2012 Saturday

**Incidences of suicide on rise in Pakistan**

**LENGTH:** 341 words

**DATELINE:** KARACHI

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Madadgaar National Helpine's Database documented total 751 cases of **suicide** during January to June, 2012 across Pakistan. In these six month as many as 136 children, 303 women and 312 male committed **suicide**. As many as 32762 people committed **suicide**, including 4031 cases of children, 11752 of women and 16975 of male were documented across Pakistan during the last 12 years (2001-12). The report shared by the organization has been compiled from the monitoring of different national, local newspapers. However, a number of cases also went unreported, as families are reluctant to register the case as **suicide** or attempted **suicide** because they consider **suicide** and attempt **suicide** as social stigma. Men are more likely to commit **suicide** as data showed. It seems strong association between poor socio-economic conditions and **suicide** in Pakistan. Domestic violence, poverty and loss of control over their lives, insecurity, hopelessness about their future and depression are the most common reason for **suicide**. Whereas, poisoning, firearm, hanging, excess use of medicines or sleeping pills, use of insecticides and jumping from height are most common methods of committing and attempting **suicide**. Zia Ahmed Awan President Lawyers for human rights and legal aid (LHRLA) regretted over the rising incidents of **suicide** and attempt **suicide**. He said, it shows that due to the lack of basic facilities provided, lack of resources, poorly established health services and political instability make **suicide** prevention an alarming challenge in Pakistan.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TRENDS (90%); PREVENTION & WELLNESS (89%); MENTAL ILLNESS (78%); MENTAL HEALTH (78%); DOMESTIC OFFENSES (78%); LEGAL AID (78%); FAMILY (77%); DOMESTIC VIOLENCE (77%); LAWYERS (74%); POVERTY & HOMELESSNESS (65%); ECONOMIC NEWS (65%); INSECTICIDES (64%) National

**CITY:** KARACHI,PAKISTAN (56%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** September 12, 2012

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Right Vision News

**August** 13, 2010 Friday

**The Impact of Suicide and Self-Inflicted Injury in Massachusetts**

**LENGTH:** 282 words

**DATELINE:** Grille

Grille, Aug. 13 -- The State Of Massachusetts has issued following Press Release:

This is the latest in a series of posts highlighting a chapter from the "Health of Massachusetts", a comprehensive new report from the Massachusetts Department of Public Health (MDPH).

**Suicide** is a significant, and preventable, public health issue. While the term "**suicide**" refers to completed **suicides**, it is also important that we recognize the impact of nonfatal self-inflicted injuries such as **suicide** attempts or intentionally cutting or burning oneself.

The MDPH **Suicide** Prevention Program works to reduce the number of **suicides** and **suicide** attempts in the Commonwealth. The program employs prevention strategies recommended by the National **Suicide** Prevention Plan, which include increasing public awareness of **suicide** as a public health problem, reducing the stigma of help-seeking, depression screening, skills training for mental health, substance abuse and healthcare professionals, gatekeeper training for the general public and services for families and communities after a **suicide** occurs.

The impact of **suicide** is enormous. Experts estimate, very conservatively, that for every **suicide** there are six loved ones left behind to experience the complicated grief that follows. Along with the sadness that attends any death, most of these survivors also suffer from guilt, feeling that they could have "done something" to prevent the **suicide**.

For more information please contact info@plusmediasolutions.co Published by HT Syndication with permission from Right Vision News. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); PREVENTION & WELLNESS (90%); WOUNDS & INJURIES (90%); PUBLIC HEALTH ADMINISTRATION (90%); MEDIA SYNDICATION (78%); DISEASES & DISORDERS (77%); FAMILY (72%); MENTAL HEALTH (72%); MEDICAL DIAGNOSTICS SCREENING & TESTING (72%); HEALTH DEPARTMENTS (72%); DEPRESSION (72%); SUBSTANCE ABUSE (70%)

**STATE:** MASSACHUSETTS, USA (96%)

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** August 13, 2010

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Herald Sun

**November** 17, 1990 Saturday

**Lucky country suicide country**

**LENGTH:** 326 words

MORE than 40,000 Australians try to kill themselves every year, according to a major welfare group.

The Sydney City Mission said yesterday that Australia's **suicide** rate was 300 per cent higher than that in Britain and 30 per cent higher than Japan's.

A spokesman for the mission said that one young Australian committed **suicide** every day and the **suicide** rate for males aged between 15 and 19 had more than doubled in the past 20 years.

He added that for every successful **suicide** there were as many as 50 attempted ones.

Bureau of Statistics figures show that, apart from road accidents, **suicide** is the biggest killer of young Australian males.

**Suicide** expert Ms Margaret Appleby said the nation's "she'll be right" attitude contributed greatly to the increasing numbers of **suicides**.

"We've got to dispel the myths about **suicide**," she said.

"People don't take it seriously.

"They think that if someone talks about **suicide** they won't do it.

"But nine out of 10 people tell us they are going to commit **suicide** and the public doesn't know what to do about it.

"People need to know it's OK to talk about **suicide** - it's not contagious." Ms Appleby, who is secretary of Australian National Lifeline, said **suicide** prevention programs should be compulsory in schools like they were in the United States.

"Seventy per cent of people who complete **suicide** have tried it once or more before," said Ms Appleby, who has also written a book about **suicide** prevention.

She said rural areas had a **suicide** rate up to six times greater than the cities.

Women tried **suicide** more than men, she said, but men actually succeeded in killing themselves more than women.

While unemployment and broken families were two of the main factors, she said, **suicide** crossed all social boundaries.

The Sydney City Mission has organised the first Australian youth **suicide** prevention conference, titled Hearing the Cry, on December 12-13.

END OF STORY

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (89%); STATISTICS (77%); MEN (76%); CHILDREN'S HEALTH (72%);

**COMPANY:** CITY MISSION (71%);

**PERSON:** SIR GEORGE YOUNG (56%);

**CITY:** SYDNEY, AUSTRALIA (88%);

**COUNTRY:** AUSTRALIA (97%); JAPAN (92%); UNITED STATES (79%);

**LOAD-DATE:** September 24, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** DHS

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The Gazette (Montreal)

**September** 10, 2008 Wednesday

Final Edition

**Prevention efforts pay off: Quebec's suicide rate drops; But more to be done, workers say. Province has improved detection, treatment, world conference at UN to be told**

**BYLINE:** BRETT BUNDALE, The Gazette

**SECTION:** NEWS; Pg. A8

**LENGTH:** 487 words

Quebec has long suffered from one of the highest **suicide** rates in the industrial world, with more **suicides** per capita than any other Canadian province.

But **suicide** rates have dropped dramatically over the last few years, as prevention efforts start to pay off, says a Quebec Institute of Public Health report.

Many countries around the world will examine Quebec's **suicide** research today during the sixth annual World **Suicide** Prevention Day conference at the United Nations in New York.

"We need to use the very considerable knowledge about **suicide** that we now have to develop co-ordinated and comprehensive **suicide** prevention initiatives," Brian Mishara, director of the UniversitÈ du QuÈbec ‡ MontrÈal's Centre for Research and Intervention on **Suicide** and Euthanasia, said in a statement.

"We have enough understanding of **suicide** prevention to stop a significant proportion of these tragic deaths," said Mishara, who is also the president of the International Association for **Suicide** Prevention.

Mishara will present the general theme of this year's **Suicide** Prevention Day, Think Globally, Plan Nationally, Act Locally, and will announce the latest international figures on **suicide** to the UN's World Health Organization today.

More than one million people around the world will take their own lives this year. That's more than the number of people who will be killed in any war, terrorist attack or homicide.

In Quebec, **suicide** rates among teenage males dropped nearly 75 per cent between 1999 and 2006. For young men, 20 to 34, the **suicide** rates fell by almost 50 per cent.

The decrease is a result of several factors, said Johanne Renaud, medical director of the youth section of the Douglas Institute's depressive disorders program.

"There has been more detection of cases of mental illness and better organization of treatment," Renaud said.

**Suicide** prevention programs in high schools, Quebec's 24-hour province-wide **suicide** help line and **suicide** training workshops for family doctors, medical clinics and CLSCs have also contributed to **suicide** prevention in the province.

Montreal also has two **suicide** research centres, one at UQ¿M and the other at the Douglas Institute.

"What continues to be the biggest challenge in treating the mentally ill is the stigma and taboo that stops people from even talking about it," Renaud said.

Despite **suicide** prevention efforts and marked improvements, **suicide** remains the first cause of death among young men. And the rate of **suicide** among young Montreal women has actually increased slightly since the late 1990s.

"Even if things are getting better, Quebec still has one of the highest **suicide** rates in the world," Michel Presseault, co-ordinator of **Suicide** Action Montreal, said yesterday.

"We still get about 20,000 calls a year," Presseault said. "So even if the **suicide** rate is down, there are still many people in Quebec with severe depression who need help."

bbundale@thegazette.canwest.com

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** STATISTICS

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); UNITED NATIONS INSTITUTIONS (90%); CONFERENCES & CONVENTIONS (90%); PREVENTION & WELLNESS (90%); RESEARCH INSTITUTES (89%); DISEASES & DISORDERS (89%); PUBLIC HEALTH ADMINISTRATION (89%); DEPRESSION (89%); MENTAL ILLNESS (89%); ASSOCIATIONS & ORGANIZATIONS (89%); DEATHS & DEATH RATES (78%); DEATHS (78%); MEN (77%); CRIME PREVENTION (77%); FAMILY PRACTICE (77%); HEALTH DEPARTMENTS (72%); PHYSICIANS & SURGEONS (70%); TERRORISM (68%); HOMICIDE (68%); HIGH SCHOOLS (64%); CLINICS & OUTPATIENT SERVICES (50%); TERRORIST ATTACKS (50%) SUICIDE; COUNSELLING; DEPRESSION; STATISTICS

**ORGANIZATION:** UNITED NATIONS (83%); WORLD HEALTH ORGANIZATION (55%)

**CITY:** MONTREAL, QC, CANADA (93%)

**STATE:** QUEBEC, CANADA (93%); NEW YORK, USA (79%)

**COUNTRY:** CANADA (94%); UNITED STATES (79%)

**LOAD-DATE:** September 10, 2008

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Hobart Mercury (Australia)

**February** 7, 2014 Friday

1 - Edition

**Extra $3m promised for suicide prevention**

**BYLINE:** JENNIFER CRAWLEY

**SECTION:** LOCAL; Pg. 11

**LENGTH:** 281 words

THE Liberals plan to invest a further $3 million to reduce **suicides** in Tasmania.

Launching the Liberals' **suicide** prevention strategy yesterday, Opposition health spokesman Jeremy Rockcliff said coroners believed **suicide** in Tasmania was under-reported by 30 per cent.

**``Suicide** is the leading cause of death for Tasmanians aged between 15 and 45 and we have the second highest rate of **suicide** in Australia,'' he said.

**``Suicide** is a complex issue and a Liberal government wants to give extra funding to help local communities.''

The Liberals want to establish early intervention referrals, especially after a **suicide** attempt or self-harming.

They plan to deliver **suicide** prevention awareness training to recognise and respond to the signs.

The party wants researchers to access information needed to allow in-depth analysis of Tasmanian **suicides**.

And it plans to analyse **suicide** ``hotspots'' to reduce risks if places are known for **suicides**.

Mr Rockcliff said every life lost to **suicide** came at a huge personal cost to families, friends and communities.

``That is why a majority Liberal government will make this important investment in **suicide** prevention,'' he said.

Beyondblue founder Jeff Kennett, who spoke at the Liberals' **suicide** strategy launch, later dropped into the Dunalley Neighbourhood House for a barbecue.

Mr Kennett is on an Australia-wide tour with beyondblue promoting **suicide** prevention strategies and mental health awareness.

``The last time I was here it was only eight weeks after the [Dunalley] fire,'' he said.

He said the work done by the organisation after the fires had prevented long-term psychological damage to children affected by the blaze.

jennifer.crawley@news.com.au

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** MER

**SUBJECT:** SUICIDE (97%); PREVENTION & WELLNESS (90%); LIBERALISM (78%); FAMILY (78%); MENTAL HEALTH (78%); DEATHS (78%); CORONERS COURTS & OFFICES (78%); PSYCHOLOGY (74%); ASSOCIATIONS & ORGANIZATIONS (70%)

**STATE:** TASMANIA, AUSTRALIA (94%)

**COUNTRY:** AUSTRALIA (94%)

**LOAD-DATE:** February 6, 2014

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Daily Times

**September** 11, 2013 Wednesday

**World Suicide Prevention Day observed**

**SECTION:** Vol. X No. 251

**LENGTH:** 218 words

The World **Suicide** Prevention Day was observed on Tuesday to promote actions to prevent **suicides** across the globe.

Nearly 3,000 people on average commit **suicide** daily and an estimated one million people die by **suicide** each year, according to the World Health Organisation (WHO).

**Suicide** is a major preventable cause of premature death, which is influenced by psycho-social, cultural and environmental risk factors that can be prevented through worldwide responses that address risk factors.

According to a research, **suicide** rates are 50%-60% higher than the official rates and this social problem is also found in Pakistan.

Economic factors leading to depression are one of the reasons for such a high **suicide** rate in the country. The day promotes issues such as **suicide** prevention. Various events and activities were held on the occasion to raise awareness that **suicide** is a major preventable cause of premature death.

The World **Suicide** Prevention Day, which first started in 2003, is co-sponsored by organisations such as the International Association for **Suicide** Prevention (IASP) and the World Health Organisation (WHO).

The day gives organisations, government agencies and individuals a chance to promote awareness about **suicide**, mental illnesses associated with **suicide** as well as **suicide** prevention measures.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); PUBLIC HEALTH ADMINISTRATION (90%); HEALTH DEPARTMENTS (90%); SPONSORSHIP (78%); DEPRESSION (78%); MENTAL ILLNESS (73%)

**CITY:** ISLAMABAD, PAKISTAN (54%) ISLAMABAD

**COUNTRY:** PAKISTAN (92%) Pakistan

**LOAD-DATE:** September 11, 2013

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Burlington Post

**September** 7, 2012 Friday

Final Edition

**Reasons to live**

**BYLINE:** Burlington Post editorial

**SECTION:** EDITORIAL; Pg. 1

**LENGTH:** 303 words

Monday (Sept. 10) marks the 10th anniversary of World **Suicide** Prevention Day, a day when people are encouraged to discuss solutions to what is becoming an almost epidemic mental health issue among our young people.

According to Children's Mental Health Ontario (CMHO), **suicide** is the second leading cause of death among 10-24 year olds in Canada.

Untreated mental illness - depression, in particular - is the leading risk factor for **suicide**.

For every **suicide** completion, there are thousands more young people having thoughts of **suicide** and attempting **suicide**, according to the CMHO.

One recent study found one in 10 students in Grades 7-12 reported they had seriously considered **suicide**, and about three per cent reported attempting **suicide**.

**Suicide** among Aboriginal youth is estimated to occur at rates five times higher than non-Aboriginal youth.

To mark World **Suicide** Prevention Day, the CMHO is joining with the Canadian Association for **Suicide** Prevention to encourage communities across the province to get involved by showing their support for people affected by **suicide**.

While support can be expressed many ways, the gift of non-judgmental support is of utmost importance, according to support organizations.

Shame is one of the most challenging and prominent feelings around **suicide**. The stigma associated with **suicide** often prevents those suffering from getting help.

"We need to be open and we need to be educated," said Gordon Floyd, president and CEO of CMHO. "Let's remove the stigma associated with **suicide** and start talking about it.

One-in-five children and youth has a mental health issue severe enough to seriously affect their daily functioning at home, school or within the community.

Early intervention remains critical to young people having the best possible chance at succeeding in all aspects of their life.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); PREVENTION & WELLNESS (90%); EDITORIALS & OPINIONS (90%); CHILDREN (89%); DEPRESSION (78%); CHILDREN'S HEALTH (78%); ANNIVERSARIES (78%); THIS DAY IN HISTORY (78%); STUDENTS & STUDENT LIFE (77%); MENTAL ILLNESS (73%); ASSOCIATIONS & ORGANIZATIONS (72%); EXECUTIVES (50%)

**STATE:** ONTARIO, CANADA (72%)

**COUNTRY:** CANADA (93%)

**LOAD-DATE:** September 8, 2012

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The Press (Christchurch, New Zealand)

**October** 14, 2005, Friday

**Rift erupts over male suicide policy**

**BYLINE:** THOMAS Kim

**SECTION:** NEWS; NATIONAL; Pg. 3

**LENGTH:** 478 words

A serious rift has appeared among **suicide** experts over policies targeting male **suicides**.

The debate erupted yesterday as the Males and **Suicides** Symposium 2005 organised by **Suicide** Prevention Information New Zealand (Spinz) opened in Christchurch. Spinz is a non-government, New Zealand-wide information service, in partnership with the Mental Health Foundation.

**Suicide** researchers based at the Christchurch School of Medicine and Health Sciences have challenged claims by Spinz director Merryn Statham, calling them "misleading".

In a statement supported by six other academics, Associate Professor Annette Beautrais said yesterday Statham had pointed to the disproportionate rate of **suicide** in males and proposed male **suicide** was a major area to be addressed.

However, a clear decline in the male to female **suicide** ratio had occurred in recent years, she said. In 1994, four males took their own lives for every one female. By 2002 the ratio had declined to 3.2 males for every one female **suicide**.

"Under these circumstances the extent to which further policies to reduce gender differences are needed is debatable."

Research showed the higher rate of male **suicide** could be attributed to males using more lethal methods for **suicide** attempts.

Beautrais said it was also misleading to claim that New Zealand had not made efforts to address access to lethal methods of **suicide** such as firearms.

A recent study from the Christchurch researchers found after the introduction of the Arms Amendment Act in 1992 the rate of **suicide** by firearms fell by almost half.

Beautrais said the major method of **suicide** in New Zealand was hanging, which accounted for almost half of all **suicides** each year.

Beautrais said the data supported the need for **suicide** prevention efforts in New Zealand to focus on the causes of **suicide** rather than means.

Between 450 and 500 people each year die by **suicide** in New Zealand -- more than the average road toll and more than by drowning or homicide.

Statham said last night that Spinz was disappointed that the Christchurch research group did not take up the opportunity to present or participate in the symposium.

"The focus is on men in **suicide** because more men than women die by **suicide**. By hosting a research symposium Spinz provides an opportunity for robust debate about trends, causes and interventions," she said.

There was some background to the matter which she did not want to discuss in the media.

Wendy Lester, whose son, Jeremy, took his own life last year when he was 23, said the issue was complicated but males had more trouble asking for help than females and could benefit from specific policies.

"It comes down to the culture here. Men don't want to express their feelings and the stigma of mental illness is strong," she said.

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CAPTION:

Annette Beautrais

**PERSON:** ANNETTE BEAUTRAIS (93%); MERRYN STATHAM (76%);

**ORGANIZATION:** CHRISTCHURCH SCHOOL (85%);

**COUNTRY:** NEW ZEALAND (97%);

**CITY:** CHRISTCHURCH, NEW ZEALAND (94%);

**COMPANY:** CHRISTCHURCH SCHOOL (85%);

**SUBJECT:** SUICIDE MEN STATISTICS CONFERENCES CHRISTCHURCH CITY MENTAL HEALTH SUICIDE (95%); MEN (93%); MEN'S HEALTH (90%); CONFERENCES & CONVENTIONS (90%); PREVENTION & WELLNESS (89%); TRENDS (78%); RESEARCH REPORTS (77%); DEATHS (73%); MENTAL HEALTH (73%); MENTAL ILLNESS (73%);

**LOAD-DATE:** October 15, 2005

**LANGUAGE:** ENGLISH

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Pakistan Today

**September** 11, 2013 Wednesday

**Death is not the solution**

**SECTION:** Vol. IV No. 68

**LENGTH:** 234 words

World **Suicide** Prevention Day is observed on September 10 each year including Pakistan to promote worldwide action to prevent **suicides** across the globe. Nearly 3000 people on average commit **suicide** daily, according to WHO.

About one million people die by **suicide** each year. **Suicide** is a major preventable cause of premature death which is influenced by psycho-social, cultural and environmental risk factors that can be prevented through worldwide responses that address these main risk factors.

According to a research **suicide** rates are 60 percent higher than the official rate and this social problem is also found in Pakistan. Economic factors leading to depression were also one of the reasons for such a high **suicide** rate in the country and poverty was a risk factor.

This day promotes issues such as **suicide** prevention. Various events and activities are held during this occasion to raise awareness that **suicide** is a major preventable cause of premature death.

World **Suicide** Prevention Day, which first started in 2003, is co-sponsored by organizations such as the International Association for **Suicide** Prevention (IASP) and World Health Organization (WHO) that play a key role in promoting this event.

World **Suicide** Prevention Day gives organizations, government agencies and individuals a chance to promote awareness about **suicide**, mental illnesses associated with **suicide**, as well as **suicide** prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); SPONSORSHIP (78%); DEPRESSION (78%); MENTAL ILLNESS (73%); PUBLIC HEALTH ADMINISTRATION (72%); UNITED NATIONS INSTITUTIONS (72%); HEALTH DEPARTMENTS (71%); EVENT MARKETING (68%)

**CITY:** ISLAMABAD, PAKISTAN (58%) ISLAMABAD

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** September 11, 2013

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Daily Post (North Wales)

**November** 22, 2007, Thursday

North Wales Edition

**WALES: Scale of hidden problem**

**SECTION:** NEWS; Pg. 4

**LENGTH:** 217 words

MIND Cymru set about trying to analyse the **suicide** figures in Denbighshire and Conwy and asked North Wales Police for help.

Police figures showed that between January 2005 and December 2006, the police had 219 "attempted **suicide**" calls from Conwy and 16 calls where a **suicide** had taken place and from Denbighshire 172 attempted **suicide** calls and 13 after a **suicide** had taken place.

Half the **suicide** calls in Denbighshire came from Rhyl and 84% of all **suicide** calls in both counties were male. Most recorded **suicides** were in the 40-50 age range.

**Suicide** is one of the most underestimated community health problems in the world. The World Health Organisation say more people die by **suicide** each year than are killed in all the armed conflicts and homicides combined.

There were 270 reported **suicides** in Wales in 2004, population 2,952,000 - roughly twice as many as died in road traffic accidents.

The National Office for Statistics estimates that 3.9% of the population have thoughts of **suicide** in any one year, while the Samaritans say 5% - between 100,000-150,000 people in Wales.

The recent National Confidential Inquiry into **Suicide** in the UK found that those people who die by **suicide** are four times more likely to have seen a police officer in three months before death than a mental health professional.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); LAW ENFORCEMENT (78%); INVESTIGATIONS (78%); MENTAL HEALTH (73%); ASSOCIATIONS & ORGANIZATIONS (69%); HEALTH DEPARTMENTS (69%); HOMICIDE (68%); PUBLIC HEALTH ADMINISTRATION (54%); MENTAL HEALTH PRACTICE (50%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (56%)

**COUNTRY:** WALES (95%); UNITED KINGDOM (58%)

**LOAD-DATE:** November 22, 2007

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The Press (Christchurch, New Zealand)

**October** 14, 2005, Friday

**Experts argue over male suicide**

**BYLINE:** THOMAS Kim

**SECTION:** NEWS; NATIONAL; Pg. 3

**LENGTH:** 464 words

A serious rift has appeared among **suicide** experts over policies targeting male **suicides**.

The debate erupted yesterday as the Males and **Suicides** Symposium 2005 organised by **Suicide** Prevention Information New Zealand (Spinz) opened in Christchurch.

Spinz is a non-government information service, in partnership with the Mental Health Foundation.

**Suicide** researchers based at the Christchurch School of Medicine and Health Sciences have challenged claims by Spinz director Merryn Statham, calling them "misleading".

In a statement supported by six other academics, Associate Professor Annette Beautrais said yesterday Statham had pointed to the disproportionate rate of **suicide** in males and proposed male **suicide** was a major area to be addressed.

However, a clear decline in the male to female **suicide** ratio had occurred in recent years, she said. In 1994, four males took their own lives for every one female. By 2002, the ratio had declined to 3.2 males for every one female **suicide**.

"Under these circumstances the extent to which further policies to reduce gender differences are needed is debatable."

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"It comes down to the culture here.

"Men don't want to express their feelings and the stigma of mental illness is strong," she said.

Link to addiction -- A7

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CAPTION:

Annette Beautrais

**PERSON:** ANNETTE BEAUTRAIS (94%); MERRYN STATHAM (79%);

**ORGANIZATION:** CHRISTCHURCH SCHOOL (88%);

**COUNTRY:** NEW ZEALAND (95%);

**CITY:** CHRISTCHURCH, NEW ZEALAND (94%);

**COMPANY:** CHRISTCHURCH SCHOOL (88%);

**SUBJECT:** SUICIDE MEN MENTAL HEALTH CHRISTCHURCH CITY CONFERENCES STATISTICS SUICIDE (95%); MEN (93%); MEN'S HEALTH (90%); CONFERENCES & CONVENTIONS (90%); PREVENTION & WELLNESS (89%); TRENDS (78%); RESEARCH REPORTS (77%); DEATHS (73%); MENTAL HEALTH (73%); MENTAL ILLNESS (73%);

**LOAD-DATE:** October 15, 2005

**LANGUAGE:** ENGLISH

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Daily Pakistan Today

**September** 11, 2013 Wednesday

**Death is not the solution**

**LENGTH:** 235 words

**DATELINE:** ISLAMABAD

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Economic factors leading to depression were also one of the reasons for such a high **suicide** rate in the country and poverty was a risk factor.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); SPONSORSHIP (78%); DEPRESSION (78%); MENTAL ILLNESS (73%); PUBLIC HEALTH ADMINISTRATION (72%); UNITED NATIONS INSTITUTIONS (72%); HEALTH DEPARTMENTS (71%); EVENT MARKETING (68%) National

**CITY:** ISLAMABAD, PAKISTAN (58%)

**COUNTRY:** PAKISTAN (93%)

**LOAD-DATE:** September 11, 2013

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The Statesman (AsiaNet)

**September** 11, 2013 Wednesday

**World suicide prevention day observed**

**SECTION:** Vol. 15 No. 251

**LENGTH:** 233 words

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**CITY:** ISLAMABAD, PAKISTAN (58%) ISLAMABAD

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** September 11, 2013

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The Timaru Herald (New Zealand)

**August** 21, 2014 Thursday

**Suicide rates at 7-year low**

**BYLINE:** Audrey Malone

**SECTION:** NEWS; NATIONAL; Pg. 3

**LENGTH:** 239 words

**Suicide** numbers have dropped significantly in South Canterbury.

Only two **suicides** were dealt with by the coroner in the past year, the lowest in the seven years the latest statistics cover.

Previously, the lowest number of **suicides** in the region was four in 2008/09.

The statistics released yesterday by Chief Coroner Judge Neil MacLean showed South Canterbury was on par with the rest of the country.

New Zealand has also had the lowest number of **suicides** recorded since July 2007. During that period South Canterbury has had 56 **suicides**.

The figures peaked with 17 **suicides** during the 2011/12 year.

Last year, South Canterbury had the equal lowest number of **suicides** regionally with Tairawhiti.

The chief coroner said nationally youth **suicide** numbers - those under 24 years - were significantly down from last year, with 110 **suicides** reported, compared with 144. "We've also seen the lowest number of **suicides** in the 15 to 19-year-old cohort in the last seven years with 46, which is down 17 on last year and 34 the year before.

"The drop in teen **suicide** is good news. These are the some of the toughest and most tragic cases coroners deal with."

From a national perspective, his report also mentioned:

The rate of males committing **suicide** was higher than females at a ratio of 2.5:1, down from 3:1.

The lowest number of **suicides** was in the 35 to 39-year-old age group with 35 **suicides**.

About one in every five people who commit **suicide** is Maori.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (91%); CORONERS COURTS & OFFICES (90%); STATISTICS (90%); CHILDREN'S HEALTH (79%); ADOLESCENTS (79%); DEMOGRAPHIC GROUPS (69%)

**COUNTRY:** NEW ZEALAND (92%)

**LOAD-DATE:** August 20, 2014

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Cameroon Tribune (YaoundÈ)

**September** 10, 2012

**World Suicide Rate Increases by 60 Per cent**

**BYLINE:** George Mbella

**LENGTH:** 313 words

The 10th World **Suicide** Prevention Day was commemorated yesterday, Monday September 10, 2012. A report by the World Health Organisation, WHO, released prior to the commemoration reveals that one person dies from **suicide** every 40 seconds while one million die every year in the world.

According to a WHO official, Dr. Shekhar Saxena, who presented the report, **suicide** rate has increased by 60 per cent in some countries in the last 10 years. The report notes that **suicide** is the thirteenth leading cause of death the world over. **Suicide** deaths are most common amongst teens and adults below the age of 35. Males are three to four times more likely to kill themselves than females the world over.

There are an estimated 10 to 20 million non-fatal attempted **suicides** every year worldwide. According to the report, **suicide** affects everybody, irrespective of class. Levels of **suicide** are higher among retired people, divorcees, the unemployed, childless, city dwellers and people living alone.

Paradoxically, **suicide** is far greater in some high-standard-of-living countries than in poor countries. Scandinavian countries record the highest rates of **suicide** in Europe. In Italy, the number of **suicide** cases recorded among the unemployed increased by 30 per cent in 2010. In France, 11,000 **suicide** cases are recorded every year with one third coming from persons aged above 65 years. In Africa, WHO officials faced challenges assembling statistics because **suicide** is a considered a taboo and ill-omen in most cultures. Nevertheless, **suicide** cases are recorded in all communities. In Cameroon, it is not uncommon today to find reports of **suicide** cases in the press every week.

World **Suicide** Prevention Day promotes worldwide commitment and action to prevent **suicides**. The International Association for **Suicide** Prevention, WHO and other partners advocate the prevention of suicidal behaviour.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); TEEN SUICIDE (90%); PUBLIC HEALTH ADMINISTRATION (90%); PREVENTION & WELLNESS (89%); ASSOCIATIONS & ORGANIZATIONS (89%); DEATHS (78%); HEALTH DEPARTMENTS (78%); DEATHS & DEATH RATES (77%); UNEMPLOYED PERSONS (77%); RETIREMENT & RETIREES (73%) Cameroon; International Organizations and Africa

**COUNTRY:** CAMEROON (92%); AFRICA (92%); EUROPE (79%); FRANCE (68%); NORDIC COUNTRIES (53%)

**LOAD-DATE:** September 11, 2012

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Dubbo Daily Liberal

**September** 11, 2013 Wednesday

**Toolkit rollout to help prevent regional suicides**

**BYLINE:** KIM BARTLEY

**SECTION:** EARLY GENERAL NEWS; Pg. 3

**LENGTH:** 414 words

A NEW resource is being developed to help small communities in Western NSW and other parts of the state try to prevent **suicide** but also cope in its aftermath.

On World **Suicide** Prevention Day 2013 yesterday, Barwon MP and NSW Mental Health Minister Kevin Humphries announced the Small Towns Toolkit would be launched later this year.

Details of the resource are still under wraps.

The NSW Mental Health Commission is working on the toolkit and other resources after the state government conducted **suicide** prevention forums in communities across the state.

Mr Humphries said the meetings had been "crucial" in shaping its **suicide** prevention response.

"As a direct result of these forums the NSW Mental Health Commission is developing a range of resources to better support communities affected by **suicide** such as the Small Towns Toolkit, to help small communities to both prevent acts of self-harm and **suicide**, as well as deal with the impacts when they occur," he said.

Mr Humphries also used World **Suicide** Prevention Day to encourage conversations about **suicide**.

He said openly talking about **suicide** had multiple benefits, including raising awareness of warning signs and reducing stigma that prevented people from seeking help.

About 65,000 Australians attempt to take their lives each year.

"Every death by **suicide** is one death too many, and in NSW 550 lives are lost to **suicide** each year," the minister said.

"The warning signs that someone could be at risk of **suicide** often go undetected but when people are aware of them there is a far greater chance that **suicide** can be prevented."

Mr Humphries said taking the time to find out more about **suicide** and recognise the warning signs could one day "help save someone's life".

The theme for World **Suicide** Prevention Day 2013 was Stigma: A Major Barrier to **Suicide** Prevention.

Mr Humphries said stigma was "one of the biggest barriers to recovery".

People at risk of **suicide** and their loved ones were impacted by it.

"It is up to all of us to help reduce stigma by talking about **suicide** and increasing awareness to better ensure that people at risk of **suicide**, as well as their families, friends and carers, are connected with the treatment and support they need," Mr Humphries said.

"Most of us will experience challenging times at some point in our lives, yet people are often reluctant to acknowledge there is a problem, or have trouble knowing how to talk about it, which only serves to worsen the stigma and stop people from seeking help early on."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (90%); HEALTH DEPARTMENTS (90%); REGIONAL & LOCAL GOVERNMENTS (73%)

**STATE:** NEW SOUTH WALES, AUSTRALIA (96%)

**COUNTRY:** AUSTRALIA (96%)

**LOAD-DATE:** September 10, 2013

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Centralian Advocate (Australia)

**September** 8, 2009 Tuesday

1 - Edition

**No discrimination as suicide affects whole community N**

**SECTION:** FEATURES; Pg. 17

**LENGTH:** 489 words

THE theme for World **Suicide** Prevention Day 2009 is **``Suicide** prevention in different cultures''.

This recognises that **suicide** is a major preventable cause of premature death that impacts on all cultures, worldwide.

The Mental Health Association of Central Australia will be holding an event for World **Suicide** Prevention Day on Thursday at the memorial site on the lawns between the Senior Citizen's Centre and the Totem Theatre from 3.30pm to 5pm.

The event is part of an international initiative to raise public awareness of the severity of the problem of **suicide**, but also to learn about effective **suicide** prevention approaches in Central Australia and what support is out there for families and communities at a local level.

World **Suicide** Prevention Day is one day to have less silence and more understanding about the issue of **suicide**.

There are more deaths by **suicide** in Australia each year than by car accidents -- and for every **suicide** there are at least 20 people who try to end their lives.

Then there are all those people who are bereaved through **suicide**, often contributing to a complex mix of emotions, unanswered questions and sometimes shame associated with the stigma of **suicide** and mental illness.

The stigma, discrimination and misunderstanding surrounding **suicide** make it difficult for those struggling with suicidal thoughts to talk about their pain and reach out for support.

World **Suicide** Prevention Day is a chance to highlight that **suicide** can affect all of us.

It does not discriminate. It crosses class, gender, age and cultural boundaries.

For this reason, we all have a role to play in creating communities that are socially inclusive and to learn how we can be more supportive and less afraid of the issue.

By speaking up rather than avoiding the issue of **suicide** and through the development of culturally appropriate resources to educate and increase awareness among people from different backgrounds we can help to prevent **suicide**.

As there are educational campaigns to warn of the risks of drink driving and speeding as preventable causes of premature death, so too are there educational workshops to teach people to identify and intervene to keep someone safe from **suicide**.

**Suicide** can be stopped.

It is important to acknowledge the families in remote and regional communities, night patrol workers, clinic staff, women's centres, schools, councils, medical teams, youth workers, drug and alcohol, telephone counsellors and family violence workers who are providing support to people involved in self-harming behaviour on a regular basis.

It is also important to acknowledge the community development, health promotion, prevention and early intervention work that build capacity and strength in communities and families.

People need to be well-equipped to deal with the challenges life presents.

For more information contact the Life Promotion Program of the Mental Health Association of Central Australia on 8950 4600.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** CAV

**SUBJECT:** SUICIDE (96%); VOLUNTARY HEALTH ORGANIZATIONS (90%); FAMILY (89%); TEEN SUICIDE (89%); MENTAL ILLNESS (78%); DRIVING WHILE INTOXICATED (77%); THEATER (76%); DOMESTIC VIOLENCE (74%); TRAFFIC ACCIDENTS (68%); PREVENTION & WELLNESS (90%)

**ORGANIZATION:** M I N D (84%)

**STATE:** NORTHERN TERRITORY, AUSTRALIA (79%)

**COUNTRY:** AUSTRALIA (95%)

**LOAD-DATE:** September 9, 2009

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Pakistan Observer

**September** 8, 2012 Saturday

**World Suicide Prevention Day on Monday**

**BYLINE:**  Staff Reporter

**SECTION:** Vol. XXIII No. 303

**LENGTH:** 189 words

World **Suicide** Prevention Day is observed on September 10 every year across the globe including Pakistan to promote worldwide commitment and action to prevent **suicides**. Every day 3,000 people end their own lives, and for every person who dies, there are 20 more people who unsuccessfully attempt a **suicide**, according to the World Health Organization (WHO).

World **Suicide** Prevention Day, which first started in 2003.The sponsoring International Association for **Suicide** Prevention, the co-sponsor WHO and other partners advocate for the prevention of suicidal behaviour, provision of adequate treatment and follow-up care for people who attempted **suicide**, as well as responsible reporting of **suicides** in the media. Various events and activities are held during this occasion to raise awareness that **suicide** is a major preventable cause of premature death. World **Suicide** Prevention Day gives organizations, government agencies and individuals a chance to promote awareness about **suicide**, mental illnesses associated with **suicide**, as well as **suicide** prevention organizations such as the International Association for **Suicide** Prevention (IASP).

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); SPONSORSHIP (90%); MENTAL ILLNESS (90%); HEALTH DEPARTMENTS (87%); PUBLIC HEALTH ADMINISTRATION (71%); UNITED NATIONS INSTITUTIONS (71%); NEWS REPORTING (68%)

**CITY:** ISLAMABAD, PAKISTAN (58%) Islamabad

**COUNTRY:** PAKISTAN (93%) Pakistan

**LOAD-DATE:** September 8, 2012

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Pakistan Observer

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**SECTION:** Vol. XXIII No. 303

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**CITY:** ISLAMABAD, PAKISTAN (58%) Islamabad

**COUNTRY:** PAKISTAN (93%) Pakistan

**LOAD-DATE:** September 10, 2012

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The Independent on Saturday (South Africa)

**January** 19, 2008

e1 Edition

**Shocking suicide statistics**

**BYLINE:** Nondumiso Mbuyazi

**SECTION:** NEWS; Pg. 3

**LENGTH:** 306 words

A staggering 22 people committed **suicide** daily in South Africa last year but this jumped to 31 over the festive season.

According to the South African Depression and Anxiety Group (SADAG), these figures continue to increase every year.

SADAG's project manager Janine Samos said **suicide** and **suicide** attempts increase massively between November and January. An estimated 9 128 people committed **suicide** in South Africa in the past 12 months. She said for every one completed **suicide** there were 10 attempted **suicides**.

She said teenage **suicide** was becoming more common in South Africa every year and an alarming one in 12 adolescents have attempted **suicide** at least once. Recent statistics showed that 9% of all teenage deaths are due to **suicide**.

According to Professor Lourens Schlebusch of the University of KwaZulu-Natal Medical School teenagers who committed **suicide** were in the 10-19 age group. "Over the last two years we have noticed that the age of teenagers who are committing **suicide** is dropping, they are getting younger and younger. You now hear of 10-year-olds committing **suicide**," he said.

Schlebusch said research showed that although more females attempt **suicide**, more males succeed. He said this was due to the fact that males use more lethal ways to kill themselves. "For every one female that dies from killing herself, four males die. Males often use a violent method to kill themselves, they use guns or gas or they hang themselves whereas females will normally overdose on pills, drink poisonous household substances or slit their wrists," he explained.

Lifeline offers confidential counselling services that run 24 hours a day on 0861 322 322 as well as face-to-face counselling to assist those who need support. SADAG have trained counsellors running their mental health counselling centres, from 8am to 8pm on 0800 567 567.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** NS

**SUBJECT:** SUICIDE (97%); TEEN SUICIDE (92%); ADOLESCENTS (90%); MENTAL HEALTH (78%); DEPRESSION (78%); MENTAL ILLNESS (78%); COLLEGE & UNIVERSITY PROFESSORS (69%); GRADUATE & PROFESSIONAL SCHOOLS (69%); DEMOGRAPHIC GROUPS (68%)

**COUNTRY:** SOUTH AFRICA (92%)

**LOAD-DATE:** January 19, 2008

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Korea Times

**July** 29, 2013 Monday

**'Your life is not your own'**

**BYLINE:** By Isaac Kim

**LENGTH:** 302 words

**Suicide** prevention specialist Prof. Lee Kwang-ja retires after 37 years of teaching.'When suicidal impulses arise, think about who will be saddened by your death and the people that have been good to you.'

Prof. Lee Kwang-ja, a 65-year-old **suicide** prevention specialist, will retire next month after 37 years of teaching. 'Your life is not your own,' she emphasized on July 28.

She was appointed as a professor in 1976 and was a member of Korea's first **suicide** prevention hotline.

Beginning as a volunteer hotline operator, she has counseled over 3,000 people and is now Head of the **Suicide** Prevention Center. She helped in the establishment of the Korean Association for **Suicide** Prevention, implemented an education program on **suicide** prevention, gave lectures on **suicide**, and conducted numerous researches on **suicide** prevention.

She has counseled an average of 43.6 people a day for at least 33 minutes in the span of 40 years, saying she could not let even one life fall victim to **suicide**.

'Our society thinks too lightly of **suicide**. We must all self-reflect about how **suicide** should not be used as a performance,' she said on the topic of Sung Jae-gi, who recently jumped off a bridge for political purposes.

'We must stay vigilant for copycat **suicides**,' she said. 'Once a person commits **suicide**, it leaves a psychological effect on six of his friends, instilling thoughts of **suicide**. If the person is popular and famous, this may lead to a **suicide** cluster among those influenced by the person's death.'

She opens a workshop for college students every semester, acting as a mentor for the students. 'College students nowadays have a very strong sense of pride, but their self-esteem is very low. Rising professors and teachers must not become thesis-writing machines, but instead help maximize each student's potential.'

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (98%); COLLEGE & UNIVERSITY PROFESSORS (90%); TEACHING & TEACHERS (89%); STUDENTS & STUDENT LIFE (89%); ASSOCIATIONS & ORGANIZATIONS (75%); APPOINTMENTS (71%)

**COUNTRY:** NORTHERN ASIA (90%)

**LOAD-DATE:** July 30, 2013

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The Washington Post

**May** 1, 2006 Monday

Final Edition

**The Numbers Behind Suicide**

**SECTION:** Metro; B04

**LENGTH:** 199 words

Nationwide, teen **suicide** rates have been declining since 1992. **Suicide** statistics for the area, 1999-2001:

The District

\* 17th-ranking cause of death.

\* Average of 31 **suicides** each year.

\* Highest **suicide** rate: ages 20-24 years, 13 percent of all **suicides**; rate is 1.5 times as great as the rate for ages 15 to 19.

Maryland

\* 14th-ranking cause of death statewide.

\* Average of 458 **suicides** each year.

\* Highest **suicide** rate: age 65 and older, 17 percent of all **suicides**; rate is 1.6 times as great as the rate for ages 15 to 19.

Virginia

\* 11th-ranking cause of death statewide.

\* Average of 788 **suicides** each year.

\* Highest **suicide** rate: age 65 and older, 18 percent of **suicides**; rate is twice that of those ages 15 to 19.

SOURCE: **Suicide** Prevention Resource Center

According to the National Center for Health Statistics, in 2000, there were 8.2 deaths per 100,000 teenagers ages 15 to 19, compared with 12.8 deaths per 100,000 for individuals ages 20 to 24. The national rate of **suicide** is 10.6 deaths per 100,000 people. Between 2001 and 2004 in Montgomery County, 13 young people ages 10 to 19 committed **suicide**, according to the Maryland Vital Statistics Administration.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (91%); ADOLESCENTS (90%); DEATHS (90%); STATISTICS (78%); HEALTH STATISTICS AGENCIES (73%); PREVENTION & WELLNESS (67%)

**STATE:** MARYLAND, USA (90%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** May 1, 2006

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The Washington Post

**May** 1, 2006 Monday

Final Edition

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**SECTION:** Metro; B04

**LENGTH:** 199 words

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**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (91%); ADOLESCENTS (90%); DEATHS (90%); STATISTICS (78%); HEALTH STATISTICS AGENCIES (73%); PREVENTION & WELLNESS (67%)

**STATE:** MARYLAND, USA (90%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** May 1, 2006

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National Post (Canada)

**March** 9, 2002 Saturday National Edition

**Alberta's suicide rate alarms officials: Second behind Quebec**

**SOURCE:** National Post

**BYLINE:** Tracey Tong

**SECTION:** Canada; Pg. A10

**LENGTH:** 494 words

The number of **suicides** in Alberta has soared, making the province's rate the second highest in Canada, a new study says.

A report from the **Suicide** Information Centre in Alberta released on Thursday said that with more than 400 **suicides** last year, Alberta is just behind Quebec.

While the territories have higher **suicide** rates, Quebec has the highest rate in the country, at more than 18.0 per 100,000 people.

The figures show Alberta's **suicide** rate is 16.3 per 100,000 people. The national average is 14.0 **suicides** per 100,000 people, or 3,698 **suicides**, says Statistics Canada.

"The fact the numbers are where they are shows we need to work to bring that down," said Dr. Pierre Beausejour, chief of staff for the Alberta Mental Health Board.

Keith Turton, community education co-ordinator at the Alberta North Central Region of the Canadian Mental Health Association, said there are two groups most likely to commit **suicide** in Canada: Teenagers aged 14 to 24, with the majority being aboriginal males, who account for many of the **suicides** in Alberta, and people over 60.

Mr. Turton said the high aboriginal population in Alberta might account for the rising number of **suicides**. "Aboriginal people have a history of addiction, substance abuse problems," he said.

"**Suicides** have to do with social factors. It happens when people feel unable to cope, teenagers don't know where they belong or elderly people feel like they're a burden. Every **suicide** has reasons that may not make sense to the general public," Mr. Turton said.

Dr. Stephen Newman, a family doctor and an epidemiologist in the department of psychiatry and a professor at the University of Alberta, said the **suicide** rate is higher in Canada than in the U.S.

"While **suicide** has been declining in the United States and in other Western countries, the Canadian **suicide** rate has been more or less constant for the last 20 years," said Dr. Newman, who recently completed a study on attempted **suicide** rates.

He said the **suicide** rate in Alberta used to be higher than other provinces because of the stress of boom-and-bust economic cycle the province experiences. He also attributed the high **suicide** rate to low income and the large population of native people. "This explains why the territories, especially Nunavut, also have a high rate of **suicide**," he said.

Dr. Newman said that after accidents, **suicide** is the second most common cause of death in young people, and more Canadians die from **suicides** than from motor vehicle accidents.

Alberta's **suicide** rate was always higher than the national average, but until last year, New Brunswick had the second-highest rate. According to the studies of Dr. Newman, 250 per 100,000 people in Edmonton have attempted **suicide**.

"The rate of attempted **suicide** in Edmonton is one of the highest in Western countries," he said. There were 2,118 **suicide** attempts among 1,667 people in 1997. In that same year, there were 100 **suicide** deaths.

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); MENTAL HEALTH (89%); ADOLESCENTS (89%); DEATHS & DEATH RATES (78%); STATISTICS (78%); POPULATION SIZE (78%); EPIDEMIOLOGY (78%); PSYCHIATRY (74%); HEALTH DEPARTMENTS (73%); PHYSICIANS & SURGEONS (70%); FAMILY PRACTICE (68%); AGING (67%); SENIOR CITIZENS (67%); SUBSTANCE ABUSE (65%); TRAFFIC ACCIDENTS (60%); COLLEGE & UNIVERSITY PROFESSORS (50%); ASSOCIATIONS & ORGANIZATIONS (73%);

**ORGANIZATION:** M I N D (56%);

**PERSON:** STEPHEN NEWMAN (85%); KEITH TURTON (71%);

**STATE:** QUEBEC, CANADA (90%); ALBERTA, CANADA (90%); NUNAVUT, CANADA (79%); NEW BRUNSWICK, CANADA (58%);

**COUNTRY:** CANADA (99%); UNITED STATES (92%);

**LOAD-DATE:** March 9, 2002

**LANGUAGE:** ENGLISH

**TYPE:** News; Crime; Statistics

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Waikato Times (Hamilton)

**April** 24, 2002, Wednesday

**New figures show drop in suicides**

**SECTION:** NEWS; NATIONAL; Pg. 19

**LENGTH:** 326 words

The Health Ministry says new figures show a decline in **suicides**.

Provisional 1999 **suicide** statistics for all ages show 514 people died by **suicide** in that year, compared with 577 in 1998 and 561 in 1997. The 1999 total is the lowest since 1994 (512), ministry spokeswoman Maria Cotter said.

"It's encouraging to know these rates can come down but the figures are still too high," she said.

"Every **suicide** is a personal tragedy and devastates families, friends, colleagues and communities. While the decrease in **suicide** is encouraging, we must all try to create an environment where people are supported enough to value their own lives."

**Suicide** deaths have reduced among Maori and non-Maori.

The overall rate of **suicide** among Maori was the same as for non-Maori in 1999.

However, youth **suicide** rates are still significantly higher among Maori than non-Maori.

Ms Cotter said preventing **suicide** was a priority under the New Zealand Health Strategy.

"**Suicide** is not only an issue for the health system, it's an issue for New Zealand society," she said.

"Although there is no one cause and no single way to address the issue of **suicide**, Government and the community need to continue working together to reduce and prevent **suicide**.

"These latest figures still make New Zealand's youth **suicide** rate the highest among selected OECD countries, although international comparisons are difficult as countries have different reporting methods."

Ms Cotter said the New Zealand Youth **Suicide** Prevention Strategy worked to reduce youth **suicide**, with a specific focus on preventing **suicide** among Maori youth.

This strategy, launched in 1998, is now led by the Youth Affairs Ministry.

The 1999 statistics are provisional as there is a small number of outstanding deaths awaiting a coroner's finding.

The youth **suicide** statistics for 2000 are expected to be available later this year. -- NZPA

Supplied by New Zealand Press Association

**PERSON:** MARIA COTTER (88%);

**ORGANIZATION:** ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (54%);

**COUNTRY:** NEW ZEALAND (94%);

**COMPANY:** PRESS ASSOCIATION LTD (53%); ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (54%);

**SUBJECT:** STATISTICS SUICIDE GOVERNMENT DEPARTMENTS SUICIDE (96%); TEEN SUICIDE (90%); STATISTICS (90%); HEALTH DEPARTMENTS (90%); CHILDREN'S HEALTH (89%); DEATHS & DEATH RATES (78%); DEATHS (78%); PREVENTION & WELLNESS (78%); CORONERS COURTS & OFFICES (73%); NEWS REPORTING (64%);

**LOAD-DATE:** July 16, 2002

**LANGUAGE:** ENGLISH

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Nationalist

**October** 2, 2013 Wednesday

**Suicide prevention schemes available for communities**

**LENGTH:** 515 words

The HSE South Regional **Suicide** Resource Office works closely with the National Office for **Suicide** Prevention with its primary role being the co-ordination and implementation of the National **Suicide** Strategy (Reach Out) at local level.

The office also advises, supports and provides training around the issue of **suicide** and works very closely with community groups and voluntary groups to raise the awareness of the issue of **suicide** and to promote the services available.

These training programmes are offered to HSE staff and to the general public in Carlow/Kilkenny, South Tipperary, Waterford and Wexford in partnership with voluntary organisations and the National Office for **Suicide** Prevention.

- safeTALK

safeTALK aims to increase awareness of self harm and **suicide**. safeTALK is a training package that prepares anyone over the age of 18 to identify persons with thoughts of **suicide** and connect them to **suicide** first aid resources. By attending this 3Ω hour course, participants are able to identify people who have thoughts of **suicide** and move beyond common tendencies to miss, dismiss or avoid **suicide**.

- ASIST

Applied **Suicide** Intervention Skills Training (ASIST) is a two day community based training programme. ASIST aims to enable helpers (anyone in a position of trust) to become more willing, ready and able to recognise and intervene effectively to help persons at risk of **suicide**.

- STORM Project

This training provides professionals who come into contact with people who engage in deliberate self harm, with skills-based training in risk assessment and management of **suicide** and self-injury. The goal of this initiative is that workers in hospitals, residential and community based setting etc. would become skilled in appropriate training that would ensure best practice in working and helping people who self-injure.

- Community Gatekeeper Training

A 7Ω hour training programme delivered over a three week period, this training enables participants to acquire knowledge and attitudes to identify people at risk of **suicide** and to refer them to appropriate sources of help. The training is directed at anyone who has significant contact with people at risk of **suicide** in the course of professional or voluntary activities or anyone who has an interest in understanding more about **suicide**.

- Bereavement through **Suicide**

This day long workshop looks at the impact of loss through **suicide** on the individual, families and the community at large. It is suitable and designed for health professionals, bereavement care counsellors, emergency service personnel, school and college staff and local communities.

- Other programmes include: **Suicide** Awareness Training; **Suicide** Awareness Training for whole school staff; **Suicide** Awareness in Schools - an education programme for school staff (9 hours); Older adults - Depression and **Suicide**; SafeTalk **Suicide** Alertness for everyone; ASIST TuneUp; Understanding Self-Harm

For further enquiries regarding **suicide** prevention training, please contact Se·n McCarthy in the Regional **Suicide** Resource Office on 051-8740132 or e-mail sean.mccarthy@hse.ie

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** INAC

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); EDUCATIONAL INSTITUTION EMPLOYEES (89%); BEST PRACTICES (77%); VOLUNTEERS (77%); CIVIC & SOCIAL ORGANIZATIONS (76%); WOUNDS & INJURIES (73%); RISK MANAGEMENT (72%); PRODUCT PROMOTION (71%); WORKPLACE HEALTH & SAFETY (69%) Regional

**COUNTRY:** IRELAND (79%)

**LOAD-DATE:** October 2, 2013

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Port Douglas & Mossman Gazette (Australia)

**September** 5, 2013 Thursday

1 - MAIN Edition

**SafeTALK train**

**SECTION:** REAL ESTATE; Pg. 31

**LENGTH:** 246 words

A DATE has been set for the next safeTALK training session, which could potentially prepare you to save a life.

SafeTALK is a half-day presentation to increase **suicide** awareness; the program alerts community members to signs that a person may be considering **suicide**.

It acknowledges that while most people at risk of **suicide** signal their distress and invite help, these intervention opportunities are often overlooked.

Participants learn to recognise when someone may have thoughts of **suicide** and to respond in ways that link them with further **suicide** intervention help.

**Suicide** alert helpers contribute to a **suicide** safe community.

safeTalk participants will be better prepared to recognise that invitations to help are often overlooked, move beyond common tendencies to miss, dismiss and avoid **suicide**, notice and respond to situations in which thoughts of **suicide** may be present, apply basic TALK steps (Tell, Ask, Listen and KeepSafe) and connect the person with thoughts of **suicide** to **suicide** first aid help and further community resources.

**Suicide** alert community members are better prepared to be a vital link in connecting persons at risk with further help.

The next training date is Tuesday September 10 from 3pm 6.30pm at the Cottage Mossman Community Centre.

The cost is free thanks to the Mossman Rotary Club, but gold coin donations are invited for afternoon tea.

RSVP for catering purposes Lifeline and UnitingCare Community on 4050 4955 or email Katie.Cole@uccommunity.org.au

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** CRG

**SUBJECT:** SUICIDE (95%)

**LOAD-DATE:** November 5, 2013

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EKantipur.com

**June** 10, 2009 Wednesday

**Not enough info on valley suicides**

**LENGTH:** 258 words

**DATELINE:** Kathmandu

Kathmandu, June 10 -- In the last three years, there have been 718 registered **suicide** cases inside the valley, according to a survey by Nepal Social Development Association (NSDA). However, further data and information regarding **suicides** inside the valley are difficult to verify as police records are not accurate enough, the survey also said.

A workshop on **Suicide** and Suicidal Attempts on June 9 discussed the preliminary report of the study which shows statistical data of **suicide** cases from different regions of Nepal from August 2008 to February 2009. "Our survey found that **suicide** cases in the Valley along with the mode of **suicide**, the reasons behind the act and other attributes are not recorded properly," said Ambika Regmi, president of NSDA. The report says that most **suicide** cases in Nepal are in urban regions, while in Kathmandu, majority of the **suicide** victims are drug users. Ethnic groups top the list of **suicide** victims with 56.13 per cent of all reported **suicides**. The report also says that males are more prone to commit **suicide**, while the majority commits **suicide** by hanging. There are reports of 3 boys less than 10 years of age committing **suicide**, which the NSDA believes is not correct and could be a result of confusion over unnatural death. Regmi says, "We've planned to give police stations a format of how data should be collected. We believe we will be able to collect more accurate data by our next survey which will certainly help to resolve the problem."Published by HT Syndication with permission from EKantipur.com.

For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** POLLS & SURVEYS (91%); SUICIDE (90%); STATISTICS (77%); POLICE FORCES (72%); ETHNICITY (72%)

**COUNTRY:** NEPAL (94%)

**LOAD-DATE:** June 10, 2009

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Sunday Mail (Queensland, Australia)

**March** 22, 1998, Sunday

**Teen suicide rate trebles**

**SOURCE:** QNP

**BYLINE:** MAHER S

**SECTION:** NEWS; Pg. 22

**LENGTH:** 441 words

CHILD **suicide** has risen sharply in Queensland, with 18 children under 16 taking their life in 1996.

The average for the preceding five years was six deaths.

However, the State Government, which received a report on **suicide** last week, has been told that 1996 might have been "an isolated bad year".

The report, **Suicides** in Queensland: A Comprehensive Study, was prepared by the Australian Institute for **Suicide** Research and Prevention.

Institute founding director Pierre Baume said the large amount of publicity associated with **suicide** in recent times and pro-**suicide** sites on the Internet might be factors.

Some schools which had attempted to run **suicide** prevention programs may also have inadvertently contributed to a rise by emphasising **suicide**.

He said **suicide** prevention had become a "big industry" and criticised the promoters of some prevention programs which were "doing more harm than good". He praised a State Government initiative which would promote a community approach to preventing **suicide**.

Co-author Chris Cantor said the 1996 figure could be a "random fluke" and might not indicate a trend. But the report urged the State Government to increase monitoring of **suicides** in school-aged children.

It studied **suicides** in Queensland between 1990 and 1995 and painted the most detailed picture yet of the problem. It is being studied by Health Minister Mike Horan.

Key findings included:

Queensland **suicide** rates were more than 20 percent above the national average.

Since 1960, the **suicide** rate for 15 to 24-year-old Australian males had risen from 6.8 per 100,000 to 25.3 per 100,000 in 1995, while the Queensland **suicide** rate was 29.5 per 100,000 in 1995.

The rate of **suicides** in Aboriginal males was nearly twice the Queensland average.

**Suicide** rates were highest in the Cape York region and the central west of the state, with communities such as Yarrabah and Palm Island having concerning rates.

Males were more likely to choose hanging, carbon monoxide poisoning and firearms to commit **suicide** while a large proportion of females chose drug overdoses.

Broken relationships were blamed for 15 percent of **suicides**.

Mr Horan said the State Government this year would increase funding to the $1 million youth **suicide** prevention strategy announced last year.

He said the report would form a valuable resource to the 19 project officers who were establishing regional community networks to combat **suicide**. He said he was disturbed by the number of school-aged **suicides** uncovered by the report. "You wonder whether kids grow up in a relaxed way these days . . . whether kids have enough quality kids time."

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); CHILDREN (90%); ADOLESCENTS (89%); REGIONAL & LOCAL GOVERNMENTS (89%); CHILDREN'S HEALTH (79%); POISONINGS (78%); TRENDS (77%); HEALTH DEPARTMENTS (72%); RESEARCH INSTITUTES (72%); PUBLIC HEALTH ADMINISTRATION (71%); CARBON MONOXIDE (71%); MEN (70%); ENVIRONMENTAL ILLNESS (50%);

**STATE:** QUEENSLAND, AUSTRALIA (98%);

**COUNTRY:** AUSTRALIA (98%);

**LOAD-DATE:** March 1, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** SML

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Kerrville Daily Times (Texas)

Distributed by McClatchy-Tribune Business News

**March** 4, 2009 Wednesday

**Statistics behind suicide are troubling**

**BYLINE:** Conor Harrison, Kerrville Daily Times, Texas

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 533 words

Mar. 4--These are the statistics nobody wants to talk about:

--One **suicide** death every 17 minutes in the United States.

--88 deaths per day in the United States.

--750,000 attempts per year in the United States.

--One out of 64 people will attempt **suicide** at some point during their lives.

--Five million living Americans have attempted **suicide** at least once in their life.

--Someone attempts **suicide** every 40 seconds in the United States, on average.

--Each **suicide** intimately affects six other people, on average.

--Women attempt **suicide** twice as often as men.

--A woman succeeds in taking her life every 90 minutes, but attempts **suicide** once every 78 seconds across the nation.

--In 2005, more than six Texans died from **suicide** every day.

These are some of the many troubling statistics concerning **suicide** that often get ignored or swept under the rug of a politically correct society that doesn't want **suicide** to be an issue.

When people start to look at how prevalent **suicide** is in our culture, it begs the question: Why don't we hear about **suicide** until we are remembering someone who has recently killed

themselves?

"**Suicide** is a leading cause of death that carries a huge social cost, yet because of complex issues such as the stigma associated with mental illness and the lack of adequate research and surveillance dedicated to **suicide**, it is seldom recognized as a significant health problem," said the Texas **Suicide** Prevention council on its Web site.

Although Texas ranks near the bottom for **suicide** rates in the country -- 38 of 50 -- it remains a major cause of death, especially for adolescents and seniors.

In Texas alone, **suicide** is the 10th leading cause of death overall and the third leading cause of death among youth ages 15 to 24.

Regardless of age, males in Texas are more likely to commit **suicide** than women -- in 2003, 78 percent of **suicides** were males.

One of the more surprising statistics is **suicide** rates in Texas were the highest for people 70 and older, nearly 17.5 for every 10,000 people.

In 2005, **suicide** rates rose in Texas to 2,418, up from 2,355 in 2003. Demographically, Caucasians made up 74 percent of **suicides**; African-Americans made up six percent and Hispanics made up 18 percent.

Most people choose to commit **suicide** with a firearm, 57 percent; hanging, 21 percent; 16 percent poisoning; 6 percent by other means. However, males are much more likely to use a firearm, 62 to 41, than females. Females were more likely to poison themselves, 35 to 11 percent, according to statistics compiled by John Hellsten, Texas Department of State Health Services.

Statistics for this article were compiled from Texas **Suicide** Prevention, American Foundation for **Suicide** Prevention, Texas **Suicide** Prevention Symposium and the Texas Department of State Health Services.

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**ACC-NO:** 20090304-KF-Statistics-behind-suicide-are-troubling-0304

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** KF

**SUBJECT:** SUICIDE (96%); DEATHS & DEATH RATES (90%); TEEN SUICIDE (89%); DEATHS (89%); PREVENTION & WELLNESS (86%); AFRICAN AMERICANS (78%); ADOLESCENTS (78%); POISONINGS (78%); STATISTICS (78%); US FEDERAL GOVERNMENT (78%); POPULATION & DEMOGRAPHICS (78%); STATISTICAL METHOD (78%); MENTAL ILLNESS (73%); RANKINGS (64%); WEB SITES (50%)

**INDUSTRY:** Medical

**STATE:** TEXAS, USA (96%)

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** March 5, 2009

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The Calgary Herald (Alberta)

**September** 10, 2014 Wednesday

Early Edition

**Comic's death illustrates suicide's tragedy**

**BYLINE:** Michael Trew, Calgary Herald

**SECTION:** LETTERS ETC.; Pg. A9

**LENGTH:** 322 words

**DATELINE:** Calgary

World **Suicide** Prevention Day is Sept. 10, a reminder that we can, and must, reduce **suicide's** impact and help more people see the hope and possibility in their lives.

This year's date has an added poignancy, as people mourn the loss of Robin Williams. His passing has been a powerful illustration of **suicide's** tragedy and complexity, and the profound sadness it leaves in its wake.

Sadly, in Alberta this year, we will lose about 500 people to **suicide**. About 75 per cent will be men, with most between the ages of 30 and 60.

For each person who dies by **suicide**, many others are affected. **Suicide's** painful consequences mean that support and care for **suicide** survivors are a critical part of our community response.

**Suicide** prevention in Alberta is spearheaded by Alberta Health Services, the Canadian Mental Health Association, the Support Network, the Distress Centre, the Centre for **Suicide** Prevention, the United Way, and others. We have an outstanding treatment system that includes health professionals, psychologists, psychiatrists, counsellors and support programs.

The single biggest protective factor against **suicide** is connection with people who care. Family, community members, friends and colleagues have a role in **suicide** prevention.

I strongly believe we must bring the conversation more into the open and stop talking

about **suicide** in hushed terms.

We must reduce the stigma and see **suicide** as an unfortunate outcome of feeling hopeless.

We must also understand that **suicide** is often linked to diseases such as depression, schizophrenia or addiction, which can severely distort a person's thoughts and feelings.

Many of the organizations above have information on **suicide** prevention on their websites.

The Alberta **Suicide** Prevention Network has launched a new prevention campaign at keephimhere.ca.

Myhealth.alberta.ca has information, too.

Michael Trew

MD

Calgary

Dr. Michael Trew is Alberta's chief addiction and mental health officer

**GRAPHIC:** Calgary Herald, Files; Robin Williams performs his standup show in New York. A reader links Williams' recent death to World Suicide Prevention Day.;

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Letter

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); LETTERS & COMMENTS (92%); MENTAL HEALTH PRACTICE (90%); PREVENTION & WELLNESS (90%); DEATHS & OBITUARIES (90%); MENTAL HEALTH (89%); ASSOCIATIONS & ORGANIZATIONS (88%); SCHIZOPHRENIA (78%); DEPRESSION (78%); MENTAL ILLNESS (78%); DEATHS (78%); PHYSICIANS & SURGEONS (73%); PSYCHIATRY (73%); PSYCHOLOGY (73%)

**ORGANIZATION:** M I N D (56%)

**CITY:** CALGARY, AB, CANADA (71%)

**STATE:** ALBERTA, CANADA (90%); NEW YORK, USA (59%)

**COUNTRY:** CANADA (93%); UNITED STATES (59%)

**LOAD-DATE:** September 10, 2014

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The Pueblo Chieftain (Colorado)

Distributed by McClatchy-Tribune Business News

**January** 25, 2009 Sunday

**Local suicide rate is down**

**BYLINE:** Nick Bonham, The Pueblo Chieftain, Colo.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 440 words

Jan. 25--The number of **suicides** in Pueblo County in 2008 was the lowest it's been in four years.

According to the Pueblo County Coroner's accountability report, 21 people committed **suicide** here during the past year.

That's significantly lower than the 34 **suicides** recorded in 2007. In 2006 there were 23 **suicides** and 31 the year before, according to the report.

While 2008 saw spikes in homicides, accidental deaths and the number of death investigations by the coroner's office, the decline in **suicides** was a pleasant surprise to Coroner James Kramer.

"Historically, we've had more **suicides** per capita than the rest of the state. **Suicides** being down is good news," Kramer said this week.

Pueblo County's **suicide** rate ranks among the worst in the state in terms of overall deaths. Colorado as a whole ranks among the worst nationwide, according to Jarrod Hindman, director for the state health department's office of **Suicide** Prevention.

According to data from 2000-2007 (statewide totals for 2008 were not available), Pueblo County has the eighth-highest **suicide** rate. During that time frame, there have been 231 reported **suicides** here, which includes victims of all ages and gender.

"The statistics are a little misleading because they're based on population," Hindman said. "In total number of **suicides**, Pueblo ranks eighth in the state. The interesting thing was Mesa (County) was first in **suicide** rate and Pueblo (County) was second, based on the number of deaths per 100,000 population."

For more information or help, call the Pueblo **Suicide** Prevention hot line at

544-1133 or the teen help line at 564-5566.

TOP 10 **SUICIDE** RATES

State counties' ranking of **suicide** rates based on total number recorded from 2000-2007:

--1. El Paso

--2. Jefferson

--3. Denver

--4. Arapaho

--5. Adams

--6. Boulder

--7. Larimer

--8. Pueblo

--9. Mesa

--10. Weld

Source: State Health Department's office of **Suicide** Prevention

STATES WITH THE HIGHEST **SUICIDE** RATE

Based on total **suicides** recorded from 2000-2007:

--1. Montana

--2. Nevada

--3. Alaska

--4. New Mexico

--5. Wyoming

--6. Colorado

--7. Idaho

--8. Arizona

--9. South Dakota

--10. Utah

Source: State Health Department's office of **Suicide** Prevention

ON THE NET:

**Suicide** Prevention:

www.cdphe.state.co.us/pp/**suicide**/index

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**ACC-NO:** 20090125-PB-Local-suicide-rate-is-down-0125

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** PB

**SUBJECT:** SUICIDE (96%); CORONERS COURTS & OFFICES (91%); TEEN SUICIDE (89%); COUNTIES (89%); HEALTH DEPARTMENTS (89%); PUBLIC HEALTH ADMINISTRATION (88%); PREVENTION & WELLNESS (88%); INVESTIGATIONS (78%); DEATHS & DEATH RATES (78%); DEATHS (77%); ACCIDENTAL FATALITIES (72%); CRIMINAL INVESTIGATIONS (71%); HOMICIDE (71%); POPULATION & DEMOGRAPHICS (70%)

**INDUSTRY:** Health/medicine

**CITY:** PUEBLO, CO, USA (92%); DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (92%); ARIZONA, USA (79%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** January 26, 2009

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The Pueblo Chieftain (Colorado)

Distributed by McClatchy-Tribune Business News

**January** 25, 2009 Sunday

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**BYLINE:** Nick Bonham, The Pueblo Chieftain, Colo.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 440 words

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--7. Larimer

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--9. Mesa

--10. Weld

Source: State Health Department's office of **Suicide** Prevention

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--10. Utah

Source: State Health Department's office of **Suicide** Prevention

ON THE NET:

**Suicide** Prevention:

www.cdphe.state.co.us/pp/**suicide**/index

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**ACC-NO:** 20090125-PB-Local-suicide-rate-is-down-0125

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** PB

**SUBJECT:** SUICIDE (96%); CORONERS COURTS & OFFICES (91%); TEEN SUICIDE (89%); COUNTIES (89%); HEALTH DEPARTMENTS (89%); PUBLIC HEALTH ADMINISTRATION (88%); PREVENTION & WELLNESS (88%); INVESTIGATIONS (78%); DEATHS & DEATH RATES (78%); DEATHS (77%); ACCIDENTAL FATALITIES (72%); CRIMINAL INVESTIGATIONS (71%); HOMICIDE (71%); POPULATION & DEMOGRAPHICS (70%)

**INDUSTRY:** Health/medicine

**CITY:** PUEBLO, CO, USA (92%); DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (92%); ARIZONA, USA (79%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** January 26, 2009

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Ely Standard

**September** 11, 2014 Thursday

**BYLINE:** PR Script Managers

**SECTION:** ROP

**LENGTH:** 321 words

One person commits **suicide** almost every week in Cambridgeshire, a council report has revealed.

A report from Cambridgeshire County Council's director of health Kathy Hartley, which will be presented to the council's health committee today (September 11), says, on average, 40-50 people take their own lives each year.

To combat this, the county ‚ ®council will create a joint Cambridgeshire and Peterborough **suicide** prevention strategy which will attempt to reduce the amount of **suicides**.

A 'Stop **Suicide'** campaign for Cambridgeshire and Peterborough will be launched this month.

In her report, Mrs Hartley says the risk of **suicide** is higher among people with existing mental health problems, people with drug and alcohol problems, homeless people, unemployed people and migrant workers.

Therefore, she recommends that training in **suicide** prevention be offered to people within organisations such as Jobcentre Plus or the Citizens Advice Bureau who are most likely to be in contact with vulnerable people in high-risk groups.

The county council should ‚ ®work with coroners to collate ‚ **®suicide** data every three months and produce an annual **suicide** audit, she adds.

Mrs Hartley's report said: "We must provide solutions for self-help and emphasise that **suicide** is preventable.

"There are preventative actions individuals can take if they ‚ ®are having thoughts of **suicide** or know others who are at risk of **suicide**.

"The impact of mental illness and substance abuse as risk factors for **suicide** can be reduced by access to effective treatments and strengthened social support.

"**Suicide** or people who have died by **suicide** should not be glorified or romanticised. Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by **suicide**.

"We need to teach people how to tell if they or someone they know may be thinking of harming themselves and how to protect them from this harm."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** ELY

**SUBJECT:** SUICIDE (96%); COUNTY GOVERNMENT (90%); COUNTIES (90%); SUBSTANCE ABUSE (90%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); MENTAL ILLNESS (89%); DEATHS (89%); MENTAL HEALTH (73%); CORONERS COURTS & OFFICES (73%); UNEMPLOYED PERSONS (73%); ASSOCIATIONS & ORGANIZATIONS (73%); HOMELESSNESS (69%); MIGRANT WORKERS (54%) Fen\_news\_37\_suicide

**CITY:** PETERBOROUGH, ENGLAND (88%)

**COUNTRY:** ENGLAND (88%)

**LOAD-DATE:** September 11, 2014

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InsideHalton

**September** 15, 2010 Wednesday

Final Edition

**Tough topic**

**SECTION:** EDITORIAL; Pg. 1

**LENGTH:** 329 words

**Suicide** is not a subject easily broached.

However, the awkwardness and/or fear of discussing **suicide** pales in comparison to the damage caused if the complex issue is not brought to the forefront.

For example, did you know:

30 **suicide** deaths occur each year on average in Halton

In Halton there are more than 420 hospitalizations each year from attempted **suicides**

Halton Regional Police receives, on average, one call per day related to **suicide**

Those are frightening statistics to be sure, however by bringing the issue of **suicide** into the light, steps can be taken to help reduce those numbers.

Last Friday was World **Suicide** Prevention Day and Halton Region, along with the Halton **Suicide** Prevention Coalition (HSPC), wants to raise awareness about the Coalition's updated website that offers easy-to-access information and support for anyone either considering **suicide** or wanting to help a suicidal person.

The website is www.suicidepreventionhalton.ca.

"Taking the lead from the Coalition, we can build a greater understanding in Halton about the warning signs of **suicide** and the support available to help prevent it", said Regional Chair Gary Carr. "It's a complex issue and I encourage residents to visit the updated HSPC website or call the Region for more information."

The Halton **Suicide** Prevention Coalition is a coalition of the Halton Region Health Department, local health and social services organizations, and individuals interested in **suicide** prevention.

In Halton Hills, a **suicide** prevention group-H.E.A.L.- is also available to help. The group was formed three years ago to develop **suicide** prevention, intervention and advocacy strategies by increasing awareness and fostering links between those who need support and those who can offer help.

By working together and openly discussing the issue of **suicide**, it is hoped that, in time, the number of **suicides** and attempted **suicides** in Halton Region will significantly decline.

To ignore the issue certainly is not the answer.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Article

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); EDITORIALS & OPINIONS (90%); DEATHS (79%); WEBSITE REDESIGN (74%); ASSOCIATIONS & ORGANIZATIONS (64%)

**LOAD-DATE:** September 16, 2010

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The Timaru Herald (New Zealand)

**August** 2, 2006 Wednesday

**Suicide killing fewer people**

**SECTION:** NEWS; Pg. 3

**LENGTH:** 296 words

Fewer people are dying by their own hand but more are ending up in hospital after attempting **suicide**, new figures show.

**Suicide** Trends, released by the Health Ministry yesterday, details patterns in **suicide** and attempts over the 20 years from 1983 to 2003.

While self-inflicted deaths rose from 465 in 2002 to 526 in 2003, three-yearly averages show **suicide** death rates have dropped 15 per cent since the mid to late 1990s.

However, the number of people being admitted to hospital for **suicide** attempts has increased nearly 24 per cent since the mid-1980s.

Canterbury **Suicide** Project principal investigator Annette Beautrais said the figures indicated better treatment for suicidal people. While available data did not include medical information, the most likely explanation was that more people were being admitted for a full psychiatric assessment and management plan following **suicide** attempts.

According to the **Suicide** Trends report, 25 to 34-year- olds had the highest rate of **suicide**, with men three times more likely to kill themselves than women. However, women were more likely than men to be hospitalised for **suicide** attempts.

Maori, especially men under 35 years, and those living in low socioeconomic areas had the highest **suicide** rates.

Associate Health Minister Jim Anderton said there was no room for complacency, despite declining **suicide** rates. "When you see the increase in attempted **suicides** . . . you know there is still much to be done."

A 10-year **suicide** prevention strategy, announced in June, aims to cut **suicide** and attempted **suicide** rates in all age groups. A five-year action plan to implement stage one of the strategy is to be released next year.

A **suicide** research network and national depression initiative is also to be established.

n Fairfax Wellington

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); DEATHS (90%); TRENDS (90%); PUBLIC HEALTH ADMINISTRATION (90%); HEALTH DEPARTMENTS (90%); HEALTH CARE POLICY (90%); INVESTIGATIONS (89%); DEATHS & DEATH RATES (78%); DEPRESSION (78%); MENTAL ILLNESS (78%); PSYCHIATRY (74%); PREVENTION & WELLNESS (73%); DEMOGRAPHIC GROUPS (67%)

**LOAD-DATE:** August 1, 2006

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The Chronicle (Centralia, Washington)

Distributed by McClatchy-Tribune Business News

**September** 11, 2014 Thursday

**Suicide Rates Up in Both State and County**

**BYLINE:** Stephanie Schendel, The Chronicle, Centralia, Wash.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 466 words

Sept. 11--**Suicides** and **suicide** attempts have increased statewide in the past six years.

Lewis County is no exception.

Coroner Warren McLeod said the number of **suicides** has steadily increased over the past four years. In 2011, 11 people committed **suicide** in the county. The following year, there were 14 **suicides**. Last year, there were 16.

So far this year, McLeod anticipates the number to be even higher, as there are still three full months left in the year and there have already been 16 **suicides**.

"We want to reduce this number because it's totally preventable," McLeod said.

The coroner said the 911 dispatch center receives an average of about three calls a week about **suicide** attempts or people calling in concerned about other individuals committing **suicide**.

This week is National **Suicide** Prevention Week, and according to the the Department of Health, on average, three people every day take their own lives in Washington.

From 2006 to 2012, the statewide **suicide** rate has increased slightly, according to the Department of Health. While **suicide** is Washington's eighth leading cause of death, second for those between the ages of 15 and 24, thousands of people are hospitalized every year for **suicide** attempts.

McLeod said his office has looked at the local statistics about **suicides** to see if there was a trend, such as geographic location or age. It appears to be random.

"There is no one common theme," McLeod said.

Most of those who committed **suicide** in Lewis County were men, and the No. 1 means of **suicide** was firearms, McLeod said. While the large majority of the county's population is concentrated in the Chehalis and Centralia area, the **suicides** are spread throughout the county.

The age range has been between 13 and 96, he said. For the older individuals, the reasons behind **suicide** appeared to be more medical issues such as long-term, debilitating diseases. For the younger people, the issues appeared to be social.

"It's very rarely the economy," McLeod said.

Teenage **suicides** can sometimes snowball, McLeod said. After the death of a 13-year-old Mossyrock boy last year, mental health professionals went into the boy's middle school and met with students to ensure there were no more attempts or **suicides**.

Due to the increasing number of **suicides**, McLeod said, he has spoken with people from Cascade Mental Health and Lewis County Public Health and there has been talk of forming a **suicide** coalition in the county.

Coalitions, however, require funding, so McLeod said they are looking at possible grants. They have also talked about doing public forums in both ends of the county to address the issue.

"I am not sure how much we can do," he said.

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**ACC-NO:** 20140911-1CE-Suicide-Rates-Up-in-Both-State-and-County-0911-20140911

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** 1CE

**SUBJECT:** SUICIDE (96%); CORONERS COURTS & OFFICES (90%); TEEN SUICIDE (89%); PUBLIC HEALTH ADMINISTRATION (88%); DEATHS & DEATH RATES (78%); POPULATION SIZE (78%); MENTAL HEALTH (78%); DEATHS (78%); COUNTIES (78%); TRENDS (78%); PREVENTION & WELLNESS (68%); DISEASES & DISORDERS (67%); MENTAL HEALTH PRACTICE (60%); MIDDLE & JUNIOR HIGH SCHOOLS (60%); STUDENTS & STUDENT LIFE (60%)

**INDUSTRY:** General

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** September 12, 2014

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USNEWS.com

**May** 21, 2013 Tuesday

**Study: Suicidal Thoughts Are 'Contagious' in Teens**

**BYLINE:** Jason Koebler

**SECTION:** NEWS Vol. No.

**LENGTH:** 437 words

**HIGHLIGHT:** Up to 13 percent of suicides could be "copycat," as a result of "suicide clustering"

A new study suggests that suicidal thoughts are "contagious," especially among young adolescents.

Researchers had long observed, a **suicide** "copycat" effect, which predicts an increase in **suicides** after a single high-profile **suicide**. Some studies have suggested up to 13 percent of **suicides** are copycat **suicides** that can be explained by "**suicide** clustering."

[**REPORT:** No Link Between Deployment, **Suicide** in Military]

But a study published Tuesday in the Canadian Medical Association Journal suggests a **suicide** doesn't have to be highly publicized in order to cause an impact in others.

The study found students 12-13 years old who had a classmate that committed **suicide** were nearly five times as likely to have thoughts of **suicide** than someone who had never had a classmate kill themselves. Nearly a quarter of 16-17-year-olds studied had a classmate that committed **suicide**: 15.1 percent of those students said they had thought of **suicide**, compared to 7.4 percent of students who didn't have a classmate who had killed themselves. The study found similar effects for people who had actually attempted **suicide**. The effects seem to last for at least two years following a **suicide**.

"The idea that **suicide** is contagious has always been controversial for various reasons; however, this important study should put many, if not all, doubts to rest," India Bohanna, a researcher studying **suicide** at Australia's James Cook University wrote in an analysis of the paper. "It provides convincing evidence that, among young people, exposure to **suicide** is a risk factor for future suicidal behavior."

[**HEALTH:** U.S. Officials Launch New Strategy to Prevent **Suicide**]

Before performing the research, study lead author Sonja Swanson of Harvard School of Public Health, expected to find an increase in suicidal thoughts among students who personally knew someone who had committed **suicide**. Many schools offer "postvention" therapy for students who are close to a person who has killed themselves in an effort to prevent a second **suicide**. But the data suggests a teen doesn't have to be particularly close to someone who has killed themselves to be affected.

"**Suicide** death of a schoolmate was a stronger predictor of suicidality outcomes than **suicide** by someone personally known, perhaps because the death of a peer resonates with youth more than the death of a close adult," according to the study. "Thus, it may be best for postvention strategies to include all students rather than target close friends."

**More News:**

--*Do Rich Neighbors Cause* ***Suicide****?*

--*Anti-Gay Bullying Tied to Teen Depression,* ***Suicide***

--*Obama Planning June 3 Mental Health Conference*

**GRAPHIC:** Picture, Students who have had a classmate commit suicide are more likely to contemplate suicide themselves, according to a new study., (iStockPhoto)

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Web Publication

**SUBJECT:** SUICIDE (93%); RESEARCH REPORTS (91%); TEEN SUICIDE (90%); STUDENTS & STUDENT LIFE (90%); ADOLESCENTS (90%); PUBLIC HEALTH ADMINISTRATION (78%); INFECTIOUS DISEASE (78%); DEPRESSION (78%); WRITERS (76%); MENTAL HEALTH (73%); CONFERENCES & CONVENTIONS (73%); ASSOCIATIONS & ORGANIZATIONS (56%)

**COUNTRY:** AUSTRALIA (79%); UNITED STATES (79%)

**LOAD-DATE:** May 22, 2013

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The Ottawa Citizen

**May** 30, 1994, Monday, FINAL EDITION

**Teen suicides don't spawn imitations among friends of victims, psychiatrist says**

**BYLINE:** PITTSBURGH POST-GAZETTE

**SECTION:** CITYLIFE; Pg. B2

Contradicting assumptions that teenage **suicides** may prompt copycat **suicides** by friends, a Pittsburgh psychiatrist says a teen **suicide's** friends and acquaintances are not likely to imitate him.

David Brent of Western Psychiatric Institute and Clinic says parental concern had arisen since the early 1980s about "adolescent cluster **suicides** as waves of teenagers who live in the same town have committed **suicide** within days or months of each other.

But Brent says a study he led of teen **suicides** in southwestern Pennsylvania found that friends and acquaintances of teens who killed themselves did not become more likely to attempt **suicide**.

"There are serious effects of exposure to **suicide** in the friends of the **suicide** victims, says Brent, director of the institute's Services for Teens at Risk program.

"Almost a third of them become depressed, but they don't imitate the **suicide**. That probably occurs in teens more distantly connected to the **suicide** victim.

His study found that teenagers with a peer who killed himself were three times more likely than other teens to suffer a prolonged major depression, post-traumatic stress disorder that made them jittery, and increased drug and alcohol abuse.

They were also more prone to thinking about -- and even planning -- their own **suicides**.

But, based on anecdotal responses from the study, the youngsters closest to the dead teenager did not carry out their own suicidal plans, because they were exposed not only to the **suicide** but to the painful after-effects on the victim's family and friends, says Brent.

Teens who don't know a **suicide** may be more likely to imitate the **suicide** precisely because they don't see those effects on people close to the **suicide** victim, he reasons.

When a teenager kills himself, "kids who are known to have pre-existing problems should be screened in school -- regardless of their closeness to the **suicide** victim -- because they are the most vulnerable, says Brent.

"In kids who have been exposed to **suicide**, one should take their symptoms of depression seriously and not just pass it off as normal bereavement, because many of them do have prolonged difficulties.

**COUNTRY:** UNITED STATES (88%);

**STATE:** PENNSYLVANIA, USA (88%);

**CITY:** PITTSBURGH, PA, USA (88%);

**SUBJECT:** SUICIDE (97%); ADOLESCENTS (95%); TEEN SUICIDE (94%); DEPRESSION (89%); MENTAL ILLNESS (78%); POST TRAUMATIC STRESS DISORDER (78%); CHILDREN (70%); RISK MANAGEMENT (69%); SUBSTANCE ABUSE (66%); ALCOHOL ABUSE & ADDICTION (51%);

**LOAD-DATE:** June 2, 1994

**LENGTH:** 363 words

**LANGUAGE:** ENGLISH

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The Herald (South Africa)

**April** 27, 2011 Wednesday

**Busting myths [suicide]**

**SECTION:** HEALTH

**LENGTH:** 172 words

Busting myths

THE South African Depression and Anxiety Group has issued a list of common **suicide** myths.

Myth:

If someone talks about **suicide** they are unlikely to harm themselves.

TRUTH:

Many people who die by **suicide** have communicated their plans before their death.

Myth:

**Suicide** is always an impulsive act.

TRUTH:

Many people who commit **suicide** have contemplated taking their own life before the act.

Myth:

**Suicide** is a natural response to stress.

TRUTH:

**Suicide** is an abnormal outcome to stress.

Myth:

People who are really at risk of **suicide** are not ambivalent about completing the act.

TRUTH:

Many people who attempt or commit **suicide** struggle with their conviction to die.

Myth:

Someone who is smart and successful would never commit **suicide**.

TRUTH:

Suicidal thoughts are often kept secret.

Myth:

Talking about **suicide** with a depressed person will probably cause them to commit **suicide**.

TRUTH:

Many depressed people who have suicidal thoughts or plans are relieved when someone knows about them and is able to help them.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** Herald

**SUBJECT:** SUICIDE (96%); MENTAL ILLNESS (90%); DEPRESSION (88%) Suicide

**LOAD-DATE:** April 30, 2011

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Newcastle Herald (Australia)

**September** 10, 2011 Saturday

First Edition

**Suicide prevention is everybody's business;**

**OPINION & ANALYSIS**

**BYLINE:** Kate Munro.

**SECTION:** NEWS; Pg. 19

**LENGTH:** 405 words

Take time to listen to individual stories, writes Kate Munro. TODAY is World **Suicide** Prevention Day. It is held on September 10 each year and provides an opportunity to discuss **suicide** prevention openly and respectfully.

What it really does is allow our community to be brave and to actually say the word **suicide**. Journalist and author Kate Legge was the guest speaker at a Lifeline Newcastle and Hunter event on Thursday to honour World **Suicide** Prevention Day. She reminded us that it was not that long ago that the community didn't say the "Big C" (cancer) word. We have certainly come a long way with some health issues, but, sadly, stigma and taboo still exists around the issues of mental health and **suicide**. By making **suicide** prevention everybody's business, we too can change attitudes and connect with those in need in our own community. The value in listening to every individual's story - whether that is someone who is having thoughts of **suicide** or those bereaved by **suicide** - has become clear to me since I began managing the **Suicide** Prevention Service at Lifeline Newcastle and Hunter. While I welcome all opportunities to engage responsibly in a conversation about **suicide** prevention, it is when I work with individuals and families that I realise **suicide** is everybody's business and as a community we need to feel safe to talk about this complex issue. **Suicide** is a tough, confronting subject to talk about. It is sobering, serious and saddening. Understanding when, how, why and who should talk about **suicide** is important. Being able to go out into our community and provide opportunities for people to explore this complex issue via training programs such Livingworks Applied **Suicide** Intervention Skills Training, allows for appropriate discussions to occur. It also allows people to learn a valuable life skill in keeping someone with thoughts of **suicide** safe. As a community we need to recognise that a person who is vulnerable to the possibility of **suicide** does not have the emotional resources and support to cope with their challenges. Identifying and assisting those individuals who are vulnerable is an important element of **suicide** prevention. We need to be able to connect with those people with thoughts of **suicide** and those bereaved by **suicide**, by providing support, appropriate resources, care and listening. Kate Munro is the manager of the **Suicide** Prevention Service at Lifeline Newcastle and Hunter.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); WRITERS & WRITING (78%); MENTAL HEALTH (73%) Health/Death/Suicides

**COUNTRY:** AUSTRALIA (92%)

**REGION:** Australia; Hunter; Newcastle

**LOAD-DATE:** September 11, 2011

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Chicago Daily Herald

**May** 4, 2011 Wednesday

C1 Edition

**It Only Takes One...**

**SECTION:** SPECIAL SECTIONS; Pg. 7

**LENGTH:** 364 words

Taking aim at preventing **suicide** and showing support for survivors and those who have attempted **suicide**, Mental Health America of Illinois' statewide **suicide** prevention campaign, "It Only Takes One," is breaking the code of silence.

For campaign information, visit www.ItOnlyTakesOne.org, a resource for information, support, education and shared information bringing together educators, **suicide** prevention specialists, law enforcement officials, family members and survivors of **suicide**.

The site's Violet Registry wall includes a listing of people in Illinois who support **suicide** prevention, and listings in memory of people lost to **suicide**, in support of a survivor of **suicide** or in support of It Only Takes One.

"Our hope is to get people talking about **suicide** and **suicide** prevention by giving it a face and a name,"says Carol Gall, Mental Health America of Illinois executive director. The Violet Registry draws its name from Illinois' state flower, which illustrates the beauty of life and the promise of new beginnings for those affected by **suicide**.

"Our message is that it may take only one phone call, one glimpse of hope, one inspirational song, one helping hand or one friend to make a difference when someone is contemplating **suicide**," says Gall. "That action could disrupt a trigger or become a pausing point."

Gall, who has served since 2006 as co-chair of the Illinois **Suicide** Prevention Alliance, a legislatively appointed group representing state agencies, nonprofit organizations and other key stakeholders that focus on the prevention of **suicide**, says the multi-phased campaign drives home the message that community can make a difference.

"There is a need to reach out and bring together survivors of **suicide**, those who may have attempted **suicide**, advocates and professionals in the field," Gall explains.

In 2004, MHAI was an integral partner in advocating for the creation of the **Suicide** Prevention, Education and Treatment Act and directed the Illinois Department of Public Health to appoint an advisory board entitled the Illinois **Suicide** Prevention Alliance.The Alliance is charged with oversight of the implementation of the Illinois **Suicide** Prevention Strategic Plan.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL HEALTH (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); HEALTH DEPARTMENTS (78%); US STATE GOVERNMENT (78%); NONPROFIT ORGANIZATIONS (78%); STRATEGIC PLANNING (69%); EXECUTIVES (68%); PUBLIC HEALTH ADMINISTRATION (66%); LAW ENFORCEMENT (56%)

**STATE:** ILLINOIS, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** May 6, 2011

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Chicago Daily Herald

**May** 4, 2011 Wednesday

C1 Edition

**It Only Takes One...**

**SECTION:** SPECIAL SECTIONS; Pg. 7

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL HEALTH (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); HEALTH DEPARTMENTS (78%); US STATE GOVERNMENT (78%); NONPROFIT ORGANIZATIONS (78%); STRATEGIC PLANNING (69%); EXECUTIVES (68%); PUBLIC HEALTH ADMINISTRATION (66%); LAW ENFORCEMENT (56%)

**STATE:** ILLINOIS, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** May 6, 2011

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The Gold Coast Bulletin (Australia)

**September** 6, 2007 Thursday

Main Edition

**Danger lies in;**

**sensationalism**

**BYLINE:** Robyn Wuth

**SECTION:** Pg. 34

**LENGTH:** 764 words

CROSSFIRE

Yesterday, Ross Eastgate argued it was time to report **suicides** publicly in order to save lives. Today, Robyn Wuth argues that to do so could backfire on society's most vulnerable.

IT would be easy to publicise **suicide**. Even easier to sensationalise it.

The media could go into the gory details - readers love gory details as much as rubberneckers at a car accident.

The media could come up with a string of arguments that the reporting was responsible, raised community awareness, that it

actually helped others by talking about the elephant in the room.

But weigh that argument against the real risk of copycat **suicides** and any possible benefit is a terrible gamble.

And there is debate about whether reporting **suicides** would help at all.

There's a good reason the media must be sensitive about reporting **suicides**.

Reliable Australian research shows reporting of **suicide** can have an impact on vulnerable people, people who already harbour such thoughts.

In some cases, reporting of **suicide** has been linked to increased rates of actual **suicide**.

A major 1995 study of coverage in Australian newspapers found rates of male **suicide** increased after reports of **suicide**, peaking on the third day after the story appeared.

Higher rates of **suicide** have been reported during periods when **suicide** stories are run in newspapers.

Higher rates of **suicide** have sometimes been recorded after celebrity **suicides** receive front-page coverage.

Hollywood heart-throb Owen Wilson's attempt to take his life remains one on the most popular searches on the internet more than a week after the incident.

Should his attempted **suicide** have been reported? He's just a man clearly struggling to cope.

Under the guise of 'celebrity' and the public's 'right to know', we now know the comic reportedly slashed his wrists and took a cocktail of pills, apparently devastated over his break-up with actress Kate Hudson.

The star has begged for privacy to 'heal in private' after media reports claimed he was taken to hospital over a **suicide** attempt.

Do the reports benefit or titillate the public?

A quick internet search reveals hundreds of pages covering the tragic **suicide** attempt.

Not one page I viewed carried a warning, or was tagged with a **suicide** help-line.

A 1984 US study found a significant increase in the **suicide** rate in months in which front-page articles were published on celebrity **suicides**.

Higher rates of **suicide** by a particular method have been found to follow the appearance of newspaper stories on a **suicide** by such methods.

The number of subway **suicides** and **suicide** attempts in Vienna dropped after the introduction of media guidelines led to less frequent reporting of **suicides** in these locations.

It's not just newspapers. Studies have found rates of **suicide** increase after television news reports of **suicide**.

A 1982 American study found the national **suicide** rate increased for a period of 10 days after a news story on **suicide**.

Increases in teenage **suicides** have also been recorded following news stories on **suicide** in international studies. Coverage of **suicide** of elderly people has also been linked to higher levels of **suicide** by older people.

Several studies have found the number of attempted **suicides** increased following the broadcast of a television movie or soap opera depicting **suicide**.

There is also evidence the way **suicide** is reported can reduce **suicide** rates.

Reporting that positions **suicide** as a tragic waste and an avoidable loss, and focuses on the devastating impact of the act on others has been linked to reduced rates of **suicide**.

For example, a 1997 Australian study of reporting of Kurt Cobain's **suicide** in a range of media found rates of **suicide** among 15 to 24-year-olds fell during the month after Cobain's death because media coverage of Cobain's death was highly critical of his decision to **suicide**.

There are those who would scoff at such statistics and claim it is rubbish, but it is the vulnerable who are most at risk.

There is no doubt depression is a major cause of suicidal behaviour. Of those who do kill themselves, many have experienced major depression or bipolar disorder.

Research shows about 20 per cent of Australians are affected by some form of mental disorder at some time in their lives.

**Suicide** is the main cause of premature death among people with mental illness.

More than 10 per cent of those affected kill themselves within the first 10 years of diagnosis.

For every person who kills themselves, there are at least another 30 people who attempt **suicide**.

More than 2000 Australians die from **suicide** every year. The media cannot be careful enough not to add to that figure.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** GCB

**SUBJECT:** SUICIDE (94%); CELEBRITIES (89%); FREEDOM OF PRESS (77%); MEN'S HEALTH (73%); ACTORS & ACTRESSES (70%); SEARCH ENGINES (68%); TELEVISION PROGRAMMING (67%); MEN (66%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** September 6, 2007

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Sunday Mail (Queensland, Australia)

**March** 22, 1998, Sunday

**Alcohol a factor**

**SOURCE:** QNP

**BYLINE:** MAHER S

**SECTION:** NEWS; Pg. 22

**LENGTH:** 249 words

ALMOST half the people who commit **suicide** in Queensland had been drinking alcohol, a ground-breaking **suicide** study has found.

The **Suicides** in Queensland study by Griffith University's Australian Institute for **Suicide** Research and Prevention found 43 percent of **suicide** victims who had been tested for blood-alcohol content had been drinking before taking their own lives.

Institute founding director Associate Professor Dr Pierre Baume said the study's findings that alcohol was present in almost 50 percent of **suicide** cases were consistent with other studies into **suicide**.

Prof Baume said binge drinking was a major circumstance in many **suicides**.

However, about 700 **suicide** victims during the period were not tested for blood-alcohol content.

The study also expressed concern about the use of paracetamol and antidepressants in **suicide**.

Paracetamol was used in 13 percent of overdose deaths and 20 percent were associated with antidepressants. But the study said the high proportion of antidepressants found in overdose deaths could have been attributed to the fact the victims had been under treatment for depression.

The study found unemployed people had the highest rates of **suicide** for males at 86 per 100,000. Of those who were employed, labourers (33.8 **suicides** per 100,000), managers (27.9 per 100,000) and salespeople (25.4 per 100,000) had the highest **suicide** rates.

The study said there were 27 murder-**suicides** in Queensland in the 1990-95 study period.\_ SID MAHER

**SUBJECT:** SUICIDE (96%); DRIVING WHILE INTOXICATED (90%); ANTIDEPRESSANTS (90%); DEATHS (78%); SUBSTANCE ABUSE (78%); ALCOHOLIC BEVERAGES (78%); RESEARCH REPORTS (78%); RESEARCH INSTITUTES (78%); UNEMPLOYED PERSONS (78%); DEATHS & DEATH RATES (77%); COLLEGE & UNIVERSITY PROFESSORS (77%); MURDER (75%); ALCOHOL ABUSE & ADDICTION (73%); DEPRESSION (73%); UNEMPLOYMENT RATES (72%);

**STATE:** QUEENSLAND, AUSTRALIA (91%);

**COUNTRY:** AUSTRALIA (94%);

**LOAD-DATE:** March 1, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** SML

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Daily Balochistan Express

**September** 10, 2014 Wednesday

**World Suicide Prevention Day on Wednesday**

**LENGTH:** 356 words

World **Suicide** Prevention Day will be observed on Wednesday (September 10) to promote worldwide action to prevent **suicides**.

Various events and activities are held on the occasion to raise awareness that **suicide** is a major preventable cause of premature death.

World **Suicide** Prevention Day gives organizations, government agencies and individuals a chance to promote awareness about **suicide**, mental illnesses associated with **suicide**, as well as **suicide** prevention.

Organizations such as the International Association for **Suicide** Prevention (IASP) and World Health Organization (WHO) play a key role in promoting this event.

The theme for 2014 is "**Suicide** Prevention: One World Connected". Studies have shown that social isolation can increase the risk of **suicide** and, conversely, that having strong human bonds can be protective against it.

Nearly 3000 people on average commit **suicide** daily, according to WHO. For every person who completes a **suicide**, 20 or more may attempt to end their lives.

About one million people die by **suicide** each year across the globe.

WHO's role is to build political action and leadership to develop national responses to prevent **suicide**, strengthen national planning capacity to establish the core building blocks of such a national response, and build the national capacities to implement these responses.

The WHO analyzed 10 years of research and data on **suicide** from around the world, involving 172 countries. It was found out that around 800,000 people kill themselves every year.

It was the 15th leading cause of death for 2012 all over the world; second among young people, aged 15 to 29.

The WHO aims to reduce the rate of **suicide** by at least 10 percent by 2020.

Despite the staggering statistics, only 28 countries have policies that aim to reduce **suicide** rates.

It is encouraged that all governments should set up national prevention plans for early identification and management of people who abuse drugs and people with mental illness.

Doing so is a major challenge especially in the case of low-income countries where budget is tight and people are more vulnerable to a string of pressures because of poverty.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); TEEN SUICIDE (89%); MENTAL ILLNESS (89%); DEATHS (78%); PUBLIC HEALTH ADMINISTRATION (77%); HEALTH DEPARTMENTS (77%); DEATHS & DEATH RATES (77%); EVENT MARKETING (73%); SUBSTANCE ABUSE (73%); UNITED NATIONS INSTITUTIONS (70%); POVERTY & HOMELESSNESS (61%)

**CITY:** ISLAMABAD

**LOAD-DATE:** September 10, 2014

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Daily The Pak Banker

**September** 9, 2014 Tuesday

**World Suicide Prevention Day on Wednesday**

**LENGTH:** 370 words

**DATELINE:** ISLAMABAD

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); TEEN SUICIDE (89%); MENTAL ILLNESS (89%); DEATHS (78%); PUBLIC HEALTH ADMINISTRATION (77%); HEALTH DEPARTMENTS (77%); DEATHS & DEATH RATES (77%); EVENT MARKETING (73%); SUBSTANCE ABUSE (73%); UNITED NATIONS INSTITUTIONS (70%); LOW INCOME PERSONS (61%); POVERTY & HOMELESSNESS (61%) National

**LOAD-DATE:** September 10, 2014

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The Irish Times

**October** 2, 2009 Friday

**Concern at reporting of murder-suicides**

**BYLINE:** ALISON HEALY

**SECTION:** IRELAND; Other Stories; Pg. 4

**LENGTH:** 310 words

GUIDELINES TO encourage the responsible reporting of **suicide** by the media have been updated to include advice on the reporting of murder-**suicide** and so-called copycat **suicides**.

The guidelines from the Samaritans and the Irish Association of Suicidology also include information on working with bereaved families, understanding **suicide** and the online treatment of **suicide** topics.

There have been a number of murder-**suicides** in recent years, all of which generated significant media coverage. The guidelines say there is evidence that the reporting of murder-**suicide** can lead to copycat events.

Great care must be taken to have a balanced approach to reporting these very tragic events, the guidelines state. For elements of the media, they seem to provide a licence to indulge in idle speculation, misinformation and wild fantasy.

They express major concern at the way survivors and extended families who are still in shock can be exploited by the media to make good television and news stories .

On copycat **suicides**, the guidelines point out that up to 13 per cent of teenage **suicides** occur in clusters. They say that certain ways of describing **suicide** in the news contribute to copycat **suicides**.

They note a newspaper report in Hong Kong that gave a detailed description of the method used by a person who died by **suicide**. Within three years, the number of **suicides** using that method had increased from zero to 10 per cent.

In another case, a German television series that depicted the railway **suicide** of a young man at the start of each episode was blamed for a 175 per cent rise in railway **suicides** in young people during and after the series.

The guidelines advise against giving explicit details of the **suicide** method used and say that the media should avoid giving simplistic explanations for **suicide**.

The Samaritans can be contacted at 1850 609090.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MURDER (91%); NEWS REPORTING (90%); TEEN SUICIDE (78%); ADOLESCENTS (78%); TELEVISION PROGRAMMING (76%); FAMILY (72%)

**COUNTRY:** HONG KONG (70%); IRELAND (57%)

**LOAD-DATE:** October 2, 2009

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The Dominion Post (Wellington, New Zealand)

**August** 2, 2006 Wednesday

**Suicide admissions rise, but deaths fall**

**BYLINE:** RUSCOE Kim

**SECTION:** NEWS; NATIONAL; Pg. 5

**LENGTH:** 292 words

FEWER people are dying by their own hand but more are ending up in hospital after attempting **suicide**, new figures show.

**Suicide** Trends, released by the Health Ministry yesterday, details patterns in **suicide** and attempts over the 20 years from 1983 to 2003.

While self-inflicted deaths rose from 465 in 2002 to 526 in 2003, three-yearly averages show **suicide** death rates have dropped by 15 per cent since the mid to late 1990s.

However, the number of people being admitted to hospital for **suicide** attempts has increased nearly 24 per cent since the mid-1980s.

Canterbury **Suicide** Project principal investigator Annette Beautrais said the figures indicated better treatment for suicidal people. While available data did not include medical information, the most likely explanation was that more people were being admitted for a full psychiatric assessment and management plan following **suicide** attempts.

According to the **Suicide** Trends report, 25 to 34-year-olds had the highest rate of **suicide**, with men three times more likely to kill themselves than women. However, women were more likely than men to be hospitalised for **suicide** attempts.

Maori, especially men under 35 years, and those living in low socioeconomic areas had the highest **suicide** rates.

Associate Health Minister Jim Anderton said there was no room for complacency, despite declining **suicide** rates. "When you see the increase in attempted **suicides** . . . you know there is still much to be done."

A 10-year **suicide** prevention strategy, announced in June, aims to cut **suicide** and attempted **suicide** rates in all age groups. A five-year action plan to implement stage one of the strategy is to be released next year.

A **suicide** research network and national depression initiative is also to be established.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); DEATHS (90%); TRENDS (90%); PUBLIC HEALTH ADMINISTRATION (90%); HEALTH DEPARTMENTS (90%); HEALTH CARE POLICY (90%); INVESTIGATIONS (89%); DEATHS & DEATH RATES (78%); DEPRESSION (78%); MENTAL ILLNESS (78%); PSYCHIATRY (74%); PREVENTION & WELLNESS (73%); DEMOGRAPHIC GROUPS (67%) STATISTICS; SUICIDE

**LOAD-DATE:** August 2, 2006

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American Journalism Review

December, 2002

**Media Tips**

**SECTION:** Pg. 47

**LENGTH:** 307 words

The American Foundation for **Suicide** Prevention, the American Association of Suicidology and the Annenberg Public Policy Center of the University of Pennsylvania released "Reporting on **Suicide:** Recommendations for the Media" in August 2001. Here are excerpts of the report's suggestions and tips for journalists.

Descriptions of **suicide** in the news that contribute to copycat **suicides:**

\* Inadvertently romanticizing **suicide** or...portraying **suicide** as a heroic or romantic act may encourage others to identify with the victim.

\* Exposure to **suicide** methods through media reports can encourage vulnerable individuals to imitate it.

\* Presenting **suicide** as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.

\* Celebrity deaths by **suicide** are more likely than non-celebrity deaths to produce imitation... [I]t is important not to let the glamour of the individual obscure any mental health problems or use of drugs.

\* Research has shown that the use in headlines of the word **suicide** or referring to the cause of death as self-inflicted increases the likelihood of contagion.

Information the media should include:

\* Conveying that effective treatments for most of these conditions are available (but underutilized) may encourage those with such problems to seek help.

\* Acknowledging the deceased person's problems and struggles as well as the positive aspects of his/her life or character contributes to a more balanced picture.

Stories to consider covering:

\* Trends in **suicide** rates

\* Recent treatment advances

\* Individual stories of how treatment was life-saving

\* Stories of people who overcame despair without attempting **suicide**

\* Myths about **suicide**

\* Warning signs of **suicide**

\* Actions that individuals can take to prevent **suicide** by others

**SUBJECT:** SUICIDE (99%); MENTAL ILLNESS (78%); TRENDS (77%);

**ORGANIZATION:** UNIVERSITY OF PENNSYLVANIA (84%); AMERICAN FOUNDATION (59%);

**COMPANY:** AMERICAN ASSOCIATION (59%); UNIVERSITY OF PENNSYLVANIA (84%); AMERICAN FOUNDATION (59%);

**LOAD-DATE:** December 23, 2002

**LANGUAGE:** ENGLISH

Copyright 2002 American Journalism Review

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Defense Department Documents and Publications

**July** 22, 2014

**Department of Defense Releases Fourth Quarter Suicide Information**

**SECTION:** DEPARTMENT OF DEFENSE RELEASES - NEWS RELEASES

**LENGTH:** 188 words

Release No: NR-386-14

July 22, 2014

Department of Defense Releases Fourth Quarter **Suicide** Information

In its efforts to better understand **suicide** among all its components, the Department of Defense released its first quarterly **suicide** report (QSR), today, for the four quarters of 2013. The report summarizes **suicide** counts and annual rates for the active component, reserves, and National Guard. Additionally, the QSR shows calendar year 2013 quarterly **suicide** counts, annual **suicide** counts, and annual **suicide** rates for each of the services. It also reports 2012 annual counts and annual rates as published in the department's 2012 **Suicide** Event Report (DoDSER) annual report.

The Department of Defense considers one loss to **suicide** too many, and will continue to do everything possible to prevent **suicide** in our military. The QSR is intended to communicate the department's **suicide** data on a routine and frequent basis. A breakdown of 2013 **suicide** counts by quarter and resources for service members and their families, who may be facing challenges, can be found at: http: //www.suicideoutreach.org/SuicideData/QuarterlyReports.aspx

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Transcript

**JOURNAL-CODE:** DDD

**SUBJECT:** DEFENSE DEPARTMENTS (90%); STATISTICS (90%); SUICIDE (90%); ANNUAL REPORTS (77%); MILITARY DEPENDENTS (67%)

**LOAD-DATE:** July 22, 2014

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THE KOREA HERALD

**March** 15, 2002, Friday

**The more sunshine, the more suicides**

**BYLINE:** By Lee Jae-hee Staff reporter

**LENGTH:** 358 words

The **suicide** rate in Seoul increased in proportion to the amount of sunshine last year, the Seoul Fire and Disaster Management Department said in a report yesterday.

The **suicide** rate was lowest in the winter but gradually increased in the spring, when there is more sun, and reached its peak in the summer, according to the report.

The number of **suicides** and **suicide** attempts increased to 2,610 cases last year from 2,517 in 2000. But those dead declined to 136 people from 152, whereas casualties rose to 2,321 from 2,110.

By season, the number of **suicides** and **suicide** attempts increased in March (241 cases), peaked in July (263 cases), conspicuously declined in October (191 cases) and hit the bottom in December (154 cases).

The **suicide** rate by season in 2000 showed a similar trend with that of last year, the department said. The trend corresponds to the recent report by Harvard University, which stated that sunshine induces **suicide**, it said. The university obtained this result after comparing the **suicide** rate in some 20 countries with the amount of monthly sunshine.

The decline in the number of dead people despite the increased **suicide** cases is attributed to the drop in the number of people who fell off bridges into the Han River, which decreased to 137 from 154. On the other hand, the rate of **suicide** committed inside homes increased. Hanging and cutting arteries declined, whereas drug poisoning increased to 1,229 cases from 1,008.

By sex, women committed more **suicides** than men, as in 2000, accounting for 1,401 cases compared with 1,209 cases. By age, **suicide** rate of female teenagers was more than twice that of male teens, while the **suicide** rate of women in their 20s greatly exceeded that of their male counterparts.

But the gap in **suicide** rate narrowed between women and men in their 30s, and the **suicide** rate of men in their 40s outpaced that of women of the same age.

Meanwhile, the highest number of **suicides** was committed in 1998, when Korea was hit by the financial crisis, at 3,003 cases. With the recovery of the domestic economy, the number of **suicide** cases plunged to 2.

(jhl@koreaherald.co.kr)

**SUBJECT:** SUICIDE (95%); TRENDS (90%); RESEARCH REPORTS (90%); TEEN SUICIDE (89%); ECONOMIC RECOVERY (78%); DEATHS (73%); POISONINGS (73%); ECONOMIC CRISIS (60%);

**ORGANIZATION:** HARVARD UNIVERSITY (56%); HARVARD UNIVERSITY (56%);

**COUNTRY:** KOREA, REPUBLIC OF (91%);

**CITY:** SEOUL, KOREA, REPUBLIC OF (91%);

**COMPANY:** HARVARD UNIVERSITY PRESS (56%); HARVARD UNIVERSITY (56%); HARVARD UNIVERSITY (56%);

**LOAD-DATE:** March 14, 2002

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The Press (Christchurch, New Zealand)

**February** 24, 2006 Friday

**Firearms laws help reduce suicides**

**BYLINE:** STEERE Mike

**SECTION:** NEWS; NATIONAL; Pg. 4

**LENGTH:** 291 words

A Canterbury **suicide** expert says strict firearms regulations introduced in the 1990s have helped greatly to reduce **suicides** involving guns.

**Suicide** was a main focus of the third day of the international firearms safety seminar being held in Christchurch yesterday.

Canterbury **Suicide** Project head Dr Annette Beautrais told the seminar that **suicides** by firearms had decreased by 46 per cent since the 1992 Arms Amendment Act.

The act introduced photographic licences with more stringent safety testing, checks on the behaviour of the licence applicant and stricter rules about the securing and storage of guns.

Beautrais said firearms **suicides** for 15 to 24 year-olds had decreased by 66% in the same period.

"This research clearly demonstrates that tighter gun laws in New Zealand have saved lives when it comes to **suicide** attempts," she said.

However, 2003 **suicide** figures released this week showed a 10% jump in the total number of **suicides**.

Beautrais said restricting access to methods of **suicide** was the second-most effective way of preventing **suicides**.

The most effective was improving the training of medical professionals in identifying at-risk patients.

New Zealand's decline in firearm **suicides** to about 10% of all **suicides** was very positive when compared to the United States, where about 60% of all **suicides** were firearm-related.

Lifeline Canterbury clinical manager Fiona Robertson said support organisations also played a critical role in preventing **suicides**.

Meanwhile, addresses from American speakers John Lott and Mark Barnes went ahead without any disruption at the seminar yesterday. The possibility of a protest had arisen after Green MP Keith Locke publicly opposed the presence of several of the speakers labelling them pro-gun lobbyists.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); FIREARMS (93%); GUN CONTROL (92%); CONFERENCES & CONVENTIONS (77%); LICENSES & PERMITS (71%) FIREARMS; SUICIDE; STATISTICS; LEGISLATION; CONFERENCES; CHRISTCHURCH CITY

**CITY:** CHRISTCHURCH, NEW ZEALAND (88%)

**COUNTRY:** NEW ZEALAND (92%); UNITED STATES (92%)

**LOAD-DATE:** February 24, 2006

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Arnprior Chronicle-Guide

**October** 13, 2011 Thursday

Final Edition

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**BYLINE:** Blair Edwards

**SECTION:** NEWS; Pg. 1

**LENGTH:** 294 words

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Canada is the only G-8 country without a national **suicide** prevention strategy.

The Canadian Association for **Suicide** Prevention is working on preparing a national **suicide** prevention strategy.

"I think it's starting to gain some weight and some support around the families," says Charette.

"We've had a blueprint for many, many years," says Rene Ouimet, a director of the Canadian Mental Health Association and a member of the Canadian Association of **Suicide** Prevention.

Canada needs a body to co-ordinate **suicide** prevention programs across the country, said Ouiment.

"We keep lobbying," she said.

The Canadian Association of **Suicide** Prevention released a **suicide** prevention strategy in 2004.

The objectives of the strategy include: Promote awareness across the country that **suicide** and suicidal behaviour is everyone's problem and is preventable.

Increase the number of employers and volunteer groups that have **suicide** prevention, intervention and post-intervention programs.

Promote understanding that "breaking the silence surrounding **suicide** increases realistic opportunities to save lives and to reduce suffering.

Launch an anti-stigma campaign.

Reduce the availability and lethality of **suicide** methods (such as guns).

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**ORGANIZATION:** M I N D (56%)

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**STATE:** ONTARIO, CANADA (73%)

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**LOAD-DATE:** October 14, 2011

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Kanata Kourier-Standard

**October** 13, 2011 Thursday

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Kemptville Advance

**October** 13, 2011 Thursday

Final Edition

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Ottawa South This Week

**October** 13, 2011 Thursday

Final Edition

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Perth Courier Weekender

**October** 13, 2011 Thursday

Final Edition

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**SECTION:** NEWS; Pg. 1

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Renfrew Mercury Weekender

**October** 13, 2011 Thursday

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Smiths Falls This Week

**October** 13, 2011 Thursday

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**SECTION:** NEWS; Pg. 1

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Stittsville Weekender

**October** 13, 2011 Thursday

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**SECTION:** NEWS; Pg. 1

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West Carleton Review

**October** 13, 2011 Thursday

Final Edition

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**SECTION:** NEWS; Pg. 1

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Your Ottawa Region

**October** 13, 2011 Thursday

Final Edition

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Promote understanding that "breaking the silence surrounding **suicide** increases realistic opportunities to save lives and to reduce suffering.

Launch an anti-stigma campaign.

Reduce the availability and lethality of **suicide** methods (such as guns).

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**ORGANIZATION:** M I N D (56%)

**CITY:** OTTAWA, ON, CANADA (73%)

**STATE:** ONTARIO, CANADA (73%)

**COUNTRY:** CANADA (91%)

**LOAD-DATE:** October 14, 2011

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Your Ottawa Region

**October** 13, 2011 Thursday

Final Edition

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**BYLINE:** Blair Edwards

**SECTION:** NEWS; Pg. 1

**LENGTH:** 294 words

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Right Vision News

**September** 10, 2014 Wednesday

**Pakistan: World Suicide Prevention Day on Wednesday**

**LENGTH:** 392 words

**DATELINE:** ISLAMABAD

ISLAMABAD, Sept. 10 -- World **Suicide** Prevention Day will be

observed on Wednesday (September 10) to promote worldwide action to

prevent **suicides**.

Various events and activities are held on the occasion to raise

awareness that **suicide** is a major preventable cause of premature death.

World **Suicide** Prevention Day gives organizations, government agencies

and individuals a chance to promote awareness about **suicide**, mental illnesses associated with **suicide**, as well as **suicide** prevention.

Organizations such as the International Association for **Suicide** Prevention (IASP) and World Health Organization (WHO) play a key role in promoting this event.

The theme for 2014 is "**Suicide** Prevention: One World Connected". Studies have shown that social isolation can increase the risk of **suicide** and, conversely, that having strong human bonds can be protective against it.

Nearly 3000 people on average commit **suicide** daily, according to WHO. For every person who completes a **suicide**, 20 or more may attempt to end their lives.

About one million people die by **suicide** each year across the globe.

WHO's role is to build political action and leadership to develop national responses to prevent **suicide**, strengthen national planning capacity to establish the core building blocks of such a national response, and build the national capacities to implement these responses.

The WHO analyzed 10 years of research and data on **suicide** from around the world, involving 172 countries. It was found out that around 800,000 people kill themselves every year.

It was the 15th leading cause of death for 2012 all over the world; second among young people, aged 15 to 29.

The WHO aims to reduce the rate of **suicide** by at least 10 percent by 2020.

Despite the staggering statistics, only 28 countries have policies that aim to reduce **suicide** rates.

It is encouraged that all governments should set up national prevention plans for early identification and management of people who abuse drugs and people with mental illness.

Doing so is a major challenge especially in the case of low-income

countries where budget is tight and people are more vulnerable to a string of pressures because of poverty

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); TEEN SUICIDE (89%); MENTAL ILLNESS (89%); DEATHS (78%); PUBLIC HEALTH ADMINISTRATION (77%); DEATHS & DEATH RATES (77%); HEALTH DEPARTMENTS (76%); EVENT MARKETING (73%); SUBSTANCE ABUSE (73%); UNITED NATIONS INSTITUTIONS (70%); MEDIA SYNDICATION (65%); LOW INCOME PERSONS (61%); POVERTY & HOMELESSNESS (61%)

**CITY:** ISLAMABAD, PAKISTAN (89%)

**COUNTRY:** PAKISTAN (92%)

**LOAD-DATE:** September 10, 2014

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Right Vision News

**September** 10, 2012 Monday

**Pakistan: 751 committed suicide in first six months**

**LENGTH:** 516 words

**DATELINE:** KARACHI

KARACHI, Sept. 10 -- The trend of committing **suicide** is on the rise in Pakistan as 751 cases of **suicide** were reported from January to June 2012 from across the country, said a statement issued by Madadgar National Helpline on Saturday.

Sharing the findings on the eve of World **Suicide** Prevention Day, the Madadgar National Helpline said that in the last six months 136 children, 303 women and 312 men took their own lives.

The data also revealed that as many as 32,762 people committed **suicide** in the country during the last 12 years (2001-12). The victims included 4,031 children, 11,752 women and 16,975 men.

The data was compiled from news reports published in various national and local newspapers.

However, Madadgar believes that the figures could be higher since the data it collected was based on the cases that were reported. "In many instances, the families of victims are reluctant to register cases of **suicide** or attempted **suicide**, as it is considered a social stigma," said the statement. It was found that men are more likely to commit **suicide** than women.

The data showed that there was a co-relation between poor socio-economic conditions and **suicides** in Pakistan. Domestic violence, poverty, insecurity, and hopelessness are the most common reasons for **suicide**. Poisoning, firearms, hanging, excess use of medicines or sleeping pills, use of insecticides and jumping from height are the most common methods of committing and attempting **suicide**.

Zia Ahmed Awan, president of the Lawyers for Human Rights and Legal Aid (LHRLA), regretted the rising incidents of **suicides** and attempted **suicides**.

He said the lack of basic civic facilities, dearth of resources, poorly established healthcare services and political instability made **suicide** prevention an alarming challenge in Pakistan.

Under Section 325 of the Pakistan Penal Code (PPC), attempt to commit **suicide** is punishable with simple imprisonment for a term of one year or with fine or both. **Suicide** is forbidden in Islam as well.

"Traditionally, **suicide** cases in Islamic societies remained very low but recently we see a sharp rise in **suicide** cases, which has become a major problem in Pakistan," Awan said.

Commenting on ways of controlling the epidemic, he said that collective efforts of families, civil society, the government, media, law enforcement agencies, healthcare and other related departments were needed in reducing the incidence of **suicide**.

"There is a dire need to develop and implement a community-based **suicide** prevention programme. A National **Suicide** Statistics should be compiled at government level and the government needs to develop policy frameworks for chalking out **suicide** prevention strategies."

Awan also said that the media could play a vital role in preventing **suicide**. "There is dire need to convey people who want to commit **suicide** to choose something other than ending their life to solve their problems. Published by HT Syndication with permission from Right Vision News. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TRENDS (90%); CHILDREN (89%); PREVENTION & WELLNESS (89%); FAMILY (89%); MUSLIMS & ISLAM (78%); LEGAL AID (78%); HUMAN RIGHTS (78%); DOMESTIC VIOLENCE (77%); DOMESTIC VIOLENCE PROGRAMS (77%); RESEARCH REPORTS (77%); MEN (76%); LAWYERS (74%); PUBLISHING (74%); MEDIA SYNDICATION (74%); DEATHS (73%); HEALTH CARE POLICY (69%); HEALTH CARE (68%); POVERTY & HOMELESSNESS (66%); INSECTICIDES (65%); CRIMINAL LAW (62%); RELIGION (61%); ECONOMIC NEWS (51%); LAW ENFORCEMENT (50%)

**CITY:** KARACHI,PAKISTAN (89%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** September 10, 2012

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The Bismarck Tribune

**November** 30, 2012 Friday

**Come out of the Dark Ages**

**BYLINE:** JANEEN NORLAND Bismarck

**SECTION:** OPINION; Pg. 10

**LENGTH:** 303 words

I am writing to address the ever increasing public health issue of **suicide**. Every 17 minutes in the U.S., someone's life is tragically ended by **suicide**. In North Dakota, a person dies by **suicide** nearly every four days.

The Out of the Darkness Community Walk to support **suicide** prevention and awareness in the Bismarck area was held Oct. 6 and the International Survivors of **Suicide** Day was observed Nov. 17. I applaud all those who walked to honor their loved ones. It was an incredibly powerful day of healing and fellowship.

I spoke at the walk in memory of our son, Josh, who died by **suicide** in 2008. As a survivor of **suicide** (what remaining family members and friends are called), I addressed the usage of the terminology "committed **suicide**." This language is judgmental and perpetuates the stigma associated with **suicide**. The public and the media do not realize the condemning connotation of that phrase and the pain it causes the family.

Our loved ones did not commit a crime - they were ill. They ended their lives out of agonizing pain, desperation and perceived hopelessness. That is how depression, bipolar disorder and anxiety disorder can lead to **suicide**.

Research has shown that 90 percent of those who die by **suicide** have a diagnosable psychiatric disorder at the time of their death. These underlying causes of **suicide** are treatable but often go unrecognized, untreated or under-treated as stated by the American Foundation for **Suicide** Prevention.

"Committed **suicide**" dates from the Dark Ages. It is time to come out of the darkness and use the phrase "died by **suicide**" instead. Please help educate one another and help erase the stigma.

The more we talk openly about **suicide** and advocate mental health education, the greater our chances are of saving a life. Thank you in advance for helping raise awareness.

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**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); EDITORIALS & OPINIONS (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (78%); FAMILY (78%); MENTAL HEALTH (78%); DISEASES & DISORDERS (78%); DEPRESSION (78%); BIPOLAR DISORDER (71%); ANXIETY DISORDERS (66%)

**CITY:** BISMARCK, ND, USA (90%)

**STATE:** NORTH DAKOTA, USA (90%)

**COUNTRY:** UNITED STATES (93%)

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Journal of Counterterrorism and Homeland Security International

**Summer 2014**

**Assessing The Evolving Threat of Suicide Terrorism**

**BYLINE:** Dr. Joshua Sinai.

Joshua Sinai is a Washington, DC-based consultant on counterterrorism studies. He is the author of "Active Shooter -- A Handbook on Prevention" (ASIS International, 2013). He can be reached at: Joshua.sinai@comcast.net

**SECTION:** Vol. 20 No. 2

**LENGTH:** 1758 words

The tactic of **suicide** terrorism has long been employed by certain types of terrorist groups, particularly (although not exclusively) those that are religiously-based, as an important modus operandi in their warfare. In recent times, **suicide** terrorism, which characterizes much of terrorist operations in regions such as the Middle East and Afghanistan/Pakistan, has expanded to include the Russian Federation, with the Caucasus Emirate (CE) and its affiliated groupings making worldwide headlines when they deployed cells of **suicide** operatives -- whether males or females known as "black widows" -- to detonate themselves prior to holding the Sochi Olympics in February 2014.

In response, an estimated 60,000 security personnel-strong 'ring of steel' was erected by Russian security services around the Olympic games' sites, which succeeded in deterring and foiling additional **suicide** bombing operatives from succeeding in their attacks, thereby depriving the perpetrating groups of the worldwide publicity they had sought for their cause.

With the tactic of **suicide** bombings continuing to be extensively employed against civilian and military targets in high intensity war zones such as Afghanistan, Iraq, Syria, and Yemen, what is the nature of **suicide** martyrdom bombings and how do they differ from 'conventional' terrorist tactics?

**Defining Suicide Terrorism**

**Suicide** terrorism is a premeditated tactic in warfare in which the attacker detonates an explosive that is strapped to one's body with the premeditated intention to kill himself (or herself) together with as many victims as possible, in order to spread fear and panic beyond the incident to the wider society, and coerce the targeted adversary to pay attention and concede to the perpetrating group's grievances and demands. The crucial element that differentiates the tactic of '**suicide'** from 'conventional' terrorist warfare is that in the former no escape is intended for the attacker who is deliberately recruited for that purpose, while, in the latter, although the attacker is aware that his death is likely, he still expects to be able to escape from the scene of the incident and resume warfare later on.

For religiously-based terrorist groups -- and particularly those that are Islamic -- by conducting such **suicide** operations once the 'martyr' is killed the perpetrator (whether male or female) is considered entitled to special status in paradise and on Judgment Day, including special benefits (which in some cases, are monetary) and honors for his/her family in the community.

**Role of Groups is Crucial**

Most **suicide** attacks are commissioned by organized groups directly or even by what are termed self-starter cells. In the case of one such self-starter cell that had conducted the July 2005 bombing of London's transportation system, their leaders were recruited, trained and instructed by senior al Qaeda operatives in Pakistan prior to their return to England. This is one of the reasons why the December 2013 Volgograd **suicide** bombers -- even though their identities and affiliations were not known -- were likely aided in conducting their operation by their group's accomplices, just as any potential **suicide** bombers during the Sochi Olympics likely would have been aided by their group's supporting infrastructure.

Organized groups are essential in mobilizing and deploying **suicide** operatives because it is easier for such organized entities to transform susceptible individuals into becoming martyrdom bombers for their cause by radicalizing, recruiting, indoctrinating, training and arming them, sometimes even in a matter of a few days. Prior to their operations, a group will videotape the **suicide** operative's martyrdom statement, with such videos extensively used in their post-attack propaganda campaigns. It was likely, therefore, that if **suicide** operatives had been underway during the Sochi Olympics that their martyrdom statements would have already been videotaped and were awaiting their broadcast via the groups' online media venues.

Groups that employ **suicide** bombers in their operations get their 'oxygen' from extremist religions and ideologies that glorify martyrdom into an afterlife in that religion's version of paradise -- which is a concrete reality in the communities where these bombers are indoctrinated. It is important to note that such religious justifications for martyrdom operations are not specific to any single extremist variant of religious or political ideology, with **suicide** terrorist operations conducted over the past several decades by widely disparate groups ranging from the Sri Lankan Liberation Tigers of Tamil Eelam (LTTE), the Kurdish Workers' Party (PKK), the Syrian Social Nationalist Party in Lebanon (SSNP), as well as the Lebanese Hizballah, the Palestinian Hamas, al Qaida and its affiliates, the Taliban, as well as the Caucasus Emirate.

A spectrum of grievances -- whether legitimate under international law or alleged -- against their adversaries motivate terrorist violence in general. For the cult of death through **suicide** martyrdom to succeed -- especially for its operatives to voluntarily and intentionally give up their lives for their group's cause -- it must be reinforced by the group through intensive indoctrination and hate propaganda among its supporting community, whether in religious houses of worship or political clubs, schools, media and even music such as customized 'urban rap' which is popular among the young generation that is recruited for such intentional self-death operations.

**Tactical and Strategic Benefits?**

While the destructiveness of all types of terrorist attacks is calculated to produce specific political benefits for the group's cause, what makes the tactic of **suicide** bombing so attractive to their organizing groups is the willingness of their operatives to die, with the chances for the attack to succeed increasing by their ability to maneuver 'intelligently' toward their intended targets and catch them completely off-guard and unprepared to prevent their bombing, unlike a 'conventional' attack in which an operative would leave an explosive bomb at the incident's location, which could be detected as a suspicious package. This is especially the case when a government's security measures are in place that restrict the movement of a **suicide** operative toward one target but not another one that may be less protected, thus making such operatives human directional 'smart bombs'.

While tactically beneficial for their organizing groups, such **suicide** operations produce few strategic benefits with no **suicide** bombings-dominated campaigns ever leading to the defeat of their targeted government. A terrorist group such as Hizballah, for example, was generally more effective militarily when it resorted to conventional tactics against the Israeli military in southern Lebanon in the late 1990s, which was also the case in its Summer 2006 war with Israel in which it fired an estimated 4,000 rockets into Israel (and in which it succeeded in killing 44 Israeli civilians and118 soldiers), and Hamas' firing of rockets and mortars into Israel in 2007-08 caused substantially more physical and psychological damage on its targeted populations than its previous campaigns of **suicide** attacks (with an estimated 80 percent or more of such attacks thwarted by Israeli security services in the past). Similarly, al Qaeda's affiliates in Iraq, Syria, and Yemen, as well as the Taliban in Afghanistan, while extensively employing **suicide** bombings in their warfare, also organize themselves into guerrilla units that engage government forces in battle, with their success in such battles enabling them to expand the territories under their control in the those countries.

It is for this reason that the effectiveness of **suicide** bombing attacks should not be overestimated, and which explains why not all major terrorist operations involve **suicide** tactics. For example, in the March 2004 bombing of trains in Madrid, which killed 191 persons, the attackers did not intentionally blow themselves up at the time -- they did so only later when they were about to be captured. In other major terrorist incidents, Times Square bomber Faisal Shahzad attempted to escape from the scene in his early May 2010 bombing operation, Nidal Hasan apparently did not try to kill himself as a martyr at his shooting rampage at Fort Hood, Texas in November 2009, and the Boston Marathon bombers attempted to escape from the scene of their bombing operation in mid-April 2013. This is not, however, intended to downplay the significance of **suicide** bombing tactics, with Al Qaeda's use of aircraft to conduct their martyrdom operations against the World Trade Center and the Pentagon on 9/11 stark reminders of the catastrophic devastation that such martyrdom tactics can produce.

**Future Trends**

Regarding future trends, it is instructive that the widely expected **suicide** bombing attacks by Islamist terrorists did not occur during the Sochi Olympics, due to the effectiveness of the Russian security services' 'ring of steel' erected to protect not only the games' sites but to prevent these groups from attacking soft targets in nearby geographical locations. Moreover, as previously discussed, the primary components of warfare against Israel by terrorist organizations such as Hamas and Hizballah now focus on launching rockets -- rather than the deployment of **suicide** operatives -- against Israeli targets. In fact, in November 2013, and again in January 2014, Hamas and the Palestinian Islamic Jihad attempted to place explosives on board Israeli buses, with the operatives escaping from those buses prior to the detonation of the bombs, rather than dispatching **suicide** bombers. This does not imply that the Palestinian groups had given up on **suicide** warfare, with several plots involving such a tactic uncovered by the Israeli security services, but that their primary warfare remained the launching of rockets from their safe haven in the Gaza Strip against neighboring Israeli towns and cities (and with the Israelis uncovering a large shipment of such rockets on board a ship destined for these groups in early March 2014).

In conclusion, the tactic of **suicide** bombings is likely to continue to be employed by terrorist groups worldwide, although even in high-intensity conflict zones such as Afghanistan, Iraq and Syria, the terrorist insurgents realize that such tactics have to be accompanied by guerrilla warfare that is effective in battling government forces to increase the territory under rebel control.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**SUBJECT:** TERRORISM (96%); SUICIDE BOMBINGS (92%); TERRORIST ORGANIZATIONS (90%); SUICIDE (90%); BOMBINGS (90%); AL-QAEDA (78%); TERRORIST ATTACKS (78%); OLYMPICS (74%); MUSLIMS & ISLAM (72%); WINTER OLYMPICS (69%); 2014 SOCHI WINTER OLYMPICS (69%); RELIGION (50%)

**CITY:** LONDON, ENGLAND (50%)

**COUNTRY:** RUSSIAN FEDERATION (93%); AFGHANISTAN (93%); PAKISTAN (93%); MIDDLE EAST (92%); CAUCASIAN STATES (92%); SYRIA (79%); IRAQ (79%); ENGLAND (50%)

**LOAD-DATE:** August 16, 2014

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The Press (Christchurch, New Zealand)

**May** 17, 2003, Saturday

**Call for suicide strategy aimed at adults**

**SECTION:** NEWS; NATIONAL; Pg. 4; NEWS; A

**LENGTH:** 343 words

High **suicide** rates among New Zealand men have sparked calls for a national **suicide**-prevention strategy targeting adults.

The latest **suicide** figures for 2000, released by the Ministry of Health yesterday, show 458 Kiwis took their own lives in 2000, a drop from 516 in 1999 and 577 in 1998.

The highest number of **suicides** was in the 25-29 age group.

Most (375) were males compared with 83 females.

The highest rate of hospitalisations from **suicide** attempts was in the 15-24 age group.

Canterbury **suicides** also appeared to be tracking down.

Statistics released to The Press for the first time show there were 56 **suicides** in 2000, compared with 51 in 1999, 64 in 1998, and 86 in 1997.

Christchurch School of Medicine **suicide** researcher Annette Beautrais said New Zealand was the only developed country without a strategy to prevent adult **suicides**.

"Half of all the **suicides** are in the male 25 to 55 age group," she said. "We aren't actually doing anything about it and we ought to be."

Dr Beautrais said the country's youth **suicide** strategy had helped reduce youth **suicides**.

"We got off to a very good start by developing the youth **suicide** strategy. But overseas there is an emerging interest in adult **suicides**."

One health organisation in the United States has developed a website for male adults focusing on depression and **suicide** as part of its prevention strategy.

Dr Beautrais said there was the potential for similar initiatives in New Zealand.

"There has been an enormous amount of **suicide** research since the 1990s. But we need a framework to operate under. It would be a good opportunity for us to actually use that information in a strategy for all ages," she said.

Ministry of Health spokeswoman Maria Cotter said the ministry was looking at adult and elderly **suicides**.

It was probably a bit early to say whether an all-age **suicide** prevention strategy would be developed.

"That is a Government decision," Ms Cotter said. "I share (Dr Beautrais') concerns that there needs to be a greater focus on all ages."

**PERSON:** ANNETTE BEAUTRAIS (94%); MARIA COTTER (68%);

**ORGANIZATION:** MINISTRY OF HEALTH (68%);

**COUNTRY:** NEW ZEALAND (94%); UNITED STATES (79%);

**CITY:** CHRISTCHURCH, NEW ZEALAND (79%);

**COMPANY:** MINISTRY OF HEALTH (68%);

**SUBJECT:** SUICIDE STATISTICS MEN WOMEN NEW ZEALAND CITIES AND REGIONS NORTH CANTERBURY SUICIDE (95%); TEEN SUICIDE (91%); CHILDREN'S HEALTH (90%); DEMOGRAPHIC GROUPS (90%); MEN (90%); PUBLIC HEALTH ADMINISTRATION (89%); HEALTH DEPARTMENTS (89%); PREVENTION & WELLNESS (78%); STATISTICS (78%); ASSOCIATIONS & ORGANIZATIONS (71%);

**LOAD-DATE:** May 18, 2003

**LANGUAGE:** ENGLISH

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The Times & Transcript (New Brunswick)

**July** 12, 2014 Saturday

**We need to think before we post**

**SECTION:** TEEN; Pg. F7

**LENGTH:** 409 words

The events that took place in Moncton last month received plenty of media attention, not only from traditional media outlets, but also from social media.

Without social media, perhaps people wouldn't have been warned as quickly to stay away from the affected area. On the flip side, perhaps social media inadvertently allowed the wanted person to stay away from police. Perhaps social media could also have played a role in encouraging copycat events.

A bit far-fetched you say? Allow me to explain.

There is a well-known link between heavy media coverage of a **suicide** and a spike in the number of similar **suicides** afterward. In the case of school shootings, since many shootings end with the **suicide** of the shooter (although this wasn't the case for the incident in Moncton) and since there seems to be an increase in shootings after a well-reported shooting, some suggest that a "copycat" effect similar to that of **suicides** may exist for school shootings.

To combat the copycat effect on **suicide** numbers, the Canadian Psychiatric Association has published guidelines for the media on reporting **suicides**. In news stories about **suicide**, the guidelines suggest including information on warning signs of **suicide**, how to approach a suicidal person, resources and treatment for **suicide**, and emphasizing the positive outcome that can be obtained through treatment. The guidelines advocate avoidance of sensationalistic or excessive news coverage, idolization of the deceased, usage of the word "**suicide**," detailing the **suicide** method used, and portraying **suicide** in a positive light.

The Canadian Psychiatric Association recommends that the guidelines on reporting **suicides** be taught to journalism students.

Considering the increasing importance of social media, perhaps it is also important for the rest of us to be aware of the potential impact our social media updates may have and to keep in mind the guidelines concerning **suicide**, which could also be applied to some shootings.

Perhaps awareness of the impact of media and social media on **suicides** and possibly shootings may help reduce the rates of these, saving precious lives.

I offer my sincere sympathy to the friends and families of those who lost their lives and to those who were injured in the event that occurred last month.

Aurelie Pare aurelie@aurelieshealthycuisine.com Aurelie Pare is an 18-year-old Monctonian studying health sciences at the Centre de formation mÈdicale du Nouveau-Brunswick in Moncton.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); SHOOTINGS (90%); SCHOOL SAFETY & SECURITY (89%); SCHOOL VIOLENCE (88%); JOURNALISM (78%); NEWS REPORTING (78%); TEEN SUICIDE (75%); MENTAL ILLNESS (75%); STUDENTS & STUDENT LIFE (74%); WOUNDS & INJURIES (60%)

**COMPANY:** CENTRE DE FORMATION (51%)

**ORGANIZATION:** CANADIAN PSYCHIATRIC ASSOCIATION (55%)

**STATE:** NEW BRUNSWICK, CANADA (90%)

**COUNTRY:** CANADA (90%)

**LOAD-DATE:** July 12, 2014

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Centralian Advocate (Australia)

**September** 7, 2010 Tuesday

1 - Edition

**Suicide needs understanding**

**SECTION:** FEATURES; Pg. 21

**LENGTH:** 565 words

TWO events for World **Suicide** Prevention Day will be hosted by the Mental Health Association of Central Australia.

One will be held in Alice Springs tomorrow at the memorial site on the lawns between the Senior Citizens Centre and the Totem Theatre from 3.30pm to 5pm.

The other event will be held at Nynkka Nyunyu Cultural Centre, in Tennant Creek, from 3.30pm to 5pm on Friday.

The theme for World **Suicide** Prevention Day 2010 is ``Many Faces, Many Places, **Suicide** Prevention Across the World'', recognising that **suicide** is a major preventable cause of premature death that impacts on all nations.

The event is part of an international initiative to raise public awareness of the severity of the problem of **suicide**, but also to learn about effective **suicide** prevention approaches in Central Australia and what support is out there for families and communities at a local level.

World **Suicide** Prevention Day is one day to have less silence and more understanding about the issue of **suicide**.

There are more deaths by **suicide** in Australia each year than by car accidents and for every **suicide** there are at least 20 people who try to end their lives.

Then there are all those people who are bereaved through **suicide**, often contributing to a complex mix of emotions, unanswered questions, sometimes shame associated with the stigma of **suicide** and mental illness and sometimes family conflict, anger and blame.

The stigma, discrimination and misunderstanding that surround the subject of **suicide** make it difficult for those struggling with suicidal thoughts to talk about their pain and reach out for support.

It also gets in the way of our ability to reach out and offer support for those who are struggling to stay connected to life.

World **Suicide** Prevention Day is an opportunity to highlight that **suicide** can affect all of us.

It does not discriminate. It crosses class, gender, age and cultural boundaries.

For this reason, we all have a role to play in creating communities that are socially inclusive and to learn how we can be more supportive and less afraid of this issue.

By speaking up rather than avoiding the issue of **suicide** and through the development of culturally appropriate resources to educate and increase awareness among people from different backgrounds we can help to prevent **suicide**.

As there are educational campaigns to warn of the risks of drink driving and speeding as preventable causes of premature death, so too are there educational workshops to teach people to identify and intervene to keep someone safe from **suicide**.

Many **suicides** can be prevented.

**Suicide** Story is a training program developed by the Life Promotion Program of MHACA and Aboriginal people in the NT to teach people how to create **suicide** safer communities and families.

It is important to acknowledge the families in remote and regional communities, night patrol workers, clinic staff, women's centres, schools, Councils, medical teams, youth workers, drug and alcohol, telephone counsellors and family violence workers who are providing support to people involved in self-harming behaviour on a regular basis.

It is also important to acknowledge the community development, health promotion, prevention and early intervention work that build capacity and strength in communities and families.

For more information contact the Life Promotion Program of the Mental Health Association of Central Australia on 8950 4600.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** CAV

**SUBJECT:** SUICIDE (96%); VOLUNTARY HEALTH ORGANIZATIONS (90%); TEEN SUICIDE (89%); FAMILY (89%); MENTAL ILLNESS (78%); THEATER (77%); SENIOR CENTERS & CLUBS (77%); DRIVING WHILE INTOXICATED (75%); SENIOR CITIZENS (72%); TRAFFIC ACCIDENTS (66%); PREVENTION & WELLNESS (90%)

**ORGANIZATION:** M I N D (84%)

**STATE:** NORTHERN TERRITORY, AUSTRALIA (94%)

**COUNTRY:** AUSTRALIA (94%)

**LOAD-DATE:** September 8, 2010

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American Journalism Review

July 1997 / August 1997

**A Bogus Statistic That Won't Go Away**

**BYLINE:** DELIA M. RIOS; Rios covers gender and sexuality issues for Newhouse News Service.

**SECTION:** FREE PRESS; Pg. 12

**LENGTH:** 997 words

At the end of an interview with actress Ellen DeGeneres, aired the night her lesbian television character "came out," anchor Diane Sawyer addressed viewers of "PrimeTime Live":

"And as we close, we're going to repeat a government statistic that a gay teenager is some three times as likely to attempt **suicide** as another teenager. Ellen DeGeneres has said whatever happens to her, tonight's broadcast was in part to hold on to them."

It's a "statistic" that's been repeated innumerable times. The trouble is, there is no scientifically valid evidence that it's true. In fact it is not a government statistic at all, but rather the interpretation of a social worker.

So how did it come to be broadcast to a national television audience? Sawyer's office will say only that Sawyer got the number from DeGeneres.

But Sawyer is not the only journalist who has reported the **suicide** figure uncritically. Had she done a quick Nexis search, she would have found any number of newspapers--from the New York Times to the Chicago Times to the Los Angeles Times--quoting the "statistic" that gay and lesbian teens are two to three times more likely to attempt **suicide** and that they may account for 30 percent of the 5,000 youth **suicides** committed in the United States every year.

This last number is the real attention-getter--often played up in drop quotes, graphics and cutlines. But according to Peter Muehrer of the National Institute of Mental Health, "There is no scientific evidence to support this figure." Nor is there any to support the number of **suicide** attempts.

The real story is not at all as clear or dramatic as these figures imply.

A panel convened in 1994--with representatives of the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the National Institute of Mental Health, the American Psychological Association, the American Association of Suicidology, and gay and lesbian advocacy and service groups--made this finding: "There is no population-based evidence that sexual orientation and suicidality are linked in some direct or indirect manner."

Joyce Hunter, the immediate past president of the National Lesbian and Gay Health Association, participated in that 1994 meeting. Three years later, she says the data are still unclear.

Yet advocates for gays and lesbians still provide journalists with these numbers--and journalists still report them. And not without consequences.

The stunningly high number of **suicide** attempts and **suicides** represented by these figures has shaped public perceptions of gay teens for nearly a decade. Typically they are portrayed as emotionally vulnerable and as society's victims, even though Hunter agrees with mental health researchers that most gay and lesbian teens, like teens overall, are emotionally resilient people who "go on to develop a positive sense of self and who go on with their lives."

But the conventional wisdom that gay teens are killing themselves has become so ingrained that it can influence public policy. Gov. William F. Weld of Massachusetts, for instance, cited the **suicide** "statistic" as a driving force behind his state's creation of a Governor's Commission on Gay and Lesbian Youth.

Muehrer and his colleagues worry that the public focus on gay teen **suicides** might contribute to a phenomenon called "**suicide** contagion," in which troubled gay teens might begin to see **suicide** as an acceptable way out of their identity struggles.

According to Howard Bray, director of the Knight Center for Specialized Journalism at the University of Maryland College of Journalism, the gay teen **suicide** figure illustrates an important lesson for journalists. He says it is critical to remember that, when it comes to statistics, journalists face a "minefield."

Victor Cohn, author of "News & Numbers: A Guide to Reporting Statistical Claims and Controversies in Health and Other Fields," suggests a remedy. "In a nutshell," Cohn says, "the most important question to ask anybody is, 'How do you know?' "

If reporters had asked that question about the gay teen **suicide** rate, they would have learned that the "two to three times more likely to attempt **suicide**" and the "30 percent completed **suicide**" figures emerged from a 1989 U.S. Department of Health and Human Services task force report on youth **suicide.** The numbers were drawn from a single essay written, at the department's invitation, by a San Francisco social worker named Paul Gibson.

Gibson did not base his numbers on original research, but rather on his own interpretation of available literature--literature that has since been criticized for methodological weaknesses. He concluded that gay and lesbian teens were two to three times more likely to attempt **suicide,** and then went on to extrapolate that such a figure also would indicate that gay and lesbian teens may account for 30 percent of all teen **suicides.** Mental health researchers, however, consider **suicide** attempts and actual **suicides** to be distinct phenomena.

Although packaged in a government report, Gibson's paper was not government research, nor were his figures government statistics. But they were quickly picked up and presented as such by gay advocates and many reporters.

Gibson says he never intended for the 30 percent figure to be used as a statistic, but he stands by both numbers. "I think that there is ample evidence available to indicate that these youth are at risk and that we need to help them now," he says. "We can't wait to help these youth until complete information is available."

But reporters can certainly inform their readers when accurate information is elusive.

In such a case, Cohn suggests, reporters should be honest with their audience. If the study is tentative, say so. His general rule is this: "Understand that all studies are not equal, that just because someone said they've done a study or looked at something or made a count, that doesn't mean it's correct or worth possibly believing."

**SUBJECT:** SUICIDE (92%); GAYS & LESBIANS (90%); ADOLESCENCE (89%); TELEVISION INDUSTRY (74%); BROADCASTING INDUSTRY (74%); ENTERTAINMENT INDUSTRY (74%); MEDIA INDUSTRIES (74%); EPIDEMIOLOGY & PUBLIC HEALTH (51%);

**PERSON:** DIANE K SAWYER (93%); ELLEN DEGENERES (68%); PAUL GIBSON (56%);

**COUNTRY:** UNITED STATES (50%); NORTH AMERICA (50%);

**CITY:** CHICAGO, IL, USA (50%);

**LOAD-DATE:** July 7, 1997

**LANGUAGE:** ENGLISH

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Siasat Daily (India)

**September** 11, 2014 Thursday

**Sunshine may slash suicide risk in men: study**

**LENGTH:** 313 words

**DATELINE:** Hyderabad

Hyderabad, Sept. 11 -- Daily exposure to sunshine may cut down the risk of **suicide** in men, a new study has claimed.

Lower rates of **suicide** are associated with more daily sunshine in the 14 to 60 days prior to the **suicide** event, researchers said.

Light interacts with brain serotonin systems and possibly influences serotonin-related behaviours, such as mood and impulsiveness, which can play a role in **suicide**, according to research author Benjamin Vyssoki, of the Medical University of Vienna, Austria, and colleagues.

The authors examined the relationship between **suicide** and the duration of sunshine after mathematically removing seasonal variations in sunshine and **suicide** numbers.

They analysed data on 69,462 officially confirmed **suicides** in Austria between January 1970 and May 2010. Hours of sunshine per day were calculated from 86 representative meteorological stations.

There was a positive correlation between the number of **suicides** and hours of daily sunshine on the day of the **suicide** and up to 10 days before that seemed to facilitate **suicide**, while sunshine 14 to 60 days prior appeared to have a negative correlation and was associated with reduced **suicides**.

The correlation between daily sunshine hours and **suicide** rates was seen largely among women, while negative correlations between the two were mainly found among men.

"Owing to the correlative nature of the data, it is impossible to directly attribute the increase in **suicide** to sunshine during the 10 days prior to the **suicide** event. Further research is warranted to determine which patients with severe episodes of depression are more susceptible to the **suicide**-triggering effects of sunshine," said researchers.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); RESEARCH REPORTS (90%); MEN'S HEALTH (90%); WOMEN'S HEALTH (78%); DEATHS (78%); WRITERS (76%); ASSISTED SUICIDE (73%); METEOROLOGY (72%)

**CITY:** VIENNA, AUSTRIA (56%)

**COUNTRY:** AUSTRIA (87%); CENTRAL EUROPE (56%)

**LOAD-DATE:** September 11, 2014

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Hobart Mercury (Australia)

**March** 1, 1999, Monday

**Suicide a 'no-no' for men**

**LENGTH:** 278 words

IT was more socially acceptable for Australian women to commit **suicide**

than men, a world **suicide** expert said in Brisbane yesterday.

The director of Griffith University's Australian Institute of **Suicide**

Research and Prevention, Professor Diego De Leo, said the incidence of

**suicide** among males was higher than females but the attempted **suicide**

rate for women was three times that of men.

"A failed **suicide** attempt among Australian men is judged harshly,

whereas society is more sympathetic to women who attempt **suicide**,"

Professor De Leo said.

"The implicit language of this behaviour is that if you're a man you

should be strong enough to kill yourself.

"In fact, women's **suicide** attempts are often used as a method of

communication."

The **suicide** rates for men and women will be discussed at an institute

conference, entitled Towards an Evidence-based **Suicide** Management:

Linking Australia to the Rest of the World, at Griffith University's

Conservatorium in Brisbane on Thursday.

Professor De Leo, who has studied **suicide** trends around the globe,

said culture played a key role in contributing to **suicide** rates.

"Countries with similar cultures share similar **suicide** rates," he

said.

"**Suicide** rates in Mediterranean populations are low among the young

but high among the elderly, whereas the reverse is true for

Anglo-Saxon countries."

Professor De Leo said this was because of the availability of "social

support", which was especially strong for young people in

Mediterranean countries.

Professor De Leo described Australia's **suicide** rate as "increasing

and alarming", with Queensland men aged 25 to 34 at the highest risk.

AAP

**SUBJECT:** SUICIDE (95%); COLLEGE & UNIVERSITY PROFESSORS (90%); TEEN SUICIDE (89%); MEN (89%); RESEARCH INSTITUTES (78%); WOMEN (78%); TRENDS (77%);

**COMPANY:** SUICIDE MANAGEMENT (90%); GRIFFITH UNIVERSITY (69%);

**PERSON:** MICHAEL MCMAHON (57%); MICHAEL MCMAHON (57%);

**CITY:** BRISBANE, AUSTRALIA (88%);

**STATE:** QUEENSLAND, AUSTRALIA (90%);

**COUNTRY:** AUSTRALIA (91%); MEDITERRANEAN (86%);

**LOAD-DATE:** March 8, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** MER

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Siasat Daily (India)

**September** 11, 2014 Thursday

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**DATELINE:** Hyderabad

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); RESEARCH REPORTS (90%); MEN'S HEALTH (90%); WOMEN'S HEALTH (78%); DEATHS (78%); WRITERS (76%); ASSISTED SUICIDE (73%); METEOROLOGY (72%)

**CITY:** VIENNA, AUSTRIA (56%)

**COUNTRY:** AUSTRIA (87%); CENTRAL EUROPE (56%)

**LOAD-DATE:** September 11, 2014

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The Santa Fe New Mexican (New Mexico)

**June** 10, 2007 Sunday

**MY VIEW: SUICIDE COVERAGE SAVES LIVES**

**BYLINE:** JOAN MURPHY

**SECTION:** EDITORIALS; Pg. F-4

**LENGTH:** 478 words

The New Mexico **Suicide** Prevention Coalition is devoted to **suicide** prevention, intervention and postvention; and provides education, support and advocacy to reduce the **suicide** rate in New Mexico. As such we would like to congratulate the staff, editors and contributors to the May 18 edition of Generation Next, which addressed teen **suicide** in a special report. The courage to investigate and report on a subject that is associated with severe stigma is to be heartily praised.

Research indicates that the way **suicide** is reported in the media can contribute to additional **suicides** and **suicide** attempts. Conversely, stories about **suicide** can inform readers and viewers about the likely causes of **suicide**, its warning signs, trends in **suicide** rates and recent treatment advances. The contributors of the special report are playing a much-needed role in the destigmatization of **suicide**, which can reduce the incidence of such deaths and increase the willingness of individuals who are contemplating **suicide** to seek help. Additionally, the report's coverage of factors associated with **suicide** - depression, bullying, lack of resources, drug and alcohol abuse - assist in raising the awareness of other serious problems that could result in someone taking their own life. In New Mexico, as indicated by the message from Gov. Bill Richardson, we have resources available to help combat the state's problems with **suicide**. The New Mexico **Suicide** Prevention Coalition's Web site is one such resource, with information on help lines, warning signs, how to recognize the signs of someone at risk, links to other sites for assistance, meeting times and places for Survivors of **Suicide** support groups and much, much more. We would like to encourage the youth of Generation Next to consider an expanded edition of the publication in which they investigate and further report on how teens can find help for the crises that too often lead to **suicide**. The **Suicide** Prevention Resource Center (www.sprc.org) has a wonderful selection of media guidelines and other resources on its online library. We would also like to see a section on how parents and other adults can better help during these times of crisis and where they can go to get more information. This would continue to aid in the reduction of stigma associated with mental illness, depression and **suicide**, as well as give people the tools they need to help prevent this tragic loss of life. Thank you for your efforts on behalf of raising the awareness of **suicide** among our youth. They are the "Generation Next": The next generation, the next in line, the next ones standing in life with promise, courage and commitment to help reduce this terrible number of lives lost to **suicide**. Visit the Web site at www.nmsuicideprevention.org and call 505-401-9382.

Joan Murphy is chairwoman of The New Mexico **Suicide** Prevention Coalition.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); EDITORIALS & OPINIONS (90%); INVESTIGATIONS (90%); ADOLESCENTS (89%); DEPRESSION (89%); ASSOCIATIONS & ORGANIZATIONS (86%); DEATHS (78%); TRENDS (78%); SUBSTANCE ABUSE (78%); MENTAL ILLNESS (78%); ALCOHOL ABUSE & ADDICTION (73%)

**PERSON:** BILL RICHARDSON (58%)

**STATE:** NEW MEXICO, USA (93%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** June 13, 2007

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DNA

**October** 5, 2013 Saturday

**12 suicides in the state every day!;**

**Government data reveals a total of 13,655 suicides in Guj in past 3 years**

**BYLINE:** dna correspondent

**LENGTH:** 353 words

Gandhinagar: A staggering 13,655 **suicides** were reported in Gujarat in three years - an average of 12 every single day - figures tabled by the Narendra Modi government in the legislative assembly show.

In fact, the number of total **suicides** is even higher as data of several places falling under the jurisdiction of police commissionerates was not revealed by the government.

The information shows that Ahmedabad rural registered 503 **suicides** from May 2010 to April 2013. However, the number was sharply lower compared to Rajkot rural and Jamnagar, which recorded as many as 1,200 **suicides** each in the same period.

In fact, other districts in Saurashtra region also registered a very high number of **suicide** cases. Junagadh accounted for 1,118 **suicides** in the three-year period, whereas Bhavnagar registered 1,097 **suicide** cases. Surendranagar district recorded 529 instances of **suicides**, followed by 432 and 377 cases in Amreli and Porbandar, respectively.

The government said in a written reply in the assembly that the 1090 helpline has been launched to dissuade those contemplating **suicide** from taking the extreme step. It said that counseling is provided by police and NGOs to stop possible **suicides**.

The state capital Gandhinagar registered 375 cases in the same period. Among other places, Surat rural accounted for 1,046 **suicide** cases in the above mentioned period. Vadodara rural registered 760 **suicides**, Valsad 606 cases, Bharuch 658, while Kutch registered 534 **suicides**. Kheda and Anand in central Gujarat registered 246 and 351 **suicide** cases respectively.

The data shows high number of **suicide** cases even in tribal dominated places. Sabarkantha registered 597 **suicides**, Godhra 456, Banaskantha 430, Narmada 270, Navsari 244 and Dahod 192. Mehsana and Patan in north Gujarat recorded 268 and 166 **suicides** respectively.

"Directions have been issued to give top priority to this issue in various seminars and awareness programmes organised as part of Surakha Setu project," the government added in the assembly.

Alarming numbers

1,097 cases registered in Bhavnagar

1,118 cases in Junagadh

1,200 **suicides** in Jamnagar & Rajkot

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); LEGISLATIVE BODIES (77%)

**STATE:** GUJARAT, INDIA (96%)

**COUNTRY:** INDIA (96%)

**LOAD-DATE:** October 5, 2013

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The Western Mail

**September** 10, 2011 Saturday

First Edition

**A suicide iceberg;**

**COMMENT & DEBATE YOUR LETTERS TO THE NATIONAL NEWSPAPER OF WALES**

**SECTION:** LETTERS; Pg. 20

**LENGTH:** 274 words

¶ SIR - Following on from Elaine Morgan's thought-provoking article about the **suicide** of David Kelly in 2003, it is indeed unusual for coroners to deliver a **suicide** verdict where no **suicide** note is presented.

As a consequence, the charity Papyrus - Prevention of Young **Suicide**, has little confidence that the official number of people who kill themselves is accurately counted.

Despite the under-reporting, the current annual estimate of 1,600-1,700 young deaths by **suicide** in the UK, is the single biggest cause of deaths among the young, even higher than road traffic accident fatalities.

In Wales one in five male deaths between the ages of 15 and 24 are the result of **suicide**, but this is probably significantly underestimated.

Currently, the Welsh Assembly Government has an excellent five-year National Action Plan to Reduce **Suicide** and Self-Harm in Wales. My fear is they will not have the resources to implement all the ideas and initiatives.

Today (September 10) is World **Suicide** Prevention Day jointly sponsored by the World Health Organisation and International Association for **Suicide** Prevention.

They want to encourage an open debate about the problem of **suicide**, attempted **suicide** and effective **suicide** prevention. It is a myth that talking about **suicide** encourages people to take their own lives, but media reporting has to be very sensitive.

**Suicide** devastates families, friends and communities, but it can be prevented.

If you are worried about yourself or a young person you know, please call Papyrus National Confidential Helpline 0800 068 4141 or the Samaritans on 08457 909090. ANNE OWEN TAYLOR Gilwern, Monmouthshire

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** wm

**SUBJECT:** SUICIDE (96%); LETTERS & COMMENTS (93%); PREVENTION & WELLNESS (90%); CORONERS COURTS & OFFICES (78%); ASSOCIATIONS & ORGANIZATIONS (77%); DEATHS & DEATH RATES (76%); HEALTH DEPARTMENTS (72%); ACCIDENTAL FATALITIES (70%); TRAFFIC ACCIDENTS (70%); PUBLIC HEALTH ADMINISTRATION (53%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (55%)

**COUNTRY:** WALES (93%); UNITED KINGDOM (71%)

**LOAD-DATE:** September 10, 2011

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The Times & Transcript (New Brunswick)

**March** 12, 2011 Saturday

**Suicide second leading cause of death for youth 10-24**

**BYLINE:**

**SECTION:** TEEN; Pg. F8

**LENGTH:** 551 words

Sometimes, the timing for my articles in Whatever works out perfectly, like last week's did, when an article published about the Region Medical Officer of Health coincided with a boil order issued by the RMOH. Other times, the timing isn't ideal.

The month of February was **suicide** prevention month in New Brunswick. Although February 2011 is already gone and past, I nevertheless wanted to touch on the topic of **suicide** prevention. **Suicide** is the second leading cause of death throughout the Canada for young people aged 10 to 24.

Fortunately, I have no close family members or friends who have committed **suicide**. However, I've always been sensitized to the topic. My mother once volunteered for a **suicide** help line for about a year's time and whenever the topic of **suicide** and related mental health problems such as depression is broached, she sometimes reminisces on that experience, which was eye-opening for her.

According to Dr. Said Bergheul, a professor of psychology at UniversitÈ de Moncton, **suicide** is a major problem in Canada and the Canadian government employs noteworthy efforts to counteract and reverse the climb of **suicide** that has been experienced over the past decades, in Canada and around the world. The increase in **suicide** rates is thought to be in part caused by increasingly limited relationships between individuals living in large urban areas.

Durkheim, a sociologist, was the first form this hypothesis. Durkheim identified different types of **suicide** from a sociological point of view, but focused on what he called anomic **suicide** (**suicide** caused by a disintegration from society), which he believed was the main type of **suicide** during the Industrial Period.

**Suicide** often times has neuropsychological roots, which could be aggravated by the society in which an individual lives. In a more integrated society, people with mental disorders are typically better supported, which may help them manage their troubles.

The general approach to reducing **suicide** rates is to take preventive measures, both in the very early stages by supporting individuals who are mentally well in continuing to be well and by quickly identifying and treating individuals who are likely to attempt **suicide** acts when these people seek out health-care services.

If you or someone you know has been dealing with depression or suicidal thoughts, it is important to seek the help of a health-care professional for evaluation.

Dr. Bergheul suggests that perhaps **suicide** prevention could take a step further by offering more specialized counselling for the family and friends of **suicide** victims, as these people are particularly vulnerable to **suicide**. Some studies have also suggested that controlling the way **suicide** is portrayed in the media can be an important part of prevention of **suicide** in society.

The Kid's Help Phone service can be contacted at 1-800-668-6868.

Information was also garnered from www.suicideinformation.cmha.ca/‡ and http://www.gnb.ca/0055/index-e.asp

n AurÈlie ParÈ is a 16-year-old Monctonian currently studying health sciences. She is the author of the nationally available The Healthaliciously Good Cookbook. True to her generation, she maintains a blog (www.eatinghealthaliciously. blogspot.com) and enjoys a variety of activities. Suggestions can be sent to aurelie@aurelieshealthycuisine.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (90%); DEATHS (90%); DEPRESSION (89%); MENTAL ILLNESS (89%); PREVENTION & WELLNESS (89%); PSYCHOLOGY (89%); SOCIOLOGY (86%); HEALTH CARE (78%); HEALTH DEPARTMENTS (78%); NEUROSCIENCE (78%); MENTAL HEALTH (77%); FAMILY (77%); TELEPHONE SERVICES (50%)

**STATE:** NEW BRUNSWICK, CANADA (88%)

**COUNTRY:** CANADA (94%)

**LOAD-DATE:** March 12, 2011

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Hornsby & Upper North Shore Advocate (Australia)

**September** 4, 2008 Thursday

1 - MB Edition

**New hope in suicide fight**

**SECTION:** Pg. 14

**LENGTH:** 204 words

New hope in

**suicide** fight

THE Salvation Army, shocked by new figures showing one Australian life is being lost to **suicide** every five hours, is launching a new Hope For Life program and three major initiatives aimed at reducing **suicide** in the community.

The programs are aimed at both training people in **suicide** prevention and helping those bereaved through **suicide**. Research shows that people who have lost a loved one by **suicide** are at a higher risk of **suicide** themselves.

The Salvos who set up the world's first anti-**suicide** bureau in 1907 are launching the National Hope Line for bereaved and two online training programs to provide people with education and awareness in **suicide** prevention and support.

``There are too many myths about **suicide**," a Salvos' spokesman said.

``It's a myth to think only experts can prevent it. It's a myth to think people who talk about **suicide** won't do it. It's a myth to think you cannot stop **suicide** happening. It's a myth to think confronting people about **suicide** may increase the risk. It's a myth to think suicidal people want to die.''

\* For more information about the new online training programs, visit www.

suicideprevention.salvos.org.au

People who have been bereaved can call 1300 467 354.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** HDA

**SUBJECT:** SUICIDE (93%); DEATHS (90%); WEB BASED TRAINING (76%); PREVENTION & WELLNESS (76%)

**ORGANIZATION:** THE SALVATION ARMY (84%)

**LOAD-DATE:** November 5, 2008

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The Santa Fe New Mexican (New Mexico)

**June** 10, 2007 Sunday

**MY VIEW: SUICIDE COVERAGE SAVES LIVES**

**BYLINE:** JOAN MURPHY

**SECTION:** EDITORIALS; Pg. F-4

**LENGTH:** 478 words

The New Mexico **Suicide** Prevention Coalition is devoted to **suicide** prevention, intervention and postvention; and provides education, support and advocacy to reduce the **suicide** rate in New Mexico. As such we would like to congratulate the staff, editors and contributors to the May 18 edition of Generation Next, which addressed teen **suicide** in a special report. The courage to investigate and report on a subject that is associated with severe stigma is to be heartily praised.

Research indicates that the way **suicide** is reported in the media can contribute to additional **suicides** and **suicide** attempts. Conversely, stories about **suicide** can inform readers and viewers about the likely causes of **suicide**, its warning signs, trends in **suicide** rates and recent treatment advances. The contributors of the special report are playing a much-needed role in the destigmatization of **suicide**, which can reduce the incidence of such deaths and increase the willingness of individuals who are contemplating **suicide** to seek help. Additionally, the report's coverage of factors associated with **suicide** - depression, bullying, lack of resources, drug and alcohol abuse - assist in raising the awareness of other serious problems that could result in someone taking their own life. In New Mexico, as indicated by the message from Gov. Bill Richardson, we have resources available to help combat the state's problems with **suicide**. The New Mexico **Suicide** Prevention Coalition's Web site is one such resource, with information on help lines, warning signs, how to recognize the signs of someone at risk, links to other sites for assistance, meeting times and places for Survivors of **Suicide** support groups and much, much more. We would like to encourage the youth of Generation Next to consider an expanded edition of the publication in which they investigate and further report on how teens can find help for the crises that too often lead to **suicide**. The **Suicide** Prevention Resource Center (www.sprc.org) has a wonderful selection of media guidelines and other resources on its online library. We would also like to see a section on how parents and other adults can better help during these times of crisis and where they can go to get more information. This would continue to aid in the reduction of stigma associated with mental illness, depression and **suicide**, as well as give people the tools they need to help prevent this tragic loss of life. Thank you for your efforts on behalf of raising the awareness of **suicide** among our youth. They are the "Generation Next": The next generation, the next in line, the next ones standing in life with promise, courage and commitment to help reduce this terrible number of lives lost to **suicide**. Visit the Web site at www.nmsuicideprevention.org and call 505-401-9382.

Joan Murphy is chairwoman of The New Mexico **Suicide** Prevention Coalition.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); EDITORIALS & OPINIONS (90%); INVESTIGATIONS (90%); ADOLESCENTS (89%); DEPRESSION (89%); ASSOCIATIONS & ORGANIZATIONS (86%); DEATHS (78%); TRENDS (78%); SUBSTANCE ABUSE (78%); MENTAL ILLNESS (78%); ALCOHOL ABUSE & ADDICTION (73%)

**PERSON:** BILL RICHARDSON (58%)

**STATE:** NEW MEXICO, USA (93%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** June 13, 2007

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Courier Mail (Queensland, Australia)

**November** 27, 1997, Thursday

**Internet suicide pacts on rise**

**SOURCE:** QNP

**BYLINE:** DORRIES B

**SECTION:** NEWS; Pg. 7

**LENGTH:** 378 words

HANGING had overtaken firearms and car exhausts as the most common method of **suicide** in Australia, a major **suicide** conference was told yesterday.

The **Suicide** and Families National Conference on the Gold Coast also was told that "interactive" **suicides** on the Internet were on the rise.

Associate Professor Pierre Baume, the founding director of the Australian Institute for **Suicide** Research and Prevention, released new research showing there were about 2500 recorded **suicides** a year in Australia.

But he said these were "only the tip of the iceberg", as there were likely to be many more that went unreported.

The research also showed Queensland ranked second in Australia in **suicide** rates, behind the Northern Territory.

Professor Baume said Queensland had for many years had a "substantial problem" with **suicides** because of the high proportion of rural areas in the state, where help was not readily available.

The research, undertaken from Griffith University, showed that **suicide** was the leading cause of death from all external causes for all age groups, well ahead of motor vehicle accidents and homicides.

In some states, the rate of **suicide** among Aborigines was six times higher than that in the non-Aboriginal population.

Professor Baume said the Internet had become a medium for people wanting to kill themselves, with some Internet sites inciting people to **suicide**. An increasing number of young people were using interactive **suicide** notes to encourage each other to **suicide**.

In the general community, only about 35 percent of people who killed themselves left **suicide** notes.

The research showed that about four times as many males as females killed themselves; labourers had the highest **suicide** rate of any occupation, followed by managers, tradespeople and machine operators; and more unemployed people killed themselves than people who worked.

According to the research, about half of the people who committed **suicide** had alcohol in their system at the time.

Professor Baume said all attempted **suicides** should be taken seriously because his research showed people who had previously tried to commit **suicide** were far more likely to kill themselves.

The conference, at the Gold Coast International Hotel, ends tomorrow.

\_ BEN DORRIES

**SUBJECT:** SUICIDE (97%); INTERNET & WWW (90%); COLLEGE & UNIVERSITY PROFESSORS (90%); TEEN SUICIDE (90%); DEATHS (78%); RESEARCH (76%); RESEARCH INSTITUTES (76%); DEMOGRAPHIC GROUPS (72%); UNEMPLOYED PERSONS (72%); RURAL COMMUNITIES (68%); HOMICIDE (67%); TRAFFIC ACCIDENTS (52%);

**PERSON:** SIR GEORGE YOUNG (54%);

**STATE:** QUEENSLAND, AUSTRALIA (91%); NORTHERN TERRITORY, AUSTRALIA (79%);

**COUNTRY:** AUSTRALIA (94%);

**LOAD-DATE:** March 1, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** CML

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The Independent (London)

**July** 24, 1995, Monday

**Suicide-poverty link is reinforced in new study**

**BYLINE:** Nicholas Timmins

**SECTION:** NEWS; Page 6

**LENGTH:** 433 words

Strong links between **suicide,** attempted **suicide** and poverty have been found in a study of more than 11,000 patients over more than 10 years in Bristol.

The findings suggest that improving the circumstances of the least well- off is at least as important as any activity by the National Health Service if the Government's Health of the Nation target of cutting **suicides** is to be achieved.

The link between **suicide** and unemployment, and possible links between **suicide** and poverty, have been the subject of intense debate. **Suicide** has been increasing among young men and apparently rising in areas of sudden and high unemployment, although last year's figures do suggest an overall fall in the numbers killing themselves.

But a paper in this week's British Medical Journal shows powerful links, but not causative proof, that deprivation is strongly linked not only to **suicides** but to parasuicides - attempted **suicides** - and hospital admissions for acute mental illness.

The findings follow analysis of almost 1,000 **suicides** in the city over a 10-year period and the examination of thousands of hospital admissions for mental illness and parasuicide.

**Suicide** and parasuicide rates were between three and eight times higher in the inner city and other deprived wards of Bristol compared with the more pleasant wards, suburbs and surrounding towns. And there was a gradation - the higher the deprivation measures, the higher the **suicide** and parasuicide rates.

The difference persisted once allowance was made for age and sex differences between the different populations.

David Gunnell, a lecturer in public health medicine at the university, said the way the rates increased as areas became more deprived undermined past arguments that **suicide** rates were higher in inner cities only because the mentally ill tended to be attracted there by hostels, council housing and the anonymity of inner-city life.

Measures to decrease deprivation may therefore be more effective than health service interventions in preventing **suicide,** he said.

The link between poverty, **suicide** and attempted **suicide** appeared the strongest one, over and above the well-known factors of women and young girls being more likely to attempt **suicide** and men more likely to succeed, with the highest rates among men in those over 75.

Attempted **suicide** is 10 to 20 times more common than **suicide,** although between 30 and 47 per cent of successful **suicides** have a history of past tries. Between 3 and 10 per cent of parasuicides go on to kill themselves within 10 years of an attempt.

**CITY:** LONDON, ENGLAND (79%);

**COMPANY:** NATIONAL HEALTH SERVICES INC (58%);

**GEOGRAPHIC:** ENGLAND (79%); UNITED KINGDOM (79%); LONDON, ENGLAND (79%);

**COUNTRY:** ENGLAND (79%); UNITED KINGDOM (79%);

**SUBJECT:** SUICIDE (92%); POVERTY & HOMELESSNESS (90%); MENTAL ILLNESS (90%); CITY LIFE (89%); DISEASES & DISORDERS (88%); NATIONAL HEALTH INSURANCE (77%); UNEMPLOYMENT RATES (76%); HEALTH DEPARTMENTS (73%); PUBLIC HOUSING (73%); CITIES (72%); PUBLIC HEALTH ADMINISTRATION (51%);

**LOAD-DATE:** July 25, 1995

**LANGUAGE:** ENGLISH

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The Age (Melbourne, Australia)

**June** 6, 1995 Tuesday

Late Edition

**Suicides rise with news reports - study**

**BYLINE:** Tania Ewing

**SECTION:** NEWS; Pg. 7

**LENGTH:** 239 words

Media reports of **suicide** trigger further **suicides**, according to an Adelaide study.

Professor Riaz Hassan, head of Flinders University's department of sociology, compared national statistics with the incidence of **suicide** stories in two newspapers, The Age and The Sydney Morning Herald.

The study found that the daily average **suicide** rate increased significantly in the days after **suicides** were publicised.

Dr Hassan used the Victorian State Library's index of stories to count the number of references to **suicide** in newspapers published between 1980 and 1990. Reports were categorised as "low impact" or "high impact" according to their position in the newspaper, their length, the headline, and whether photographs accompanied the story.

**Suicide** reports appeared in 288 issues over 10 years, with 148 "high-profile" stories.

Dr Hassan looked at the incidence of **suicides** on the three days following the reports. The results showed a significant increase in the daily **suicide** rate in the days following publication of a **suicide** report, with higher rates linked to the appearance of "high-profile" stories.

Dr Hassan said the newspaper reports were precipitating the **suicides** rather than causing them. "The presence of a report in the newspaper probably causes someone to commit **suicide** earlier. (The **suicides**) probably would have happened anyway," he said.

The study is to be published in the Australian and New Zealand Journal of Psychiatry.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); SOCIOLOGY (78%); STATISTICS (78%); LIBRARIES (72%); PSYCHIATRY (71%) Survey

**CITY:** SYDNEY, AUSTRALIA (88%); MELBOURNE, AUSTRALIA (56%)

**STATE:** VICTORIA, AUSTRALIA (71%)

**COUNTRY:** NEW ZEALAND (79%); AUSTRALIA (73%); AUSTRALIA & NEW ZEALAND (50%)

**LOAD-DATE:** July 25, 2007

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Hobart Mercury

**December** 14, 1987 Monday

**BYLINE:** WILSON PETER

**LENGTH:** 738 words

Japan: the land of th e rising **suicide** rate BURIED among the latest statistics issued in Tokyo is an alarming suggestion that increasing numbers of Japanese may be setting fire to themselves.

According to the National Fire Defence Board, 1986 saw a 22.2 per cent increase in the number of people committing **suicide** with fire.

Listed under "Deaths by Fire" was the fact that 804 people committed **suicide** with fire last year.

But closer inquiries find that the new statistics do not indicate a rise in self-immolations. Rather they point to a general rise in the number of Japanese **suicides** and a cultural quirk about **suicide** "with" fire instead of "by" fire.

**Suicide** with fire - when a person kills themselves by any method after setting fire to their home or valuables - is also related to the most tragic form of Japanese **suicide**, that in which a person kills his or her young children before committing **suicide**.

This killing of one's young before **suicide** is a horrifying but age-old Japanese practice. It is widely explained as a belief that, in a society which emphasises the family unit and has little sense of community welfare services being offered by the state, surviving children would face miserable lives without their parents.

Hence a mother killing herself in protest at her husband's adultery might first kill the kids.

This practice is recognised by Japanese courts to the extent that a mother who kills her children and then survives her own **suicide** attempt will not be charged with murder. The whole act is seen as a failed joint **suicide**, and even American courts have used this cultural interpretation when dealing with such Japanese family tragedies in the States.

Multiple **suicides** are relatively common in Japan, where 490 of last year's 25,524 listed **suicides** were classified as group **suicides**. Those figures do not include the child victims of such family **suicides** and unwilling adult partners in multiple **suicides**.

The Japanese language has terms for all these types of **suicide**. The "shinju" or group/double **suicides** include "boshi shinju" involving a mother and children, "oyako shinju" when both parents **suicide** and take some of their children, and "ikka shinju" or **suicide** of the whole family.

Group **suicides** other than a family's are "shudan jisatsu".

According to Prof Kenji Tamura, of Toyo University's sociology department, the important thing to distinguish about the fire **suicides** is the difference between "shoshin jisatsu" or self-immolation, and "hoka jisatsu" which means **suicide** "with" fire.

Immolation as a means of **suicide** is not that popular in Japan, he says.

"Hanging is most popular and jumping is also very big. In recent years city people have also been using drugs and gas.

Guns are not often used in **suicide**, largely because of Japan tougher gun laws.

The big cultural cliche of Japanese seppuku or harakiri, ritual disembowelment is almost non-existent.

Since the war there have been only two or three cases of seppuku, with the most recent being the 1970 and 1975 **suicides** of two extremist authors.

The kamikaze pilots of the Pacific War also helped to embed **suicide** into foreign stereotypes of Japanese behaviour.

But although Japanese **suicide** rates are high when compared to Australia's, they are certainly not the highest in the world.

Japan's **suicide** rate in 1986 was 21 out of 100,000 people, compared to 11 in Australia (1984 figures), 12.1 in the US, 0.2 in Egypt and 44.9 in Hungary (all 1980 figures).

Prof Tamura argues that the Japanese **suicide** practices of killing young children and using fire both result from the Japanese sense of self or identity.

"Japanese people identify very strongly with the home and children, which form an unusually central part of the Japanese self-image," he said.

The Japanese home is extremely private, akin to a Westerner's bedroom. Friends are rarely invited into a Japanese home, partly as a result of simple logistics - most Japanese have tiny homes - and partly because of the very personal view of the home.

The Japanese have one word "jibun" to mean one's self and another "bunshin" to cover "one's other self", which can equally mean one's home or one's children.

"So when people want to destroy themselves they might also kill their children or destroy their home," Prof Tamura said.

"There is also a general Japanese belief in an after-life and fire is a traditional tool of purification."

**SUBJECT:** SUICIDE (95%); STATISTICS (90%); CHILDREN (90%); FAMILY (89%); ARSON (89%); DEATHS (78%); MURDER (76%); LANGUAGE & LANGUAGES (73%); SOCIOLOGY (69%); HUMANITIES & SOCIAL SCIENCE (66%); COLLEGE & UNIVERSITY PROFESSORS (60%);

**PERSON:** KENJI TAMURA (65%);

**CITY:** TOKYO, JAPAN (90%);

**COUNTRY:** JAPAN (90%);

**LOAD-DATE:** September 19, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** MER

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St. Louis Post-Dispatch (Missouri)

**December** 12, 2006 Tuesday

THIRD EDITION

**LETTERS FROM READERS**

**SECTION:** EDITORIAL; Pg. B6

**LENGTH:** 1628 words

Kudos for dealing with reckless drivers

Kudos to St. Louis County Prosecutor Robert P. McCulloch for charging Mary Lott with involuntary manslaughter in the death of Missouri Department of Transportation worker Kenneth Hoierman ("Motorist is charged in death of highway worker," Dec. 9). This is a courageous step when it is next to impossible to convict drivers in a society in which many people still view fatal car crashes as accidents instead of the completely preventable tragedies that most are.

We need laws that make it easier for the judicial system to deal appropriately with all reckless drivers, not just those who have enough alcohol or drugs in their blood to get convicted, or those who kill highway workers. Dealing appropriately with reckless drivers should involve a combination of incarceration, fines and loss of driving privileges.

The latter, despite what most people still think, is not necessarily punishment, at least not in the conventional sense of the word. Many people do not need a car to get around, even in St. Louis. Those of us who love bicycles could show so many what a joy it is not to drive.

Karen Karabell | St. Louis Board chair, St. Louis Regional Bicycle Federation

Reporting on **suicide** should include prevention

Regarding "People are wondering, who's next?" (Dec. 10): It is understandable that stories about individual deaths by **suicide** might be newsworthy to the local community and need to be covered. In response, the American Foundation for **Suicide** Prevention along with the Annenberg Public Policy Center and others have developed recommendations to encourage responsible, accurate and informative reporting about **suicide**.

These reports should explain the real causes of **suicide**, list **suicide** warning signs, include expert opinions and where someone can go for help if they are feeling depressed or suicidal. Reports should avoid describing the **suicide** method or sensationalizing the **suicides**.

Although the article delves deeply into the tragic deaths of these four teenage boys lost to **suicide** and discusses the fear of contagion, it misses a real opportunity to inform the public about **suicide** and ways to prevent it. For example, research shows that more than 90 percent of people who die by **suicide** have an underlying (although not always diagnosed) psychiatric illness at the time of their death. We also know that the best way to prevent **suicide** is education and vigorous treatment of depression and other mental illnesses that can lead to **suicide**.

Dr. Paula Clayton | New York Medical Director, American Foundation for **Suicide** Prevention

Irony of Iraq milestones

That war itself seems a natural part of human existence perhaps teaches us about the symmetry of justice, like an echo coming back. That sound reverberated as I listened to the Iraq Study Group pronounce repeatedly and emphatically the need for Iraq to institute "milestones." Ironically, it is the book "Milestones" that terrorism experts claim is the manifesto for Osama bin Laden's movement.

Written by Egyptian writer and activist Sayyid Qutb during his political imprisonment in the late 1950s, "Milestones" argues almost mystically against modern materialism. The book was published in 1964, but was banned as treasonous. Two years later, Qutb was hanged by the Egyptian government when he refused to renounce his beliefs, declaring, "The time has come for a Muslim to give his head in order to proclaim the birth of the Islamic Movement."

For the neo-conservative and evangelical Americans who have fostered the predicted "clash of civilizations" - the West versus the Muslim world - the Iraq commission's ironic insistence on "milestones" may eerily signal that the West has come full circle to defeat.

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Rebekah Matt | Crestwood

**NOTES:** YOUR VIEWSOPINION

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** LETTER

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** LETTERS & COMMENTS (91%); INVOLUNTARY MANSLAUGHTER (90%); MANSLAUGHTER (90%); VEHICULAR OFFENSES (90%); SUICIDE (89%); DISEASES & DISORDERS (89%); MENTAL ILLNESS (89%); TEEN SUICIDE (87%); PREVENTION & WELLNESS (87%); TRAFFIC ACCIDENTS (78%); HOMICIDE (78%); TERRORISM (74%); DEPRESSION (71%); PUBLIC POLICY (70%); PSYCHIATRY (68%); PHYSICIANS & SURGEONS (61%); EDITORIALS & OPINIONS (61%) LETTER; OPINION

**COMPANY:** MISSOURI DEPARTMENT OF TRANSPORTATION (58%)

**PERSON:** OSAMA BIN LADEN (50%)

**CITY:** SAINT LOUIS, MO, USA (93%)

**STATE:** MISSOURI, USA (93%)

**COUNTRY:** UNITED STATES (93%); IRAQ (92%)

**LOAD-DATE:** December 12, 2006

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Himalayan Times

**October** 12, 2014 Sunday

**TOPICS: Live life no to suicide**

**BYLINE:** AMBIKA PANDEY

**LENGTH:** 412 words

Life is a beautiful creation of nature. We are born with some assignment. Once we take birth we are sure to die. But before we leave this world it is imperative to fulfill the assignment that we are given when born. But some people are hasty and choose to end their lives before this.

This very act of taking one's own life is called **suicide**. It is a very tragic event and with far reaching impact on the family of the victims and society.

Sadly, the same occurred in our neighborhood when a man committed **suicide** by hanging on a tree some days ago. No one guessed a married man living in a family, undertaking the responsibility of elderly parents, would take such a drastic step. This man has left his entire family in dire straits.

What causes some people to adopt such an aggressive mode? **Suicide** is a most unnatural and undesirable act that people find hard to accept. But the harsh reality is that **suicide** has become one of the leading causes of death worldwide .

According to World Health Organisation (WHO), every year almost one million people end their lives by committing **suicide**.

The rate of **suicide** is also increasing as society is developing. The ever increasing tendency to **suicide** among people has worried governments, social scholars and scientists. Numerous research studies have been carried out based on this in a bid to find out the factors that propel a person to commit **suicide**.

Medical scientists state that **suicide** is related to human psychology. When a person fails to cope with distress he/she chooses to commit **suicide**. Social scientists claim social facts as reasons that propel a person to commit **suicide**.

Whatever may be the reason no society accepts **suicide** as a normal thing.

Considering the increasing number of **suicide** cases and its impact on family and society, various measures have been adopted by the government and humanitarian organizations to tackle this issue.

Initiated in 2003 by International Association for **Suicide** Prevention (ISAP) the World **Suicide** Prevention Day is now observed on September 10 in collaboration with WHO and other organizations dedicated to **suicide** prevention.

According to police reports, **suicide** cases are increasing in our society. It has been placed under the category of social crime. So an awareness drive is a must to check this social crime.

In the meantime, every individual should understand that life is the most precious gift of nature. We should understand its worth and learn to live a life with zeal.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); FAMILY (90%); PREVENTION & WELLNESS (87%); ASSOCIATIONS & ORGANIZATIONS (87%); HUMAN RIGHTS ORGANIZATIONS (75%); PUBLIC HEALTH ADMINISTRATION (73%); HEALTH DEPARTMENTS (67%); RELIEF ORGANIZATIONS (67%); HUMANITIES & SOCIAL SCIENCE (65%); PSYCHOLOGY (65%)

**LOAD-DATE:** October 13, 2014

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India Pharma News

**September** 9, 2013 Monday 6:30 AM EST

**Mayo Clinic, American Foundation for Suicide Prevention Debunk Common Suicide Myths in Light of World Suicide Prevention Day**

**LENGTH:** 244 words

New Delhi, Sept. 9 -- Talking to someone about **suicide** will increase the chances that they will act on it true or false? False. The truth: When someone is in crisis or depressed, asking if he or she is thinking about **suicide** can help. Giving a person an opportunity to open up and share their troubles can help alleviate their pain and open a path to solutions. This is just one of many **suicide** prevention myths to debunk as we approach World **Suicide** Prevention Day on Sept. 10.

**Suicide** is a growing public health crisis. There were more than 38,000 **suicides** in 2010 in the United States, an average of 105 each day, according to the Center for Disease Control and Prevention. There is one **suicide** for every 25 attempted **suicides**, and **suicide** results in an estimated $34.6 billion in combined medical and work-loss costs.

"If we know anything about **suicide**, it's that many **suicides** are preventable if we can get people through a crisis and intervene," says Timothy Lineberry, M.D., a Mayo Clinic psychiatrist and **suicide** prevention expert. "There are many steps we can take to tackle this public health crisis and debunking myths is certainly one of them.

"One of the most common myths about **suicide** is that talking about it won't help," says Robert Gebbia, executive director, American Foundation for **Suicide** Prevention. "We know that starting a conversation about depression or suicidal thoughts can actually encourage someone to open up and get the help they need."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Web Publication

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); DEPRESSION (78%); MENTAL ILLNESS (78%); PUBLIC HEALTH ADMINISTRATION (75%); DISEASES & DISORDERS (75%); PSYCHIATRY (71%); PHYSICIANS & SURGEONS (67%)

**CITY:** NEW DELHI, INDIA (74%)

**COUNTRY:** UNITED STATES (94%); INDIA (74%)

**LOAD-DATE:** September 11, 2013

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St. Louis Post-Dispatch (Missouri)

**December** 12, 2006 Tuesday

THIRD EDITION

**LETTERS FROM READERS**

**SECTION:** EDITORIAL; Pg. B6

**LENGTH:** 1628 words

Kudos for dealing with reckless drivers

Kudos to St. Louis County Prosecutor Robert P. McCulloch for charging Mary Lott with involuntary manslaughter in the death of Missouri Department of Transportation worker Kenneth Hoierman ("Motorist is charged in death of highway worker," Dec. 9). This is a courageous step when it is next to impossible to convict drivers in a society in which many people still view fatal car crashes as accidents instead of the completely preventable tragedies that most are.

We need laws that make it easier for the judicial system to deal appropriately with all reckless drivers, not just those who have enough alcohol or drugs in their blood to get convicted, or those who kill highway workers. Dealing appropriately with reckless drivers should involve a combination of incarceration, fines and loss of driving privileges.

The latter, despite what most people still think, is not necessarily punishment, at least not in the conventional sense of the word. Many people do not need a car to get around, even in St. Louis. Those of us who love bicycles could show so many what a joy it is not to drive.

Karen Karabell | St. Louis Board chair, St. Louis Regional Bicycle Federation

Reporting on **suicide** should include prevention

Regarding "People are wondering, who's next?" (Dec. 10): It is understandable that stories about individual deaths by **suicide** might be newsworthy to the local community and need to be covered. In response, the American Foundation for **Suicide** Prevention along with the Annenberg Public Policy Center and others have developed recommendations to encourage responsible, accurate and informative reporting about **suicide**.

These reports should explain the real causes of **suicide**, list **suicide** warning signs, include expert opinions and where someone can go for help if they are feeling depressed or suicidal. Reports should avoid describing the **suicide** method or sensationalizing the **suicides**.

Although the article delves deeply into the tragic deaths of these four teenage boys lost to **suicide** and discusses the fear of contagion, it misses a real opportunity to inform the public about **suicide** and ways to prevent it. For example, research shows that more than 90 percent of people who die by **suicide** have an underlying (although not always diagnosed) psychiatric illness at the time of their death. We also know that the best way to prevent **suicide** is education and vigorous treatment of depression and other mental illnesses that can lead to **suicide**.

Dr. Paula Clayton | New York Medical Director, American Foundation for **Suicide** Prevention

Irony of Iraq milestones

That war itself seems a natural part of human existence perhaps teaches us about the symmetry of justice, like an echo coming back. That sound reverberated as I listened to the Iraq Study Group pronounce repeatedly and emphatically the need for Iraq to institute "milestones." Ironically, it is the book "Milestones" that terrorism experts claim is the manifesto for Osama bin Laden's movement.

Written by Egyptian writer and activist Sayyid Qutb during his political imprisonment in the late 1950s, "Milestones" argues almost mystically against modern materialism. The book was published in 1964, but was banned as treasonous. Two years later, Qutb was hanged by the Egyptian government when he refused to renounce his beliefs, declaring, "The time has come for a Muslim to give his head in order to proclaim the birth of the Islamic Movement."

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**LOAD-DATE:** December 12, 2006

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The New Zealand Herald

**October** 16, 2002 Wednesday

**Suicides down for fifth year**

**SECTION:** NEWS; General

**LENGTH:** 509 words

The number of young people committing **suicide** has fallen to its lowest level in more than a decade.

Associate Health Minister Jim Anderton yesterday released the youth **suicide** figures for 2000, the fifth consecutive year that youth **suicide** numbers have fallen.

But he said there was no cause for celebration because 96 young people took their own lives that year.

"No statistics can hide the fact of the trauma of any **suicide**," said Mr Anderton, who lost a daughter to **suicide**.

The 96 **suicides** of New Zealanders aged 15-24 in 2000 (a rate of 18.1 per 100,000 young people) compared with 120 in 1999 and 156 1995.

The figures are the lowest since 1986, when 91 young people committed **suicide**.

There was a large drop in the number of female **suicides**, from 37 in 1999 to 15 in 2000. There was little change in male **suicides** - 83 in 1999 and 81 in 2000.

The number of young Maori committing **suicide** decreased from 43 in 1998 to 33 in 1999 and 28 in 2000.

However, the Ministry of Youth Affairs' youth **suicide** prevention national co-ordinator, Debbie Edwards, said there had been a slight increase in 2000 over the previous year in the number of young Maori men committing **suicide**.

Six young Pacific Islanders and five young Asians committed **suicide** in 2000.

New Zealand had the second-highest rate of **suicide** for males aged 15-24 and the fourth-highest rate for females among selected OECD countries. This is an improvement on 1999, when the country was highest in both categories.

Research from the Canterbury **Suicide** Project in Christchurch found about 90 per cent of people who committed **suicide** or made **suicide** attempts had one or more psychiatric disorders at the time.

The most common were depression, substance-use disorders (alcohol, cannabis and other drug abuse) and significant behavioural problems.

Mr Anderton said the signs were good that the youth **suicide** prevention strategy, released in 1998, was making a difference.

However, officials were not certain what was causing the decline in the youth **suicide** rate.

"We could point to better economic conditions, we could point to more employment opportunities, we can point to some more optimism and hope among young people ... We can't be precisely certain that any of these events in themselves are the reason," he said.

Improved mental health services, better access to health services and better understanding of the signs of **suicides** could be important factors.

Ms Edwards said the main sectors that dealt with young people had received training in recognising young people at risk, responding helpfully and referring them on to appropriate services.

She said links with Maori culture and whanau were important in preventing **suicide** by young Maori.

Mr Anderton said he had asked the ministry to look at areas where there seemed to be gaps in programmes. These included the post-**suicide** period when family and friends of **suicide** victims were themselves at greater risk of committing **suicide**, and the carers of those threatening **suicide**, who also became at risk.

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (94%); CHILDREN'S HEALTH (90%); PREVENTION & WELLNESS (89%); MENTAL HEALTH (89%); HEALTH DEPARTMENTS (89%); PUBLIC HEALTH ADMINISTRATION (78%); MEN'S HEALTH (78%); DEPRESSION (78%); MENTAL ILLNESS (78%); MEN (78%); ECONOMIC CONDITIONS (73%); SUBSTANCE ABUSE (71%); DISEASES & DISORDERS (69%); BEHAVIOR DISORDERS (68%); MENTAL HEALTH PRACTICE (63%); ECONOMIC NEWS (62%); CANNABIS (62%); EMPLOYMENT (61%); HEALTH CARE ACCESS (60%);

**ORGANIZATION:** ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (54%);

**PERSON:** SIR GEORGE YOUNG (97%);

**CITY:** CHRISTCHURCH, NEW ZEALAND (79%);

**COUNTRY:** NEW ZEALAND (92%);

**LOAD-DATE:** December 20, 2002

**LANGUAGE:** ENGLISH

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The Advertiser

**August** 1, 2002, Thursday

**The Advertiser EDITORIAL;**

**Lifting the veil from a social taboo**

**SECTION:** OPINION; Pg. 16

**LENGTH:** 344 words

THE death of any young person is a tragedy. **Suicide** compounds that tragedy. **Suicide**, particularly youth **suicide**, is one of the most critical and disturbing issues facing our society.

It is far more prevalent than most of us suspect. About 2400 people commit **suicide** each year in Australia. Since 1990, **suicides** have exceeded road deaths and are the leading cause of injury-related death.

**Suicide** crosses the boundaries of wealth, class, race, age and geography.

Yet, ironically, in this so-called enlightened age, we are reluctant to confront **suicide**, especially among the young. Because it is so painful, so distressing, we choose instead to ignore it, to shy away from debate and discussion.

We prefer to maintain a stoic silence rather than engage in informed debate. We shield behind the excuse that if we discuss **suicide**, if we publicly seek answers, we will somehow encourage young people to consider **suicide** as a solution.

That is at best unproved and at worst socially irresponsible. The Advertiser does not report individual **suicides** unless it assesses they are in the public interest. But that does not mean we should ignore broader debate on this serious community problem.

**Suicide** inevitably is a simplistic and futile call for help. A last resort. To a tormented young mind, death emerges as a safe haven.

One estimate says 88 per cent of people who die from **suicide** suffered mental disorder.

As a society we are not educated to read the signs, to seek help, because **suicide** remains one of the last social taboos.

The secondary victims of youth **suicide**, the family and friends, are inevitably left heart-broken. They suffer an empty sense of hopelessness and guilt. They grapple almost alone with one central question: why?

It is time we confronted our fears and promoted rational, sensible and informed debate on **suicide**, particularly youth **suicide**.

To do otherwise is as illogical as it is irresponsible.

People in need of urgent **suicide** advice should ring Lifeline 131-114 or Assessment Crisis Intervention 131-465.

**SUBJECT:** SUICIDE (93%); EDITORIALS & OPINIONS (92%); TEEN SUICIDE (90%); WOUNDS & INJURIES (78%); MENTAL ILLNESS (73%); ACCIDENTAL FATALITIES (73%);

**COUNTRY:** AUSTRALIA (88%);

**LOAD-DATE:** July 31, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** ADV

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Messenger-Inquirer (Owensboro, Kentucky)

Distributed by McClatchy-Tribune Business News

**January** 14, 2013 Monday

**Number of Daviess suicides down**

**BYLINE:** James Mayse, Messenger-Inquirer, Owensboro, Ky.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 591 words

Jan. 14--There were slightly fewer **suicides** in Daviess County in 2012 than in 2011.

While the decline in **suicides** is good news, the members of the Owensboro coalition working to educate the public on how to help prevent **suicide** say there is more work to be done.

There were 18 **suicides** in 2012, three fewer than in the county in 2011, Daviess County Coroner Jeff Jones said. Still, the number of **suicides** last year was much higher than the number in the years before 2011 -- in 2010, there were 12 **suicides** in the county, and there were 13 in 2009.

Officials say they don't know why the number of **suicides** might have declined. In 2010, the last year for which statics were available, Daviess County had a **suicide** rate of 16.5 **suicides** per 100,000 individuals, said Mike Flaherty, chairman of the Owensboro Regional **Suicide** Prevention Coalition. The state average for the 2010 was 14.5 **suicides** per 100,000 residents, according to the U.S. Centers for Disease Control and Prevention.

Flaherty said **suicide** is still considered taboo. But being able to talk about **suicide**, especially with people who appear to need help, is one of the best ways to prevent **suicides**.

"We still find there's a lot of stigma associated with suicidal behavior," Flaherty said. "We educate people to see it's more of a community health problem than anything."

There's no one reason people commit **suicide**, Flaherty and Jones said.

"It's a complex behavior. People try to make sense of this and want an answer. The best we (can do) is understand the risk factors. The more risk factors there are, and the more serious factors there are," the greater the person's risk of **suicide**, Flaherty said.

According to the American Association of Suicidology, depression is believed to be a factor in 60 percent of all **suicides**.

"The most significant factor is depression," Flaherty said -- but other types of mental illnesses also play a role; 90 percent of all **suicide** victims were people suffering from some type of mental health condition.

Another factor is substance abuse, Flaherty said.

"One of the high risk factors is if someone had a drug or alcohol problem or their they're intoxicated at the time" they attempt to commit **suicide**, Flaherty said. One-third of **suicides** are by people who are later determined to have been intoxicated at the time of the incident.

Jan Ulrich, **suicide** prevention coordinator for the U.S. Department of Behavioral Health and Developmental and Intellectual Disabilities, said previously there are multiple risk factors.

Although there are many reasons people consider or attempt **suicide**, the best way to help prevent **suicide** is to not be afraid to discuss it with people you believe are at risk, Flaherty said.

"It has been shown if a suicidal person talks to anyone who guides them to help, that's extremely successful in (reducing) the risk" that the person will try to harm themselves. If you feel a person is strongly considering **suicide**, take them to the hospital, Flaherty said.

"It's best to go with them and be there for them," Flaherty said. "Sometimes, just that sign of support is effective."

People looking for help or needing someone to talk to about feelings of **suicide** should call the National **Suicide** Prevention Lifeline at (800) 273-TALK. Local help can be found by calling RiverValley Behavioral Health's crisis line at 684-9466.

Jmaes Mayse, 691-7303, jmayse@messenger-inquirer.com

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**ACC-NO:** 20130114-OW-Number-of-Daviess-suicides-down-0114-20130114

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** OW

**SUBJECT:** SUICIDE (94%); PREVENTION & WELLNESS (90%); SUBSTANCE ABUSE (89%); DEPRESSION (89%); MENTAL ILLNESS (89%); DISEASES & DISORDERS (87%); MENTAL HEALTH (78%); ASSOCIATIONS & ORGANIZATIONS (78%); HEALTH DEPARTMENTS (76%); CORONERS COURTS & OFFICES (73%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (55%)

**INDUSTRY:** General

**CITY:** OWENSBORO, KY, USA (88%)

**STATE:** KENTUCKY, USA (88%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** January 14, 2013

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Tulsa World (Oklahoma)

**November** 20, 2009 Friday

Final Edition

**Tulsa conference to link the survivors of suicide**

**BYLINE:** OMER GILLHAM World Staff Writer

**SECTION:** News; Pg. A12

**LENGTH:** 353 words

People affected by **suicide** can attend the National Survivors of **Suicide** Day on Saturday at Oklahoma State University at Tulsa. Joan Benedict, one of the event's organizers, said 230 conferences are taking place simultaneously across the U.S. and overseas. This is Tulsa's second conference.

The network of conferences helps survivors connect with others who have been affected by **suicide**, to understand the powerful emotions they experience, Benedict said. Benedict, a regulatory specialist for a clinical research company in south Tulsa, became involved with **suicide** awareness programs after her daughter, Chelsea, took her own life on June 12, 2007. When Benedict looked for support after her daughter's death, resources were sparse, she said. "This conference offers survivors the opportunity to come together as a community for support and healing," Benedict said. "To anyone who has lost someone to **suicide**, I would recommend attending the conference. It gives survivors the chance to share with others who walk in their shoes and in knowing that they are not alone." The Tulsa World published a three-day series on **suicide** awareness and prevention Oct. 4-6. The World analyzed the number of **suicides** for the last five years. **Suicides** have risen 12 percent since 2004. With 15 **suicides** per 100,000 people, Oklahoma ranks 11th nationally in **suicides**, according to the American Foundation for **Suicide** Prevention. Wyoming is ranked first with 22.6 **suicides** per 100,000 individuals. Meanwhile, Oklahoma's **suicide** rate is twice that of the homicide rate. In 2008, there were 578 **suicides**, compared with 249 homicides, according to preliminary data released by the state Medical Examiner's Office. The 2-to-1 ratio in Oklahoma is consistent with ratios in other states and the U.S. The conference at OSU-Tulsa, 700 N. Greenwood Ave., is free. Registration begins at 10 a.m., and lunch will be provided. Children 12 and younger should not attend. For more information go online to tulsaworld.com/afsp . To register, call 812-7609 or send an e-mail to jbenedict57@msn.com Omer Gillham 581-8301 omer.gillham@tulsaworld.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); MEDICAL RESEARCH (76%); HOMICIDE (74%); CORONERS COURTS & OFFICES (73%); PREVENTION & WELLNESS (71%); EXPERIMENTATION & RESEARCH (71%); CRIME RATES (71%); PHYSICIANS & SURGEONS (71%); VIOLENT CRIME STATISTICS (69%) News

**ORGANIZATION:** OKLAHOMA STATE UNIVERSITY (84%)

**CITY:** TULSA, OK, USA (94%)

**STATE:** OKLAHOMA, USA (96%)

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** November 21, 2009

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Alamogordo Daily News (New Mexico)

**November** 19, 2009 Thursday

**Suicide attempt survivor speaks in Alamogordo**

**BYLINE:** Alamogordo Daily News By Duane Barbati, Staff Writer

**SECTION:** NEWS

**LENGTH:** 584 words

It's never brought up at the family dinner table or even mentioned in polite conversation, but **suicide** is the 11th leading cause of death among Americans and New Mexico ranks fifth among states in **suicides**. It is the ninth leading cause of death for New Mexicans.

The New Mexico **Suicide** Prevention Coalition held a **suicide** prevention workshop at the Counseling Center in Alamogordo Wednesday.

Sabrina Strong of NMSPC gave a presentation on **suicide** attempt survivors at the Behavioral Health Local Collaborative 12 monthly meeting.

Strong also conducted **suicide** prevention workshops at the Counseling Center between 1 p.m. and 6 p.m.

She said she is a **suicide** attempt survivor.

"I talked about **suicide** attempt survivors," Strong said. "They're a really unique population. There is not really a lot of support specifically for **suicide** attempt survivors."

She said she thinks in the past there was an assumption that therapy would take care of it.

"It really doesn't take care of it," Strong said. "The term **suicide** survivor is not what people think it means. It actually means somebody who lost someone to **suicide**."

She said she tries to help people with **suicide** prevention through her own experience with it.

"I struggle with how open I should be with people about my situation," Strong said. "The fact is I tried to kill myself and I survived my **suicide** attempt. It's not good dinner conversation."

She said she believes her story of survival helps people.

"When I talk about **suicide** prevention, I think it's really helpful to have somebody who tried it," Strong said. "Who is still here to tell the tale of how someone could've helped me. What it could've taken to help me."

In Alamogordo, the Department of Public Safety is reporting an increase of **suicide** attempts from 2008. Between January 2009 and September 2009, officers have responded to 106 **suicide** related calls ? 68 of the 106 calls were threats of **suicide**, 26 calls were attempted **suicides** and two calls were **suicides**.

In 2008, ADPS responded to ? 89 **suicide** related calls, 48 of the 89 calls were threats, 25 were attempted **suicides** and eight calls were **suicides**.

ADPS Director Sam Trujillo said the department has seen a drop from eight **suicides** in 2008 to two **suicides**.

"We're getting more reports of **suicide** threats and attempts this year," Trujillo said. "Each case is examined on its own merits."

Strong said some things are helpful for some people while something else may be helpful for another individual.

"For some people, calling a crisis line is helpful," she said. "An attempted **suicide** is serious enough if the person intended not to be here anymore or not be here tomorrow."

Strong said a lot of times friends don't know how to help a person.

"We use QPR which is like CPR," she said. "It stands for question, persuade and refer.

"The idea of the workshop is to give people the language to talk to someone who is struggling. People are not taught how to talk about these things like **suicide**."

Strong said **suicide** is intertwined with the stigma of mental illness.

"We know that people who have suicidal crisis and get treatment," she said. "They're never suicidal again. The vast majority of people go on to live their lives and die a natural death."

Strong said in 90 percent of **suicide** attempts, the person has a diagnosed mental health illness.

"The majority of it is depression," she said. "It also can be bipolar, anxiety disorders and schizophrenia. Alcohol and drug addiction also falls into it."

Contact Duane Barbati at dbarbati@alamogordonews.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (78%); TALKS & MEETINGS (76%)

**STATE:** NEW MEXICO, USA (94%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** November 19, 2009

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The Washington Post

**November** 19, 1996, Tuesday, Final Edition

**LETTERS**

**SECTION:** HEALTH; Pg. Z04; LETTERS

**LENGTH:** 823 words

Misperceptions About Depression

"Fighting Misperceptions About Depression" [Seniors, October 22] perpetuates a myth about **suicide** among elderly adults: that the elderly commit **suicide** at an alarming rate and that the rate is rising.

The facts are otherwise. "The elderly" do not commit **suicide** at a notably higher rate than other age groups; only elderly males, especially white males, demonstrate an excessively high **suicide** rate, and they are a minority of the elderly population.

A clear majority of older people are women, and older women do not commit **suicide** at greater rates than younger ones. Female **suicides** remain at a more or less constant level from adolescence onward. Male **suicides** peak during youth and old age; white males commit more than 70 percent of all **suicides**; and white men account for nearly 80 percent of **suicides** among the elderly.

It is the exaggerated rate of **suicide** among older white males that skews the statistics to make it appear that "the elderly" have a high rate of **suicide**.

"**Suicide** in the United States 1980-1992," published in 1995 by the federal Centers for Disease Control and Prevention, traced the statistics on late-life **suicide** by year from 1980 to 1992, the latest year for which final numbers were available. It concluded that the rate of elderly **suicides** was up 9 percent over 12 years, but its numbers reveal an increase only in those aged 75 and older.

The 1992 rate is actually lower for those younger than 75; and they, men and women aged 65 to 75, constitute more than half of the elderly population.

Stanley Jacobson

Clinical psychologist

Washington

Pain's Sunny Side

I am a young person (age 30) with rheumatoid arthritis, and I found "Finding Pain's Sunny Side" [Health News, October 15] disturbing.

Pain for people with rheumatoid arthritis is a lot more than an annoyance. It can interfere with the ability to walk and climb stairs. I seek pain relief so I can do my job each day, which is caring for my son, stepson and a baby on the way. This is far from what was referred to as a " . . . preoccupation with pain relief." The ability to perform routine daily activities is as important a consideration as the possible side effects from pain medication.

Chronic illnesses need long-term treatments, but patients also need to feel better in the short term so we can get on with our lives and function on an everyday basis.

Renay Lang

Alexandria

Garage Door Openers

I applaud you for notifying parents with "Garage Door Openers a Threat to Children" (Cutting Edge, October 29]. But I wonder why I never see warnings about the danger to children when the large spring that controls the garage door as it closes breaks.

This has happened to us twice, and the first time, before my husband threaded a piece of retaining cable through it, the spring nearly struck him in the head. I've learned from several of my neighbors that their garage door springs have also broken.

Some hardware stores carry kits to prevent this piece from flying off.

Jean Johnson

Herndon

Peanut Allergies

If it is true that doctors believe early exposure to peanuts is a risk factor in the origination of peanut allergies ["Healthy Snack or Health Hazard?" Cover, October 1], I am alarmed that the numerous pediatricians and allergists we have seen over the last six years have only warned us to avoid cow's milk and honey before the age of 12 months.

Even after our first daughter was found to be severely allergic to peanuts, we have received no warnings from the health care community to avoid peanut-product exposure with our next child.

Doctors, if you have a theory on how to prevent this life-threatening allergy from forming, please share it with us.

Tom St. Clair

Kensington

Another Side of Meditation

"Meditating on the Bottom Line" [Health News, October 1] cites a study published in a medical journal that showed transcendental meditation to have reduced stress. And who conducted this study? Why, none other than a researcher from the Maharishi University of Management in Fairfield, Iowa. The objective reader must consider this a biased study.

The article is incorrect is describing TM as "extraordinary concentration" and meditation as simply a technique for stress reduction. The term "transcendental" is not accidental; it refers to the goal of transcending the rational mind and conscious awareness, which are seen as barriers to true reality.

Marcia Montenegro

Arlington

Letters intended for publication must be signed and include the writer's home address and home and business telephone numbers. Letters may be edited. Although we are unable to acknowledge all letters, we appreciate the time and value the viewpoints of those who write. Send letters to Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071 (FAX: 202-334-6471). Our Internet address is healthwashpost.com.

**COUNTRY:** UNITED STATES (92%);

**STATE:** DISTRICT OF COLUMBIA, USA (90%);

**COMPANY:** CENTERS FOR DISEASE CONTROL & PREVENTION (55%);

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (55%);

**GEOGRAPHIC:** UNITED STATES (92%); DISTRICT OF COLUMBIA, USA (90%);

**SUBJECT:** LETTER; SUICIDE (96%); LETTERS & COMMENTS (93%); SENIOR CITIZENS (93%); AGING (90%); DEPRESSION (90%); EPIDEMIOLOGY (90%); MEN (90%); DISEASES & DISORDERS (89%); AGING TRENDS (89%); WOMEN (89%); RHEUMATIC DISEASES (87%); ARTHRITIS (86%); CHRONIC DISEASES (78%); TEEN SUICIDE (78%); CHILDREN (78%); MEN'S HEALTH (78%); ADOLESCENTS (78%); DEMOGRAPHIC GROUPS (78%); IMMUNE SYSTEM DISORDERS (73%); US FEDERAL GOVERNMENT (73%); AUTOIMMUNE DISORDERS (71%); PAIN MANAGEMENT (68%); ANALGESICS (68%); HEALTH DEPARTMENTS (66%); STEPPARENTS (50%);

**PERSON:** SUNNY SIDE (62%);

**LOAD-DATE:** November 19, 1996

**LANGUAGE:** ENGLISH

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Times of India (Electronic Edition)

**September** 5, 2014 Friday

Jaipur Edition

**India is world's suicide capital with 2.6L cases/yr**

**SECTION:** THE TIMES OF INDIA

**LENGTH:** 491 words

India records by far the largest number of **suicides** in the world, accounting for nearly a third of the global total and more than twice as many as China, which is second on the list.

India also has the highest rate of **suicides** among young people - those aged 15 to 29 years.

These were among the sobering facts revealed in a report released by the WHO, "Preventing **Suicide**, A Global Imperative".

The report noted that an estimated 8 lakh **suicide** deaths occurred worldwide in 2012. It is the second leading cause of death in 15-29year-olds.

India in 2012 recorded nearly 2.6 lakh **suicides**,

dwarfing China's 1.2 lakh.Its overall rate of **suicides** (incidents per lakh population) was 12th at 20.9.

The worst countries on this parameter were North and South Korea, Guyana, Lithuania and Sri Lanka. Hungary , Japan, the Russian Federation and Belarus also had higher **suicide** rates than India. The Scandinavian countries, Sweden, Norway and Denmark -often perceived as societies with high **suicide** rates -had much lower rates.

In richer countries, three times as many men die of **suicide** as women, but in low and middle-income countries, the male-to-female ratio is much lower at 1.5 men to each woman. Globally , **suicides** account for 50% of all violent deaths in men and 71% in women.

In India, the ratio was about 1.6 with close to 1.6 lakh men committing **suicide** in 2012 compared to just under 1 lakh women. In four countries in India's immediate neighbourhood -China, Pakistan, Bangladesh and Afghanistan -women outnumbered men among **suicides**.Only in Iraq and Indonesia was the proportion of women to men among those committing **suicide** higher than in these countries.

India, despite its horrific statistics, has actually seen a decline in the tendency to commit **suicide** since

2012, with the rate declining by 9.2% over this 12-year period. China, in the same period, saw its **suicide** rate drop by 59%. India is a clear exception to the global pattern of the 70+ age group having the highest **suicide** rates. At 21.1 per lakh population, **suicides** among this age group are only about as common as among the entire population.

The report revealed that ingestion of pesticide, hanging and firearms are among the most common methods of **suicide** globally . It also listed various risk factors that contribute to **suicides**.

Risk factors associated with the health system and society at large include difficulties in accessing health care and in receiving the care needed, easy availability of the means for **suicide**, inappropriate media reporting that sensationalizes **suicide** and increases the risk of "copycat" **suicides**, and stigma against people who seek help for suicidal behaviours, or for mental health and substance abuse problems. Risks linked to the community and relationships include war and disaster, stresses of acculturation (such as among indigenous peoples or displaced persons), discrimination, a sense of isolation, abuse, violence and conflictual relationships.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); DEMOGRAPHIC GROUPS (88%); DEATHS & DEATH RATES (78%); DEATHS (76%); MENTAL HEALTH (73%); LOW INCOME PERSONS (69%); HEALTH CARE ACCESS (60%); SUBSTANCE ABUSE (50%)

**COUNTRY:** INDIA (96%); CHINA (91%); PAKISTAN (79%); NORWAY (79%); IRAQ (79%); BELARUS (79%); KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF (73%); RUSSIAN FEDERATION (71%); LITHUANIA (71%); SWEDEN (70%); NORDIC COUNTRIES (70%); AFGHANISTAN (68%); DENMARK (55%); INDONESIA (53%)

**LOAD-DATE:** September 5, 2014

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Messenger-Inquirer (Owensboro, Kentucky)

Distributed by McClatchy-Tribune Business News

**January** 14, 2013 Monday

**Number of Daviess suicides down**

**BYLINE:** James Mayse, Messenger-Inquirer, Owensboro, Ky.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 591 words

Jan. 14--There were slightly fewer **suicides** in Daviess County in 2012 than in 2011.

While the decline in **suicides** is good news, the members of the Owensboro coalition working to educate the public on how to help prevent **suicide** say there is more work to be done.

There were 18 **suicides** in 2012, three fewer than in the county in 2011, Daviess County Coroner Jeff Jones said. Still, the number of **suicides** last year was much higher than the number in the years before 2011 -- in 2010, there were 12 **suicides** in the county, and there were 13 in 2009.

Officials say they don't know why the number of **suicides** might have declined. In 2010, the last year for which statics were available, Daviess County had a **suicide** rate of 16.5 **suicides** per 100,000 individuals, said Mike Flaherty, chairman of the Owensboro Regional **Suicide** Prevention Coalition. The state average for the 2010 was 14.5 **suicides** per 100,000 residents, according to the U.S. Centers for Disease Control and Prevention.

Flaherty said **suicide** is still considered taboo. But being able to talk about **suicide**, especially with people who appear to need help, is one of the best ways to prevent **suicides**.

"We still find there's a lot of stigma associated with suicidal behavior," Flaherty said. "We educate people to see it's more of a community health problem than anything."

There's no one reason people commit **suicide**, Flaherty and Jones said.

"It's a complex behavior. People try to make sense of this and want an answer. The best we (can do) is understand the risk factors. The more risk factors there are, and the more serious factors there are," the greater the person's risk of **suicide**, Flaherty said.

According to the American Association of Suicidology, depression is believed to be a factor in 60 percent of all **suicides**.

"The most significant factor is depression," Flaherty said -- but other types of mental illnesses also play a role; 90 percent of all **suicide** victims were people suffering from some type of mental health condition.

Another factor is substance abuse, Flaherty said.

"One of the high risk factors is if someone had a drug or alcohol problem or their they're intoxicated at the time" they attempt to commit **suicide**, Flaherty said. One-third of **suicides** are by people who are later determined to have been intoxicated at the time of the incident.

Jan Ulrich, **suicide** prevention coordinator for the U.S. Department of Behavioral Health and Developmental and Intellectual Disabilities, said previously there are multiple risk factors.

Although there are many reasons people consider or attempt **suicide**, the best way to help prevent **suicide** is to not be afraid to discuss it with people you believe are at risk, Flaherty said.

"It has been shown if a suicidal person talks to anyone who guides them to help, that's extremely successful in (reducing) the risk" that the person will try to harm themselves. If you feel a person is strongly considering **suicide**, take them to the hospital, Flaherty said.

"It's best to go with them and be there for them," Flaherty said. "Sometimes, just that sign of support is effective."

People looking for help or needing someone to talk to about feelings of **suicide** should call the National **Suicide** Prevention Lifeline at (800) 273-TALK. Local help can be found by calling RiverValley Behavioral Health's crisis line at 684-9466.

Jmaes Mayse, 691-7303, jmayse@messenger-inquirer.com

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** OW

**SUBJECT:** SUICIDE (94%); PREVENTION & WELLNESS (90%); SUBSTANCE ABUSE (89%); DEPRESSION (89%); MENTAL ILLNESS (89%); DISEASES & DISORDERS (87%); MENTAL HEALTH (78%); ASSOCIATIONS & ORGANIZATIONS (78%); HEALTH DEPARTMENTS (76%); CORONERS COURTS & OFFICES (73%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (55%)

**INDUSTRY:** General

**CITY:** OWENSBORO, KY, USA (88%)

**STATE:** KENTUCKY, USA (88%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** January 14, 2013

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The Western Mail

**September** 21, 2012 Friday

Edition 1;

National Edition

**Debate must be fair;**

**& COMMENT DEBATE ; YOUR LETTERS TO THE NATIONAL NEWSPAPER OF WALES**

**SECTION:** NEWS; Pg. 22,23

**LENGTH:** 302 words

¶ SIR - I am sure that some effort is made to prevent **suicides** (Barry Taylor, Letters, September 14) but all the push in Parliament, the press, television (especially the BBC) is heavily concentrated on discussing **suicide**, especially assisted **suicide** and legalisation.

This is bound to be disturbing for those whose mental balance is fragile and who are already thinking of **suicide**.

The change in the **Suicide** Act in 1961 was done out of compassion for those who feel so badly about their lives and future that they attempt **suicide**.

However, all we hear today is that **suicide** is legal, which is not likely to discourage anyone contemplating such an unnatural act.

There were 25 **suicides** in the Bridgend area in the two years between 2007 and 2009 and many parents felt the media were glamorising **suicide** and adding to the problem.

Eventually the police asked the media to stop reporting the deaths because they feared it was this that was encouraging the **suicides**. This shows that discussing the topic does affect some people to take their own lives.

September 10, 2012, was the 10th anniversary of the institution of World **Suicide** Prevention Day. I may have missed it but as far as I can see there was no mention of this in any news outlet. Why does the media always report the latest request for assisted **suicide** and not the attempts to prevent it? The latest figures on the World Health Organisation website show 3,313 men and 932 women committed **suicide** in 2009 in the UK.

Far from needing to encourage **suicide**, we need to ask why is it that so many sick and disabled people are not clamouring for assisted **suicide**.

We need to ask whether a change in the law is needed which may make the majority of disabled people feel that their lives are not considered as valuable as the able-bodied. JANET SECLUNA THOMAS Dinas Powys

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** WWM

**SUBJECT:** SUICIDE (94%); ASSISTED SUICIDE (90%); LETTERS & COMMENTS (90%); PREVENTION & WELLNESS (78%); ANNIVERSARIES (68%); DISABLED PERSONS (63%); PUBLIC HEALTH ADMINISTRATION (51%); ASSOCIATIONS & ORGANIZATIONS (50%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (54%)

**COUNTRY:** WALES (88%); UNITED KINGDOM (78%)

**REGION:** National Edition

**LOAD-DATE:** September 21, 2012

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InsideHalton

**September** 8, 2011 Thursday

Final Edition

**Distress Centre encourages people to talk openly about suicide**

**SECTION:** HEALTH; Pg. 1

**LENGTH:** 336 words

Volunteers at the Oakville Distress Centre specialize in listening to anything on the mind of the caller, including discussing **suicide**.

"There is a common misconception that talking about **suicide** creates the idea in someone's mind," said Kassandra Sawatzky, executive director, Oakville Distress Centre. "This is not true. Openly discussing **suicide** helps support those in crisis and can prevent **suicide** from occurring."

Sept. 10 is World **Suicide** Prevention Day, so let's look at some of the facts.

- According to the Halton **Suicide** Prevention Coalition, **suicide** is a major cause of death in Canada and approximately 4,000 people die each year.

- **Suicide** is the second leading cause of death for youth ages 10-24.

- Within Halton alone, an average of 30 **suicide** deaths occur each year.

World **Suicide** Prevention Day is focused on raising awareness to **suicide**, its impact on individuals, families and communities and encouraging communities to address it through programs and services.

The Oakville Distress Centre, a United Way member agency, is one of a number of Oakville and Halton agencies able to provide support to those in need. Each year the Centre receives thousands of calls from individuals struggling with loneliness, isolation, mental and physical health challenges, personal issues and **suicide**.

Phone volunteers are trained in **suicide** prevention and can provide the necessary support to callers considering **suicide**. Support is also available to individuals who are concerned about a friend or a family member. Volunteers help them understand the myths and facts of **suicide** and how they can help their loved one.

"Listening is crisis prevention at its core and that is what we are here to do," said Sawatzky. "All calls are completely confidential, anonymous and free."

The Oakville Distress Centre operates 24/7/365 and can be reached at 905-849-4541. You can also connect at <a href="http://www.distresscentreoakville.com" target="\_blank">www.distresscentreoakville.com .

- Submitted by the Oakville Distress Centre

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Article

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DEATHS & DEATH RATES (90%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); VOLUNTEERS (90%); DEATHS (90%); FAMILY (73%); MENTAL HEALTH (73%)

**COUNTRY:** CANADA (76%)

**LOAD-DATE:** September 9, 2011

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Oakville Beaver

**September** 8, 2011 Thursday

Final Edition

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**SECTION:** HEALTH; Pg. 1

**LENGTH:** 336 words

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**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Article

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DEATHS & DEATH RATES (90%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); VOLUNTEERS (90%); DEATHS (90%); FAMILY (73%); MENTAL HEALTH (73%)

**COUNTRY:** CANADA (76%)

**LOAD-DATE:** September 9, 2011

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InsideHalton

**September** 21, 2010 Tuesday

Final Edition

**One tough topic**

**BYLINE:** Canadian Champion editorial

**SECTION:** EDITORIAL; Pg. 1

**LENGTH:** 201 words

**Suicide** isn't a subject easily broached.

However, the awkwardness and/or fear of discussing **suicide** pales in comparison to the damage caused if the complex issue isn't brought to the forefront. Did you know:

30 **suicide** deaths occur each year on average in Halton

In Halton there are more than 420 hospitalizations each year from attempted **suicides**

Halton Regional Police receives, on average, one call per day related to **suicide**

Those are frightening statistics to be sure, however by bringing the issue of **suicide** into the light, steps can be taken to help reduce those numbers.

World **Suicide** Prevention Day is in September and Halton Region, along with the Halton **Suicide** Prevention Coalition, wants to raise awareness about the coalition's updated website that offers easy-to-access information and support for anyone either considering **suicide** or wanting to help a suicidal person.

The website is <a href="http://www.suicidepreventionhalton.ca" target="\_blank">www.suicidepreventionhalton.ca .

By working together and openly discussing the issue of **suicide**, it's hoped that, in time, the number of **suicides** and attempted **suicides** in Halton will significantly decline.

To ignore the issue certainly isn't the answer.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Article

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); EDITORIALS & OPINIONS (90%)

**LOAD-DATE:** September 22, 2010

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Tulsa World (Oklahoma)

**November** 20, 2009 Friday

Final Edition

**Tulsa conference to link the survivors of suicide**

**BYLINE:** OMER GILLHAM World Staff Writer

**SECTION:** News; Pg. A12

**LENGTH:** 353 words

People affected by **suicide** can attend the National Survivors of **Suicide** Day on Saturday at Oklahoma State University at Tulsa. Joan Benedict, one of the event's organizers, said 230 conferences are taking place simultaneously across the U.S. and overseas. This is Tulsa's second conference.

The network of conferences helps survivors connect with others who have been affected by **suicide**, to understand the powerful emotions they experience, Benedict said. Benedict, a regulatory specialist for a clinical research company in south Tulsa, became involved with **suicide** awareness programs after her daughter, Chelsea, took her own life on June 12, 2007. When Benedict looked for support after her daughter's death, resources were sparse, she said. "This conference offers survivors the opportunity to come together as a community for support and healing," Benedict said. "To anyone who has lost someone to **suicide**, I would recommend attending the conference. It gives survivors the chance to share with others who walk in their shoes and in knowing that they are not alone." The Tulsa World published a three-day series on **suicide** awareness and prevention Oct. 4-6. The World analyzed the number of **suicides** for the last five years. **Suicides** have risen 12 percent since 2004. With 15 **suicides** per 100,000 people, Oklahoma ranks 11th nationally in **suicides**, according to the American Foundation for **Suicide** Prevention. Wyoming is ranked first with 22.6 **suicides** per 100,000 individuals. Meanwhile, Oklahoma's **suicide** rate is twice that of the homicide rate. In 2008, there were 578 **suicides**, compared with 249 homicides, according to preliminary data released by the state Medical Examiner's Office. The 2-to-1 ratio in Oklahoma is consistent with ratios in other states and the U.S. The conference at OSU-Tulsa, 700 N. Greenwood Ave., is free. Registration begins at 10 a.m., and lunch will be provided. Children 12 and younger should not attend. For more information go online to tulsaworld.com/afsp . To register, call 812-7609 or send an e-mail to jbenedict57@msn.com Omer Gillham 581-8301 omer.gillham@tulsaworld.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); MEDICAL RESEARCH (76%); HOMICIDE (74%); CORONERS COURTS & OFFICES (73%); PREVENTION & WELLNESS (71%); EXPERIMENTATION & RESEARCH (71%); CRIME RATES (71%); PHYSICIANS & SURGEONS (71%); VIOLENT CRIME STATISTICS (69%) News

**ORGANIZATION:** OKLAHOMA STATE UNIVERSITY (84%)

**CITY:** TULSA, OK, USA (94%)

**STATE:** OKLAHOMA, USA (96%)

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** November 21, 2009

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Alamogordo Daily News (New Mexico)

**November** 19, 2009 Thursday

**Suicide attempt survivor speaks in Alamogordo**

**BYLINE:** Alamogordo Daily News By Duane Barbati, Staff Writer

**SECTION:** NEWS

**LENGTH:** 584 words

It's never brought up at the family dinner table or even mentioned in polite conversation, but **suicide** is the 11th leading cause of death among Americans and New Mexico ranks fifth among states in **suicides**. It is the ninth leading cause of death for New Mexicans.

The New Mexico **Suicide** Prevention Coalition held a **suicide** prevention workshop at the Counseling Center in Alamogordo Wednesday.

Sabrina Strong of NMSPC gave a presentation on **suicide** attempt survivors at the Behavioral Health Local Collaborative 12 monthly meeting.

Strong also conducted **suicide** prevention workshops at the Counseling Center between 1 p.m. and 6 p.m.

She said she is a **suicide** attempt survivor.

"I talked about **suicide** attempt survivors," Strong said. "They're a really unique population. There is not really a lot of support specifically for **suicide** attempt survivors."

She said she thinks in the past there was an assumption that therapy would take care of it.

"It really doesn't take care of it," Strong said. "The term **suicide** survivor is not what people think it means. It actually means somebody who lost someone to **suicide**."

She said she tries to help people with **suicide** prevention through her own experience with it.

"I struggle with how open I should be with people about my situation," Strong said. "The fact is I tried to kill myself and I survived my **suicide** attempt. It's not good dinner conversation."

She said she believes her story of survival helps people.

"When I talk about **suicide** prevention, I think it's really helpful to have somebody who tried it," Strong said. "Who is still here to tell the tale of how someone could've helped me. What it could've taken to help me."

In Alamogordo, the Department of Public Safety is reporting an increase of **suicide** attempts from 2008. Between January 2009 and September 2009, officers have responded to 106 **suicide** related calls ? 68 of the 106 calls were threats of **suicide**, 26 calls were attempted **suicides** and two calls were **suicides**.

In 2008, ADPS responded to ? 89 **suicide** related calls, 48 of the 89 calls were threats, 25 were attempted **suicides** and eight calls were **suicides**.

ADPS Director Sam Trujillo said the department has seen a drop from eight **suicides** in 2008 to two **suicides**.

"We're getting more reports of **suicide** threats and attempts this year," Trujillo said. "Each case is examined on its own merits."

Strong said some things are helpful for some people while something else may be helpful for another individual.

"For some people, calling a crisis line is helpful," she said. "An attempted **suicide** is serious enough if the person intended not to be here anymore or not be here tomorrow."

Strong said a lot of times friends don't know how to help a person.

"We use QPR which is like CPR," she said. "It stands for question, persuade and refer.

"The idea of the workshop is to give people the language to talk to someone who is struggling. People are not taught how to talk about these things like **suicide**."

Strong said **suicide** is intertwined with the stigma of mental illness.

"We know that people who have suicidal crisis and get treatment," she said. "They're never suicidal again. The vast majority of people go on to live their lives and die a natural death."

Strong said in 90 percent of **suicide** attempts, the person has a diagnosed mental health illness.

"The majority of it is depression," she said. "It also can be bipolar, anxiety disorders and schizophrenia. Alcohol and drug addiction also falls into it."

Contact Duane Barbati at dbarbati@alamogordonews.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (78%); TALKS & MEETINGS (76%)

**STATE:** NEW MEXICO, USA (94%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** November 19, 2009

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The Washington Post

**November** 19, 1996, Tuesday, Final Edition

**LETTERS**

**SECTION:** HEALTH; Pg. Z04; LETTERS

**LENGTH:** 823 words

Misperceptions About Depression

"Fighting Misperceptions About Depression" [Seniors, October 22] perpetuates a myth about **suicide** among elderly adults: that the elderly commit **suicide** at an alarming rate and that the rate is rising.

The facts are otherwise. "The elderly" do not commit **suicide** at a notably higher rate than other age groups; only elderly males, especially white males, demonstrate an excessively high **suicide** rate, and they are a minority of the elderly population.

A clear majority of older people are women, and older women do not commit **suicide** at greater rates than younger ones. Female **suicides** remain at a more or less constant level from adolescence onward. Male **suicides** peak during youth and old age; white males commit more than 70 percent of all **suicides**; and white men account for nearly 80 percent of **suicides** among the elderly.

It is the exaggerated rate of **suicide** among older white males that skews the statistics to make it appear that "the elderly" have a high rate of **suicide**.

"**Suicide** in the United States 1980-1992," published in 1995 by the federal Centers for Disease Control and Prevention, traced the statistics on late-life **suicide** by year from 1980 to 1992, the latest year for which final numbers were available. It concluded that the rate of elderly **suicides** was up 9 percent over 12 years, but its numbers reveal an increase only in those aged 75 and older.

The 1992 rate is actually lower for those younger than 75; and they, men and women aged 65 to 75, constitute more than half of the elderly population.

Stanley Jacobson

Clinical psychologist

Washington

Pain's Sunny Side

I am a young person (age 30) with rheumatoid arthritis, and I found "Finding Pain's Sunny Side" [Health News, October 15] disturbing.

Pain for people with rheumatoid arthritis is a lot more than an annoyance. It can interfere with the ability to walk and climb stairs. I seek pain relief so I can do my job each day, which is caring for my son, stepson and a baby on the way. This is far from what was referred to as a " . . . preoccupation with pain relief." The ability to perform routine daily activities is as important a consideration as the possible side effects from pain medication.

Chronic illnesses need long-term treatments, but patients also need to feel better in the short term so we can get on with our lives and function on an everyday basis.

Renay Lang

Alexandria

Garage Door Openers

I applaud you for notifying parents with "Garage Door Openers a Threat to Children" (Cutting Edge, October 29]. But I wonder why I never see warnings about the danger to children when the large spring that controls the garage door as it closes breaks.

This has happened to us twice, and the first time, before my husband threaded a piece of retaining cable through it, the spring nearly struck him in the head. I've learned from several of my neighbors that their garage door springs have also broken.

Some hardware stores carry kits to prevent this piece from flying off.

Jean Johnson

Herndon

Peanut Allergies

If it is true that doctors believe early exposure to peanuts is a risk factor in the origination of peanut allergies ["Healthy Snack or Health Hazard?" Cover, October 1], I am alarmed that the numerous pediatricians and allergists we have seen over the last six years have only warned us to avoid cow's milk and honey before the age of 12 months.

Even after our first daughter was found to be severely allergic to peanuts, we have received no warnings from the health care community to avoid peanut-product exposure with our next child.

Doctors, if you have a theory on how to prevent this life-threatening allergy from forming, please share it with us.

Tom St. Clair

Kensington

Another Side of Meditation

"Meditating on the Bottom Line" [Health News, October 1] cites a study published in a medical journal that showed transcendental meditation to have reduced stress. And who conducted this study? Why, none other than a researcher from the Maharishi University of Management in Fairfield, Iowa. The objective reader must consider this a biased study.

The article is incorrect is describing TM as "extraordinary concentration" and meditation as simply a technique for stress reduction. The term "transcendental" is not accidental; it refers to the goal of transcending the rational mind and conscious awareness, which are seen as barriers to true reality.

Marcia Montenegro

Arlington

Letters intended for publication must be signed and include the writer's home address and home and business telephone numbers. Letters may be edited. Although we are unable to acknowledge all letters, we appreciate the time and value the viewpoints of those who write. Send letters to Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071 (FAX: 202-334-6471). Our Internet address is healthwashpost.com.

**COUNTRY:** UNITED STATES (92%);

**STATE:** DISTRICT OF COLUMBIA, USA (90%);

**COMPANY:** CENTERS FOR DISEASE CONTROL & PREVENTION (55%);

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (55%);

**GEOGRAPHIC:** UNITED STATES (92%); DISTRICT OF COLUMBIA, USA (90%);

**SUBJECT:** LETTER; SUICIDE (96%); LETTERS & COMMENTS (93%); SENIOR CITIZENS (93%); AGING (90%); DEPRESSION (90%); EPIDEMIOLOGY (90%); MEN (90%); DISEASES & DISORDERS (89%); AGING TRENDS (89%); WOMEN (89%); RHEUMATIC DISEASES (87%); ARTHRITIS (86%); CHRONIC DISEASES (78%); TEEN SUICIDE (78%); CHILDREN (78%); MEN'S HEALTH (78%); ADOLESCENTS (78%); DEMOGRAPHIC GROUPS (78%); IMMUNE SYSTEM DISORDERS (73%); US FEDERAL GOVERNMENT (73%); AUTOIMMUNE DISORDERS (71%); PAIN MANAGEMENT (68%); ANALGESICS (68%); HEALTH DEPARTMENTS (66%); STEPPARENTS (50%);

**PERSON:** SUNNY SIDE (62%);

**LOAD-DATE:** November 19, 1996

**LANGUAGE:** ENGLISH

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Siasat Daily (India)

**September** 10, 2011 Saturday

**AP ranks 2nd in the country in suicide incidences**

**LENGTH:** 223 words

**DATELINE:** Hyderabad

Hyderabad, Sept. 10 -- Every year World **Suicide** Prevention Day is observed on September 10 to pledge for preventing the incidents of **suicides** across the world.

According to a report daily 3 thousand people end their life. Every year more than one million people commit **suicide**. According to Global mortality rate a suicidal death occurs every 30 seconds. According to WHO, India has the highest **suicide** rate in the world. According to an estimate 1 lakh 20 thousand people commit **suicide** every year while 40 thousand attempt **suicide** and 40 percent of them are under the age of 30 years.

The rate of **suicide** in Andhra Pradesh is 2nd in the country next to West Bengal. The 2010 crime report indicates that on an average, there are 43 **suicides** in AP every day, of which three **suicides** occur in Cyberabad. Between April and June 2010, 52 students committed **suicide** due to academic pressure. An incident of **suicide** occurred every 3 minutes in India. Depression and frustration are the main causes of **suicide**.

By paying attention towards such people the NGO Roshni works for the prevention of **suicide** incidents. The organization was set up 19 years ago. Published by HT Syndication with permission from Siasat Daily. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); DEATHS (90%); PREVENTION & WELLNESS (78%); DEATHS & DEATH RATES (76%)

**STATE:** ANDHRA PRADESH, INDIA (90%); WEST BENGAL, INDIA (57%)

**COUNTRY:** INDIA (90%)

**LOAD-DATE:** September 10, 2011

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Herald-Times (Bloomington, Indiana)

Distributed by McClatchy-Tribune Business News

**March** 7, 2011 Monday

**Suicide prevention coalition will set up program with $3,000 grant**

**BYLINE:** Dann Denny, Herald-Times, Bloomington, Ind.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 523 words

March 07--A $3,000 grant will enable a fledgling **suicide** prevention organization to begin spreading its wings.

The Monroe County **Suicide** Prevention Coalition, formed last fall, will use the grant to fund a number of purchases and pay for training fees and initiatives -- all designed to help prevent youth **suicide** in the county.

"The grant will allow us to do some of the things we want to do to get started," said Kristin Wolfe, the coalition's community liaison. "Our initial focus will be on making young people aware of all the **suicide** prevention agencies there are, and implementing programs into the schools and hospitals and community as a whole."

Wolfe said the money will buy **suicide** prevention kits for young people, provide **suicide** prevention teacher training and purchase **suicide** prevention booklets for adults.

She said the coalition will buy four Lifeline curriculum kits designed for middle and high school youth that discuss **suicide** warning signs and how to seek help for themselves or a friend at risk.

"The kits will be used in the local schools by counselors and health class teachers," she said.

Wolfe said some of the grant will be used to provide a one-day course in **suicide** prevention training for a person that will prepare that person to offer a two-hour training program in **suicide** prevention -- along with 140 booklets to be used by those taking the program.

"This program teaches people how to recognize the warning signs of **suicide**, directly ask about **suicide**, and refer at-risk people for help," she said.

Wolfe said the grant will also enable the coalition to buy 2,500 **suicide** prevention bookmarks that will be placed inside the textbooks of MCCSC students; and design a Monroe County **Suicide** Prevention Coalition banner to be displayed at local events, such as the Out of Darkness Walk.

The grant was provided by the Indiana **Suicide** Prevention Coalition, Indiana Cares and Youth **Suicide** Prevention Progress.

The Monroe County **Suicide** Prevention Coalition, which operates as a formal subsidiary of the Monroe County Chapter of Mental Health of America, is made up of a people in the community who are concerned about **suicide**. The group's goal is to address **suicide** prevention, intervention and post-**suicide** support needs.

Benefit planned

There will be music, appetizers and dancing entertainment by the One Step Above Dance Company at an event to benefit the American Foundation for **Suicide** Prevention from 6 to 9 p.m. April 13 at the Bloomington Country Club. There will also be information about the Out of Darkness Walk this October. Tickets are $5 for high school and college students, $4 for children younger than high school age and $10 for adults. It's preferred that people order tickets before the event by calling 812-272-5407 or e-mailing burtmar0@bnths.nthls.com

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**ACC-NO:** 20110307-BM-Suicide-prevention-coalition-will-set-up-program-with-3,000-grant-0307-20110307

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** BM

**SUBJECT:** SUICIDE (94%); TEEN SUICIDE (90%); TEACHING & TEACHERS (90%); PREVENTION & WELLNESS (90%); SCIENCE FUNDING (89%); STUDENTS & STUDENT LIFE (89%); CHILDREN'S HEALTH (89%); ASSOCIATIONS & ORGANIZATIONS (89%); MENTAL HEALTH (78%); DEATHS (78%); CURRICULA (78%); DANCE (77%); TEACHER EDUCATION (77%); CHILDREN (74%); EDUCATIONAL INSTITUTION EMPLOYEES (74%); PRIMARY & SECONDARY SCHOOL TEACHERS (73%); SECONDARY SCHOOLS (69%); TEXTBOOKS (69%); DANCE COMPANIES (60%)

**INDUSTRY:** General

**STATE:** INDIANA, USA (92%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** March 7, 2011

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BBC Monitoring Asia Pacific - Political

Supplied by BBC Worldwide Monitoring

**May** 19, 2009 Tuesday

**South Korea to fight "wave" of online suicide pacts**

**LENGTH:** 206 words

Text of report in English by South Korean newspaper Choson Ilbo website on 19 May

The government will ban more **suicide**-related searches on portal sites and seek a revision of the relevant laws in an extra National Assembly session in June to stem a wave of online **suicide** pacts, the Ministry for Health, Welfare and Family Affairs and the National Police Agency said Monday.

That will make it more difficult to search **suicide**-related websites or blogs, no matter how many **suicide**-related search words - such as **suicide**, how to commit **suicide**, "jasal" (Korean word for **suicide**), how to die, and joint **suicide** - are typed in. The government will cooperate with large Internet portals including Naver, Daum, and SK Communications.

Authorities also plan to revise the laws on **suicide** prevention and electronic communications so that police can obtain the personal information of people who spread messages encouraging **suicide** or offer counseling services to those who want to kill themselves.

According to the NPA, 20 people had died in **suicide** pacts between April 8 and May 9, with six others in serious conditions as a result of **suicide** attempts. Most allegedly met on **suicide** websites.

Source: Choson Ilbo website, Seoul, in English 19 May 09

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Transcript

**SUBJECT:** SUICIDE (96%); WEB SITES & PORTALS (90%); SEARCH ENGINES (90%); DEATHS (78%); WEB SEARCH PORTALS (77%); POLICE FORCES (76%); BLOGS & MESSAGE BOARDS (73%); SPECIAL INVESTIGATIVE FORCES (71%); HEALTH DEPARTMENTS (71%); PREVENTION & WELLNESS (71%)

**CITY:** SEOUL, KOREA, REPUBLIC OF (78%)

**COUNTRY:** KOREA, REPUBLIC OF (94%)

**LOAD-DATE:** May 19, 2009

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PNG Post-Courier (Australia)

**September** 12, 2007 Wednesday

**Rate of suicides on the rise**

**BYLINE:** By Pearson Kolo

**SECTION:** HOME NEWS; Pg. 9

**LENGTH:** 195 words

ALMOST 3000 people commit **suicide** every day. The lives of family and friends are shattered every 30 seconds when a person takes their own life.

Today, too many people of all ages needlessly take their own lives and for every person who completes a **suicide,** 20 or more may attempt **suicide.**

For family and friends affected by **suicide** or attempted **suicide,** the emotional impact may last for many years.

This was the significance in a statement released by the World Health Organisation (WHO) on Monday with focus of World **Suicide** Prevention Day this year.

The statement emphasised that people of all ages commit **suicide** and that actions to prevent **suicide** included in national responses should meet the needs of different age groups.

World **Suicide** Prevention Day is an opportunity for people worldwide to unite in commitment and action to ensure that **suicides** are prevented, the statement said.

There is a growing awareness of **suicide** as a major public health problem, even though there is a taboo in many societies against discussing it openly.

Worldwide, **suicide** rates have increased by 60 per cent over the last 50 years, and the increase has been marked in developing countries.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** PTC

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); PUBLIC HEALTH ADMINISTRATION (87%); DEMOGRAPHIC GROUPS (72%); HEALTH DEPARTMENTS (70%); ASSOCIATIONS & ORGANIZATIONS (70%); DISEASES & DISORDERS (70%); DEVELOPING COUNTRIES (50%)

**LOAD-DATE:** September 12, 2007

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The Press (Christchurch, New Zealand)

**August** 2, 2006 Wednesday

**Study shows dip in suicide rates**

**BYLINE:** HAYMAN Kamala

**SECTION:** NEWS; NATIONAL; Pg. 5

**LENGTH:** 402 words

**Suicide** rates have fallen 15 per cent since the mid-1990s although hospitalisations for attempted **suicides** are continuing to rise.

A report released yesterday -- **Suicide** Trends: New Zealand 1983-2003 -- shows **suicides** steadily increased until the mid to late 1990s before beginning to fall.

Associate Health Minister Jim Anderton said the long-term trend was in the right direction but the nation could not be complacent.

"Any reduction in people taking their own lives is a good thing but when you see the increase in attempted **suicides** ... you know there is still much to be done."

Hospitalisation rates for those who had attempted **suicide** increased from 66.6 per 100,000 in the mid-1980s to 82.5% in 2002-2004.

The report showed females were nearly twice as likely to be hospitalised for attempted **suicide** as males, with the highest rate of hospitalisations seen in 15 to 24-year-olds.

Anderton said a detailed action plan was expected from the Health Ministry next year on **suicide** prevention and a **suicide** research network had also been set up.

The report's three-year rolling averages show that in the mid-1980s the **suicide** rate was 12 per 100,000 people rising to 16.7 in 1996-1998, then falling to 14.2 in the years 2001-2003. Three times as many men as women died by **suicide** between 2001 and 2003. Maori and those in poorer areas recorded higher **suicide** rates.

In 2003, **suicide** was the ninth most common cause of death in New Zealand accounting for 2% of deaths. For those aged 15-24, **suicide** was responsible for a quarter of all deaths, second only to accidents.

**Suicide** Prevention Information New Zealand director Merryn Statham said a 15% decrease in **suicide** rates was "very encouraging". She also welcomed the analysis of long-term trends.

"We are encouraging people not to look at year- by-year statisitics as very small increases can create quite large differences in rates which confuses people."

There was concern in February when the annual report on 2003 **suicides** -- the latest figures available -- showed 51 more deaths than the 465 seen in 2002.

Canterbury **Suicide** Project director Dr Annette Beautrais said Australia and the UK had also seen falls in **suicide** rates coupled with increased hospitalisations.

She said this could reflect better management of attempted **suicides** with greater awareness of the need for assessments for those who tried to take their own lives.

--------------------

CAPTION:

Jim Anderton

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PUBLIC HEALTH ADMINISTRATION (90%); RESEARCH REPORTS (90%); DEATHS (90%); TRENDS (90%); TEEN SUICIDE (89%); ANNUAL REPORTS (78%); DEATHS & DEATH RATES (78%); PREVENTION & WELLNESS (76%); HEALTH DEPARTMENTS (71%) SUICIDE; STATISTICS; REPORTS

**COUNTRY:** NEW ZEALAND (94%); AUSTRALIA (79%); UNITED KINGDOM (79%)

**LOAD-DATE:** August 3, 2006

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The Guardian (Charlottetown, Prince Edward Island)

**July** 26, 2005 Tuesday

**Resource available for loved ones after suicide**

**SECTION:** HEALTH; Pg. C1

**LENGTH:** 338 words

P.E.I.'s Provincial **Suicide** Prevention Committee (PSPC) has designed a brochure to help family and friends in the aftermath of **suicide**.

The brochure, entitled Grief After **Suicide**: A Pathway to Hope and Healing, offers information and reassurance to **suicide** survivors and directs them to additional supports that may help them during this most difficult time.

**Suicide** is a serious social issue that touches many Islanders. Each year, there are an average of 16 reported **suicides** in this province. When the rippling effects of each one of those **suicides** in close-knit Island communities are considered, the tragic and painful impact of **suicide** on P.E.I. is far-reaching.

The grieving process after **suicide** is complicated. Research suggests that supports for family and friends left behind can lessen the impact of a completed **suicide**, reducing further distress or crisis for loved ones. With this in mind, the PSPC has designed this brochure, which is being distributed to funeral homes, emergency services, churches and health information agencies throughout the province.

Organizations are encouraged to display the brochures in an accessible location, perhaps with other resources, so that they can be available to survivors in their time of need.

Mental health clinicians and **suicide** survivors have reviewed the brochure to ensure that the information is both relevant and reliable. It was produced through funding support from the Royal Bank Employee Fund, McKennco Inc. and CMHA/P.E.I. division.

The PSPC is an interagency working group with representatives from various stakeholders and communities throughout the province. Its aim is to reduce the **suicide** rate and to lessen the impact of completed **suicides** on P.E.I.

Everyone has a role to play in **suicide** prevention, and all Islanders are encouraged to reach out with support to people in distress and those impacted by **suicide**.

For copies of the brochure or to learn more about local **suicide** prevention activities, contact the PSPC at 628-3669 or suicideprevention @cmha.pe.ca.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); PREVENTION & WELLNESS (89%); ASSOCIATIONS & ORGANIZATIONS (78%); MENTAL HEALTH (73%); DEATHS (73%); SOCIETAL ISSUES (71%); MENTAL HEALTH PRACTICE (51%)

**LOAD-DATE:** July 26, 2005

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Manawatu Standard (New Zealand)

**October** 16, 2002, Wednesday

**Decline in youth suicide 'no cause for celebration'**

**SECTION:** NEWS Pg. 2

**LENGTH:** 367 words

THE number of young people committing **suicide** fell to its lowest level in more than a decade in 2000.

It was the fifth consecutive year to show a drop in youth **suicide** figures.

But Associate Health Minister Jim Anderton, who released the latest youth **suicide** figures yesterday, said there was no cause for celebration.

In 2000, 96 New Zealanders aged 15-24 (a rate of 18.1 per 100,000 young people) committed **suicide**, down from 120 in 1999. In 1995, 156 young people committed **suicide**.

The 2000 figures are the lowest since 1986, when 91 young people committed **suicide**.

They show a big drop in the number of female **suicides**, from 37 in 1999 to 15 in 2000.

There was little change in the male **suicide** rate between 1999 (83 deaths) and 2000 (81 deaths).

The number of young Maori committing **suicide** has decreased from 43 in 1998 to 33 in 1999 and 28 in 2000.

But Ministry of Youth Affairs' youth **suicide** prevention national co-ordinator Debbie Edwards said there was a slight increase in the number of young Maori men committing **suicide** in 2000 on the previous year.

Six young Pacific people and five young Asians committed **suicide** in 2000.

New Zealand had the second-highest rate of **suicide** among young males aged 15-24 (highest in 1999) and the fourth-highest rate for females (highest in 1999) among selected OECD countries.

Research from the Canterbury **Suicide** Project in Christchurch found about 90 percent of people who committed **suicide** or made **suicide** attempts had one or more psychiatric disorders at the time.

The most common were depression, substance-use disorders (alcohol, cannabis and other drug abuse) and significant behavioural problems.

Mr Anderton said the signs were good that the youth **suicide** prevention strategy, released in 1998, was making a difference.

But officials were not sure what was causing the decline in the youth **suicide** rate, he said.

"We could point to better economic conditions, we could point to more employment opportunities, we can point to some more optimism and hope among young people. . . We can't be certain that any of these events in themselves are the reason."

NZPA

Supplied by New Zealand Press Association

**PERSON:** SIR GEORGE YOUNG (97%);

**ORGANIZATION:** ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (54%);

**COUNTRY:** NEW ZEALAND (94%);

**CITY:** CHRISTCHURCH, NEW ZEALAND (77%);

**COMPANY:** PRESS ASSOCIATION LTD (52%); ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (54%);

**SUBJECT:** TEEN SUICIDE (97%); SUICIDE (93%); CHILDREN'S HEALTH (90%); HEALTH DEPARTMENTS (89%); MEN'S HEALTH (78%); DEPRESSION (78%); MENTAL HEALTH (78%); MENTAL ILLNESS (78%); PUBLIC HEALTH ADMINISTRATION (77%); PREVENTION & WELLNESS (77%); MEN (77%); ECONOMIC CONDITIONS (73%); SUBSTANCE ABUSE (72%); DISEASES & DISORDERS (69%); ECONOMIC NEWS (63%); CANNABIS (63%); EMPLOYMENT (50%);

**LOAD-DATE:** October 21, 2002

**LANGUAGE:** ENGLISH

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Hobart Mercury (Australia)

**May** 10, 2001, Thursday

**Sad toll of suicide hits Tassie hard**

**BYLINE:** GEORGIA WARNER

**LENGTH:** 454 words

**SUICIDE** has claimed 2164 Tasmanian lives since 1963, and this year between 50 and 100 more lives are likely to be added to that toll.

More Tasmanians took their own lives between 1988 and 1997 than were killed on the roads.

And the state's **suicide** rate has historically been higher than national levels.

University of Tasmania psychiatry professor Ken Kirkby said the high **suicide** rate compared with other rural and decentralised areas of Australia which suffered lack of services and isolation.

Tough economic times also were linked to high **suicide** rates. Professor Kirkby said that during the "recession we had to have" in 1992 there were 97 **suicides** in Tasmania -- the most for 20 years.

The first long-term analysis of **suicide** in Tasmania was released in Launceston yesterday.

The **Suicide** Register Steering Committee's inaugural report also revealed a substantial drop in the number of gun-related **suicides** since the mid-1990s.

Professor Kirkby said this could be linked to the tougher gun laws that were introduced after the Port Arthur massacre.

But he said the decline was accompanied by an increase in the number of **suicides** by hanging and carbon monoxide poisoning.

The disturbing report contained some glimmers of hope.

After a concerted national prevention campaign, the youth **suicide** rate in Tasmania has fallen slightly over the past couple of years. And, for the first time since 1980, Tasmania's **suicide** rate was below national levels in 1998 and 1999.

But Professor Kirkby said it was too early to tell whether the trends were changing.

The report also revealed: \* Men account for 81% of Tasmanian **suicides**, and women 19%.

\* Males aged 15-34 account for 34% of Tasmanian **suicides** and men over 65 are also significantly over-represented in the statistics.

\* Women account for 54% of self-harm incidents.

\* **Suicides** account for 10% of premature deaths in Tasmania.

\* The fewest **suicides** was 45 in 1980, and there were 88 in 1999.

The **Suicide** Register Steering Committee was set up by the State Government to monitor **suicide** trends and implement prevention initiatives.

Professor Kirkby said the report shed more light on changes and patterns of **suicide** and would help research into causes.

The Federal Government has allocated almost $40 million over four years for a national **suicide** prevention strategy.

Tasmania is heavily involved in the effort and, among other things, the State Government and University of Tasmania are working to deal with training and education in **suicide** prevention. \* Counselling services are available for anyone contemplating **suicide**. Phone Lifeline on 131 114 or access the Internet on www.reachout.asn.au

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); COLLEGE & UNIVERSITY PROFESSORS (89%); PREVENTION & WELLNESS (89%); TRENDS (89%); REGIONAL & LOCAL GOVERNMENTS (89%); DEATHS (79%); POISONINGS (79%); MEN (75%); CARBON MONOXIDE (71%); GUN CONTROL (68%); ENVIRONMENTAL ILLNESS (51%);

**ORGANIZATION:** SUICIDE REGISTER STEERING COMMITTEE (82%); STATE GOVERNMENT&UNIVERSITY OF TASMANIA (61%);

**PERSON:** KEN KIRKBY (94%);

**STATE:** TASMANIA, AUSTRALIA (99%);

**COUNTRY:** AUSTRALIA (99%);

**LOAD-DATE:** November 12, 2001

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** MER

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South Bend Tribune (Indiana)

**September** 9, 2014 Tuesday

Mich Edition

**Suicide prevention vigilset for Howard Park**

**BYLINE:** Bob Blake, SOUTH BEND TRIBUNE

**SECTION:** NEWS; Pg. A3

**LENGTH:** 423 words

SOUTH BEND -- Aiming to bring awareness to the issue of **suicide** prevention, local advocates are trying something a little different this year.

As part of observances for National **Suicide** Prevention Week, which runs through Sunday, the **Suicide** Prevention Center is holding a candlelight vigil for **suicide** loss survivors to remember their family members and friends. It will begin at 7:30 p.m. Wednesday at Howard Park, 219 S. St. Louis Blvd.

"We want to bring **suicide** loss survivors together so they can feel a sense of community," Tracy Schneider, director of the **Suicide** Prevention Center, said. "We want people to feel like they're not alone. **Suicide** is the type of loss that some people aren't afraid to talk about while another group doesn't reach out and keeps the pain and loss inside."

The issue is gaining even more importance as the number of **suicides** locally is on the rise. Schneider said there were 39 **suicides** in St. Joseph County in 2013, up from 27 the year before. A report issued in September last year by the Indiana Department of Health showed that for the years 2006 through 2010, St. Joseph County had 170 **suicides**, a rate of 12.8 per 100,000 population.

"We want to bring awareness of the problem of **suicide** in our community," Schneider said. "It's very alarming first of all because we know **suicides** can be prevented if people have access to information and resources."

Schneider said it's particularly important to raise awareness of **suicide** prevention resources because studies have shown that for every **suicide** there are at least six survivors affected by the loss. Schneider said those survivors in turn are at increased risk for **suicide** themselves.

Schneider said her organization focuses on training people -- school employees and social workers, among others -- who may come into contact with at-risk individuals about the signs of **suicide** and what they can do to help. There are also general community education efforts provided to help people know what to do if they come into contact with someone who may be contemplating **suicide**.

Wednesday's vigil will feature luminaria bags and candles as a way to honor lost family members and friends as well as to offer hope to others, Schneider said.

"This is the first time we've done a vigil, so I'm hoping we have a lot of people come out," she said. "I think it's a good way to bring people out. We'll be able to show support for each other, as well as provide information on what kind of services are available in the community."

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); COMMUNITY HEALTH PROGRAMS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (76%); EDUCATIONAL INSTITUTION EMPLOYEES (62%)

**STATE:** INDIANA, USA (75%)

**COUNTRY:** UNITED STATES (75%)

**LOAD-DATE:** December 24, 2014

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The Denver Post

**August** 19, 2005 Friday

FINAL EDITION

**Don't celebrate suicide; educate**

**BYLINE:** Karen Johnson

**SECTION:** DENVER & THE WEST; Pg. B-07

**LENGTH:** 523 words

When Hunter S. Thompson's ashes are shot into the air with fireworks this week to mark the six-month "anniversary" of his **suicide**, media coverage will likely reverberate as loudly as the blast, romanticizing **suicide** once again.

As a survivor of my 15-year-old son's **suicide** in 1991 and board member of the **Suicide** Prevention Coalition of Colorado, I must remind people that **suicide** isn't a noble, selfless act to be celebrated. It's the last desperate act of people in agonizing pain and confusion, people who were not able to find relief from an anguish that we can't comprehend. They're our parents, siblings, children and friends.

Tragically, each year in Colorado more than 700 people die by **suicide**. Colorado has the eighth highest **suicide** rate in the country. It's the second leading cause of death for Coloradans ages 10 to 34. More people die from **suicide** than motor vehicle accidents in Colorado.

Chances are you are surprised by these statistics and wonder why you've never heard them before. It's because **suicide** is shrouded in stigma and misinformation. Yes, it's uncomfortable and personal. Education and discussion around **suicide** and depression prevent, not cause, the act.

My children knew how to "stop, drop and roll" if their clothes were on fire. They knew to "buckle up," to "just say no" and to avoid "stranger danger." We had talked about drinking and driving, safe sex and about substance abuse; but it had never occurred to me to talk about what depression feels like. Beginning that conversation is prevention.

It is widely believed that more than 90 percent of people who kill themselves have a diagnosable mental illness, often depression or a bipolar condition. Sometimes the torment of one of these medical conditions drives a person to seek relief in drugs and/or alcohol, which, of course, worsens the condition. These are treatable conditions, from which it is possible to recover and enjoy life. It is vital that people understand that there is no shame in reaching out for help. **Suicide** is preventable because mental illness is treatable. We must openly discuss mental illness and work to help people, including our children, identify life-threatening feelings of depression and despair.

We must encourage responsible, sensitive and balanced media reporting of **suicide**. It is imperative that people know the startling facts about **suicide** in Colorado. Each year in our state, 9,600 people attempt **suicide**. We consider tens of thousands more "survivors" of **suicide** because they have been directly affected by the **suicide** or attempted **suicide** of a friend or loved one. The grief, guilt and responsibility survivors feel is enormous.

I feel for Thompson's family and friends. I've been there.

An average of two people die each day in Colorado from **suicide**. Don't you think it's worthy of our attention and commitment to **suicide** prevention? That's why we work so fervently as **suicide** survivors.

Karen Johnson is a board member for **Suicide** Prevention Coalition of Colorado. For more information on **suicide** prevention, go to www.suicideprevention-colorado.org or the American Foundation for **Suicide** Prevention at www.afsp.org.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** OP-ED

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); CHILDREN (90%); TEEN SUICIDE (90%); ANNIVERSARIES (90%); DEPRESSION (89%); MENTAL ILLNESS (89%); DISEASES & DISORDERS (88%); PREVENTION & WELLNESS (76%); SUBSTANCE ABUSE (76%); DEATHS & DEATH RATES (73%); DRIVING WHILE INTOXICATED (73%); TRAFFIC ACCIDENTS (53%)

**CITY:** DENVER, CO, USA (72%)

**STATE:** COLORADO, USA (92%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** August 19, 2005

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South Bend Tribune (Indiana)

**September** 9, 2014 Tuesday

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**SECTION:** NEWS; Pg. A3

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**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); COMMUNITY HEALTH PROGRAMS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (76%); EDUCATIONAL INSTITUTION EMPLOYEES (62%)

**STATE:** INDIANA, USA (75%)

**COUNTRY:** UNITED STATES (75%)

**LOAD-DATE:** December 24, 2014

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Health Daily Digest

**September** 5, 2014 Friday

**Highest Number of Suicides Reported in India**

**LENGTH:** 253 words

**DATELINE:** GENEVA

GENEVA, Sept. 5 -- A recent study by the World Health Organization (WHO) has highlighted that India reports of the highest number of **suicide** cases and that every 40 seconds a person commits **suicide** worldwide.

Most **suicides** according to report are reported in the South-East Asia Region and India accounted for the highest number of **suicide** cases when compared to other regions. The **suicides** were mostly reported among youngsters and elderly. It was also observed that 75 percent of the **suicides** were reported among the low and medium income countries. Some of the common **suicide** methods adopted were hanging and firearms and pesticide poisoning was of special concern in the rural agricultural areas.

The report highlighted that as observed in many other countries restricting the access to the means of **suicide** can significantly reduce the cases. A comprehensive and dedicated plan of action like national **suicide** prevention in some countries must be established by the government to prevent **suicides**. Media should not sensationalize the content or the method of **suicide** while follow up care must also be taken through phone calls and regular contact with doctors. **Suicide** was recorded to be the second leading cause of death among 15-29 years old. Men are more prone to **suicide** than women.

Written by Saakshhi Sharma

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PUBLIC HEALTH ADMINISTRATION (90%); PREVENTION & WELLNESS (78%); HEALTH DEPARTMENTS (78%); UNITED NATIONS INSTITUTIONS (78%); POISONINGS (73%); ASSOCIATIONS & ORGANIZATIONS (73%); MEDIA SYNDICATION (72%); RURAL COMMUNITIES (69%); PESTICIDES (69%)

**COUNTRY:** INDIA (94%); SOUTH-EASTERN ASIA (92%); ASIA (92%)

**LOAD-DATE:** September 5, 2014

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Right Vision News

**October** 4, 2011 Tuesday

**Pakistan: Suicide-global issue, one of major causes of death**

**LENGTH:** 509 words

**DATELINE:** HYDERABAD

HYDERABAD, Oct. 04 -- **Suicide** is a global issue and a leading

cause of death in the world claiming live of around one million people

every year in the world.

This was stated by psychiatrist at Sir Cowasji Jehangir

Institute of Psychiatry (SCJI), Hyderabad, Dr. Darya Khan Leghari.

He was of the view that **suicide** is a multi-dimensional disorder,

which results from a complex interaction of biological, genetic,

psychological and environmental factors.

Dr. Khan maintained that in a country like Pakistan where growing

economic instability especially poverty has forced people to sell

their children and body organs, the reasons behind increasing rate of

**suicides** can be understandable.

He was of the view that 50 percent of the **suicides** are committed

due to `poverty and economic hardships'.

Dr. Khan said that some psychology experts also agreed that

majority of the **suicides** are usually linked to economic difficulties

but there are other reasons behind committing **suicides** and these

reasons can be depressive disorders, unemployment, domestic violence,

parental separation, growing economic instability, child abuse,

bullying, rising inflation and loss of social cohesion which force a

person to end his or her life.

Dr. Khan said that Pakistan has witnessed a series of **suicide**

bombings in recent years. A **suicide** bomber blows himself also causing

an immense destruction in the areas around it, he said and added that

**suicide** bombing is also one of the reasons that enable a person to

commit **suicide** and end his life through such a sinful way.

Dr. Khan said that **suicide** has become a major health problem in

Pakistan.

When a person attempts **suicide** his or her family usually tries to

cover this act and claims this incident as merely an accident thus it

is becoming difficult for Pakistan to compile national **suicide**

statistics, he added.

He said that the surveys and analysis revealed that **suicide** rate

has become more common in youth then in adult in many countries and

Pakistan is one of them. **Suicide** rates among youth are increasing due

to unemployment, pressure of work and studies, depression, anxiety and

increasing poverty, he said.

According to World Health Organisation (WHO) statistics, he said

that more than a million people commit **suicide** each year worldwide,

while the **suicide** attempt is successful 10-20 times.

Dr. Khan said that **suicide** and depression are linked to each

other as more than 80 percent of people who commit **suicide** suffering

from depression. He said studies suggest that lifetime risk of **suicide**

in people with depression was 15 percent, with alcoholism 7-15 percent

and with schizophrenia, 4-10 percent.

However, a substantial proportion of people who commit **suicide**

die without having seen a mental health professional, he said and

added that detection, and referral and management of psychiatric

disorders in primary care was an important step in **suicide** preventio Published by HT Syndication with permission from Right Vision News. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); DEATHS & DEATH RATES (90%); PSYCHIATRY (90%); SUICIDE BOMBINGS (90%); BOMBINGS (90%); TEEN SUICIDE (89%); MENTAL HEALTH PRACTICE (89%); DEATHS (89%); DISEASES & DISORDERS (89%); PHYSICIANS & SURGEONS (89%); DEPRESSION (89%); MENTAL ILLNESS (89%); MENTAL HEALTH (78%); PUBLIC HEALTH ADMINISTRATION (78%); PSYCHOLOGY (77%); CHILD ABUSE (75%); INFLATION (75%); ECONOMIC NEWS (75%); POVERTY & HOMELESSNESS (75%); HEALTH DEPARTMENTS (71%); MEDIA SYNDICATION (71%); ALCOHOL ABUSE & ADDICTION (67%); DOMESTIC VIOLENCE (67%); SUBSTANCE ABUSE (67%); ASSOCIATIONS & ORGANIZATIONS (50%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** October 7, 2011

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The News of the World (England)

**September** 14, 2008 Sunday

**Myths cost lives**

**SECTION:** CHOOSE LIFE

**LENGTH:** 250 words

DON'T believe all you hear about suicidal tendencies - myths cost lives.

FALSE - People who talk about **suicide** never attempt or complete **suicide.**

FACT - People who talk about their suicidal thoughts do sometimes attempt **suicide.**

Many people who complete **suicide** have told someone about their suicidal feelings in the weeks prior to their death. Listening to and supporting a person in these circumstances can save lives.

FALSE - If someone wants to end their life, they will, and there's nothing anybody can do about it.

FACT - Most people contemplating **suicide** do not want to die.

They just want to end the pain they're suffering.

Sometimes no-one could have predicted a **suicide.**

But in many cases a tragic outcome can be averted if help and support is offered and accepted.

FALSE - Talking about **suicide** or asking someone if they feel suicidal will encourage suicidal attempts.

FACT - Serious talk about **suicide** does not create or increase risk.

It can help to reduce it.

The best way to identify the possibility of **suicide** is to ask directly.

Openly listening to and discussing someone's thoughts of **suicide** can be a relief for them.

FALSE - Some people are suicidal types.

FACT - There isn't a 'type' of person who is more prone to **suicide.**

Some groups, sub-cultures or ages are particularly associated with **suicide.**

Young men are at increased risk, but **suicide** affects all ages, gender and cultures. Many people think about **suicide** at some time in their lives.

There isn't a '**suicide** type'. Tomorrow it could be YOU.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%)

**LOAD-DATE:** September 23, 2008

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THE KOREA HERALD

**September** 15, 2007 Saturday

**Two of 10 Seoul residents considered suicide: survey**

**LENGTH:** 296 words

Two out of 10 Seoul residents have considered committing **suicide**, according to a recent survey.

In a survey organized by the Seoul Metropolitan Government, 18.5 percent, or 185 out of 1,000 people, said they contemplated **suicide**. At least seven of the respondents said they have tried to commit **suicide**, the survey results showed.

The survey questioned 1,000 city residents, ages 15 to 65, and it was conducted to bring attention to increasing instances of **suicides**, city officials said.

It asked how citizens perceived **suicide**, the reason behind their ideas to **suicide** and how those reasons actually affected them to take real action, officials added.

It found that people who often felt depressed, or who regularly skip meals, were most prone to contemplating **suicide**.

Although about 80 percent of the respondents were negative towards **suicide**, over 53 percent said they sympathized with the hardships of those who commit **suicide**. More than 36 percent answered that committing **suicide** is an individual's choice.

The most common reason for considering **suicide** was financial problems, followed by stress coming from the workplace, an unstable future and falling school grades, city officials said.

Over 77 percent perceived **suicide** as a serious national problem.

Close to 90 percent of respondents said **suicides** could be prevented by if counseling or other treatments were provided.

By 2005 instances of **suicide** had more than doubled from 1995, city officials said.

It was also found that the No. 1 cause of death among those in their 20's and 30's was **suicide**, officials said.

The city government has been operating a hotline and a website designed solely to provide consultations 24 hours a day. The hotline is (02)1577-0199 ,or visit their website at www.**suicide**.or.kr

(sharon@heraldm.com)

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); CITY GOVERNMENT (92%); POLLS & SURVEYS (92%); CITIES (91%); REGIONAL & LOCAL GOVERNMENTS (78%); CITY LIFE (73%)

**LOAD-DATE:** September 14, 2007

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Nanaimo Daily News (British Columbia)

**September** 4, 2007 Tuesday

Final Edition

**Suicides a top cause of death; Between 1997 and 2004, 215 mid-Islanders killed themselves while 137 died in car crashes**

**BYLINE:** Walter Cordery, Daily News

**SECTION:** NEWS; Pg. A3

**LENGTH:** 605 words

More people kill themselves in the central Vancouver Island area than the number of people who die in motor vehicle accidents and homicides combined, says a spokeswoman for the Central Vancouver Island Crisis Society.

"Between 1997 and 2004, 215 people died of **suicide** in the central Island," said Lyndsay Wells, the society's community education program director.

During the same period in the mid-Island, there were 137 fatalities from car accidents and 15 homicides, Wells said, citing statistics from the B.C. Coroners office.

Wells said that the number of **suicides** could be greater than what the coroner reported because some of the single-vehicle fatal accidents could have been **suicides**.

"I find this interesting because I would have thought that the number of **suicides** would have been lower than the number of MVAs," she said. "The deaths by car accidents and homicides are always reported but at least 25% of **suicides** are not reported as **suicides**."

In Canada, approximately 4,000 people kill themselves annually and according to the B.C. Coroners Service, 525 British Columbians died by **suicide** in 2004, the last year statistics are available.

To create awareness about the prevalence of **suicide**, the society has a big event planned for Sunday at Maffeo-Sutton Park, the day before World **Suicide** Prevention Day.

"It will be our second memorial vigil for anybody in the community who has lost somebody to **suicide**," Wells said.

The vigil takes place between 7:30 p.m. and 9 p.m.

"It is a really moving event," she said.

For the vigil, the society is putting together a retrospective multi-media presentation and they are asking people for photographs of loved ones who died by **suicide**. Anyone who has a photograph they would like to contribute to the presentation can do so by e-mailing it to heather@cvics.ca

The vigil is an important step in the healing process for those who have lost a loved one to **suicide**, said Wells.

"Losing someone to **suicide** initiates a very complicated grieving process.

"There can be an awful lot of guilt or blame attached."

Events like the vigil bring together people who can talk about their feelings after having suffered such a devastating loss.

Talking about their feelings is very important because someone who has lost someone to **suicide** is much more likely to take their own life, she said.

"People who have lost someone to **suicide** are nine times more likely to take their own lives than those who have not lost someone to **suicide**."

On Monday, World **Suicide** Prevention Day, the crisis society is holding an intensive three-hour **suicide** awareness program.

"It alerts people to the warning signs of **suicide** and gives them skills so they can address the issue of **suicide** to the individuals they are worried about," said Wells, adding it will also point people in direction of services for those who are concerned a loved one may be contemplating taking their own life.

To register for the awareness program, people are urged to call the society's office at 250-753-2495.

"There are still spots available but it usually fills up pretty fast," said Wells.

WCordery@nanaimodailynews.com

250-729-4229

**SUICIDE** FACTS

- For every completed **suicide**, there are 50 to 100 attempts;

**Suicide** crosses all socio-economic, age, gender and ethnic boundaries;

- Most common method of **suicide** -- hanging;

- Most common month in B.C. for **suicides** -- July;

- Men older than 50 are the biggest single category of those who complete their **suicides**;

- More women commit **suicides** than men attempt suiciders but more men die of **suicides**; and

- Vancouver Island has the second highest rate of youth **suicide** in B.C. (Northern B.C. is the highest).

**GRAPHIC:**

Photo: Glenn Olsen, Daily News; Crisis Society community education program co-ordinator Lyndsay Wells wants to spread the word about the prevalence of suicide in the mid-Island region. ;

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News; Statistics

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TRAFFIC ACCIDENTS (93%); CORONERS COURTS & OFFICES (90%); DEATHS & DEATH RATES (90%); HOMICIDE (90%); DEATHS (90%); DEATHS & OBITUARIES (90%); ACCIDENTAL FATALITIES (78%); STATISTICS (75%)

**STATE:** BRITISH COLUMBIA, CANADA (90%)

**COUNTRY:** CANADA (90%)

**LOAD-DATE:** September 4, 2007

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The Denver Post

**August** 19, 2005 Friday

FINAL EDITION

**Don't celebrate suicide; educate**

**BYLINE:** Karen Johnson

**SECTION:** DENVER & THE WEST; Pg. B-07

**LENGTH:** 523 words

When Hunter S. Thompson's ashes are shot into the air with fireworks this week to mark the six-month "anniversary" of his **suicide**, media coverage will likely reverberate as loudly as the blast, romanticizing **suicide** once again.

As a survivor of my 15-year-old son's **suicide** in 1991 and board member of the **Suicide** Prevention Coalition of Colorado, I must remind people that **suicide** isn't a noble, selfless act to be celebrated. It's the last desperate act of people in agonizing pain and confusion, people who were not able to find relief from an anguish that we can't comprehend. They're our parents, siblings, children and friends.

Tragically, each year in Colorado more than 700 people die by **suicide**. Colorado has the eighth highest **suicide** rate in the country. It's the second leading cause of death for Coloradans ages 10 to 34. More people die from **suicide** than motor vehicle accidents in Colorado.

Chances are you are surprised by these statistics and wonder why you've never heard them before. It's because **suicide** is shrouded in stigma and misinformation. Yes, it's uncomfortable and personal. Education and discussion around **suicide** and depression prevent, not cause, the act.

My children knew how to "stop, drop and roll" if their clothes were on fire. They knew to "buckle up," to "just say no" and to avoid "stranger danger." We had talked about drinking and driving, safe sex and about substance abuse; but it had never occurred to me to talk about what depression feels like. Beginning that conversation is prevention.

It is widely believed that more than 90 percent of people who kill themselves have a diagnosable mental illness, often depression or a bipolar condition. Sometimes the torment of one of these medical conditions drives a person to seek relief in drugs and/or alcohol, which, of course, worsens the condition. These are treatable conditions, from which it is possible to recover and enjoy life. It is vital that people understand that there is no shame in reaching out for help. **Suicide** is preventable because mental illness is treatable. We must openly discuss mental illness and work to help people, including our children, identify life-threatening feelings of depression and despair.

We must encourage responsible, sensitive and balanced media reporting of **suicide**. It is imperative that people know the startling facts about **suicide** in Colorado. Each year in our state, 9,600 people attempt **suicide**. We consider tens of thousands more "survivors" of **suicide** because they have been directly affected by the **suicide** or attempted **suicide** of a friend or loved one. The grief, guilt and responsibility survivors feel is enormous.

I feel for Thompson's family and friends. I've been there.

An average of two people die each day in Colorado from **suicide**. Don't you think it's worthy of our attention and commitment to **suicide** prevention? That's why we work so fervently as **suicide** survivors.

Karen Johnson is a board member for **Suicide** Prevention Coalition of Colorado. For more information on **suicide** prevention, go to www.suicideprevention-colorado.org or the American Foundation for **Suicide** Prevention at www.afsp.org.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** OP-ED

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); CHILDREN (90%); TEEN SUICIDE (90%); ANNIVERSARIES (90%); DEPRESSION (89%); MENTAL ILLNESS (89%); DISEASES & DISORDERS (88%); PREVENTION & WELLNESS (76%); SUBSTANCE ABUSE (76%); DEATHS & DEATH RATES (73%); DRIVING WHILE INTOXICATED (73%); TRAFFIC ACCIDENTS (53%)

**CITY:** DENVER, CO, USA (72%)

**STATE:** COLORADO, USA (92%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** August 19, 2005

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The Press (Christchurch)

**November** 6, 1998, Friday

**NZ suicide strategies urged**

**BYLINE:** MCNEIL Kathryn

**SECTION:** NEWS; NATIONAL; Pg. 8; NEWS

**LENGTH:** 403 words

Reducing New Zealand's high **suicide** rate depends on developing prevention strategies that reflect the needs and circumstances of the people living here, says a **suicide** researcher.

The Canterbury **Suicide** Project has collated data on **suicides** and serious **suicide** attempts in the region since 1981.

Principal researcher Annette Beautrais told delegates at a Canterbury Community Council on Alcohol and other Drugs conference in Christchurch that a better understanding of **suicide** risk factors should lead to the development of better prevention strategies.

Her research suggested it was important not to uplift successful overseas programmes, but to develop ones specific to New Zealand.

For example, choice of **suicide** method reflected culture, country, and availability. Hanging was a commonly used method in New Zealand, whereas shooting was common in the United States.

Therefore, restricting access to firearms might have a significant impact on **suicide** rates in the United States, but not in New Zealand.

The Canterbury **Suicide** Project has studied about 500 people who have either died by **suicide** or made serious attempts on their lives.

Attempts by about 130 young people were separately analysed.

Data showed the **suicide** rate of young New Zealand males to be among the highest in the developed world, second only to Finland, ''and the rate has quadrupled in the last 20 years''.

Publicity about **suicide** often gave the impression that it was common among young people and that the reasons for it were unknown. Neither was true, Ms Beautrais said, and the risk factors were multiple.

The research showed:

One in four young people had suicidal thoughts, ''but most do not act on them''.

One in 20 attempt **suicide** without inflicting serious harm.

One in 1000 attempts are serious and result in admission to hospital.

About one in 4000 young people die by **suicide**.

''**Suicide** is not common among young people,'' Ms Beautrais told delegates. ''In fact, most so-called youth **suicides** -- more than 60 per cent -- occur in the 20-to-24 age group.''

Age itself could be seen as a risk factor. Statistically, **suicide** seldom occurred among teenagers, and was ''rare'' among the under-15s.

''Youth **suicides** represent only a third of the total number of **suicides**,'' Ms Beautrais said.

''Most **suicides** involve people over 25, and the most common group is adult males aged 25 to 50.''

**PERSON:** SIR GEORGE YOUNG (68%);

**COUNTRY:** NEW ZEALAND (97%); UNITED STATES (90%);

**CITY:** CHRISTCHURCH, NEW ZEALAND (91%);

**SUBJECT:** SUICIDE STATISTICS YOUTH NORTH CANTERBURY SUICIDE (95%); TEEN SUICIDE (90%); ADOLESCENTS (78%); MENTAL ILLNESS (78%); GUNSHOT WOUNDS (74%); MEN (74%); DEMOGRAPHIC GROUPS (66%);

**LOAD-DATE:** November 6, 1998

**LANGUAGE:** ENGLISH

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The Independent (London)

**January** 12, 1993, Tuesday

**Suicide claims more payouts**

**BYLINE:** By PATRICK HOSKING, Business Correspondent

**SECTION:** BUSINESS AND CITY PAGE; Page 20

**LENGTH:** 410 words

LIFE assurers are paying out 10 times more on **suicides** than they were 12 years ago, raising fears that the way policies are written may be encouraging people to kill themselves to ease their dependants' financial difficulties.

According to a report published today in Money Week, the payouts on **suicide**-related claims increased from pounds 4.3m in 1979 to pounds 44.6m in 1991. The number of claims rose from 908 to 2,218.

Contrary to popular myth, most life assurers pay out on **suicides,** partly because of pressure from building societies, which want to ensure that their endowment- linked loans are secure, even in cases of **suicide.**

The report is based on confidential statistics compiled by the Association of British Insurers. Of 102 life offices that responded, only 40 had **suicide** exclusion clauses, preventing automatic payouts on **suicides.**

And of these 40, most only outlawed **suicide** claims for the first 12 or 13 months of the policy. Thereafter the heirs of people who commit **suicide** can still claim.

Life offices with exclusion clauses paid out pounds 2.6m on **suicides** in 1991, compared with pounds 42.1m paid out by life offices with no exclusion clauses.

According to Tony McMahon, features editor of Money Week: ''It would appear that people are killing themselves because of the absence of **suicide** clauses.

''It does look like they are targeting life assurance offices where there is no **suicide** clause.''

Many large insurers have no **suicide** clauses, including Royal Life and Equity & Law. Royal Life has launched an internal inquiry into claims on **suicides.** It fears economic hardship is fuelling the increase.

According to Icki Iqbal, chief actuary of Royal Life: ''We believe is it recession-related. As a life office specialising in mortgage products, we will be interested to know if the strains of over-borrowing drive some to **suicide.**''

The ABI asked life offices for details of their **suicide** exposure in July last year. Insurers with **suicide** clauses saw claims grow from 60 worth pounds 147,000 in 1979 to 196 worth pounds 2.6m in 1991. Insurers without **suicide** clauses saw claims grow from 846 worth pounds 4.1m to 2,022 worth pounds 42.1m.

The figures may understate the true size of the phenomenon. Because of the taboo over **suicide,** some coroners' courts are reluctant to bring in a verdict of **suicide.**

Some deaths judged ''accidental'' or given open verdicts may in fact be **suicides.**

**CITY:** LONDON, ENGLAND (56%);

**COMPANY:** EQUITY & LAW LIFE ASSURANCE SOC PLC (54%); ASSOCIATION OF BRITISH INSURERS (56%); ASSOCIATION OF BRITISH INSURERS (56%);

**ORGANIZATION:** ASSOCIATION OF BRITISH INSURERS (56%); ASSOCIATION OF BRITISH INSURERS (56%);

**GEOGRAPHIC:** ENGLAND (56%); UNITED KINGDOM (56%); LONDON, ENGLAND (56%);

**COUNTRY:** ENGLAND (56%); UNITED KINGDOM (56%);

**SUBJECT:** SUICIDE (91%); LIFE INSURANCE (91%); CORONERS COURTS & OFFICES (78%); INVESTIGATIONS (78%); ACTUARIAL SERVICES (74%); FRIENDLY & PROVIDENT SOCIETIES (73%); STATISTICS (69%); INSURANCE ASSOCIATIONS (69%); VERDICTS (63%); MORTGAGE LOANS (50%); INTERNAL INVESTIGATIONS (50%); MORTGAGE BANKING & FINANCE (50%);

**LANGUAGE:** ENGLISH

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San Jose Mercury News (California)

**September** 22, 2005 Thursday PS1 EDITION

**ABOUT CAMPUS SUICIDE**

**SECTION:** B; BRIEF; Pg. 4

**LENGTH:** 156 words

Facts about campus **suicide** and prevention:

The 1997 Big Ten Student **Suicide** Study found 7.5 **suicides** per 100,000 college students, compared with a national average of 15 per 100,0000 among a comparable sample of college-age adults.

**Suicide** rates among young people tripled between 1952 and 1997.

A 2002 study puts the number of campus **suicides** at 1,088.

Graduate students have a higher rate of **suicide** than undergraduates.

75 to 80 percent of college students who kill themselves are male.

Mental illness, usually depression, is the cause of 95 percent of college **suicides**. Substance abuse, anxiety, hopelessness and desperation increase risk.

Resources with information about **suicide** and depression: American Foundation for **Suicide** Prevention: www.afsp.org

Source: Source: American Foundation for **Suicide** Prevention, Psychiatric Times, **Suicide** Prevention Resource Center

**SUBJECT:** SUICIDE (96%); STUDENTS & STUDENT LIFE (92%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); DEPRESSION (90%); COLLEGE STUDENTS (90%); SUBSTANCE ABUSE (73%); GRADUATE & PROFESSIONAL SCHOOLS (73%); MENTAL ILLNESS (73%); LOC

**ORGANIZATION:** AMERICAN FOUNDATION (86%); BIG TEN (60%);

**COUNTRY:** NORTH AMERICA (90%); UNITED STATES (90%);

**LOAD-DATE:** September 26, 2005

**LANGUAGE:** ENGLISH

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The Balochistan Times (AsiaNet)

**December** 6, 2014 Saturday

**World experiences one millions suicides every year: psychiatrist**

**SECTION:** Vol. XXXVII No. 334

**LENGTH:** 659 words

**Suicide** is a global issue and a leading cause of death in the world claiming lives of around one million people every year.

**Suicide** is a multidimensional disorder, which results from a complex interaction of biological, genetic, psychological and environmental factors, said eminent psychiatric of Sir Cowasjee Jehangir (S.C.J.) Institute of Psychiatry, Hyderabad Dr. Darya Khan Laghari, Thursday.

Dr. Darya Khan Laghari, said that some psychology experts also agree with the fact that majority of the **suicides** are usually linked to economic difficulties but there are other reasons behind committing of **suicides** and these reasons can be depressive disorders, unemployment, domestic violence, parental separation, growing economic instability, child abuse, bullying, rising inflation and loss of social cohesion which force a person to end his or her life or release them from the pain they are suffering from.

Talking about **suicide** bombing he said a **suicide** bomber blows himself, also causing an immense and fatal destruction in the areas around it. He added that **suicide** bombing is also one of the ways that enable a person to commit **suicide** and end his life through such a sinful way.

He said that these are some instances, which appear through media as many cases of **suicides** in Pakistan are not reported.

In recent years, psychiatrist said that Pakistan has witnessed a drastic increase in the number of **suicides** but the basic thing is that it does not collect national **suicide** statistics nor report them to WHO (World Health Organization) so due to that it has become very difficult to compile **suicide** statistics and thus made the planning of prevention programmes, almost impossible.

He said that the facts showed that **suicide** has not only become a health problem in Pakistan, but that there are no official statistics and national rates are unknown. The other reason to support this aspect is also that when a person attempts **suicide** his or her family usually tries to

cover this act and claims this incident as merely an incident thus it is becoming difficult for Pakistan to compile national **suicide** statistics and report them to the WHO, he said.

He said the rate of **suicide** is consistently higher in men than women and men outnumber women by 2:1 and there are more single then married men involved.

He said that the surveys and analysis showed that **suicide** has become more common in youth than in adult in many countries and Pakistan is one of them. **Suicide** rates among youth are increasing due to unemployment, pressure of work and studies, depression, anxiety and increasing poverty, he said.

Dr. Darya Khan Laghari further elaborated that Pakistan's population is 162 million and it is ranked as the 6th most populous country in the world. The official unemployment stands at 12 percent of the eligible workforce and health spending is only 0.7 percent of the national annual budget, he said and added that Pakistan is also a Muslim country and according to Islam **suicide** is considered forbidden and prohibited.

Islam is the only religion that has a clear scriptural ban on **suicide**, so, it has an independent effect on lowering **suicide** rates but still many people commit **suicide** everyday in Pakistan.

According to World Health Organisation (WHO) statistics, he said that more than a million people commit **suicide** each year worldwide, while the **suicide** attempt is successful 1020 times.

He said that **suicide** and depression are linked to each other as more than 80 percent of people who commit **suicide** suffer from depression. He said studies suggest that lifetime risk of **suicide** in people with depression was 15 percent, with alcoholism 715 percent and with schizophrenia, 410 percent.

However, a substantial proportion of people commit **suicide** die without having seen a mental health professional, he said and added that detection, referral and management of psychiatric disorders in primary care was an important step in **suicide** prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); SUICIDE BOMBINGS (90%); BOMBINGS (90%); PHYSICIANS & SURGEONS (90%); DEATHS & DEATH RATES (90%); PSYCHIATRY (90%); TEEN SUICIDE (89%); DEPRESSION (89%); MENTAL ILLNESS (79%); PUBLIC HEALTH ADMINISTRATION (78%); BUDGETS (78%); POPULATION SIZE (78%); DISEASES & DISORDERS (77%); PSYCHOLOGY (77%); UNITED NATIONS INSTITUTIONS (76%); LABOR FORCE (75%); INFLATION (75%); ECONOMIC NEWS (75%); HEALTH CARE COSTS (74%); HEALTH DEPARTMENTS (72%); STATISTICS (71%); DOMESTIC VIOLENCE (70%); POVERTY & HOMELESSNESS (70%); CHILD ABUSE (69%); MUSLIMS & ISLAM (66%); MARRIAGE (62%); ASSOCIATIONS & ORGANIZATIONS (50%)

**CITY:** HYDERABAD

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** December 8, 2014

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US Official News

**September** 10, 2014 Wednesday

**New York: Mayor Mike Spano to Light City Hall Clocktower Purple and Turquoise in Support of World Suicide Prevention Day September 10**

**LENGTH:** 279 words

**DATELINE:** Albany

City of Yonkers, The State of New York has issued the following news release:

Yonkers Mayor Mike Spano today announced that the City Hall Clock Tower will be lit purple and turquoise to symbolize the national **suicide** prevention ribbon in honor or World **Suicide** Prevention Day on Wednesday, September 10. **Suicide** Prevention Week is the Monday through Sunday surrounding World **Suicide** Prevention Day.

"**Suicide** is a very serious public health issue that is often difficult to understand," said Mayor Mike Spano. "I encourage you to talk to your families and children about **suicide** prevention and use the resources available during **Suicide** Prevention Week to educate yourselves further."

This year's theme is "**Suicide** Prevention: One World Connected" and will focus on raising awareness that **suicide** is a major preventable cause of premature death on a global scale. **Suicide** claims approximately 1 million lives a year, resulting in one death by **suicide** every 40 seconds.

According to the American Association of Suicidology, risk factors to self-harm include mental illness, substance abuse, prior attempts at **suicide**, recent loss of loved ones, and unemployment. Protective factors that act as a buffer against **suicide** and suicidal behaviors can be social connectedness, and a supportive family and friends.

Mayor Spano added, "On World **Suicide** Prevention Day today I want to call Yonkers residents to action. Learn about the warning signs and risk factors for **suicide** and act accordingly if you feel someone you know and love is struggling with suicidal thoughts."

In case of any query regarding this article or other content needs please contact: editorial@plusmediasolutions.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); CITIES (90%); MENTAL ILLNESS (89%); FAMILY (76%); SUBSTANCE ABUSE (72%) National

**CITY:** ALBANY, NY, USA (79%); VICTORIA, SEYCHELLES (73%)

**STATE:** NEW YORK, USA (90%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** September 11, 2014

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China Daily European Edition

**July** 8, 2014 Tuesday

**How to maintain falling suicide rate**

**BYLINE:** Paul Yip

**SECTION:** OP-ED CONTRIBUTORS

**LENGTH:** 561 words

**Suicide** is a major public health issue across the world. It is the cause of 800,000 premature deaths globally, according to latest statistics.

In the 1990s, China had one of the highest **suicide** rates (23.2 per 100,000 people). An estimated 250,000 **suicides** were reported every year in the 1990s, accounting for about a quarter of all **suicides** in the world. In fact, **suicide** was the fifth leading cause of deaths in China.

Besides, more women than men committed **suicides** in China during the period, which was drastically different from the about 3:1 male-female **suicide** ratio in Western countries. Also, the **suicide** rate in China was substantially higher in rural areas than in cities, with older adults more prone to committing **suicide**.

Perhaps the imbalance in medical and social welfare between urban and rural areas in China put older residents in the countryside at greater risk of committing **suicide**. Although mental illness plays a relatively low role in **suicides** in China, psychiatric help and other related support are far from sufficient. And the low social status of Chinese women and the limited opportunities they have to fulfill their dreams have been blamed for the relatively high rate of **suicide** among women, especially in rural regions.

The good news is that the overall **suicide** rate in China has declined significantly because of the country's fast-paced economic development. The estimated mean national **suicide** rate now is 9.8 per 100,000 people, nearly 60 percent lower than in the 1990s. Urbanization and economic growth in the past decade have created more education and employment opportunities for everyone, especially those women in rural areas, and reduced gender inequality. Controls on the sale of pesticides, which many rural people used to drink to commit **suicide**, and the improvement in healthcare services have also contributed to the decline in the **suicide** rate.

China's experience seems to be at odds with French sociologist Emile Durkheim's **suicide** theory, which says that economic growth epitomized by industrialization, urbanization and modernization usually leads to higher level of social anomie and lower level of social integration as a result of popularized individualism and egoism, and subsequently increases the **suicide** rate. In China, however, these factors can work as protective shield against **suicides**.

An increasing number of rural women are migrating to cities in search of better livelihood. Relocation from rural to urban areas provides women with an escape route - from familiar obligations and undesired marriage proposals - and employment provides them with financial means to pursue a career and/or find their Mr Right. In the past, Chinese women were often trapped in a routine life in which they rarely realized their personal goals. But today, women in China have more opportunities for better education and employment. The traditional tension within Chinese families and the associated social pressures have also lessened, and divorce has become an acceptable way of dealing with family problems and conflicts. Gender discrimination in employment is still a major social problem, which is visible in hiring, dismissals and wage differences, denial of certain social welfare benefits, sexual harassment and fines for violation of family planning regulations. But the situation is better than it was a decade ago.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); STATISTICS (90%); EDITORIALS & OPINIONS (90%); ECONOMIC DEVELOPMENT (89%); RURAL COMMUNITIES (89%); EMERGING MARKETS (89%); WOMEN (89%); ECONOMIC GROWTH (89%); URBANIZATION (88%); ECONOMIC CONDITIONS (87%); WOMEN'S HEALTH (78%); DISEASES & DISORDERS (78%); DEATHS & DEATH RATES (78%); GENDER & SEX DISCRIMINATION IN EMPLOYMENT (75%); MENTAL ILLNESS (74%); ADULTS (72%); GENDER EQUALITY (70%); HEALTH CARE (68%); SOCIOLOGY (68%); EMPLOYMENT (63%); GENDER & SEX DISCRIMINATION (50%)

**COUNTRY:** CHINA (97%)

**LOAD-DATE:** July 8, 2014

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Flamborough Review

**September** 12, 2012 Wednesday

ONT Edition

**Editorial: Raising hope**

**SECTION:** Pg. 0

**LENGTH:** 405 words

Monday (Sept. 10) marked the 10th anniversary of World **Suicide** Prevention Day, a day when people are encouraged to discuss solutions to what is becoming a prevalent mental-health issue among our young people.

According to Children's Mental Health Ontario (CMHO), **suicide** is the second leading cause of death among 10-24 year olds in Canada.

Untreated mental illness - depression, in particular - is the leading risk factor for **suicide**.

For every **suicide** completion, there are thousands more young people having thoughts of **suicide** and attempting it, according to the CMHO.

One recent study found one in 10 students in Grades 7-12 reported they had seriously considered **suicide**, and about three per cent reported attempting **suicide**.

Among Aboriginal youth, **suicide** is estimated to occur at rates five times higher than non-Aboriginal youth.

In keeping with the theme of this year's World **Suicide** Prevention Day in Ontario, "All Together - Promoting Hope and Resiliency," the CMHO joined with the Canadian Association for **Suicide** Prevention to encourage communities across the province to get involved by showing their support for people affected by **suicide** and promoting a collaborative approach to **suicide** prevention.

While support can be expressed many ways, the gift of non-judgmental support is of utmost importance.

Shame is one of the most challenging and prominent feelings around **suicide**. The stigma associated with **suicide** often prevents those suffering from getting help.

"We need to be open and we need to be educated," said Gordon Floyd, president and CEO of CMHO. "Let's remove the stigma associated with **suicide** and start talking about it. "One in five children and youth has a mental-health issue severe enough to seriously affect their daily functioning at home, school or within the community.

Early intervention remains critical to young people having the best possible chance at succeeding in all aspects of their life.

The **Suicide** Prevention Community Council of Hamilton (www.spcch.org) offers resources for people struggling with thoughts of **suicide**. In addition to reaching 24-hour assistance by calling 911, those in crisis can call the Crisis Outreach and Support Team at 905-972-8338 or visit the organization's web site at www.coasthamilton.ca.

Other area **suicide** prevention resources include the Salvation Army **Suicide** Crisis Line, at 905-522-1477 and Telecare Burlington at 905-681-1488 or www.telecareburlington.com.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); CHILDREN'S HEALTH (90%); PREVENTION & WELLNESS (90%); ANNIVERSARIES (90%); EDITORIALS & OPINIONS (90%); CHILDREN (89%); ASSOCIATIONS & ORGANIZATIONS (89%); DEPRESSION (78%); THIS DAY IN HISTORY (78%); STUDENTS & STUDENT LIFE (77%); TELEMEDICINE (77%); MENTAL ILLNESS (73%); RELIEF ORGANIZATIONS (60%); EXECUTIVES (50%)

**STATE:** ONTARIO, CANADA (90%)

**COUNTRY:** CANADA (94%)

**LOAD-DATE:** September 13, 2012

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South Asian Focus

**July** 25, 2012 Wednesday

ONT Edition

**Suicide second leading cause of death among Canadian youth**

**SECTION:** Pg. 0

**LENGTH:** 420 words

Staff Report

**Suicide** ranked as the ninth leading cause of death in Canada in 2009, but among young people aged 15 to 34 it was the second leading cause, preceded only by accidents.

A Statistics Canada report shows that in the year 2009 there were roughly 238,000 deaths in Canada and some 3,890 of them were attributed to **suicide**.

A total of 202 teenagers aged 15 to 19 committed **suicides** in 2009. While over time the **suicide** rate within this group has remained relatively stable, **suicides** are now responsible for a greater percentage of teenage deaths.

In 2009, the study reveals nearly one-quarter (23 per cent) of all deaths among 15- to 19-year-olds were due to **suicide** - more than double the proportion of 9 per cent in 1974.

This difference is primarily explained by decreases in accidental deaths in this age group during the same time period.

Although **suicide** was the second leading cause of death among teens in 2009, the majority of **suicides** occurred in the 40 to 59 age group. About 45 per cent of all **suicides** occurred in this age group, compared with 35 per cent in those aged 15 to 39, and 19 per cent in those aged 60 and older.

The **suicide** rate for men in Canada is more than three times higher than the **suicide** rate for women. During 2009, 2,989 men committed **suicide**, representing a rate of 17.9 per 100,000.

Among women, there were 901 **suicide** deaths, representing a rate of 5.3 per 100,000.

Although men are more likely to die from **suicide**, women are three to four times more likely to attempt **suicide**. Furthermore, females are hospitalized for attempted **suicide** 1.5 times more often than males.

In general, married people were the least likely to commit **suicide** compared with single, widowed or divorced individuals. For men, the **suicide** rate was the highest among single men, while for women, widows had the highest rate.

Hanging has been the most common method of **suicide** since 1992, but it is used less often at older ages. Over the 10-year period ending in 2009, an average of 55 per cent of individuals aged 15 to 39 died as a result of hanging, compared with 30 per cent of those aged 60 or older.

**Suicides** involving a firearm, on the other hand, were more common at older ages. About 12 per cent of people aged 15 to 39 used a firearm, compared with 26 per cent of those aged 60 and older.

Historically, **suicide** rates were fairly stable in the 1950s, after which they rose steadily from the 1960s through the early 1980s.

The rate peaked at 15.1 deaths per 100,000 in 1983; by 2009, it had dropped to 10.7.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (90%); DEATHS & DEATH RATES (90%); ADOLESCENTS (90%); DEATHS (90%); DEMOGRAPHIC GROUPS (90%); AGING (89%); WOMEN (89%); MEN'S HEALTH (78%); ACCIDENTAL FATALITIES (78%); STATISTICS (77%); MARRIAGE (62%)

**COUNTRY:** CANADA (92%)

**LOAD-DATE:** July 26, 2012

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San Jose Mercury News (California)

**September** 22, 2005 Thursday PS1 EDITION

**ABOUT CAMPUS SUICIDE**

**SECTION:** B; BRIEF; Pg. 4

**LENGTH:** 156 words

Facts about campus **suicide** and prevention:

The 1997 Big Ten Student **Suicide** Study found 7.5 **suicides** per 100,000 college students, compared with a national average of 15 per 100,0000 among a comparable sample of college-age adults.

**Suicide** rates among young people tripled between 1952 and 1997.

A 2002 study puts the number of campus **suicides** at 1,088.

Graduate students have a higher rate of **suicide** than undergraduates.

75 to 80 percent of college students who kill themselves are male.

Mental illness, usually depression, is the cause of 95 percent of college **suicides**. Substance abuse, anxiety, hopelessness and desperation increase risk.

Resources with information about **suicide** and depression: American Foundation for **Suicide** Prevention: www.afsp.org

Source: Source: American Foundation for **Suicide** Prevention, Psychiatric Times, **Suicide** Prevention Resource Center

**SUBJECT:** SUICIDE (96%); STUDENTS & STUDENT LIFE (92%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); DEPRESSION (90%); COLLEGE STUDENTS (90%); SUBSTANCE ABUSE (73%); GRADUATE & PROFESSIONAL SCHOOLS (73%); MENTAL ILLNESS (73%); LOC

**ORGANIZATION:** AMERICAN FOUNDATION (86%); BIG TEN (60%);

**COUNTRY:** NORTH AMERICA (90%); UNITED STATES (90%);

**LOAD-DATE:** September 26, 2005

**LANGUAGE:** ENGLISH

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Guardian Weekly

**April** 29, 2005 - May 5, 2005

**On the path to self-destruction**

**BYLINE:** Samir El-youssef

**SECTION:** BOOKS; Vol. 172, No. 19; Pg. 24

**LENGTH:** 828 words

**HIGHLIGHT:** Samir El-youssef on three attempts to explain why people become suicide bombers

**Making Sense of Suicide Missions**

edited by Diego Gambetta

Oxford 378pp £ 25 ( £ 23)

**Suicide in Palestine: Narrative of Despair**

by Nadia Taysir Dabbagh

Hurst 265pp £ 16.95 ( £ 15.95)

**The Road to Martyrs' Square: A Journey Into the World of the Suicide Bomber**

by Anne Marie Oliver and Paul Steinberg

Oxford 214pp £ 14.99 ( £ 13.99)

**Suicide** missions are not a recent phenomenon. Some researchers trace the trend back to the Russian anarchists at the start of the 20th century; others go back to ancient history. Yet there is no overarching explanation as to why groups and individuals resort to this form of political violence. As Diego Gambetta, the editor of *Making Sense of* ***Suicide*** *Missions* points out, the characteristics, motives and aims of organisers and attackers are so diverse that it makes it hard to identify one single cause. This book of essays demonstrates the diversity by dealing with groups ranging from the Japanese Kamikaze and the Tamil Tigers to al-Qaida, Hamas, Hizbullah, and other Lebanese and Palestinian organisations.

Contrary to those who see **suicide** missions as some sort of dark ritual, or those who dismiss them as irrationally criminal actions, the authors show us that they are often the result of cold calculation. For one thing, they are more effective than other forms of political violence. According to one contributor, Luca Ricolfi, writing on "Palestinians 1981-2003", **suicide** attacks had "10 to 15 times the destructive power of ordinary terrorist attacks". Yet they are not only meant to be instrumental actions, but symbolic too. The Japanese army and the Tamil Tigers aimed at achieving military victory, while 9/11 could be seen as more symbolic than instrumental. Hamas and Islamic Jihad have had many different aims: fighting military occupation, showing an extreme level of commitment to their cause, and destroying the peace process in order to regain place at the centre of Palestinian politics.

*Making Sense of* ***Suicide*** *Missions* is an enlightening collection of essays. It makes us aware that carrying out a suicidal mission is rarely the result of the perpetrator being personally suicidal, a fact Nadia Tysir Dabbagh's ***Suicide*** *in Palestine* crystallises. Dabbagh is a British Palestinian doctor who in 1997 undertook fieldwork in Ramallah for a PhD on what was seen then as an alarming "**suicide** phenomenon" in Palestinian society. Dabbagh explains that the number of cases was not particularly high, nor were the causes bizarre or unusual. Furthermore Palestinian society, like most Arab and Islamic societies, regards **suicide** as shameful and contrary to the dictates of religion.

It is for these reasons that Palestinians, particularly organisers of **suicide** bombing, insist on making a distinction between conventional **suicide** and **suicide** bombing: the first is a reprehensible private act, while the second is a revered form of martyrdom. Dabbagh shows that suicidal people in Palestine tend to do what suicidal people do everywhere: that is, kill themselves by taking an overdose, not blow themselves up on the streets of Tel Aviv.

Situating cases of suicidal people, at least those of whom she managed to interview, within the larger context of Palestinian culture and society, Dabbagh's study leads us to conclude that poverty, social marginalisation and oppression could compel people to self-killing, but not self-sacrifice.

*Making Sense of* ***Suicide*** *Missions* and ***Suicide*** *in Palestine* are academic books; those who are not fond of tables, diagrams and statistics will start reading *The Road to Martyrs' Square* with a great sense of relief. However, the relief does not last long. This book is largely a personal record of its two authors who spent five years in the Gaza Strip and Jerusalem. Here they met a good number of Hamas supporters and gathered a huge amount of underground media: videotapes, audiocassettes, cards, photographs of graffiti etc. The authors describe it as "part memoir, part travelogue, part journey into the underground media of the intifada [and] part exploration of the links between martyrdom and 'identity politics'". Thus they take on the risk of incoherence, a risk that, sadly, the narrative rarely survives.

One moment we find them waiting to interview Sheikh Yasin, spiritual leader of Hamas later assassinated by the Israelis, and another they are house-hunting in Jerusalem and all in a language which is often either raw or random. Describing a **suicide** bomber, they say: "He has curly brown hair and brown eyes, jerks his eyebrows up and down like Groucho Marx when he talks -- resembles Woody Allen, if Woody Allen could look so happy." Apparently some people cannot help being jolly even when talking about **suicide** bombing. Not that such a seemingly intimate appraisal of the "world of the **suicide** bomber" adds a jot to our understanding of what truly motivates them.

**SUBJECT:** SUICIDE BOMBINGS (92%); TERRORIST ORGANIZATIONS (91%); TERRORISM (90%); BOOK REVIEWS (90%); SUICIDE (89%); BOMBINGS (89%); MUSLIMS & ISLAM (89%); HAMAS (89%); TERRORIST ATTACKS (89%); RELIGION (87%); HISTORY (76%); WRITERS (74%); AL-QAEDA (72%); LIBERATION TIGERS OF TAMIL EELAM (72%); HEZBOLLAH (72%); PEACE PROCESS (50%); POLITICAL VIOLENCE (89%); ANCIENT HISTORY (71%); ASSOCIATIONS & ORGANIZATIONS (69%);

**TICKER:** 002235 (SZSE) (58%);

**INDUSTRY:** NAICS322121 PAPER (EXCEPT NEWSPRINT) MILLS (58%); SIC2621 PAPER MILLS (58%);

**PERSON:** NADIA TYSIR DABBAGH (81%);

**ORGANIZATION:** HAMAS (82%); AL-QAEDA (82%); HEZBOLLAH (55%); LIBERATION TIGERS OF TAMIL EELAM (55%); LIBERATION TIGERS OF TAMIL EELAM (55%);

**COUNTRY:** PALESTINIAN TERRITORY, OCCUPIED (95%); LEBANON (79%); JAPAN (79%);

**STATE:** TAMIL NADU, INDIA (51%);

**COMPANY:** XIAMEN ANNE CORP LTD (58%); XIAMEN ANNE CORP LTD (58%); HAMAS (82%); AL-QAEDA (82%); HEZBOLLAH (55%); LIBERATION TIGERS OF TAMIL EELAM (55%); LIBERATION TIGERS OF TAMIL EELAM (55%);

**LOAD-DATE:** May 9, 2005

**LANGUAGE:** ENGLISH

**GRAPHIC:** Picture, Symbolic warning . . . Hamas militants parade with fake dynamite Photograph: Mohammed Zaatari/AP

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The Irish Times

**December** 7, 2004

**Study shows suicide trends**

**BYLINE:** Dr Muiris Houston, Medical Correspondent

**SECTION:** Health; Pg. 1

**LENGTH:** 546 words

**Suicide** statistics: Young men under the age of 30, who were unemployed and suffered from undiagnosed depression were the most likely group to die by **suicide**, an eight-year study of **suicides** in Co Kildare has shown.

The research, carried out by Dr Cliona McGovern and Prof Denis Cusack of the Division of Legal Medicine, University College Dublin, found 84 per cent of **suicides** in the county between 1995 and 2002 were male. Of 109 **suicides** during this period, 32 occurred in men aged between 20 and 30.

The youngest **suicide** was in a boy aged 11. Some 23 deaths occurred in people aged 60 and over. The annual **suicide** rate for the period under study was 10 per 100,000 population. This compares with an official Central Statistics Office (CSO) national **suicide** rate of 11.5 per 100,000 people in 2002.

A study of **suicides** in Kildare, 1995-2002, published in the Journal of Clinical Forensic Medicine points to a discrepancy between the **suicide** figures recorded by coroners and those provided by the CSO. Form 104 is used by the CSO to supplement a coroner's certificate. It is completed by a Garda Inspector who is asked: "Please state, in your opinion, whether the death was accidental; suicidal; homicidal; undetermined."

According to McGovern and Cusack, the discrepancy arises because the phrasing "in your opinion" creates difficulties. They also note some coroners may be reluctant to bring in a verdict of **suicide**. "The reluctance of some coroners to return a verdict of **suicide** can have social, historical or religious reasons.

"The issue of some coroners either not returning a verdict of **suicide** where necessary or the death not being recorded as **suicide** on Form 104 is a matter of grave concern," Prof Cusack, who is coroner for Co Kildare, told The Irish Times yesterday.

When the method of **suicide** was examined, hanging, at 49 per cent of cases, was the most common. Shooting, drowning and carbon monoxide poisoning were the next most common methods. Although **suicide** by starvation is extremely rare, 4 per cent of **suicides** in the study were by this method. A single event, involving **suicide** by starvation among four members of the same family, accounted for the high number.

While the unemployed were the single most likely occupational group to die by **suicide**, two doctors featured in the study. Both died, it is understood, by sophisticated methods of self-medication (poisoning). Some 52 per cent of **suicides** occurred on Saturday, Sunday and Monday. The months of May, June and July accounted for 32 per cent of **suicides**. "This is contrary to what we expected to find, that of **suicide** occurring more frequently in the darker winter months," the authors state.

In an analysis, they examined the **suicide** notes left by 35 per cent of victims. They frequently referred to feelings of depression or sadness. Most indicated the victim's decision was not a spur of the moment one.

"What this indicates is that there is a proportion of people who suffer from chronic depression without receiving any help or treatment for it," they add. "What was also worrying is the distancing and isolation that a lot of young men felt. In some cases they spoke of being a burden to their families as they could not get a job or they were 'useless'."

**CITY:** DUBLIN, IRELAND (91%);

**COMPANY:** CENTRAL STATISTICS OFFICE (85%);

**ORGANIZATION:** CENTRAL STATISTICS OFFICE (85%);

**GEOGRAPHIC:** IRELAND (92%); DUBLIN, IRELAND (91%);

**COUNTRY:** IRELAND (92%);

**SUBJECT:** SUICIDE (96%); RESEARCH REPORTS (91%); CORONERS COURTS & OFFICES (90%); DEPRESSION (90%); POISONINGS (89%); MENTAL ILLNESS (79%); UNEMPLOYED PERSONS (78%); STATISTICS (78%); MEN (78%); COLLEGE & UNIVERSITY PROFESSORS (77%); AGING (70%); ACCIDENTAL FATALITIES (70%); VERDICTS (69%); WRITERS (68%); FORENSICS (67%); CARBON MONOXIDE (61%); ENVIRONMENTAL ILLNESS (61%);

**PERSON:** DENIS CUSACK (74%); CLIONA MCGOVERN (59%);

**LOAD-DATE:** December 7, 2004

**LANGUAGE:** ENGLISH

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The Age (Melbourne, Australia)

**February** 7, 2003 Friday

Late Edition

**Suicide well ahead of road deaths**

**BYLINE:** Farah Farouque, Social Affairs Editor

**SECTION:** NEWS; Pg. 8

**LENGTH:** 387 words

More Australians die by **suicide** than in road accidents.

The Australian Bureau of Statistics yesterday released data showing that **suicide** continues to be the prime killer of young people. In 2001, the bureau counted 2454 **suicides** nationally. The road toll for the same period was 1736.

Patrick McGorry, professor of psychiatry at Melbourne University, called on governments to redouble the effort on **suicide** prevention as they did to tackle the road toll.

"**Suicide** is a very important public health matter," Dr McGorry said. "It's not just an adolescent issue, it's a young adult issue."

While youth **suicide** remains disturbingly high, the Bureau of Statistics' study shows the group with the highest **suicide** rates is those aged 25 to 34. But people aged from 25 to 44 accounted for 47 per cent of total **suicide** deaths in 2001.

Meanwhile, **suicides** by people aged 15 to 24 accounted for 339 deaths.

But the prevalence of **suicide** has decreased since the highest number of **suicides** - 2720 - was recorded in 1997.

The overall figure in 2001, however, was slightly higher than in the previous year, when 2363 **suicides** were registered.

In counting a death as a **suicide**, the bureau takes a cautious approach. Possible **suicides** - those cases in which the coroner makes an "open" finding - are excluded from the analysis.

Chin Choy, a health statistician at the Australian Institute of Health and Welfare, said he believed the increase was not particularly significant because the 2001 figure included some deaths that occurred in the previous year. "I am hopeful the trend of decline will continue," he said.

The bureau's data shows that male **suicides** outnumber female deaths by about four to one.

Heather Hales, a mother of three, has painful first-hand knowledge of the devastation of **suicide** on a family. Her daughter Penny, 23, who suffered from bouts of depression, killed herself while travelling overseas in December 2001.

"Penny was a delightful girl who had a wide circle of friends," said Mrs Hales. "There were no warning signs that she was going to kill herself." In a letter Penny left for her parents, she wrote: "I love you so much. I can't believe I'm doing this."

Mrs Hales said: "My message is that it can happen to anyone."

∑ People who want help can reach Lifeline on 131 114 (24-hour line) and Kids Help Line on 1800 551 800.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); ACCIDENTAL FATALITIES (90%); STATISTICS (90%); HOMICIDE (89%); DEATHS & DEATH RATES (78%); HEALTH STATISTICS AGENCIES (78%); ADOLESCENTS (78%); DEPRESSION (78%); CHILDREN'S HEALTH (78%); STATISTICAL METHOD (78%); RESEARCH REPORTS (78%); TRENDS (78%); PSYCHIATRY (77%); MEN (73%); CORONERS COURTS & OFFICES (73%)

**CITY:** MELBOURNE, AUSTRALIA (90%)

**STATE:** VICTORIA, AUSTRALIA (93%)

**COUNTRY:** AUSTRALIA (93%)

**LOAD-DATE:** June 18, 2007

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The Irish Times

**September** 23, 2000

**Communities asked to reach out to grieving families of suicides fearful of stigma**

**BYLINE:** By ANNE LUCEY

**SECTION:** CITY EDITION; HOME NEWS; Pg. 4

**LENGTH:** 446 words

Some 75,000 Irish people are profoundly affected by **suicide**, "a huge chunk of the population", and very little is being done for them, a **suicide** awareness seminar in Tralee has been told.

The seminar was organised by Rotary International and was addressed yesterday by leading American professionals on **suicide**.

"Six people are profoundly affected by every **suicide**," Dr Edward Dunne, psychologist and president of the American Foundation of Suicidology said.

The number of **suicides** in Ireland has escalated in the past 25 years. In 1977, for example, there were 151 deaths from **suicide**, leading to a rate of 4.6 for every 100,000 persons; in 1998 there were 504 **suicides**, a rate of 13.6, and in 1999 the number taking their own lives was 439, or a rate of 11.7. It was fair to say that 75,000 Irish people have been affected by **suicide** over the past 25 years, and were still carrying a burden that was little understood, he said.

There has been a huge increase in the numbers of young men taking their own lives, something not noted outside Ireland, Dr Dunne said.

"When a **suicide** happens in a community, particularly if it's very public, it sometimes makes other people suicidal." In high schools in the US the danger of a cluster of **suicides** was "very real".

Father Charles T. Rubey said grief from **suicide** was different from any other form of grief. It was uncontrollable, lengthy, "like being on a ship that is washed around in a storm". Unless one has been bereaved oneself from a **suicide**, it was impossible to understand, he said. Father Rubey founded the support group LOSS in Chicago (Loving Outreach to Survivors of **Suicide**) in 1979.

"People's lives are unalterably changed because of a death from **suicide**," he said.

"The opportunity to grieve openly as well as to join support groups was a vital step in learning to deal with **suicide**," he said.

In 21 years, Father Rubey said, he had not encountered one note that fully explained why a **suicide** occurred. "Whenever there is a **suicide** there are a lot of questions. Questions that often remain unanswered. Ultimately people have to live with the uncertainty. "**Suicide** needs to be understood as a death that is caused by illness." People didn't take their lives because they wanted to, but because they were in indescribable pain, he said.

"The community and the church should reach out to families where there has been a **suicide** because they feel stigmatised, unwelcome and labelled as failures. "Forty years ago the church removed **suicide** from the realm of morality and placed it where it belongs in the medical field. The church removed the stigma. It is up to society to remove it now," Father Rubey said.

**CITY:** CHICAGO, IL, USA (50%);

**COMPANY:** ROTARY INTERNATIONAL (58%); ROTARY INTERNATIONAL (58%);

**ORGANIZATION:** ROTARY INTERNATIONAL (58%); ROTARY INTERNATIONAL (58%);

**COUNTRY:** UNITED STATES (94%); IRELAND (90%);

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (90%); PRIMARY & SECONDARY EDUCATION (77%); PSYCHOLOGY (71%); HIGH SCHOOLS (51%);

**PERSON:** SIR GEORGE YOUNG (55%);

**LOAD-DATE:** September 23, 2000

**LANGUAGE:** ENGLISH

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SUNDAY MAIL (QLD)

**December** 6, 1987 Sunday

**FIRE SUICIDES INCREASE IN JAPAN**

**SOURCE:** QNP

**BYLINE:** WILSON P

**LENGTH:** 564 words

Fire **suicides** increase in Japan PETER WILSON: Tokyo BURIED among the latest government statistics issued in Tokyo is an alarming suggestion that increasing numbers of Japanese may be setting fire to themselves.

According to the National Fire Defence Board, 1986 saw a 22.2 percent increase in the number of people committing **suicide** with fire.

Listed under ""Deaths by Fire" was the fact that 804 people committed **suicide** with fire last year compared to 658 in 1985.

Are the Japanese running around setting fire to themselves like the self-immolating Buddhist monks of Vietnam War days?

There was one notable incident last November in which seven women doused themselves in kerosene and burned themselves after the ""guru" of their religious sect had died.

But closer inquiries find that no, the new Fire Board statistics do not indicate a rise in self- immolations. Rather they point to a general rise in the number of Japanese **suicides** and a cultural quirk about **suicide** ""with" fire instead of ""by" fire.

**Suicide** with fire \_ when a person kills themselves by any method after setting fire to their home or valuables \_ is also related to the most tragic form of Japanese **suicide**, that in which a person kills his or her young children before committing **suicide**.

This killing of one's young before **suicide** is a horrifying but age-old Japanese practice. It is widely explained as a belief that, in a society which emphasises the family unit and has little sense of community welfare services being offered by the state, surviving children would face miserable lives without their parents.

Hence a mother killing herself in protest at her husband's adultery might first kill the kids.

This practice is recognised by Japanese courts to the extent that a mother who kills her children and then survives her own **suicide** attempt will not be charged with murder. The whole act is seen as a failed joint **suicide**, and even American courts have used this cultural interpretation when dealing with such Japanese family tragedies in the States.

Multiple **suicides** are relatively common in Japan, where 490 of last year's 25,524 listed **suicides** were classified as group **suicides**. Those figures do not include the child victims of such family **suicides** and unwilling adult partners in multiple **suicides**.

The Japanese language has terms for all these types of **suicide**. The ""shinju" or group/ double **suicides** include ""boshi shinju" involving a mother and children, ""oyako shinju" when both parents **suicide** and take some of their children, and ""ikka shinju" or **suicide** of the whole family.

""Shudan jisatsu" are group **suicides** other than a family's.

According to Professor Kenji Tamura, of Toyo University's sociology department, the important thing to distinguish about the fire **suicides** is the difference between ""shoshin jisatsu" or self-immolation, and ""hoka jisatsu" which means **suicide** ""with" fire.

Immolation as a means of **suicide** is not that popular in Japan, he says.

""Hanging is most popular and jumping is also very big. In recent years city people have also been using drugs and gas.

""These latter methods could be a sign of people who are not fully committed to the idea of **suicide**, and who hope to be found before they die."

Guns are not used in **suicide** as often as in Australia, largely because Japan's tougher gun laws make them harder to come by.

**SUBJECT:** SUICIDE (92%); STATISTICS (90%); MURDER (89%); FAMILY (89%); CHILDREN (89%); ARSON (89%); RELIGION (75%); LANGUAGE & LANGUAGES (73%); BUDDHISTS & BUDDHISM (70%); CLERGY & RELIGIOUS (70%); SOCIOLOGY (69%); HUMANITIES & SOCIAL SCIENCE (64%); COLLEGE & UNIVERSITY PROFESSORS (60%); VIETNAM WAR (55%);

**CITY:** TOKYO, JAPAN (91%);

**COUNTRY:** JAPAN (93%);

**LOAD-DATE:** September 19, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** SML

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Charleston Gazette (West Virginia)

**September** 26, 2008, Friday

**Suicides highest in Pocahontas County**

**BYLINE:** Eric Eyre, Staff writer

**SECTION:** NEWS; Pg. P1C

**LENGTH:** 541 words

WHERE TO CALL

Hot line

The **suicide** prevention lifeline telephone number is (800) 273-TALK.

Pocahontas County had the highest **suicide** rate in West Virginia over the past 12 years, according to a study released Thursday.

Thirty-four people took their own lives in Pocahontas County between 1995 and 2007. Gilmer County had the next highest **suicide** rate, followed by McDowell, Mercer and Calhoun counties, the state Council for the Prevention of **Suicide** reported.

Statewide, 3,491 people committed **suicide** during the past 12 years.

"That's a lot of deaths for a very small state," said Bob Musick, the **suicide** council's executive director. "It alarms me. This is a serious situation."

Musick and other **suicide** experts weren't sure why Pocahontas County had the highest **suicide** rate.

Musick said residents in rural areas typically have easier access to guns. Also, an increasing number of **suicides** seem to be linked to drug and alcohol abuse, he said.

"People see no way out," Musick said.

Guy Hensley, chief executive officer of a mental health organization that serves Pocahontas and surrounding counties, said the county's sparse population - about 8,500 people - might drive up the **suicide** rate. The rates were calculated based on total **suicides** per 100,000 people.

"I really don't have any idea why it's so high," said Hensley, who heads Seneca Health Services in Summersville. "It's such a small population in Pocahontas County. It may skew the numbers."

Monongalia County had the lowest **suicide** rate in the state with 10.1 **suicides** per 100,000 people during the past dozen years.

Braxton and Taylor counties had the next lowest **suicide** rates.

In terms of sheer numbers, Kanawha County had the most **suicides** with 370, followed by Raleigh (176), Cabell (162), and Berkeley (149).

The prevention council plans to provide training to behavioral health professionals in counties with high **suicide** rates in the coming months, Musick said.

"We're going to get in those areas and do as much training as we possibly can," he said.

The council also wants to expand a Kanawha County Schools **suicide** prevention program to other schools across the state. The program - called Adolescent **Suicide** Prevention and Early Intervention, or ASPEN - helps teenage students contemplating **suicide**.

Last July, the state Health Statistics Center released a report that showed West Virginia's **suicide** rate among young adults is rising sharply.

**Suicides** among West Virginians between the ages of 20 and 24 nearly doubled over the past five years, the report said.

Youth between the ages of 15 to 19 also are committing **suicide** at a significantly higher rate, the study found.

Depression and substance abuse are the leading causes of **suicide** among younger adults, Musick said. Recent national studies also have shown that many young adults are struggling with credit card debt.

Musick said calls from West Virginians to the National **Suicide** Prevention Lifeline increased last year. The national hot line reported 2,632 West Virginia calls from July 2007 to June 2008.

The **suicide** prevention lifeline telephone number is (800) 273-TALK.

"We're just trying to get the people who are vulnerable to give us a call, so we can help them," Musick said.

Reach Eric Eyre at ericeyre@wvgazette.com or 348-4869.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); SUBSTANCE ABUSE (89%); RESEARCH REPORTS (89%); STUDENT SUBSTANCE ABUSE (88%); MENTAL HEALTH (78%); ADOLESCENTS (78%); HEALTH STATISTICS AGENCIES (77%); EDUCATION SYSTEMS & INSTITUTIONS (76%); STATISTICS (73%); ASSOCIATIONS & ORGANIZATIONS (71%); EXECUTIVES (69%); ALCOHOL ABUSE & ADDICTION (67%); MENTAL HEALTH PRACTICE (66%); STUDENTS & STUDENT LIFE (65%); RURAL COMMUNITIES (53%)

**STATE:** WEST VIRGINIA, USA (94%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** September 26, 2008

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The Providence Journal (Rhode Island)

**September** 28, 2005 Wednesday

Massachusetts

**Suicide rate stable, state Health Department reports**

**SECTION:** NEWS; Pg. C-02

**LENGTH:** 237 words

BOSTON (AP) - The number of people who committed **suicide** dropped slightly in 2003, from 425 to 423, according to a report released yesterday by the state Department of Public Health.

By comparison, 139 people were murdered in 2003 and 226 people died from the AIDS virus.

"We know most **suicides** are preventable," said acting Department of Public Health Commissioner Paul Cote. "We will continue to build upon the plan for **suicide** prevention by raising public awareness through education, professional training, community coalitions and reducing the stigma of seeking help."

Males are three times more likely to commit **suicide** than females, though females have a higher rate of hospitalization for self-inflicted injuries that are not fatal.

The largest number of **suicides** in 2003 occurred among people 35-to 54-years-old, who accounted for 45 percent of **suicides**. The highest **suicide** rate among men was in those 85 years and older. The highest **suicide** rate among women was in the 35 to 54 age group.

**Suicide** rates were highest among whites, compared to black, Asian or Hispanic groups.

The most common method of **suicide** in Massachusetts in 2003 was hanging or suffocation. The use of firearms was the leading method nationwide.

The state said as many as 90 percent of those who committed **suicide** had at least one diagnosis of mental illness or substance abuse problems.

The state had 420 **suicides** in 2001 and 401 **suicides** in 2000.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); HEALTH DEPARTMENTS (92%); PUBLIC HEALTH ADMINISTRATION (90%); WOUNDS & INJURIES (77%); DISEASES & DISORDERS (77%); MENTAL ILLNESS (73%); VIRUSES (72%); PREVENTION & WELLNESS (72%); AIDS & HIV (72%); SUBSTANCE ABUSE (71%); DEMOGRAPHIC GROUPS (70%) STATISTICS; SUICIDES

**CITY:** BOSTON, MA, USA (92%)

**STATE:** MASSACHUSETTS, USA (92%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** September 29, 2005

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USA TODAY

**October** 26, 1999, Tuesday, FINAL EDITION

**Suicide's sadness, again and again**

**BYLINE:** Kay Redfield Jamison

**SECTION:** NEWS; Pg. 17A

**LENGTH:** 742 words

Every once in a while, Americans are shocked, collectively, by

news of a **suicide**. Most recently, it was the **suicide** Friday of

Carla Hochhalter, the mother of one of the Columbine High School

shooting victims. Friends said when she shot herself in a suburban

Denver pawnshop, she was deeply depressed over the massacre's

effect on her severely injured daughter.

Sadly, her **suicide** is national news because of her association

with the Columbine tragedy rather than because **suicide** itself

is news. In fact, **suicide** is appallingly common: About 30,000

Americans commit **suicide** every year. Another 750,000 attempt it,

including 500,000 whose efforts are severe enough to send them

to an emergency room. Especially chilling is the fact that one

in five high school students says he or she seriously considered

**suicide** within the past year.

Like many of you reading this, I have lost friends, colleagues

and children of colleagues to **suicide**. Like some of you, I have

attempted **suicide** myself, almost dying when I was 28 after slipping

into a coma from my intentional drug overdose while in the midst

of a painful and protracted struggle with manic-depressive illness.

Because I now professionally research, write and talk about **suicide**,

I am particularly aware that each of our 30,000 annual **suicides**,

no matter how little or how well publicized, affects many people.

Sometimes, those left behind come to listen or talk to me within

days of having buried the person who committed **suicide**. Still

devastated, they always ask: Why? To them, there seems no answer.

But in fact, we do know a great deal about **suicide's** causes. More

than 90% of all **suicides** involve mental illness and/or the abuse

of alcohol, drugs or an alcohol-drug combination. Most who are

depressed will not kill themselves, but a majority of those who

commit **suicide** are profoundly depressed. Combining depression

with alcohol is particularly lethal.

The biology of **suicide**

We also know a great deal about the underlying biology of **suicide**

-- for example, that there is a genetic component to it that can

interact dangerously with the genetic factors implicated in major

psychiatric illnesses. We know that certain neurotransmitters

and stress hormones are deeply enmeshed in the volatility, impetuousness

and violence that are part and parcel of the moody and explosive

temperaments most closely associated with self-murder.

And violence is, disturbingly, an integral part of many **suicides**.

The igniting of volatile temperaments by severe psychological

stress, or by the presence of a depressive or other mental illness,

can be deadly -- especially when in the presence of an easily

accessible gun. (Firearms now are used to commit more **suicides**

than murders.)

So, even if there is more to know, we do know many things about

**suicide**. What we need to do is use that knowledge more effectively

to prevent **suicide**.

At risk, yet undiagnosed

We have, for example, effective ways to treat the psychiatric

illnesses most commonly associated with **suicide**: antidepressant

medications, lithium, psychotherapy, anticonvulsant medications,

drugs to treat anxiety and drugs to ameliorate and prevent psychosis.

Yet most people at high risk for **suicide** remain undiagnosed and

untreated. And we still lack public awareness of the symptoms

and treatments for depression and other psychiatric disorders,

or how those disorders can lead someone to contemplate **suicide**.

We need more aggressive gun-safety laws to try to thwart the means

of almost 60% of **suicides**. We also need better public awareness

of just how prevalent **suicide** is -- during the Vietnam years,

for example, **suicide** killed more young men than the war did --

and how the profile of **suicide** is changing to include more teenagers,

more young black males, more elderly males. The surgeon general,

Dr. David Satcher, has recognized this and recently made preventing

**suicide** one of his priorities.

It should be a priority for all of us. There are reasons people

commit **suicide**. What we as a society need to do is help those

contemplating **suicide** find better reasons for staying alive.

U.S. **Suicides**

There were 30,903 **suicides** recorded in the United Sates in 1996:

AgeNumber

0-94

10-192,115

20-295,357

30-396,521

40-496,050

50-593,667

60-692,729

70-792,667

80-plus1,769

Unknown24

Source: Centers for Disease Control and Prevention

**ORGANIZATION:** COLUMBINE HIGH SCHOOL (63%);

**COUNTRY:** UNITED STATES (92%);

**STATE:** COLORADO, USA (92%);

**CITY:** DENVER, CO, USA (58%);

**COMPANY:** COLUMBINE HIGH SCHOOL (63%);

**SUBJECT:** ; OPINION; STATISTICS; SUICIDE SUICIDE (93%); SHOOTINGS (90%); GUNSHOT WOUNDS (89%); DEPRESSION (89%); MENTAL ILLNESS (89%); TEEN SUICIDE (78%); FIREARMS (77%); STUDENTS & STUDENT LIFE (77%); WOUNDS & INJURIES (77%); EMERGENCY ROOMS (77%); BIPOLAR DISORDER (77%); HIGH SCHOOLS (77%); STUDENT SUBSTANCE ABUSE (74%); PSYCHOLOGY (71%); HORMONES SUBSTITUTES & ANTAGONISTS (67%); BIOCHEMISTRY (67%); EDITORIALS & OPINIONS (59%); HORMONES SUBSTITUTES & ANTAGONISTS (67%);

**LOAD-DATE:** October 26, 1999

**LANGUAGE:** ENGLISH

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The Lebanon Democrat, Tenn.

Distributed by McClatchy-Tribune Business News

**September** 5, 2014 Friday

**Local groups seek to raise suicide awareness**

**BYLINE:** The Lebanon Democrat, Tenn.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 459 words

Sept. 05--In Tennessee, an estimated 900 men, women and children die by **suicide** each year.

More people die by **suicide** each year than from homicide, AIDS, or drunk driving. **Suicide** is the leading cause of violent deaths in our state, nationally, and worldwide, far above homicide and death due to natural disasters.

**Suicide** is the third-leading cause of death among youth and young adults ages 15-24 in Tennessee and throughout the entire nation. According to the Tennessee Department of Health, there were 956 recorded **suicide** deaths in our state in 2012, at a rate of 14.8 per 100,000 people. In 2013 there were 1,017 deaths by **suicide**. In 2012, there were 15 deaths by **suicide** in Wilson County, which is a rate of 12.6 per 100,000. In 2013, there were 12, which is a rate of 9.8 per 100,000.

In almost all cases, **suicide** can be traced to unrecognized, untreated, or poorly treated mental illness. It can happen to people of either sex, any race or ethnicity and any economic status. The average **suicide** death leaves behind six survivors--family and friends of the deceased--all of whom are at increased risk for a **suicide** attempt themselves. As if the emotional and psychological toll were not enough, **suicide** and **suicide** attempts cost the state of Tennessee $1 billion a year in medical treatment, lost wages and lost productivity.

The Tennessee **Suicide** Prevention Network and its allies in the public health, mental health and social service fields are joining forces to recognize September as **Suicide** Prevention Awareness Month. During this annual observance, TSPN and its allies arrange several educational and memorial events across Tennessee. These projects help teach the general public about the problem of **suicide** and how it can be prevented. They also give us an opportunity to remember those lost to **suicide**; to encourage survivors of **suicide**, survivors of **suicide** attempts and people who have triumphed over mental illness; and to recognize individuals who have made notable contributions to **suicide** prevention efforts in our state. There will be two events in Wilson County. One will be Sept. 23 at 6 p.m. in Mt. Juliet next to the Mt. Juliet Church of Christ on Mt. Juliet Road. The second event will be Sept. 30 at 6 p.m. on the campus of Cumberland University. Both events are sponsored by the Wilson County Health Council and other community partners.

As part of the observance, mayors and county executives across Tennessee will receive proclamations declaring September as **Suicide** Prevention Awareness Month, which they will sign in support of the state's **Suicide** Prevention Awareness Month efforts.

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**ACC-NO:** 20140905-1LD-Local-groups-seek-to-raise-suicide-awareness-0905-20140905

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** 1LD

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); HOMICIDE (90%); MENTAL ILLNESS (89%); PREVENTION & WELLNESS (89%); DISEASES & DISORDERS (87%); MENTAL HEALTH (78%); DEATHS & DEATH RATES (78%); DEATHS (78%); PUBLIC HEALTH ADMINISTRATION (77%); DRIVING WHILE INTOXICATED (77%); COUNTY GOVERNMENT (75%); COUNTIES (74%); ADULTS (73%); PSYCHOLOGY (72%); NATURAL DISASTERS (71%); MEDICAL TREATMENTS & PROCEDURES (67%); SPONSORSHIP (63%); RELIGION (60%); CHRISTIANS & CHRISTIANITY (51%)

**INDUSTRY:** General

**STATE:** TENNESSEE, USA (99%)

**COUNTRY:** UNITED STATES (99%); LEBANON (90%)

**LOAD-DATE:** September 6, 2014

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Kashmir Times (India)

**June** 8, 2014 Sunday

**12 suicides in 20 days**

**LENGTH:** 451 words

**DATELINE:** SRINAGAR

SRINAGAR, June 8 -- More and more women are falling prey to **suicides** in Kashmir. During the past 20 days, twelve **suicides** have been reported from across the Valley.

Out of the total **suicides**, ten have been attempted by women. Most of the victims are young women and teenagers. There are reports of two-three **suicides** every week.

According to police information, two women committed **suicide** on May 31, each from Anantnag and Tethmulla, Baramulla. Both consumed poisonous substances at their home. Fifteen year old girls made **suicides** bid on June 6 by consuming poisonous substance at her residence in Peerbal Frisal, Kulgam. On the same day, a 45-year old woman attempted **suicide** at her residence in Bijbehara. A 22-year old woman from Abiguzar died after she set herself ablaze on June 7. A 30-year old woman committed **suicide** at Kulgam today.

On June 3, 30-year old woman attempted **suicide** at her residence in Batpora, Khrew. On May 17, a woman committed **suicide** by jumping into the river Jhelum from Cement Bridge.

In the month of March this year, 12 women committed **suicide**. While the rate of **suicides** is rising with each day in Kashmir, women constitute 90 percent of **suicide** victims.

Psychologist Prof A.G. Madhosh says insensitivity and impulsive nature make women more vulnerable to **suicides**. He cites family pressure, marital relations, employment issues, examination pressures and the inability to compete at social levels as reasons for **suicides**. He adds that performance in academics alone is not the reason for female **suicide**.

Social pressures play a major role to instigate women to take extreme steps. "Women face lot of social binding in respect of education, employment, marriage and family life. It gives way to mental stress which ultimately force women to **suicides**," Prof Madhosh said.

Women do not get ample chance to express their pains and anger which adds to psychological distress. Different psychiatric disorders, like depression also lead to **suicides**, he adds. Sociologist, Prof Bashir Ahmad Dabla adds that mode of **suicides** are getting deadlier. Earlier, he says, people would threaten their families with **suicide**, without actually doing themselves any harm.

They would jump out of first floor windows or slash their hands-adopting measures that, though harmful, still left them alive. "But now, the most deadly substances are being used for **suicides**," said Prof Dabla. Experts suggest adoption of a practical system of education, counseling and religious education for preventing **suicide**.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); WOMEN (90%); PSYCHOLOGY (87%); FAMILY (86%); TEEN SUICIDE (78%); ADOLESCENTS (78%); DEPRESSION (78%); MENTAL ILLNESS (73%); MENTAL HEALTH PRACTICE (70%); MARRIAGE (70%); SOCIOLOGY (69%); EMPLOYMENT (68%); PSYCHIATRY (67%); EDUCATION SYSTEMS & INSTITUTIONS (64%); RELIGIOUS EDUCATION (63%); RELIGION (50%)

**STATE:** KASHMIR (93%)

**COUNTRY:** ASIA (91%)

**LOAD-DATE:** June 9, 2014

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THE KOREA HERALD

**March** 18, 2014 Tuesday

**Reports on celebrity suicides trigger copycat effect: study**

**LENGTH:** 466 words

Media coverage of **suicides** by prominent figures can lead to a spike in **suicide** rates among ordinary people, a Korean researcher said Tuesday.

A team led by Kim Nam-kug, an assistant professor of convergence medicine at Asan Medical Center, analyzed the 15 celebrity **suicides** most covered by the media between 1990 and 2010, and compared the number of **suicides** following those deaths. They saw a correlation coefficient of 0.74 between the number of news articles and the number of deaths.

This means for every 100 news articles covering the celebrities' deaths, 74 copycat **suicides** occurred, Kim said. This "Werther effect," referring to an increase in **suicides** after a widely publicized **suicide**, occurs especially among people who deeply revered the celebrities.

"People tend to think prominent figures are worth respecting, which leads them to mirror themselves after the famous people. This is more common among those who are vulnerable or depressed," said Kim.

The troubled fans imitate the actions of their heroes, even to the point of **suicide**, and often take their lives in the same ways the celebrities did, Kim said.

Data from 2013 by the Ministry of Health and Welfare showed that the number of **suicides** by hanging spiked to 1,197 in October 2008, more than double the previous month. It was the month when popular actress Choi Jin-sil died by hanging herself.

The total number of **suicides** over the next two months was 3,081, which marked an increase of 1,274 from the same period the year before.

The effect, he said, was not limited to singers and actors. When political and economic big names like former President Roh Moo-hyun and tycoon Chung Mong-hun took their own lives, the ripple effect was also felt throughout society in the form of mimic **suicides**.

"It's more related to the amount of media coverage than the characteristics of the deceased," he said. "The reason a bigger celebrity prompts more **suicides** is because their deaths attract more attention from the press."

Last year, the Welfare Ministry came up with guidelines on media coverage of **suicides**.

These include avoiding the word "**suicide**" as much as possible, avoiding reporting details, not glorifying the **suicides** in any way and not using the **suicide** to point out social problems.

The guidelines, however, are rarely followed as many news outlets present graphic details of celebrity **suicides**.

"Although the number of **suicides** in Korea is higher than in any other OECD country, there has not been enough research on **suicides**," he said, underscoring the media's role in the frequent occurrence of copycat **suicides**. "There needs to be stricter guidelines for the media on reporting **suicides**."

The study was published in the latest edition of the journal Epidemiology and Psychiatric Sciences.

By Yoon Min-sik

(minsikyoon@heraldcorp.c

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); CELEBRITIES (90%); DEATHS (90%); RESEARCH REPORTS (89%); EPIDEMIOLOGY (84%); DEATHS & DEATH RATES (78%); HEALTH DEPARTMENTS (77%); ACTORS & ACTRESSES (77%); SOCIETAL ISSUES (71%); PUBLIC HEALTH ADMINISTRATION (67%)

**COUNTRY:** NORTHERN ASIA (93%)

**LOAD-DATE:** March 18, 2014

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London Community News

**September** 13, 2012 Thursday

ONT Edition

**Sombre stats on suicide (editorial)**

**SECTION:** Pg. 0

**LENGTH:** 252 words

Monday (Sept. 10) marked the 10th anniversary of World **Suicide** Prevention Day.

While the number varies annually, from 2000 to 2010, statistics show there were 26 to 47 **suicides** in London each year. Of these, 75 per cent were males while the other 25 per cent involved females.

The leading risk factor for **suicide** is untreated mental illness, particularly depression.

According to Children's Mental Health Ontario, a recent study found that 1-in-10 students in Grades 7 through 12 reported they had seriously considered **suicide,** and about three per cent reported attempting **suicide. Suicide** among Aboriginal youth is estimated to occur at rates five times higher than non-Aboriginal youth.

To mark World **Suicide** Prevention Day, the annual Lifting the Silence Memorial Walk and Ceremony took place at the Civic Garden. The goal is to raise awareness about **suicide and suicide** prevention, while also honouring those lost to **suicide** and providing support to their families.

"It can be a very difficult journey, the grief can be very complicated ‚\x80" especially with the stigma around **suicide,**" said one of the organizers Annette Dennis.

Support can be expressed in many ways, including the gift of non-judgmental support. Shame is one of the most challenging and prominent feelings around **suicide.**

If you or someone you know is struggling with thoughts of **suicide,** help is available.

Contact the Canadian Mental Health Association London-Middlesex branch at 519-438-1167 or go to a hospital emergency room.Your life matters.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); STATISTICS (90%); CHILDREN'S HEALTH (78%); FAMILY (78%); VOLUNTARY HEALTH ORGANIZATIONS (78%); MENTAL HEALTH (78%); ANNIVERSARIES (78%); THIS DAY IN HISTORY (78%); DEPRESSION (78%); MENTAL ILLNESS (73%); EMERGENCY ROOMS (71%)

**CITY:** LONDON, ENGLAND (88%)

**STATE:** ONTARIO, CANADA (90%)

**COUNTRY:** CANADA (90%)

**LOAD-DATE:** September 14, 2012

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New Era (Windhoek)

**September** 13, 2012

**Suicides Reach Alarming Proportions**

**BYLINE:** Helvy Shaanika

**LENGTH:** 530 words

**DATELINE:** Oshakati

Namibia needs to strengthen its responses to the alarming rise in **suicides** in the country, which have reached crisis proportions, according to Tuhafeni Katota, a social worker in the Ministry of Health and Social Services, based in the Ohangwena Region.

On Monday, Namibia joined the rest of the world in commemorating World **Suicide** Prevention Day.

According to Katota, September 10 was designated World **Suicide** Prevention Day in 2003.

In 2009, Namibia started to commemorate the day.

Figures of people that fell victim to **suicide**, however, continue to rise alarmingly with close to 200 successful **suicides** and 284 attempted **suicide** cases recorded between 2007 and 2012 in the Ohangwena Region alone.

Between October 2011 and now, 39 people took their own lives, while 110 people failed in their **suicide** attempts between March 2011 and September 2012 in the Ohangwena Region.

The youngest **suicide** victim was a nine-year-old boy who killed himself by hanging. He was identified as Matheus Amakali Enkali from Oidimba village.

The eldest victim was identified as Frans Shikongo (78) from Onuumba village. Shikongo killed himself with a shotgun.

Between 2007 and 2009, the Ohangwena Region had the highest **suicide** rate in the country, recording 118 successful **suicides** and 84 attempted **suicides**.

Last year, between January and September, 66 people committed **suicide**.

Last year's youngest victim was 11-year-old Penehafo Kaleinasho Josua from Omahange village. She killed herself by hanging.

In 2011, the eldest victim was 93-year-old Andreas Endjabi, from Okamukwa village. Endjambi died also by hanging himself in his hut.

"We as the ministry of health, we counsel adults (18-year-olds and above) that have attempted **suicide**, while the ministry of gender offers counselling to children.

"Life Line Child Line is our good partner in this battle, because in some cases people want counselling but they would prefer it done over the phone.

"In the same vein the Ohangwena Regional Council, mostly the governor (Usko Nghaamwa) takes it upon himself to organise **suicide** awareness campaigns and events," said Katota.

According to Katota, despite all the efforts invested in campaigns against **suicide** by stakeholders, cases of **suicide** are still on the rise.

Katota said there is an urgent need for stakeholders to redouble their efforts in the fight against **suicide**, and to strengthen existing prevention programmes.

"Nowadays children don't even go to Sunday school anymore, that is why people don't fear **suicide**, they think it is a solution. In fact, when children see well-organised funerals of children that have fallen victim to **suicide**, they tend to think that committing **suicide** is cool. At least with Bible studies and Sunday school children are taught to fear **suicide**," said the Omusati Region's police spokesperson, Abner Kaume Itumba.

**Suicide** warning signs include constant or regular depression, sadness, feelings or expressions of hopelessness, withdrawal from family and friends, being occupied with death or death wishes, irritability, neglect of personal appearance, alcohol or drug abuse and performing poorly at work or school, among others. A few victims do not show suicidal symptoms at all.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); HEALTH DEPARTMENTS (89%); RELIGIOUS EDUCATION (89%); PREVENTION & WELLNESS (89%); CHILDREN (86%); REGIONAL & LOCAL GOVERNMENTS (77%); STUDENTS & STUDENT LIFE (73%) Namibia

**COUNTRY:** NAMIBIA (99%)

**LOAD-DATE:** September 13, 2012

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The Argus (Ireland)

**May** 9, 2012

**SILENT KILLER: THE SCOURGE OF TEEN SUICIDE IN IRELAND**

**SECTION:** GENERAL NEWS

**LENGTH:** 461 words

**SUICIDE** IS becoming more and more common as many young people decide to take their lives for many reasons, such as, bullying, sexuality, depression, or grief.

**Suicide** among Irish children has almost doubled in a decade, according to a survey done by UCD Professor of Psychiatry Kevin Malone.

The rate of **suicide** among children in Ireland under 15 has also doubled. Research also finds two children a month are taking their own lives.

Professor Malone interviewed families of children with no history of mental illness and he found out all of them had experienced some type of humiliation in the six months before their death.

One of the most infamous cases of **suicide** was Phoebe Prince, who immigrated from Limerick to South Hadley, Massachusetts, USA.

Here she got bullied by two groups of girls over her relationships with the girls' boyfriend. On January 14 2010, Phoebe had a day of bullying in which a girl threw a can at Phoebe from a moving car, later on that day she took her life.

**Suicide** rates are different to boys and girls. Girls think about and attempt **suicide** about twice as much as boys and tend to attempt **suicide** by overdosing on drugs or cutting themselves. However, boys are four times more at risk of dying of **suicide** as girls, maybe because they tend to use more lethal methods like firearms, hanging, or jumping from heights.

All sudden deaths are traumatic for those left behind. It is estimated that every single **suicide** in Britain and Ireland directly affects an average of 40 people.

Family and friends of **suicide** victims can suffer from depression, guilt, loss and post-traumatic stress disorder.

Those who are exposed to a **suicide** victim are also more likely to commit **suicide** themselves.

**Suicide** among teenagers is different to **suicide** among adults.

Teenagers are more likely to act on impulse, leading to a rash **suicide** attempt while adult **suicide** is often because of long-term personal problems such as depression and medical illness.

As teenagers are more impulsive there is less indication that the adolescent is at risk for **suicide**.

Here is a list of signs of depression in teenagers by Professor David Lester. Depression and hopelessness; Withdrawal from friends and family; Talking about taking their lives; Deliberate laceration or other acts of bodily self-harm;

Changes in eating and sleeping habits;

Loss of interest in favourite activities; Violent, disruptive and rebellious actions and behaviour; Running away from home; Using illegal drugs and alcohol or abusing prescriptive drugs.

If you are feeling down or having suicidal thoughts and want to talk to someone, there are a number of bodies out there who can help. AWARE: call 1890 303 302 or visit www.aware.ie SAMARITANS: call 1850 60 90 90 or visit www.samaritans.ie

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); BULLYING (90%); ADOLESCENTS (90%); DEPRESSION (90%); TEEN SUICIDE (90%); MENTAL ILLNESS (89%); DISEASES & DISORDERS (89%); POST TRAUMATIC STRESS DISORDER (89%); FAMILY (77%); POLLS & SURVEYS (73%); PSYCHIATRY (73%); SLEEP (71%)

**STATE:** MASSACHUSETTS, USA (71%)

**COUNTRY:** IRELAND (90%); UNITED KINGDOM (77%); UNITED STATES (71%)

**LOAD-DATE:** May 9, 2012

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The Argus (Ireland)

**May** 9, 2012

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**SECTION:**

**LENGTH:** 461 words

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); DEPRESSION (90%); BULLYING (90%); ADOLESCENTS (90%); TEEN SUICIDE (90%); DISEASES & DISORDERS (89%); MENTAL ILLNESS (89%); POST TRAUMATIC STRESS DISORDER (89%); FAMILY (77%); POLLS & SURVEYS (73%); PSYCHIATRY (73%); SLEEP (71%)

**STATE:** MASSACHUSETTS, USA (71%)

**COUNTRY:** IRELAND (90%); UNITED KINGDOM (77%); UNITED STATES (71%)

**LOAD-DATE:** May 15, 2012

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InsideHalton

**September** 1, 2010 Wednesday

Final Edition

**H.E.A.L. to host guest speaker**

**BYLINE:** Nicole Culp and Claire Latto-Hall

**SECTION:** NEWS; Pg. 1

**LENGTH:** 411 words

In February 2007, several people in our community were touched by the **suicide** of a young, beautiful, and intelligent young woman.

Not soon after our loss, in the midst of grief and wanting to better understand and prevent **suicide**, H.E.A.L. the Halton Hills **Suicide** Prevention Group, was born.

Throughout the past three years H.E.A.L has grown into a grassroots group working to develop **suicide** prevention, intervention, and advocacy strategies by increasing awareness and fostering links between those in need of support and those who can help. Our goal is to help develop a **suicide** safer community.

On September 10- World **Suicide** Prevention Day- H.E.A.L., in partnership with the North Halton Distress Centre, will be hosting an event to present ideas on how we, as a community, can begin to speak openly and respectfully about **suicide** and how we can work together to create connectedness to address **suicide** in our community.

Wallis Balog, safeTALK Trainer Consultant, LivingWorks will be the special guest speaker Thursday, Sept. 9, from 7-8 p.m. at the Cultural Centre, Halton Hills Library.

September 10 marks the eighth annual World **Suicide** Prevention Day hosted by the International Association for **Suicide** Prevention (IASP) and supported by the World Health Organization (WHO).

The WHO estimates that approximately one million people die by **suicide** each year which equates to one death every 40 seconds; over 4,000 people die by **suicide** every year in Canada.

**Suicide** is the second leading cause of death among youth aged 10-24 and is the third leading cause of death among adults in their primary parental years from 25-49 years (CASP, 2004).

H.E.A.L., the IASP, the WHO and CASP recognize that **suicide** is not always preventable, and is most often the result of pain, hopelessness and despair. However, many **suicides** can be prevented through caring, compassion, commitment and community (CASP).

There are many things you can do to help raise awareness in our community: safeTALK training through LivingWorks, writing to parliament to encourage our federal government to adopt a National **Suicide** Prevention Strategy, and by talking to your family and friends respectfully about **suicide** prevention.

After losing someone we cared deeply about to **suicide**, we were empowered by educating ourselves about mental illness and **suicide** as well as participating in training and learning about how **suicide** safer communities can exist through dialogue, compassion, and understanding.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Article

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); TEEN SUICIDE (89%); DEATHS (89%); DEATHS & DEATH RATES (87%); MENTAL ILLNESS (73%); ADULTS (73%); PUBLIC HEALTH ADMINISTRATION (72%); HEALTH DEPARTMENTS (70%); UNITED NATIONS INSTITUTIONS (65%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (82%)

**COUNTRY:** CANADA (78%)

**LOAD-DATE:** September 2, 2010

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BBC Monitoring Europe - Political

Supplied by BBC Worldwide Monitoring

**September** 10, 2009 Thursday

**Slovenia among countries with highest suicide rate**

**LENGTH:** 361 words

Text of report in English by Slovene news agency STA

Ljubljana, 10 September (STA) - Slovenia is one of the countries with the highest **suicide** rate in the world, the National Statistics Office said ahead of World **Suicide** Prevention Day on Thursday. A total of 27,000 people have taken their lives in Slovenia in the past 50 years, which means a **suicide** is committed every 16 hours.

According to most recent figures from the World Health Organization (WHO), Slovenia has the fourth-highest **suicide** rate in the world, behind only Latvia, Belarus and Russia.

**Suicide** rates in Slovenia have remained more or less flat throughout the past 50 years. In the last decade, an average of 524 people have taken their lives every year, of which 405 were men.

There was a slight spike in **suicides** between 2000 and 2006, when there were 25-30 **suicides** per 100,000 people, but the number has receded to 20-22 in the past two years.

In Slovenia, every 45th death in 2008 was attributed to **suicide**. Men are 3.5-times more prone to commit **suicide** than women, which is however a general trend in the world.

The most prone group to **suicide** in Slovenia are male widowers or divorcees, while single and married women are the least prone.

Somewhat surprisingly, the average age of Slovenians who take their own lives is nearly 51 years, which dispels the notion that this phenomenon is limited to younger and middle-aged people. Depression is the most common reason for **suicides** among older people.

Statistics show that people who try unsuccessfully to commit **suicide** are usually younger. Also, more women than men try to commit **suicide**, but fail, whereas **suicide** among children under the age of 15 is rather rare.

While age is not a major factor in **suicide**, regional distribution is, with major differences among the various Slovenian regions. Most **suicides** happen in the north-east of the country, while the least in the south-west. There has been a spike in **suicides** in the south-east in recent years.

Two-thirds of all **suicides** in Slovenia are by hanging, which is typical of countries in eastern Europe, the Statistics Office said.

Source: STA news agency, Ljubljana, in English 0405 gmt 10 Sep 09

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Transcript

**SUBJECT:** SUICIDE (95%); STATISTICS (90%); DEATHS (78%); HEALTH DEPARTMENTS (73%); PREVENTION & WELLNESS (72%); PUBLIC HEALTH ADMINISTRATION (71%); UNITED NATIONS INSTITUTIONS (71%); ASSOCIATIONS & ORGANIZATIONS (71%); MARRIAGE (65%); CHILDREN (64%); MIDDLE AGED PERSONS (50%)

**CITY:** LJUBLJANA, SLOVENIA (91%)

**COUNTRY:** SLOVENIA (97%); CENTRAL EUROPE (90%); EUROPE (79%); BELARUS (79%); EASTERN EUROPE (56%); LATVIA (56%)

**LOAD-DATE:** September 10, 2009

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Charleston Gazette (West Virginia)

**September** 26, 2008, Friday

**Suicides highest in Pocahontas County**

**BYLINE:** Eric Eyre, Staff writer

**SECTION:** NEWS; Pg. P1C

**LENGTH:** 541 words

WHERE TO CALL

Hot line

The **suicide** prevention lifeline telephone number is (800) 273-TALK.

Pocahontas County had the highest **suicide** rate in West Virginia over the past 12 years, according to a study released Thursday.

Thirty-four people took their own lives in Pocahontas County between 1995 and 2007. Gilmer County had the next highest **suicide** rate, followed by McDowell, Mercer and Calhoun counties, the state Council for the Prevention of **Suicide** reported.

Statewide, 3,491 people committed **suicide** during the past 12 years.

"That's a lot of deaths for a very small state," said Bob Musick, the **suicide** council's executive director. "It alarms me. This is a serious situation."

Musick and other **suicide** experts weren't sure why Pocahontas County had the highest **suicide** rate.

Musick said residents in rural areas typically have easier access to guns. Also, an increasing number of **suicides** seem to be linked to drug and alcohol abuse, he said.

"People see no way out," Musick said.

Guy Hensley, chief executive officer of a mental health organization that serves Pocahontas and surrounding counties, said the county's sparse population - about 8,500 people - might drive up the **suicide** rate. The rates were calculated based on total **suicides** per 100,000 people.

"I really don't have any idea why it's so high," said Hensley, who heads Seneca Health Services in Summersville. "It's such a small population in Pocahontas County. It may skew the numbers."

Monongalia County had the lowest **suicide** rate in the state with 10.1 **suicides** per 100,000 people during the past dozen years.

Braxton and Taylor counties had the next lowest **suicide** rates.

In terms of sheer numbers, Kanawha County had the most **suicides** with 370, followed by Raleigh (176), Cabell (162), and Berkeley (149).

The prevention council plans to provide training to behavioral health professionals in counties with high **suicide** rates in the coming months, Musick said.

"We're going to get in those areas and do as much training as we possibly can," he said.

The council also wants to expand a Kanawha County Schools **suicide** prevention program to other schools across the state. The program - called Adolescent **Suicide** Prevention and Early Intervention, or ASPEN - helps teenage students contemplating **suicide**.

Last July, the state Health Statistics Center released a report that showed West Virginia's **suicide** rate among young adults is rising sharply.

**Suicides** among West Virginians between the ages of 20 and 24 nearly doubled over the past five years, the report said.

Youth between the ages of 15 to 19 also are committing **suicide** at a significantly higher rate, the study found.

Depression and substance abuse are the leading causes of **suicide** among younger adults, Musick said. Recent national studies also have shown that many young adults are struggling with credit card debt.

Musick said calls from West Virginians to the National **Suicide** Prevention Lifeline increased last year. The national hot line reported 2,632 West Virginia calls from July 2007 to June 2008.

The **suicide** prevention lifeline telephone number is (800) 273-TALK.

"We're just trying to get the people who are vulnerable to give us a call, so we can help them," Musick said.

Reach Eric Eyre at ericeyre@wvgazette.com or 348-4869.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); SUBSTANCE ABUSE (89%); RESEARCH REPORTS (89%); STUDENT SUBSTANCE ABUSE (88%); MENTAL HEALTH (78%); ADOLESCENTS (78%); HEALTH STATISTICS AGENCIES (77%); EDUCATION SYSTEMS & INSTITUTIONS (76%); STATISTICS (73%); ASSOCIATIONS & ORGANIZATIONS (71%); EXECUTIVES (69%); ALCOHOL ABUSE & ADDICTION (67%); MENTAL HEALTH PRACTICE (66%); STUDENTS & STUDENT LIFE (65%); RURAL COMMUNITIES (53%)

**STATE:** WEST VIRGINIA, USA (94%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** September 26, 2008

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Mosman & Lower North Shore Daily (Australia)

**September** 11, 2008 Thursday

1 - MB Edition

**Salvos' suicide prevention**

**SECTION:** Pg. 23

**LENGTH:** 200 words

THE Salvation Army, shocked by new figures showing one Australian life is being lost to **suicide** every five hours, is launching several major initiatives aimed at reducing **suicide** in the community.

The programs are aimed at training people in **suicide** prevention and helping those bereaved through **suicide**. Research shows that people who have lost a loved one to **suicide** are at a higher risk of **suicide** themselves.

The Salvos, who set up the world's first anti-**suicide** bureau in 1907, are launching the National Hope Line for the bereaved, and two online training programs to provide people with education and awareness in **suicide** prevention and support.

``There are too many myths about **suicide**,'' a spokesman said.

``It's a myth to think only experts can prevent it. It's a myth to think people who talk about **suicide** won't do it. It's a myth to think you cannot stop **suicide** happening. It's a myth to think confronting people about **suicide** may increase the risk. It's a myth to think suicidal people want to die.''

The spokeman said many suicidal people want to live a better and happier life: ``What they are saying is that they need help and relief from the intense emotional pain they are experiencing.''

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** MOS

**SUBJECT:** SUICIDE (95%); DEATHS (78%); RELIEF ORGANIZATIONS (74%); WEB BASED TRAINING (72%); PREVENTION & WELLNESS (90%)

**ORGANIZATION:** THE SALVATION ARMY (91%)

**LOAD-DATE:** September 12, 2008

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The Providence Journal (Rhode Island)

**September** 28, 2005 Wednesday

Massachusetts

**Suicide rate stable, state Health Department reports**

**SECTION:** NEWS; Pg. C-02

**LENGTH:** 237 words

BOSTON (AP) - The number of people who committed **suicide** dropped slightly in 2003, from 425 to 423, according to a report released yesterday by the state Department of Public Health.

By comparison, 139 people were murdered in 2003 and 226 people died from the AIDS virus.

"We know most **suicides** are preventable," said acting Department of Public Health Commissioner Paul Cote. "We will continue to build upon the plan for **suicide** prevention by raising public awareness through education, professional training, community coalitions and reducing the stigma of seeking help."

Males are three times more likely to commit **suicide** than females, though females have a higher rate of hospitalization for self-inflicted injuries that are not fatal.

The largest number of **suicides** in 2003 occurred among people 35-to 54-years-old, who accounted for 45 percent of **suicides**. The highest **suicide** rate among men was in those 85 years and older. The highest **suicide** rate among women was in the 35 to 54 age group.

**Suicide** rates were highest among whites, compared to black, Asian or Hispanic groups.

The most common method of **suicide** in Massachusetts in 2003 was hanging or suffocation. The use of firearms was the leading method nationwide.

The state said as many as 90 percent of those who committed **suicide** had at least one diagnosis of mental illness or substance abuse problems.

The state had 420 **suicides** in 2001 and 401 **suicides** in 2000.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); HEALTH DEPARTMENTS (92%); PUBLIC HEALTH ADMINISTRATION (90%); WOUNDS & INJURIES (77%); DISEASES & DISORDERS (77%); MENTAL ILLNESS (73%); VIRUSES (72%); PREVENTION & WELLNESS (72%); AIDS & HIV (72%); SUBSTANCE ABUSE (71%); DEMOGRAPHIC GROUPS (70%) STATISTICS; SUICIDES

**CITY:** BOSTON, MA, USA (92%)

**STATE:** MASSACHUSETTS, USA (92%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** September 29, 2005

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Hamilton Spectator (Ontario, Canada)

**July** 7, 2000 Friday Final Edition

**Coming to terms with murder-suicides; Much more than acts of extreme violence**

**SOURCE:** The Hamilton Spectator

**BYLINE:** Jon Wells

**SECTION:** NEWS; Pg. A01

**LENGTH:** 682 words

Murder-**suicide** is a horrific act. It is also uncommon in Canada, accounting for about 7 per cent of all homicides.

In 1998, there were 38 incidents in which an individual killed, then took their own life. That is out of a total of 527 homicide incidents (which include murder, manslaughter and infanticide).

The number of victims is higher than that because in some cases there are multiple deaths.

Four young children and their mother and father are dead in Kitchener in what is believed to have been a murder-**suicide**.

Murder-**suicides** represent a small fraction of the more than 3,600 **suicides** in Canada each year.

The "why" of **suicide** is a timeless, complex question that still flummoxes experts. That makes murder-**suicide** especially puzzling, and there is little research on the phenomenon.

The mystery wrapped in a riddle is this: What pushes someone to not only turn their inner turmoil into **suicide**, but also take the lives of others with them?

**Suicide** is considered a solitary act while murder brings the worst kind of aggression on others. Combining the two seems a paradox. But a psychologist who specializes in **suicide** said the two have long been considered related.

"Sigmund Freud said **suicide** is simply murder towards oneself," said Antoon Leenaars, a Windsor-based psychologist.

"**Suicide** notes clearly show the relationship: There is self-hatred but also hatred towards others."

In some cases, he said, the **suicide** victim uses his or her death, and the wording of a **suicide** note, to hurt others. It is a form of double aggression.

But then there are the rare cases where the suicidal individual escalates the aggression to murder.

What research there is suggests some common threads in murder-**suicides**.

A report titled **Suicide** Following Homicide by two Canadian academics suggests the most common type of murder-**suicide** is a man murdering his spouse or children: "The closer the tie between the offender and the victim, the higher the probability that the offender will commit **suicide**."

Robert Silverman, a sociologist at Queen's University and one of the report's authors, said about 30 per cent of men who kill their wives take their own lives, while just 3 per cent of women commit **suicide** after murdering their husbands.

In some cases, a murder is committed, influenced by drugs or alcohol, and the assailant is so distraught at their act they kill themselves.

An influential study of murder-**suicide** from the 1950s said the difference between the murderer who commits **suicide** and the murderer who does not can be explained by the "degree to which the act of murder destroyed a primary source of nurturance and love."

Others may be suicidal and devise a plan to kill someone else close to them. If an individual feels acute bitterness towards another, it is likely towards someone to whom they are closely linked.

"Much of the difficulty in theorizing about motivation," said the Canadian report, "stems from the fact that both the homicide and **suicide** can vary in the degree to which they are premeditated."

In some cases, the level of premeditation seems obvious. In a shocking Hamilton murder-**suicide** in 1995, a father took his two kids out to dinner, then killed them and himself with carbon monoxide from the car's exhaust.

Leenaars said media often portray murder-**suicides** as simple acts of extreme violence, rather than emphasizing the **suicide** aspect.

He said individuals who murder and commit **suicide** may have cultural motivations (such as shame from family breakdown), but also may have mental illnesses such as severe depression, delusions or psychosis.

He said the Columbine high school massacre in the U.S., or the murder of 14 women at l'Universite de Montreal -- incidents that ended in the **suicide** of the assailants -- are classic examples of murder-**suicides**.

"Society wants to treat this as a violence issue. They don't want to face it that it is an indication of **suicide**, depression and mental disorder. Until people come to terms with murder-**suicides** as being a type of **suicide**, we won't have a good understanding of it."

**SUBJECT:** SUICIDE (96%); MURDER (92%); PSYCHOLOGY (90%); HOMICIDE (90%); MENTAL ILLNESS (89%); MANSLAUGHTER (79%); DEATHS (78%); SOCIOLOGY (73%); CHILDREN (71%); MEN (71%); RESEARCH REPORTS (69%);

**STATE:** ONTARIO, CANADA (78%);

**COUNTRY:** CANADA (90%);

**LOAD-DATE:** October 17, 2002

**LANGUAGE:** ENGLISH

**GRAPHIC:** Photo: Scott Gardner, the Hamilton Spectator; Top: Nicole Luft, 5, her father Bill Luft and brother Daniel, 6. They and two younger children and mother Bohuslava were found slain in a west-Kitchener home, above, in an apparent murder-suicide.

**TYPE:** News

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USA TODAY

**October** 26, 1999, Tuesday, FINAL EDITION

**Suicide's sadness, again and again**

**BYLINE:** Kay Redfield Jamison

**SECTION:** NEWS; Pg. 17A

**LENGTH:** 742 words

Every once in a while, Americans are shocked, collectively, by

news of a **suicide**. Most recently, it was the **suicide** Friday of

Carla Hochhalter, the mother of one of the Columbine High School

shooting victims. Friends said when she shot herself in a suburban

Denver pawnshop, she was deeply depressed over the massacre's

effect on her severely injured daughter.

Sadly, her **suicide** is national news because of her association

with the Columbine tragedy rather than because **suicide** itself

is news. In fact, **suicide** is appallingly common: About 30,000

Americans commit **suicide** every year. Another 750,000 attempt it,

including 500,000 whose efforts are severe enough to send them

to an emergency room. Especially chilling is the fact that one

in five high school students says he or she seriously considered

**suicide** within the past year.

Like many of you reading this, I have lost friends, colleagues

and children of colleagues to **suicide**. Like some of you, I have

attempted **suicide** myself, almost dying when I was 28 after slipping

into a coma from my intentional drug overdose while in the midst

of a painful and protracted struggle with manic-depressive illness.

Because I now professionally research, write and talk about **suicide**,

I am particularly aware that each of our 30,000 annual **suicides**,

no matter how little or how well publicized, affects many people.

Sometimes, those left behind come to listen or talk to me within

days of having buried the person who committed **suicide**. Still

devastated, they always ask: Why? To them, there seems no answer.

But in fact, we do know a great deal about **suicide's** causes. More

than 90% of all **suicides** involve mental illness and/or the abuse

of alcohol, drugs or an alcohol-drug combination. Most who are

depressed will not kill themselves, but a majority of those who

commit **suicide** are profoundly depressed. Combining depression

with alcohol is particularly lethal.

The biology of **suicide**

We also know a great deal about the underlying biology of **suicide**

-- for example, that there is a genetic component to it that can

interact dangerously with the genetic factors implicated in major

psychiatric illnesses. We know that certain neurotransmitters

and stress hormones are deeply enmeshed in the volatility, impetuousness

and violence that are part and parcel of the moody and explosive

temperaments most closely associated with self-murder.

And violence is, disturbingly, an integral part of many **suicides**.

The igniting of volatile temperaments by severe psychological

stress, or by the presence of a depressive or other mental illness,

can be deadly -- especially when in the presence of an easily

accessible gun. (Firearms now are used to commit more **suicides**

than murders.)

So, even if there is more to know, we do know many things about

**suicide**. What we need to do is use that knowledge more effectively

to prevent **suicide**.

At risk, yet undiagnosed

We have, for example, effective ways to treat the psychiatric

illnesses most commonly associated with **suicide**: antidepressant

medications, lithium, psychotherapy, anticonvulsant medications,

drugs to treat anxiety and drugs to ameliorate and prevent psychosis.

Yet most people at high risk for **suicide** remain undiagnosed and

untreated. And we still lack public awareness of the symptoms

and treatments for depression and other psychiatric disorders,

or how those disorders can lead someone to contemplate **suicide**.

We need more aggressive gun-safety laws to try to thwart the means

of almost 60% of **suicides**. We also need better public awareness

of just how prevalent **suicide** is -- during the Vietnam years,

for example, **suicide** killed more young men than the war did --

and how the profile of **suicide** is changing to include more teenagers,

more young black males, more elderly males. The surgeon general,

Dr. David Satcher, has recognized this and recently made preventing

**suicide** one of his priorities.

It should be a priority for all of us. There are reasons people

commit **suicide**. What we as a society need to do is help those

contemplating **suicide** find better reasons for staying alive.

U.S. **Suicides**

There were 30,903 **suicides** recorded in the United Sates in 1996:

AgeNumber

0-94

10-192,115

20-295,357

30-396,521

40-496,050

50-593,667

60-692,729

70-792,667

80-plus1,769

Unknown24

Source: Centers for Disease Control and Prevention

**ORGANIZATION:** COLUMBINE HIGH SCHOOL (63%);

**COUNTRY:** UNITED STATES (92%);

**STATE:** COLORADO, USA (92%);

**CITY:** DENVER, CO, USA (58%);

**COMPANY:** COLUMBINE HIGH SCHOOL (63%);

**SUBJECT:** ; OPINION; STATISTICS; SUICIDE SUICIDE (93%); SHOOTINGS (90%); GUNSHOT WOUNDS (89%); DEPRESSION (89%); MENTAL ILLNESS (89%); TEEN SUICIDE (78%); FIREARMS (77%); STUDENTS & STUDENT LIFE (77%); WOUNDS & INJURIES (77%); EMERGENCY ROOMS (77%); BIPOLAR DISORDER (77%); HIGH SCHOOLS (77%); STUDENT SUBSTANCE ABUSE (74%); PSYCHOLOGY (71%); HORMONES SUBSTITUTES & ANTAGONISTS (67%); BIOCHEMISTRY (67%); EDITORIALS & OPINIONS (59%); HORMONES SUBSTITUTES & ANTAGONISTS (67%);

**LOAD-DATE:** October 26, 1999

**LANGUAGE:** ENGLISH

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The Irish Times

**July** 2, 1998, CITY EDITION

**Media Coverage Of Suicide**

**SECTION:** EDITORIAL PAGE; LETTERS TO THE EDITOR; Pg. 17

**LENGTH:** 428 words

Sir, - To say I am appalled at the Star's front page coverage of a young man who had drowned in the Liffey is a major understatement. This sensational media coverage of **suicide** is something we in the Irish Association of Suicidology have been battling hard over the years to discourage, thankfully with some success.

The media can have a positive or negative effect in the way they report **suicides**. The Star's colour photographic coverage falls disgracefully into the latter category. Images of young people floating face downwards in water may enhance newspaper circulation figures. Unfortunately such coverage has been shown to have an adverse effect on **suicide** rates. I refer to the well documented worldwide phenomenon of copycat **suicides** or the so-called 'Werther Effect'.

The media can be a powerful influence for good, encouraging education and positive attitudes towards mental health. Sensational media coverage, on the other hand, may foster an affinity with those who committed **suicide** and confer an aura of celebrity on them.

It is our aim to form a partnership with representatives of the media to lay down ethical standards for the reporting of **suicide**, suicidal behaviour and related matters.

The media can help by paying attention to the following points in the knowledge that they arise from valid research.

Avoid simplistic explanations of **suicide**. Completed **suicide** is the end result of a process involving many complex interwoven factors.

Debunk some of the common myths about **suicide** such as: "If someone is going to commit **suicide** they are going to do it and there is nothing you can do about it".

Avoid how-to descriptions of **suicide** in reports - the less detail of the mechanisms used the better.

Avoid repetitive ongoing coverage of **suicide** stories, especially of youth **suicides** as this may promote an unhealthy preoccupation about **suicide** among the young.

Don't romanticise or glorify **suicide**. Some reports may seem as if the community is honouring **suicide**.

Last year, the IAS highlighted the need for a national code of practice for the reporting of **suicide** and related matters. The response was poor. Anybody interested in forming such a group under the aegis of the IAS can contact me at the address below or e-mail drjfc(at)iol.ie. Hopefully, this letter will stimulate debate and promote collaboration between individuals and community groups in dealing with what has become a very serious issue. - Yours, etc., Dr John F. Connolly, Hon Secretary, Irish Association of Suicidology,

St. Mary's Hospital, Castlebar, Co. Mayo.

**COMPANY:** IRISH ASSOCIATION OF SUICIDOLOGY (91%);

**ORGANIZATION:** IRISH ASSOCIATION OF SUICIDOLOGY (91%);

**COUNTRY:** IRELAND (73%);

**SUBJECT:** LETTERS & COMMENTS (93%); SUICIDE (91%); TEEN SUICIDE (90%); MEDIA BIAS (90%); CELEBRITIES (78%); MENTAL HEALTH (72%); ALLIANCES & PARTNERSHIPS (72%); ETHICS (71%); EDITORIALS & OPINIONS (59%); ASSOCIATIONS & ORGANIZATIONS (89%);

**PERSON:** SIR GEORGE YOUNG (57%);

**LOAD-DATE:** July 2, 1998

**LANGUAGE:** ENGLISH

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The Sun Herald (Sydney, Australia)

**December** 15, 1996 Sunday

Early Edition

**Country youth in the high risk zone**

**BYLINE:** STEVE WARNOCK

**SECTION:** STATEWIDE; Pg. 98

**LENGTH:** 304 words

IN Sydney in 1995, 78 young people aged 15 to 24 committed **suicide** - 63 of them males. In other parts of NSW, 45 youngsters did the same according to the latest Australian Bureau of Statistics data.

The figures show that, per head of population, considerably more young people commit **suicide** in country towns and coastal areas than in the metropolitan area.

Almost 80 per cent of those who committed **suicide** last year were male.

In the State's far west, the deaths of two young men represented a **suicide** rate in the 15 to 24 group of 57.5 per 100,000 of the estimated resident population, the highest in NSW.

"This is four times higher than the State average, which is 13 per 100,000 of estimated population," Peter Burke, manager of the Australian Bureau of Statistics' Cause of Death centre, said.

Sydney last year had a youth **suicide** rate of 13.5 per 100,000, while the mid-north coast had 23.7, Richmond-Tweed district 23.6, the Hunter division, which includes Newcastle, 16.2, and the northern division 14.3.

The Hunter division had the most young **suicides** outside Sydney with 13, 10 of them male. Youth **suicides** in the Hunter were almost a fifth of the 63 **suicides** in the region.

However, in NSW's central west, there were no **suicides** in the 15 to 24 age group, but 15 older men and women took their lives.

In the NSW bush, inland and coastal regions, 37 of the 48 youth **suicides** were male and in six of the 11 statistical divisions there were no young female **suicides**. The 48 youth **suicides** were almost 17pc of the 284 total last year.

In the Sydney metropolitan area last year, 480 people - 358 males and 122 females - committed **suicide**. The 78 youth **suicides** represented about 16.3pc of the Sydney total.

Mr Burke said Australia had one of the worst rates of **suicide** and youth **suicide** - particularly among males - in the world.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (92%); POPULATION ESTIMATES & PROJECTIONS (90%); STATISTICS (90%); CHILDREN'S HEALTH (89%); DEMOGRAPHIC GROUPS (78%); DEATHS (78%); DEATHS & DEATH RATES (77%); COASTAL AREAS (76%); CITIES (76%) Health/Death/Suicides; Statistics

**CITY:** SYDNEY, AUSTRALIA (94%)

**STATE:** NEW SOUTH WALES, AUSTRALIA (94%)

**COUNTRY:** AUSTRALIA (95%)

**REGION:** Nsw

**LOAD-DATE:** July 23, 2007

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COURIER-MAIL

**October** 28, 1995 Saturday

**ONE SUICIDE EVERY FOUR HOURS IN AUSTRALIA**

**SOURCE:** QNP

**BYLINE:** ALLEN E

**LENGTH:** 245 words

KEYWORD-HIT One **suicide** every four hours in Australia By ELIZABETH ALLEN AUSTRALIANS were most likely to commit **suicide** on a Monday and least likely to on a Saturday, according to new research. A study by Riaz Hassan, head of sociology at Flinders University, has found that **suicide** is increasingly being seen as an option for the unemployed, the poor, prisoners and people who feel physically, socially or emotionally isolated. Reduced social integration and an increased sense of isolation were two causes of vulnerability to **suicide.** In a book, **Suicide** Explained: the Australian experience, the result of 15 years research, Professor Hassan said that every four hours, someone in Australia committed **suicide.** While the national **suicide** rate had not increased in the past century, it had moved into different ""theatres of life". Australian **suicide** rates had increased with age until 1960, but people aged under 29 and people over 70 were now the dominant groups. **Suicides** had decreased in the 40-60 age group. Family, health and financial problems and a sense of failure were prominent among the circumstances which preceded a **suicide** attempt. His research also found: **Suicide** mortality was highest among men, who often used violent means such as guns, but **suicide** was most commonly attempted by women. Female **suicide** had declined since emancipation gave women more interests and avenues for success outside the home. Family life appeared to provide security.

**SUBJECT:** SUICIDE (93%); RESEARCH (90%); RESEARCH REPORTS (90%); FAMILY (77%); SOCIOLOGY (77%); WOMEN (76%); COLLEGE & UNIVERSITY PROFESSORS (72%); UNEMPLOYED PERSONS (71%); DEMOGRAPHIC GROUPS (67%);

**PERSON:** ELIZABETH ALLEN (56%);

**COUNTRY:** AUSTRALIA (94%);

**LOAD-DATE:** October 1, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** CML

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The Irish Times

**April** 24, 1995, CITY EDITION

**Alarming suicide rate among young gays**

**BYLINE:** By CATHAL KELLY

**SECTION:** WELL & GOOD; VIEWPOINT; Pg. 10

**LENGTH:** 642 words

MANY articles appeared in the national press in, the weeks after the National Youth Federation's conference on Young People and **Suicide** but none mentioned the link between young gay, lesbian and bisexual people and high **suicide** rates.

The exclusion of this issue from the debate on youth **suicide** needs to be redressed. The evidence from a number of studies on gay youth **suicide** is frightening:

- 30 per cent of all youth **suicides** are among gay adolescents

- **suicide** is the leading cause of death among gay young people

- gay adolescents are two to three times more likely than their heterosexual peers to attempt **suicide**

- 30 to 50 per cent of gay teenagers attempt **suicide**

- almost half of those lesbian and gay young people who do attempt **suicide** make repeated attempts.

The lack of reporting by the press in Ireland is part of a broader lack of awareness. For example, last year the Irish Medical Organisation published Fergal Bowers's **Suicide** in Ireland. Nowhere in its 120 pages is the high incidence of **suicide** among young gays mentioned.

Another group that seems to be unaware of the problem is our legislators. In 1993 a total of 23 TDs and Senators spoke in the debates on the decriminalisation of **suicide**. Only one (Senator David Norris) referred to the higher rate of **suicide** among young gay people, and then only briefly.

A pointer to the problem was published in Hot Press magazine. Last December it printed the results of a readers' survey, which showed that gay respondents were more likely to have considered **suicide** or to know somebody in their family or circle of friends who had committed **suicide**.

Obviously neither the Hot Press survey nor Senator Norris's comments carry the same weight as the studies cited above, which were published in medical journals or commissioned by the US Government's Department of Health and Human Services.

The lack of media coverage or political debate reflects a broader reluctance to deal with homosexuality among young people in Ireland.

One example is last year's Report of the Expert Advisory Group on Relationship and Sexuality Education. Explaining the need for such a programme, the report cites an ESRI study in which young people expressed dissatisfaction with their preparation, in school for forming relationships and friends of the opposite sex. Sexual orientation is only mentioned towards the end of the report, where it is included in a list of subjects for the senior cycle. Tough luck for the lesbian and gay teenagers who may need support long before their Leaving Certificate!

ON the other hand, the report does note that sexuality education should be delivered in a school environment which values uniqueness and difference. Unfortunately, this is negated by the references to opting out for those parents and schools who have objections to relationships and sexuality education.

The American Academy of Pediatrics Statement on Homosexuality and Adolescence, published in October 1993, is a valuable starting point for discussion of the issue. The statement noted that "the psychosocial problems of gay and lesbian adolescents are primarily the result of societal stigma, hostility, hatred, and isolation". It warned that there is no need for premature labelling of one's sexual orientation, but did set a standard for health care professionals: "Providers who are unable to be objective because of religious or other personal convictions should refer patients to those who can."

If we adopted this approach for all who have dealings with young people whether through direct contact in our families or schools, indirect contact in the media, or in setting down policy for the professions and institutions in our society - then we would have made a valuable contribution to dealing with the problems young lesbian and gay people face.

**COUNTRY:** UNITED STATES (92%); IRELAND (91%);

**SUBJECT:** Politics SUICIDE (96%); TEEN SUICIDE (93%); GAYS & LESBIANS (91%); LEGISLATIVE BODIES (90%); EDITORIALS & OPINIONS (90%); ADOLESCENTS (90%); CHILDREN'S HEALTH (90%); SEX EDUCATION (89%); DECRIMINALIZATION (78%); POLITICAL DEBATES (77%); PUBLIC HEALTH ADMINISTRATION (71%); HEALTH DEPARTMENTS (67%); MAGAZINE PUBLISHING (67%); ASSOCIATIONS & ORGANIZATIONS (67%);

**PERSON:** DAVID NORRIS (59%);

**LOAD-DATE:** April 25, 1995

**LANGUAGE:** ENGLISH

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Chicago Daily Herald

**September** 5, 2011 Monday

NF1 Edition

**Suicide prevention walk set for Sept. 10 Suicide prevention walk set for Sept. 10**

**BYLINE:** Submitted by Suicide Prevention Services of America Submitted by Suicide Prevention Services of America

**SECTION:** NEIGHBOR; Pg. 3

**LENGTH:** 535 words

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World **Suicide** Prevention Day, sponsored by the International Association for **Suicide** Prevention, is observed on Sept. 10 each year to promote worldwide action to prevent **suicides**. The Fox Valley "Here for Life!" walk steps off from Pottawatomie Park in St. Charles at 9 a.m. Saturday, Sept. 10. Sign-in begins at 8 a.m.

The Fox Valley Here for Life! walk is the work of a dedicated committee of volunteers. Here for Life! walk committee Chairwoman Sara Harms, who is new to the walk this year, said she was moved hearing the personal stories of loss from her committee members, most of whom have lost a loved one to **suicide**. "Unfortunately it's not at all uncommon for someone to have lost a family member or friend to **suicide**,"Harms said, "but I find this group to be uncommon and inspiring in responding to such a profound loss by working to prevent **suicides** and to remove the stigma that our culture places on **suicide**."

This year, the walk's proceeds benefit the work of **Suicide** Prevention Services of America based in Batavia.

"They work on all aspects of dealing with **suicide**,"Harms said. "Prevention, intervention and postvention, and deliver services throughout the Fox Valley as well as nationally. I can't think of a more appropriate way to mark World **Suicide** Prevention Day than to take action to save lives right here in our own community."

Those interested in participating can find more information or registerat the SPS websitespsamerica.org or by calling SPS at (630) 482-9699.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%)

**LOAD-DATE:** September 5, 2011

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St. Paul Pioneer Press (Minnesota)

**May** 13, 2009 Wednesday

**Work to celebrate -- prevention of suicides -- and much to do**

**BYLINE:** By Chuck Slocum

**SECTION:** OPINION; Columnists

**LENGTH:** 538 words

It was more than 12 years ago when I first learned about a group called SAVE. Most people had never heard about it. I was approached by one of the founders after he had learned that my 20-year-old son, a struggling college student, had tragically taken his own life with a self-inflicted gunshot.

I was still in deep despair and semi-seclusion, as any parent would be, and considered ignoring the request to get together, when I learned that my invitee had also recently lost his adult son to **suicide**, and a young daughter, too, some years earlier.

My wife and I did go ahead and meet Al and his wife, Mary, two loving people who, along with others, have done much to change attitudes about **suicide** and, through SAVE, raise awareness about the importance of mental health treatment, thus helping to prevent unknown numbers of people from taking their own lives.

We are among the 4.6 million in this country who are survivors of people who died by **suicide**. Many of us and millions of others have been served by SAVE -- **Suicide** Awareness Voices for Education (www.save.org) -- a Minnesota-based nonprofit that celebrates its 20th anniversary this month.

It seems to me that most people learn the hard lessons about **suicide** only when they have to, usually after losing a loved one.

Here are some facts: one person dies by **suicide** every 15.8 minutes in America; there are four male **suicides** for every female **suicide**. Yet there are three female **suicide** attempts for each male attempt. **Suicides** occur every day, all year long; they are not related to holidays, anniversaries or the weather.

We lose more than 32,000 Americans to **suicide** annually, including just fewer than 600 in Minnesota. **Suicide** is ranked as the 11th leading cause of death (homicide is 15th) by the Centers for Disease Control. For people my son's age, **suicide** is the second leading cause of death (ages 15 to 24) in Minnesota. Seniors 85 and older have the highest rates of **suicide**. In the last couple of years. the fastest groups increasing in **suicide** rates were youths 10 to 15 years old and middle-aged adults, both men and women.

As we have learned about **suicide**, many people have become more open and willing to engage in an expanded public discussion. The most important thing to know is that the strongest risk factor for **suicide** is mental illness (depression, bipolar disorder, schizophrenia) and that many who attempt **suicide** never seek professional care. Substance abuse is also a major risk factor, with alcohol, cocaine, heroin or marijuana as the main conduits. **Suicide** rates are higher for those who are divorced or widowed.

As SAVE has demonstrated for two decades, **suicide** can be prevented through education and public awareness. Research has also shown that when used together, medications and therapy can be effective in **suicide** prevention, including a more than 80 percent success rate with depression.

There is much for SAVE and the rest of us to do, because the World Health Organization predicts that by 2020, depression will be the No. 2 disability in the world.

Chuck Slocum lives in Minnetonka and is president of the Williston Group, a management consulting firm. He serves on a SAVE advisory committee and can be reached at chuck@willistongroup.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); EDITORIALS & OPINIONS (90%); TEEN SUICIDE (89%); DEATHS (89%); MENTAL ILLNESS (89%); DEATHS & DEATH RATES (88%); DISEASES & DISORDERS (88%); ANNIVERSARIES (87%); ASSOCIATIONS & ORGANIZATIONS (78%); STUDENT SUBSTANCE ABUSE (77%); STUDENTS & STUDENT LIFE (77%); MENTAL HEALTH (75%); MEN'S HEALTH (75%); SCHIZOPHRENIA (75%); DEPRESSION (75%); MEN (73%); SUBSTANCE ABUSE (73%); MIDDLE AGED PERSONS (71%); PUBLIC HEALTH ADMINISTRATION (69%); HEROIN (68%); MENTAL HEALTH PRACTICE (68%); NONPROFIT ORGANIZATIONS (68%); HEALTH DEPARTMENTS (68%); BIPOLAR DISORDER (63%); HOMICIDE (62%); COCAINE (60%); CANNABIS (60%); MARIJUANA (50%)

**STATE:** MINNESOTA, USA (87%)

**COUNTRY:** UNITED STATES (91%)

**LOAD-DATE:** May 14, 2009

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Gulf News (United Arab Emirates)

**July** 24, 2014 Thursday

**Suicide is a crime under the law**

**BYLINE:** Bassam Za'za' Legal and Court Correspondent

**LENGTH:** 302 words

Dubai: The Penal Law in the UAE prohibits people from committing **suicide** or attempting **suicide** or even motivating someone to commit **suicide**.

People who attempt to kill themselves are treated as suspects and are prosecuted before the Misdemeanours Court.

"A **suicide** attempt is treated as a crime and the suspect is referred to the Misdemeanours Court. The law forbids a person from trying to put an end to his/her life. Those who fail to commit **suicide** may be prosecuted regardless of the reasons that pushed them to attempt **suicide**," a senior prosecutor told Gulf News.

Meanwhile, being an accomplice to **suicide** is also a criminal act in the UAE, and any person who incites or encourages another person to commit **suicide** could also be punished, added the prosecutor.

Lawyer Eisa Bin Haidar said judges frequently slap fines on those who attempt **suicide**.

"Under Article 335 of the UAE Federal Penal Law, a suspect who attempts **suicide** faces a maximum of six months in prison and/or a maximum fine of Dh5,000," explained Bin Haidar.

Advocate Uday Al Kazwini said the idea of committing **suicide** requires courage because a person would be committing an act against himself.

"The person who attempts **suicide** is either very stupid or solidly fearless. The act of killing requires bravery so how about when it is to kill oneself? It is very silly to commit **suicide** due to financial strain. Nowadays ordinary people are facing debts and many others are being born in debt as well‚EUR¶ so it's silly to end your life over financial pressure because this is something controllable. Laws here are deterrent enough to punish those who attempt **suicide**. Meanwhile, if a suspect incites another person to commit **suicide** then he/she could be prosecuted and face a punishment similar to that of killing or attempted murder," said Al Kazwini.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** 57

**SUBJECT:** SUICIDE (96%); CRIMINAL LAW (90%); MISDEMEANORS (90%); CRIMINAL OFFENSES (90%); CORRECTIONS (78%); MURDER (77%); CRIMINAL FINES (77%); FINES & PENALTIES (74%); JAIL SENTENCING (73%)

**STATE:** DUBAI, UNITED ARAB EMIRATES (92%)

**COUNTRY:** UNITED ARAB EMIRATES (95%)

**LOAD-DATE:** July 23, 2014

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Sunday Times (South Africa)

**December** 2, 2012 Sunday

Review Edition

**More and more SA teenagers are killing themselves**

**BYLINE:** Zane Wilson

**SECTION:** HUMAN INTEREST

**LENGTH:** 344 words

More and more SA teenagers are killing themselves

But **suicide** is preventable, writes

**SUICIDE** is a problem with a human face - maybe one you know. To overcome the monumental growth in **suicide** we need a nation working together to prevent the preventable.

Although the average age for **suicide** is around 35, almost a third of all non-fatal **suicide** attempts involve adolescents.

Teen **suicide** has become a reality for many families, with 9.5% of all teen deaths in SA being **suicides** - the fastest growing and second main cause of death in the 15-24 age group. And depression and suicidal thoughts occur at all levels, from high to low achievers, and among teens who are popular as well as those who are isolated. A nine-year-old has committed **suicide**.

According to the National Youth Risk Survey, over a six-month period in South Africa 20.7% of youths considered **suicide**; 16.8% made a plan to commit **suicide**; and 21.4% had made one or more **suicide** attempts. Nationally, 29.1% of the youngsters who attempted **suicide** in the past six months made an attempt that required medical treatment.

Every day in South Africa 23 people commit **suicide** and 230 people attempt to. Many **suicides** go unreported, yet access to treatment for mental health falls far below requirements.

There is no transparent budget for mental health in provinces, and there are too few trained psychiatrists in the country. These statistics cry out for the government to implement a national **suicide** surveillance programme.

While there are few **suicide** attempts in schools, many pupils at risk exhibit warning signs in the classroom.

Here, teachers play a key role in observing behaviour and intervening when a teen may be at risk of self-harm - yet there is no compulsory school programme to help identify and cope with depression.

**Suicide** is often preventable: about 80% of teens give some warning. Teachers and educational staff must know what to look for and how to intervene. These programmes need to be rolled out as a matter of urgency.

oWilson is the founder of the South African Depression and Anxiety Group

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); ADOLESCENTS (91%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); DEATHS (90%); DEPRESSION (89%); MENTAL ILLNESS (89%); TEACHING & TEACHERS (86%); EDUCATIONAL INSTITUTION EMPLOYEES (86%); STUDENTS & STUDENT LIFE (78%); DEATHS & DEATH RATES (77%); CHILDREN (76%); PSYCHIATRY (75%); MEDICAL TREATMENTS & PROCEDURES (71%); DEMOGRAPHIC GROUPS (70%); PHYSICIANS & SURGEONS (67%) Youth; Suicide

**COUNTRY:** SOUTH AFRICA (93%)

**LOAD-DATE:** December 3, 2012

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Chicago Daily Herald

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NF1 Edition

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**SECTION:** NEIGHBOR; Pg. 3

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%)

**LOAD-DATE:** September 5, 2011

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The Times of India (TOI)

**January** 18, 2011 Tuesday

**Andhra Pradesh stands 2nd in suicides**

**SECTION:** HYDERABAD

**LENGTH:** 418 words

NEW DELHI: India reported 348 **suicides** and 418 accidental deaths per day in 2009, data released by the National Crime Records Bureau (NCRB) showed.

**Suicides** rose 1.7% compared to 2008 while accidental deaths, including those in road mishaps, increased by 7.3% over the last year. A total of 1,27,151 **suicides** and 3,57,021 accidental deaths were reported in 2009.

"A total of 223 males commit **suicides** per day in the country while the number for women is 125 out of which 69 are housewives. Seventy-three people commit **suicide** on a single day due to illness while 10 are driven to **suicide** due to love affairs," the NCRB report said.

West Bengal topped the list with 14,648 **suicides** followed by Andhra Pradesh (14,500), Tamil Nadu (14,424), Maharashtra (14,300) and Karnataka (12,195). These five states accounted for 55.1% of the total **suicides**. Delhi recorded 1,477 **suicides** in 2009. UP rehas a comparatively lower number of **suicides** -- 3.3% of total cases. The data showed that **suicides** among farmers had increased during the period with five states - Maharashtra (2,872), AP (2,414), Karnataka (2,282), Chhattisgarh (1,802) and Madhya Pradesh (1,395) - accounting for nearly two-thirds of all farm **suicides** in the country. A total of 17,368 farmer **suicides** were reported in 2009, an increase of over 7% over 2008.

Maharashtra remained the worst state for farm **suicides** for the tenth year running. Tamil Nadu reported the biggest increase, from 512 in 2008 to 1,060 in 2009.

Poor states like Bihar (112), Orissa (154) and Jharkhand (164) reported far fewer **suicides**.

On the reasons for people committing **suicides**, family problems and illness topped the list with 23.7 and 21% cases respectively.

"It is observed that social and economic causes have led most of the males to commit **suicide** whereas emotional and personal causes have mainly driven women to end their lives," the report said, adding the number of **suicides** due to unemployment and professional/career problems showed an increase of 18.8% and 15.1% respectively in 2009.

Among cities, Bangalore (2,167), Chennai (1,412), Delhi (1,215) and Mumbai (1,051) together reported almost 43.3% of the total **suicides** reported from 35 big cities in the country.

However, in terms of rate of rise in accidental deaths, the highest increase was reported from Pune.

As far as accidental deaths are concerned, road accidents accounted for 37.9% followed by poisoning (8%), railway accidents (7.8%), drowning (7.7%) and fire accidents (7%).

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** DEATHS & DEATH RATES (90%); ACCIDENTAL FATALITIES (90%); SUICIDE (90%); STATISTICS (78%); WOMEN (75%); POISONINGS (73%); FAMILY (62%); TRAFFIC ACCIDENTS (60%); RAIL TRANSPORTATION ACCIDENTS (60%)

**CITY:** DELHI, INDIA (74%); NEW DELHI, INDIA (74%); MUMBAI, INDIA (58%)

**STATE:** TAMIL NADU, INDIA (93%); MAHARASHTRA, INDIA (91%); ANDHRA PRADESH, INDIA (90%); KARNATAKA, INDIA (88%); MADHYA PRADESH, INDIA (58%); ORISSA, INDIA (58%); BIHAR, INDIA (58%); CHHATTISGARH, INDIA (58%); JHARKHAND, INDIA (58%); WEST BENGAL, INDIA (58%)

**COUNTRY:** INDIA (97%)

**LOAD-DATE:** January 17, 2011

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St. Paul Pioneer Press (Minnesota)

**May** 13, 2009 Wednesday

**Work to celebrate -- prevention of suicides -- and much to do**

**BYLINE:** By Chuck Slocum

**SECTION:** OPINION; Columnists

**LENGTH:** 538 words

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I was still in deep despair and semi-seclusion, as any parent would be, and considered ignoring the request to get together, when I learned that my invitee had also recently lost his adult son to **suicide**, and a young daughter, too, some years earlier.

My wife and I did go ahead and meet Al and his wife, Mary, two loving people who, along with others, have done much to change attitudes about **suicide** and, through SAVE, raise awareness about the importance of mental health treatment, thus helping to prevent unknown numbers of people from taking their own lives.

We are among the 4.6 million in this country who are survivors of people who died by **suicide**. Many of us and millions of others have been served by SAVE -- **Suicide** Awareness Voices for Education (www.save.org) -- a Minnesota-based nonprofit that celebrates its 20th anniversary this month.

It seems to me that most people learn the hard lessons about **suicide** only when they have to, usually after losing a loved one.

Here are some facts: one person dies by **suicide** every 15.8 minutes in America; there are four male **suicides** for every female **suicide**. Yet there are three female **suicide** attempts for each male attempt. **Suicides** occur every day, all year long; they are not related to holidays, anniversaries or the weather.

We lose more than 32,000 Americans to **suicide** annually, including just fewer than 600 in Minnesota. **Suicide** is ranked as the 11th leading cause of death (homicide is 15th) by the Centers for Disease Control. For people my son's age, **suicide** is the second leading cause of death (ages 15 to 24) in Minnesota. Seniors 85 and older have the highest rates of **suicide**. In the last couple of years. the fastest groups increasing in **suicide** rates were youths 10 to 15 years old and middle-aged adults, both men and women.

As we have learned about **suicide**, many people have become more open and willing to engage in an expanded public discussion. The most important thing to know is that the strongest risk factor for **suicide** is mental illness (depression, bipolar disorder, schizophrenia) and that many who attempt **suicide** never seek professional care. Substance abuse is also a major risk factor, with alcohol, cocaine, heroin or marijuana as the main conduits. **Suicide** rates are higher for those who are divorced or widowed.

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There is much for SAVE and the rest of us to do, because the World Health Organization predicts that by 2020, depression will be the No. 2 disability in the world.

Chuck Slocum lives in Minnetonka and is president of the Williston Group, a management consulting firm. He serves on a SAVE advisory committee and can be reached at chuck@willistongroup.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); EDITORIALS & OPINIONS (90%); TEEN SUICIDE (89%); DEATHS (89%); MENTAL ILLNESS (89%); DEATHS & DEATH RATES (88%); DISEASES & DISORDERS (88%); ANNIVERSARIES (87%); ASSOCIATIONS & ORGANIZATIONS (78%); STUDENT SUBSTANCE ABUSE (77%); STUDENTS & STUDENT LIFE (77%); MENTAL HEALTH (75%); MEN'S HEALTH (75%); SCHIZOPHRENIA (75%); DEPRESSION (75%); MEN (73%); SUBSTANCE ABUSE (73%); MIDDLE AGED PERSONS (71%); PUBLIC HEALTH ADMINISTRATION (69%); HEROIN (68%); MENTAL HEALTH PRACTICE (68%); NONPROFIT ORGANIZATIONS (68%); HEALTH DEPARTMENTS (68%); BIPOLAR DISORDER (63%); HOMICIDE (62%); COCAINE (60%); CANNABIS (60%); MARIJUANA (50%)

**STATE:** MINNESOTA, USA (87%)

**COUNTRY:** UNITED STATES (91%)

**LOAD-DATE:** May 14, 2009

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Paisley Daily Express

**September** 19, 2008 Friday

1ST Edition

**NEW DRIVE TO CUT SUICIDE TRAGEDIES;**

**Buddies join campaign**

**BYLINE:** KATIE KELLY

**SECTION:** NEWS; Pg. 18

**LENGTH:** 376 words

A CAMPAIGN has been launched to warn young Buddies about the biggest killer of the under 35s in Scotland - **suicide**.

A group of young Scots gathered at Hampden Park to launch Choose Life's campaign Don't Hide it - Talk About It in a bid to save the 800 Scots a year who take their own lives.

The Paisley Daily Express revealed recently how 22 people in Renfrewshire took their own lives last year.

And we reported on how Choose Life - which is based in Paisley - hopes to reduce the number of deaths in Scotland by encouraging people to talk more openly about **suicide**.

With an average of two people a day dying by **suicide** in Scotland the campaign calls on everyone to talk more openly about it to help save lives.

Choose Life programme manager, Dougie Paterson explains: "**Suicide** can and is being prevented in Scotland.

"But **suicide** is a taboo and difficult subject to talk about and secrecy and avoidance is common.

"This, along with the stigma associated with **suicide** are major obstacles to effective **suicide** prevention. There is a great need to change our approach to **suicide** and increase awareness and understanding about **suicide**.

"The overall campaign aim is to raise awareness and promote the message that talking about **suicide** can save lives. Many people feel that talking about **suicide** can increase risk - the opposite is true.

"People who feel suicidal often feel relieved to talk about their thoughts of **suicide** and want to stay alive."

Since the launch of the Choose Life strategy and action plan in 2002, Scotland's **suicide** rate has decreased by 13 per cent.

Within this there was a 14 per cent reduction in male **suicides** and a 10 per cent reduction in female **suicides**.

The overall aim of the strategy is to reduce **suicide** by 20 per cent by 2013.

Choose Life has set out a plan to ensure that action is taken nationally and locally through a co-ordinated programme of activity involving national and local agencies, voluntary organisations and self-help groups.

For more information, visit www.**suicide**-prevention.co.uk.

If you would like to talk to someone now contact The Samaritans on 08457 90 90 90 24 hours a day. Or you can call Breathing Space on 0800 83 85 87 from 6pm to 2am Monday to Thursday, and 6pm Friday to 6am Monday.

**GRAPHIC:**  SPEAKING OUT: The launch of Suicide Prevention week at Hampden Park

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); DEATHS & DEATH RATES (78%); ASSOCIATIONS & ORGANIZATIONS (73%); MEN'S HEALTH (73%); PREVENTION & WELLNESS (68%); MEN (50%)

**COUNTRY:** SCOTLAND (92%)

**LOAD-DATE:** September 19, 2008

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Herald Express (Torquay)

**October** 26, 2006 Thursday

**Guidelines to lower suicide rate**

**SECTION:** Pg. 3

**LENGTH:** 384 words

**Suicide** patrols could be set up at "jumping" hotspots in Torbay as part of new national **suicide** prevention guidelines.

Torbay's **suicide** rate is currently more than three times the national average and healthcare professionals in Devon say work must be done to prevent such deaths.

Dr Peter Aitken, chairman of Devon Partnership Trust's Clinical Cabinet and **Suicide** Prevention Lead, said hotspots identified include high buildings, bridges and cliffs.

Suggestions to prevent **suicides** include erecting physical barriers at well known "jump points", placing signs at hotspots urging people to contact the Samaritans or installing telephone helplines and establishing dedicated "**suicide** patrols" of volunteers or paid counsellors to patrol identified areas.

Other ideas include training non-health staff to recognise people and situations of possible risk as well as partnerships working more closely with the media on the reporting of **suicides**.

The guidance on action to be taken at **suicide** hotspots has been produced by the national Care Services Improvement Partnership on behalf of the Department of Health.

The guidance was written and piloted by Devon Partnership NHS Trust.

Dr Aitken said: "We will have around 20 such incidents (**suicides**) in the South West every year and we need to do everything we can to reduce them.

"We are working hard with our partner agencies to reduce local **suicide** rates, particularly where they are exceptionally high.

"Torbay, for example, has one of the highest **suicide** rates in the country along with other seaside locations such as Brighton and Blackpool.

"For young men, Torbay's **suicide** rate is currently more than three times the national average, although part of this is undoubtedly linked to its location."

Dr Aitken said in Devon, under the banner of the Devon Interagency Forum for Self Harm and **Suicide** Prevention, the team have pulled together local data on **suicide**, mapped the high risk locations and convened an expert conference on the subject. This work has included survivors of **suicide** attempts.

He said all evidence suggests lives can be saved when local agencies work together to deter **suicides** in high-risk locations.

The national **suicide** rate continued to fall last year and now stands at its lowest ever level.

The three-year average is now 8.5 deaths per 100,000.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); DEATHS & DEATH RATES (78%); HEALTH DEPARTMENTS (77%); PUBLIC HEALTH ADMINISTRATION (73%); MEN (69%) News; Health; Mental Health

**COMPANY:** NATIONAL SUPER SERVICE CO (90%); NATIONAL LATEX PRODUCTS CO (90%)

**INDUSTRY:** NAICS333318 OTHER COMMERCIAL & SERVICE INDUSTRY MACHINERY MANUFACTURING (90%); SIC3589 SERVICE INDUSTRY MACHINERY, NEC (90%); SIC3069 FABRICATED RUBBER PRODUCTS, NEC (90%)

**LOAD-DATE:** October 28, 2006

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THE KOREA HERALD

**December** 19, 2000, Tuesday

**Prosecutors launch probe of 'suicide Web sites'**

**BYLINE:** By Chang Jae-soon Staff reporter

**LENGTH:** 440 words

Prosecutors yesterday launched investigations into several "**suicide** sites" on the Internet for their alleged role in recent mass and assisted **suicide** cases.

Prosecutors said they would charge the operators of such Internet sites with abetting **suicide** if their involvement in the recent series of **suicides** is confirmed.

"The prosecution will take the lead in the investigation of the Internet's **suicide** sites as they are likely to harm the public culture," a prosecution official said.

After a review of the domestic legal system, prosecutors concluded that the operation of **suicide** sites could be punishable depending on circumstances.

However prosecutors said it appeared difficult to apply **suicide**-abetting charges to those **suicide** sites, which some believe arouse suicidal impulse, that are not involved in specific **suicide** cases. Prosecutors said they would continue to delve into the legal system to determine the consequences they can impose for such Internet sites.

The prosecution's move is a response to the public shock at a recent series of **suicides** allegedly committed by members of **suicide** sites on the Internet.

A 19-year-old is in pre-trial detention after being arrested on charges of murder commissioned by the victim. The suspect, identified only as Yoon, allegedly stabbed to death a 29-year-old victim, identified as Kim, at Kim's request in Seoul last Tuesday. The two allegedly struck the 1-million-won ($910) **suicide** deal after becoming acquainted at a **suicide** site. In another reported **suicide**, two college students were found dead in Kangnung, Kangwon Province. Police suspect that the two drank poison together after consulting a **suicide** Web site.

Police said they were expanding probes on suspicions of more crimes committed through such **suicide** sites.

"There have been regular offline meetings among members of **suicide** sites," a police official said. "We are investigating the members."

Meanwhile, many of the Internet sites in question were voluntarily closed down. One of the sites, identified only as "S," put up a closure message on the site, complaining of the media's viewpoint of the site.

"We launched this site to overcome suicidal impulse together," the message read. "We're very disappointed at reports that view our group as weird."

Law enforcement authorities have identified about 36 **suicide** sites so far, but reports said that there are as many as about 300-500 unidentified **suicide** sites. Critics say that such sites superficially consult how to repress suicidal impulse, but actually instigate the crime by presenting effective, non-painful ways of killing oneself.

**SUBJECT:** SUICIDE (97%); INVESTIGATIONS (91%); TEEN SUICIDE (90%); INTERNET & WWW (90%); CRIMINAL INVESTIGATIONS (90%); CRIMINAL OFFENSES (89%); HOMICIDE (79%); MURDER (79%); ASSISTED SUICIDE (78%); LAW ENFORCEMENT (78%); DEATH & DYING (78%); POLICE FORCES (76%); ARRESTS (74%); DEATHS (73%); STUDENTS & STUDENT LIFE (50%);

**PERSON:** MICHAEL MCMAHON (52%); MICHAEL MCMAHON (52%);

**COUNTRY:** KOREA, REPUBLIC OF (79%);

**CITY:** SEOUL, KOREA, REPUBLIC OF (69%);

**LOAD-DATE:** December 18, 2000

**LANGUAGE:** ENGLISH

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Hamilton Spectator (Ontario, Canada)

**December** 10, 1993 Friday Final Edition

**Dutch take different suicide stance**

**SOURCE:** FROM ASSOCIATED PRESS

**SECTION:** METRO; Pg. B8

**LENGTH:** 315 words

**DATELINE:** AMSTERDAM

The **suicide** hotline run by Jan Hilarius does not necessarily try to talk would-be **suicides** out of killing themselves. Instead, they hear advice on ways to commit **suicide**, funeral arrangements and wills.

The Dutch are fascinated by the legal uproar surrounding Jack Kevorkian, the jailed American **suicide** doctor, because physician-assisted **suicides** of the terminally ill are now sanctioned in the Netherlands.

Guidelines approved by Parliament this week allow physicians to assist in the **suicide** of a patient suffering unrelievable pain who repeatedly and lucidly asks to die.

That does not mean **suicide** is widely approved in the Netherlands, a nation rooted in Calvinism and Roman Catholicism. It still carries a burden of shame.

"It is simply not accepted here when someone says he wants to die," Mr. Hilarius, 61, said last week from his office in Castricum, near Amsterdam.

"We see **suicide** as a matter of self-determination. People have the right to choose their own life and death. We want to break the taboo."

To that end, volunteers have counselled about 60 **suicide**-seekers since the service began six months ago. At least three have committed **suicide**, Mr. Hilarius said.

"Most callers have encountered some major tragedies in their lives," he said.

One recent caller was a 54-year-old rape victim who had twice attempted **suicide**.

The Dutch **suicide** rate is relatively low -- 12.8 **suicides** per100,000 inhabitants. Hungary, Europe's most **suicide**-prone nation, has a rate of 40 per 100,000 inhabitants.

Mr. Hilarius' hotline, sponsored by the local Humanist League, has received support from the Dutch Voluntary Euthanasia Society, which has a similar program.

"My attitude is not to be rejective. For most of the callers, just having someone listening to their death requests is enough counselling for them," said Martine Cornelisse, the society's program director.

**SUBJECT:** SUICIDE (97%); DEATH & DYING (91%); ASSISTED SUICIDE (90%); CHRISTIANS & CHRISTIANITY (85%); APPROVALS (76%); RELIGION (69%); PROTESTANTS & PROTESTANTISM (55%); CATHOLICS & CATHOLICISM (55%);

**PERSON:** JACK KEVORKIAN (58%);

**CITY:** AMSTERDAM, NETHERLANDS (92%);

**STATE:** ONTARIO, CANADA (74%);

**COUNTRY:** NETHERLANDS (92%); HUNGARY (79%); EUROPE (57%);

**LOAD-DATE:** October 4, 2002

**LANGUAGE:** ENGLISH

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Sunday Times (South Africa)

**December** 2, 2012 Sunday

Review Edition

**More and more SA teenagers are killing themselves**

**BYLINE:** Zane Wilson

**SECTION:** HUMAN INTEREST

**LENGTH:** 344 words

More and more SA teenagers are killing themselves

But **suicide** is preventable, writes

**SUICIDE** is a problem with a human face - maybe one you know. To overcome the monumental growth in **suicide** we need a nation working together to prevent the preventable.

Although the average age for **suicide** is around 35, almost a third of all non-fatal **suicide** attempts involve adolescents.

Teen **suicide** has become a reality for many families, with 9.5% of all teen deaths in SA being **suicides** - the fastest growing and second main cause of death in the 15-24 age group. And depression and suicidal thoughts occur at all levels, from high to low achievers, and among teens who are popular as well as those who are isolated. A nine-year-old has committed **suicide**.

According to the National Youth Risk Survey, over a six-month period in South Africa 20.7% of youths considered **suicide**; 16.8% made a plan to commit **suicide**; and 21.4% had made one or more **suicide** attempts. Nationally, 29.1% of the youngsters who attempted **suicide** in the past six months made an attempt that required medical treatment.

Every day in South Africa 23 people commit **suicide** and 230 people attempt to. Many **suicides** go unreported, yet access to treatment for mental health falls far below requirements.

There is no transparent budget for mental health in provinces, and there are too few trained psychiatrists in the country. These statistics cry out for the government to implement a national **suicide** surveillance programme.

While there are few **suicide** attempts in schools, many pupils at risk exhibit warning signs in the classroom.

Here, teachers play a key role in observing behaviour and intervening when a teen may be at risk of self-harm - yet there is no compulsory school programme to help identify and cope with depression.

**Suicide** is often preventable: about 80% of teens give some warning. Teachers and educational staff must know what to look for and how to intervene. These programmes need to be rolled out as a matter of urgency.

oWilson is the founder of the South African Depression and Anxiety Group

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); ADOLESCENTS (91%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); DEATHS (90%); DEPRESSION (89%); MENTAL ILLNESS (89%); TEACHING & TEACHERS (86%); EDUCATIONAL INSTITUTION EMPLOYEES (86%); STUDENTS & STUDENT LIFE (78%); DEATHS & DEATH RATES (77%); CHILDREN (76%); PSYCHIATRY (75%); MEDICAL TREATMENTS & PROCEDURES (71%); DEMOGRAPHIC GROUPS (70%); PHYSICIANS & SURGEONS (67%) Youth; Suicide

**COUNTRY:** SOUTH AFRICA (93%)

**LOAD-DATE:** December 3, 2012

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The New York Times

**December** 27, 1990, Thursday, Late Edition - Final

**Study Says Suicide Programs Could Go Awry**

**BYLINE:** AP

**SECTION:** Section A; Page 20; Column 1; National Desk

**LENGTH:** 586 words

**DATELINE:** CHICAGO, Dec. 26

**Suicide** prevention programs in schools aimed at teen-agers may actually stir depressed feelings rather than help youths who have tried to kill themselves, according to a new study.

Although there was little evidence that the programs reduced **suicides and suicide** attempts, "there was some evidence of unwanted effects," researchers wrote in the study, published in Wednesday's Journal of the American Medical Association.

"There is a clear need to evaluate such programs to determine their efficacy and safety," the study said.

David Shaffer, director of the division of child and adolescent psychiatry at Columbia University College of Physicians and Surgeons in New York, and colleagues studied the prevention programs' effect on the attitudes of 9th and 10th graders who said they had tried to commit **suicide.**

Romantic View of **Suicide**

Those teen-agers continued to believe **suicide** was a possible solution to their problems, the researchers found. The teen-agers said they were also less likely to seek help or to discuss their feelings with peers who had not tried to kill themselves.

**Suicide** is the third leading cause ofdeath among people 15 to 24 years old.

A psychiatrist not connected with the study said the results support theories that teen-agers have a romantic view of **suicide.**

The study involved 973 teen-agers, 63 of whom had said that they had tried on two occasions to kill themselves.

The students were divided into two groups, with 524 participating in **suicide** prevention programs, including 35 who had tried **suicide.** The other 449, 28 of whom had attempted **suicide,** did not participate in the programs.

The programs, some up to three hours long, were intended to raise awareness of teen-age **suicides** by describing the warning signs of young people at risk and recommending counseling.

Help That Hurts

Participants were surveyed about their attitudes toward **suicide** before and after the programs.

"Attempters exposed to programs were significantly less likely to recommend that the programs be presented to other students and significantly more likely to indicate that talking about **suicide** makes some kids more likely to try to kill themselves," the study said.

Of the teen-agers who had tried to kill themselves, 26.7 percent thought the programs increased the chances that youths would attempt **suicide.** Of those who had not tried **suicide,** only 11.5 percent thought the programsmight increase **suicide** attempts.

The attitudes of those who had attempted **suicide** and who did not take part in the programs were not significantly more negative than those who did, the study said.

Education Not Enough

"I'm not surprised by these results," said Dr. Jan Fawcett, chairman of the Department of Psychiatry at Rush Presbyterian-St. Luke's Hospital in Chicago who is an authority on **suicide.**

"You can't just get kids not to commit **suicide** by just educating them about the problem and telling them where to get help," Dr. Fawcett said. "It's not an intellectual exercise. There's more to it than that."

Dr. Fawcett said prevention programs should treat **suicide** as an illness, like depression, which can becured with the help of friends and family.

The programs should not focus on **suicide** and instead concentrate on the factors that often lead to it, he said.

"The problem is deromanticizing **suicide,**" Dr. Fawcett said. "They see reports about **suicide** on television and may begin to see **suicide** as a way to end their troubles or make their parents feel bad."

**COUNTRY:** UNITED STATES (79%);

**STATE:** NEW YORK, USA (79%);

**CITY:** CHICAGO, IL, USA (50%);

**COMPANY:** ST LUKE'S HOSPITAL OF NEW BEDFORD INC (60%); AMERICAN MEDICAL ASSOCIATION (83%); AMERICAN MEDICAL ASSOCIATION (83%); COLUMBIA UNIVERSITY (57%); COLUMBIA UNIVERSITY (57%);

**ORGANIZATION:** JOURNAL OF THE AMERICAN MEDICAL ASSN

**SUBJECT:** SUICIDES AND SUICIDE ATTEMPTS; TEENAGERS; RESEARCH; DEPRESSION (MENTAL); CHILDREN AND YOUTH SUICIDE (94%); RESEARCH REPORTS (94%); PSYCHIATRY (90%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); ADOLESCENTS (90%); STUDENTS & STUDENT LIFE (89%); PHYSICIANS & SURGEONS (89%); DEPRESSION (79%); CHILDREN (78%); DEATHS (74%); BUSINESS & PROFESSIONAL ASSOCIATIONS (71%); ASSOCIATIONS & ORGANIZATIONS (71%);

**PERSON:** DAVID SHAFFER (57%);

**LOAD-DATE:** December 27, 1990

**LANGUAGE:** ENGLISH

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The Times of India (TOI)

**September** 12, 2013 Thursday

**Stress pushing people to the brink in Diamond City**

**BYLINE:** Yagnesh Mehta

**SECTION:** SURAT

**LENGTH:** 242 words

SURAT: The number of **suicides** is increasing in the city every year. Deaths due to **suicide** are now higher than even murders. Psychologists and psychiatrists believe reduced tolerance level, social and financial reasons are a few of the many factors that are forcing individuals to take their life.

In 2011, 100 murders were registered while there were 522 **suicide** cases in the city. In 2012, there were 98 murder cases and 553 **suicides** in the city. At least 51 murders were registered in the city and 276 **suicide** cases were reported until June 2013.

The **suicide** data revealed that more men commit **suicide** compared to women. In 2011, 306 men committed **suicide** as against 208 women. In 2012, 323 men committed **suicide**. This year 224 women ended their life. A total of 168 men committed **suicide** in 2013 compared to 108 women who took their life during the year.

"Individuals commit **suicide** when their tolerance level decreases. Children are not trained to face frustration by their parents these days," said Rudresh Vyas, head of psychology department at MTB Arts college.

"Financial or social reasons are the major factors behind **suicide** cases in the city," said Kamlesh Dave, associate professor in psychiatry department at New Civil Hospital (NCH).

Surat rural police started a telephonic helpline and counselling centre in view of the rising number of **suicide** cases. They were able to stop two persons from taking their life.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PSYCHOLOGY (90%); MURDER (90%); PHYSICIANS & SURGEONS (78%); PSYCHIATRY (78%); COLLEGE & UNIVERSITY PROFESSORS (67%)

**STATE:** GUJARAT, INDIA (90%)

**COUNTRY:** INDIA (90%)

**LOAD-DATE:** September 11, 2013

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Belfast Telegraph Online

**September** 10, 2012 Monday 6:02 AM GMT

**Suicide prevention funding pledged**

**SECTION:** UK

**LENGTH:** 382 words

The Government has promised to pump £1.5 million into research exploring how to prevent **suicides** among those most at risk of taking their own lives.

The pledge comes as ministers unveiled a new **suicide** prevention strategy that is aiming to cut the **suicide** rate and provide more support to bereaved families

Funding will be used to look at how **suicides** can be reduced among people with a history of self-harm. Researchers will also focus on cutting **suicides** among children and young people and exploring how and why suicidal people use the internet.

Launching the new strategy to coincide with World **Suicide** Prevention Day, Care Services Minister Norman Lamb said: "One death to **suicide** is one too many - we want to make **suicide** prevention everyone's business.

"Over the last 10 years there has been real progress in reducing the **suicide** rate, but it is still the case that someone takes their own life every two hours in England. We want to reduce **suicides** by better supporting those most at risk and providing information for those affected by a loved one's **suicide**."

Around 4,200 people in England took their own lives in 2010 and **suicide** continues to be a public health issue - especially in the current period of economic uncertainty, the Department of Health said. The **suicide** rate is highest amongst men aged between 35-49, while men are three times more likely than women to take their own life, according to statistics.

The new strategy, which is being backed by charity the Samaritans, is the first in more than 10 years.

Under the fresh approach, the government will work with the UK Council for Child Internet Safety to help parents ensure their children are not accessing harmful **suicide**-related websites.

It will also aim to reduce opportunities for **suicide** by ensuring prisons and mental health facilities keep people safer. Improved support for high-risk groups - such as those with mental health problems and people who self-harm - and well as those bereaved or affected by **suicide** will also be offered.

Chair of the National **Suicide** Prevention Strategy Advisory Group, Professor Louis Appleby said: "**Suicide** does not have one cause - many factors combine to produce an individual tragedy. Prevention too must be broad - communities, families and front-line services all have a vital role."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Web Publication

**JOURNAL-CODE:** WEBBELT

**SUBJECT:** SUICIDE (97%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); CHILDREN (89%); FAMILY (89%); MENTAL HEALTH (78%); PUBLIC HEALTH ADMINISTRATION (78%); MENTAL ILLNESS (78%); HEALTH DEPARTMENTS (77%); STATISTICS (72%); MEN (70%); INTERNET & WWW (70%)

**COUNTRY:** ENGLAND (92%); UNITED KINGDOM (92%)

**LOAD-DATE:** September 11, 2012

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Times of India (Electronic Edition)

**August** 13, 2012 Monday

Pune Edition

**'Family problem' a major cause for suicide in city,state**

**BYLINE:** Manish Umbrajkar | TNN

**SECTION:** TIMES CITY

**LENGTH:** 525 words

**HIGHLIGHT:** ILLNESSES,AFFAIRS & ADDICTION AMONG OTHER REASONS 675 PEOPLE IN CITY TOOK THE EXTREME STEP IN 2011

Pune: Most people who take the extreme decision to end their own lives in the city are below the age of 30,more specifically,are in the age-group between 15 and 29,reveals a recent report by the National Crime Records Bureau (NCRB).The report on accidental deaths and **suicides**,which was published recently,also reveals that 'family problems' account for a large number of these **suicides** in the city as well as in the state.The report ranks Pune 18 th in the **suicide** death rate among a total of 88 cities in the country.The NCRB report,based on the statistics of accidental deaths and **suicides** in 2011,states that in Pune there were 675 deaths due to **suicide**.Among them,465 were males and 210 females.In 2010,the number was 646.The number of **suicides** per one lakh population is widely accepted as a standard yardstick for determining the rate of **suicides**,says the NCRB sources.The all-I ndia rate of **suicides** last year was 11.2,which is marginally lower that 11.4,reported in 2010.The report states that about 27% **suicides** in the city were due to family problems,and accounted for 183 cases.Among them,96 were men and 87 were women.There were no family or mass **suicides** in the city last year.In the state,however,there were 17 deaths in seven cases.Of these,one was a minor (below 18 years ).The NCRB,which is attached to the ministry of home affairs,and was instituted to empower the police with information technology,has been since 2009 collecting information on the number of cases where family members perform mass **suicide**.The report states that 11 states did not furnish information 2011.In the city,the next major cause after family problems is illnesses of various kinds.As many as 153 **suicides** were due to illness,which accounts for 22.66 % of the deaths.Prolonged illness accounts for maximum **suicides** as compared to other illnesses like cancer,paralysis,insanity,or HIV positive status.Last year,18 girls and women committed **suicide** because of physical abuse.A total of 19 **suicides** were reported to be results of love affairs,in which 14 were men.Eleven persons committed **suicide** following the death of their dear ones.In Maharashtra,a total of 15,947 **suicides** were reported,of which 10,887 were males and 5,060 were females.In the state too,family problem is one of the major reasons for **suicide**.Family problems accounted for 39.9% of the **suicides** last year,followed by 25.63% **suicides** due to illnesses.Of the total 4,088 **suicides** due to various illnesses,2,639 (or 64.33%) were because of prolonged illness.National vice-president of the Indian Medical Association and renowned psychiatrist Devendra Shirole agrees that family problems is one of the major causes of **suicide**."F amily problems are on the rise.There is a change in the lifestyle of people.Also,there are nuclear families now.There is also the problem of addiction.Younger people these days undergo a lot of stress if they fail to achieve their objectives,"he says.Shirole also stressed on the importance of helplines,observing that there are very few helplines in the city."Helplines can offer support and help the individual stop from taking the extreme step,"Shirole said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); CITY LIFE (90%); DEMOGRAPHIC GROUPS (90%); FAMILY (90%); DISEASES & DISORDERS (85%); ACCIDENTAL FATALITIES (77%); DEATHS & DEATH RATES (77%); ASSOCIATIONS & ORGANIZATIONS (72%); BUSINESS & PROFESSIONAL ASSOCIATIONS (72%); AIDS & HIV (65%); PHYSICIANS & SURGEONS (60%)

**STATE:** MAHARASHTRA, INDIA (79%)

**COUNTRY:** INDIA (92%)

**LOAD-DATE:** August 12, 2012

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The Namibian (Windhoek)

**August** 10, 2011 Wednesday

**Suicide in the Country a Crisis**

**BYLINE:** Jana-Mari Smith

**LENGTH:** 617 words

NEARLY 850 attempted **suicides** were reported to the Ministry of Health in the eleven months between 2010 and 2011.

An average of three people attempt **suicide** in the mental health unit at the Windhoek Central Hospital each week during the same period.

According to the Ministry of Health and Social Services, **suicide** is the leading cause of death in Namibia and it "is on the increase".

This according to a speech delivered by the Deputy Minister of Health, Petrina Haingura yesterday at the launch of a workshop to develop a strategic plan to prevent **suicide** in Namibia.

Psychologist Shaun Whittaker, who researches **suicide** issues in Namibia, said that **suicide** "is obviously a crisis in Namibia".

He added that Namibia has "one of the highest rates of **suicide** in the world" and said there is an urgent need to be proactive in tackling the issue.

According to Whittaker, the two main groups affected by **suicide** are young adults and teenagers. He said research indicates that the **suicide** rate amongst young adults is the highest, and linked primarily to unemployment. He said that there "is a clear link between **suicide** and unemployment".

Haingura, whose speech was read by a representative, said other factors that lead to **suicide** include "poverty ... loss of loved ones, breakdown in relationships, arguments, work related problems".

Whittaker noted that the high rate of alcohol abuse in the country could also be linked to **suicide** numbers.

**Suicide** amongst teenagers is fuelled by issues surrounding school, family and relationships.

Whittaker said that a particular issue which could be addressed in the next few months, is the publication of national school results in the media, which includes the names of students.

He warned that last year, after the publications of Grade 12 results, he was aware of three successful **suicides** and 12 attempted **suicides** following the results. "We need to consider putting in student numbers instead of names," he suggested.

Statistics released at the workshop yesterday focused on the numbers of attempted **suicides** which were reported to the Ministry's social workers between April 2010 and March 2011.

Erongo region tops the list, with 150 attempted cases of **suicide** followed by the Kavango region where 130 people tried to commit **suicide**. In Oshana, 106 attempted **suicides** were recorded, 94 in Otjozondjupa, 65 in Khomas, 63 in Hardap, 53 in the Caprivi, 50 in Omusati and 38 in the Kunene region.

Furthermore, 26 people tried to commit **suicide** each in the Karas, Omaheke and Ohangwhena regions while 22 attempted **suicide** in the Oshikoto region. The Deputy Minister said that the three day workshop should focus on getting "to the bottom of this challenge we are facing".

Whittaker said that there is an urgent need for an "effective prevention programme" in Namibia. He suggested that the first step would be to open a **suicide** prevention centre, which should focus on prevention programmes, workshops, training, counselling and other awareness raising campaigns.

"We need to be more proactive", he warned, in the face of the "**suicide** crisis" in Namibia.

Police statistics show that Namibia's **suicide** rate is significantly higher than the world average of 16 **suicides** out of 100 000 people.

In 2003, the annual statistic was 22 out of 100 000; the number dipped slightly in 2004 to 19,9 **suicides** per 100 000; in 2005 **suicides** increased again to 23,8 per 100 000; in 2006 it was 23,2; in 2006 22,4 per 100 000 people.

In 2008, police statistics showed that on average, 21,5 people committed **suicide** out of 100 000 citizens. The latest statistics, from 2009, showed that 22,7 people committed **suicide** out of every 100 000 people. Experts say the actual average rate could be much higher.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); PUBLIC HEALTH ADMINISTRATION (90%); HEALTH DEPARTMENTS (90%); ADOLESCENTS (90%); PSYCHIATRIC HOSPITALS (90%); PREVENTION & WELLNESS (89%); MENTAL HEALTH PRACTICE (77%); PSYCHOLOGY (77%); STATISTICS (73%); STUDENTS & STUDENT LIFE (72%); STRATEGIC PLANNING (70%); POVERTY & HOMELESSNESS (67%); SUBSTANCE ABUSE (65%); ALCOHOL ABUSE & ADDICTION (50%) Namibia; Health and Medicine

**CITY:** WINDHOEK, NAMIBIA (92%)

**COUNTRY:** NAMIBIA (99%)

**LOAD-DATE:** August 10, 2011

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Daily Times (PK)

**June** 10, 2011 Friday

**VIEW: Children of the damned - Gulmina Bilal Ahmad**

**LENGTH:** 1050 words

**DATELINE:** Pakistan

Pakistan, June 10 -- One of the leading reasons why **suicide** cases are not reported properly is due to the fact that society considers **suicide** a crime. Additionally, the behaviour of the police and the fear of imprisonment in the case of attempted **suicide** lead to the lack of proper reporting

The Society for the Protection of the Rights of the Child (SPARC) has been endeavouring for the rights of children in Pakistan for many years. SPARC's annual publication, The State of Pakistan's Children (SOPC), being published for the last 15 years, is just one part of their work. This publication not only serves as a baseline for researchers who are working on child rights, but also informs all the stakeholders, including the government, public and nongovernmental organisations about the state of children in Pakistan. This publication also aims at providing vital information to legislators and policy makers, so that policies in favour of children can be enacted, and Pakistan can comply with the UN Convention on the Rights of the Child and Millennium Development Goals (MDGs).

SOPC focuses on the state of health, education, child labour and rights of children in Pakistan. The SOPC 2010 report, apart from providing information on the above-described topics, has also included a chapter on child **suicide**. This chapter not only adds to the alarming facts about the state of children in Pakistan, but also describes the injustices and cruelty extended to children not only by society but also by their very own families.

**Suicide** is considered a taboo in our society. Not only does the predominant religion, Islam, forbid **suicide**, but the law also equates attempted **suicide** and **suicide** with murder. **Suicide** rates in society as a whole are increasing because of the increasing poverty rate, social injustices, frail law and order situation and slow dispensation of justice. However, the fact is that the **suicide** rate in children is also increasing and, apart from the factors described above, some additional factors/reasons are also compelling children to resort to **suicide**.

In the SOPC 2010 report, the chapter 'Child **suicide**: a grim fact of today's life' focuses on the growing trend of **suicide** among children in Pakistan. According to the figures provided in this publication, 187 children committed **suicide** and 80 attempted **suicide** in 2010. It was further revealed that this figure is tentative because, in 61.2 percent of the cases, the age of people committing this act was not established. So, it can be ascertained that the total number of child **suicides** is much higher. One of the leading reasons why **suicide** cases are not reported properly is due to the fact that society considers **suicide** a crime. Additionally, the behaviour of the police and the fear of imprisonment in a case of attempted **suicide** lead to the lack of proper reporting. Only those cases get registered that are reported by government hospitals and other related institutions. Most attempted **suicide** cases are taken to private hospitals, so that they do not get reported to the police. All the cases of deliberate self-harm or attempted **suicide** are under-reported because of the punitive aftermath attached to them.

The chapter on child **suicide** further reveals that there was only a slight increase in the number of **suicide** cases from 2009, which were 185 as compared to the 187 cases reported in 2010. However, there was a sharp increase in the cases of attempted **suicide**, which increased from 42 in 2009 to 80 in 2010. The chapter further informs the reader about the means used by children to commit **suicide** and, among them, use of poisonous materials was most common, followed by firearms and hanging. According to the data provided in the chapter, out of 267 cases of **suicide** and attempted **suicide** among children in 2010, 132 used poisonous materials, 46 used firearms and 45 resorted to hanging. Apart from the means used for **suicide**, the chapter also provides figures related to the reasons that compel children to commit such acts and, among them, parental scolding/punishment was the leading reason, followed by domestic disputes and worries. Additionally, the chapter also includes alarming facts related to the use of children as **suicide** bombers. According to the data provided in the chapter, in 2010, a total of 62 **suicide** bombings was reported, out of which four were carried out by child **suicide** bombers. In 2009, 47 **suicide** bombings were reported out of which four were carried out by child **suicide** bombers.

Overall, this publication is a useful source of information related to the status of children in Pakistan. However, there are a few improvements that can still be made to bring this publication at par with others. First of all, the figures provided in the 'Child **suicide**: a grim fact of today's life' chapter have not been arranged properly and according to an ascending or descending frequency. Secondly, the photos given in the book have not been credited to the original source, which is not desirable. There is also a strong need to conduct primary research, instead of relying on secondary data provided by other resources and institutions. This is important and has also been mentioned in the publication that cases related to **suicide** in children, particularly girls and women, are always under-reported. According to the data provided in the child **suicide** chapter, 2,566 cases of **suicide** were reported in 2009, out of which the total reported cases of **suicide** or attempted **suicide** in children were 227 or 8.846 percent of the total. However, 1,521 or 59.3 percent of the cases were under-reported. So, if all these cases get reported, then the incidence of child **suicide** can rise further.

Floods, the war on terror and poverty have left a large number of children at the mercy of other people. In the absence of state-owned facilities for children, there is a looming danger that these children might lose hope and resort to extreme measures. So, it is the collective responsibility of every one of us to support and provide means for the welfare of these children, so that they can have a better future. Published by HT Syndication with permission from Daily Times. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** CHILDREN (90%); SUICIDE (90%); CHILD WELFARE (90%); HUMAN RIGHTS (90%); MUSLIMS & ISLAM (79%); NONGOVERNMENTAL ORGANIZATIONS (78%); TRENDS (78%); CHILD LABOR (76%); CHILD LABOR LAWS (76%); FAMILY (76%); PUBLIC POLICY (75%); SOCIAL JUSTICE (73%); POOR POPULATION (71%); LEGISLATIVE BODIES (70%); ASSOCIATIONS & ORGANIZATIONS (68%); RELIGION (64%); POVERTY RATES (63%); TREATIES & AGREEMENTS (52%); POVERTY & HOMELESSNESS (50%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** June 9, 2011

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Windsor Star (Ontario)

**November** 23, 2010 Tuesday

Final Edition

**Suicide must not be ignored**

**BYLINE:** Bob Chandler, Windsor Star

**SECTION:** OPINION; Pg. A7

**LENGTH:** 200 words

The tragic **suicide** of 14-year-old Daron Richardson in Ottawa leads me to make a plea for the media and all of us to destigmatize the reality of **suicide** and mental illness.

I applaud the courage of Daron's family to speak out publicly about her death "to remove the stigma of pain and fear associated with **suicide**."

Many **suicides** go unreported in the media because of the fear that it will result in copycat deaths, especially among teens.

The news of a **suicide** can be reported sensitively in consultation with surviving loved ones without the details of the death, but accompanied by the resources that are available to those who are contemplating **suicide**.

**Suicide** is almost always the result of undiagnosed or unsuccessfully treated mental illness. My son, though not in his teens, died by **suicide**, I believe because he was ashamed to reach out for the help that was available to him.

Guidelines for the media in reporting on **suicides** are available from the Canadian Association for **Suicide** Prevention. I would urge all media to report on **suicides** regularly with sensitivity.

Until our society confronts the reality of **suicide** in our midst, there will be no concerted action to prevent it.

Bob Chandler, Windsor

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Letter

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); TEEN SUICIDE (91%); EDITORIALS & OPINIONS (90%); MENTAL ILLNESS (90%); ADOLESCENTS (78%); PREVENTION & WELLNESS (77%)

**CITY:** OTTAWA, ON, CANADA (73%)

**STATE:** ONTARIO, CANADA (73%)

**COUNTRY:** CANADA (73%)

**LOAD-DATE:** November 23, 2010

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The Nation (AsiaNet)

**August** 27, 2007 Monday

**EXPERTS LINK URBANISATION WITH RISING SUICIDE RATE**

**LENGTH:** 629 words

KARACHI - Despite of placard set on various locations of the City by several NGOs offering assistance to cope with the menace of **suicide**, the ratio of **suicide** has always been on the rise.

Police data shows an unprecedented rise in **suicide** attempts during the current period of the on-going year when compared with the corresponding period of last year.

According to the statistics compiled by Sindh Police states that around 177 people tried to commit **suicide**, among them 148 people attained their desires during the period of ongoing year. However, statistics further point out that 29 people among the said total figure failed to attain their desire.

During the calendar year 2006, as many as 127 people attempted **suicide**, 89 of them lost their lives and 12 were saved. In light of these statistics, a significant increase of 59 suicidal deaths has been witnessed so far during the year 2007.

The data also unveils that about 89 people committed **suicide** in Karachi alone, out of which, 74 were dead, while 12 were saved. However, the data of previous year from 1 January 2006 to 15 July 2006 shows 49 **suicides**, thus the rate of **suicide** has increased and adds around 25 more **suicide** attempts in Karachi.

The data of **suicide** cases in Karachi shows that half of **suicides** were committed in Karachi as compared to rest of Sindh. In view of above data, it can be observed that people living in urban areas like metropolitan city Karachi are more vulnerable to commit **suicide** than people belong to rural parts of the province.

The difference between data of both areas raised several questions that what are the factors, which lead to suicidal feeling among the people living in City. Dr Hyder Rizvi, Chairman Dept of Psychology, University of Karachi opined that very rare cases of **suicides** had been reported where a person commit **suicide** merely for one reason, contrary to this, in many **suicide** cases it was observed that person preferred to **suicide** due to several reasons.

Rizvi said that lack of communication, lack of relationship among the families were the main reasons of **suicide** in urban areas. He cited that complexity of urban areas lacking the strong family ties, social isolation; broken families were common in the western countries, which result in frustration and more **suicides**.

Expert suggested several reasons which compel one to commit **suicide** namely the death of a loved one, divorce, separation, or break-up of a relationship, losing custody of children, a serious loss, such as a loss of a job, house, or money.

The reported cases of **suicides** in posh areas have shown a factor of social isolation based on social disorganisation, the most prominent cases of **suicide** in DHA in which even women who were professionally doctors and businesswomen were committing **suicides** because their children had deserted them. The same thing has appeared in middle class family a 14 years old boy hanged himself to death because of the lack of parental attention.

Dr Fateh Muhammad Burfat Chairman Department of Sociology/ Criminology and Population Sciences University of Karachi while talking to The Nation said that the multiple issues are behind the **suicide** while extreme level of frustration compels to commit **suicide**.

Dr Burfat added that urbanisation has caused human isolation and the trend of nuclear family has increased the level of frustration. Change in traditional family institution would make parents frustrated, as they could not get the attention of their children as they might expect.

"Parents who bring up their children devotedly would surely seek same response from their children when they would grow old and if they do not acquire the same care from their children, the heightened level of frustration would render them suicidal feelings", he added.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Suicide

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); STATISTICS (90%); FAMILY (89%); CHILDREN (85%); NONGOVERNMENTAL ORGANIZATIONS (78%); DEATHS (78%); STATISTICAL METHOD (77%); URBANIZATION (69%); PSYCHOLOGY (63%)

**CITY:** KARACHI,PAKISTAN (91%)

**COUNTRY:** PAKISTAN (91%) Pakistan

**LOAD-DATE:** August 28, 2007

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The Mirror

**April** 18, 2007 Wednesday

Ulster Edition

**NO SHAME IN DESPAIR;**

**DAY 3: HELP AFTER THE HEARTBREAK**

**SECTION:** NEWS; Pg. 25

**LENGTH:** 270 words

**SUICIDE** experts want the term 'committed **suicide'** scrapped from everyday language to lessen the stigma associated with it.

**Suicide** was illegal in UK up to 1961, however, it still is illegal to help someone end their lives and you could end up in jail for up to 14 years.

Jean Carson said: "We're desperately working to dispel the myths surrounding **suicide**.

"One way is to modernise the language by replacing terms like 'committed **suicide'** and all connotations of **suicide** being sinful or criminal. We're working hard to introduce phrases such as 'died by **suicide'** or 'died through **suicide'** which are less judgmental.

"Increased awareness of the language will help decrease the stigma of **suicide**.

"The stigma is related to the power religious and legal sanctions associated with it and continues to fuel misunderstanding about the nature of death by **suicide**.

"Very often this stigma prevents them from seeking help in the aftermath of a death.

"But we all have a responsibility, families of people who feel suicidal or who have died, the media who write about **suicide** and the general public who hear about it."

THERE are many support groups and helplines available for people coping with **suicide** issues:

West Belfast **Suicide** Awareness and Support Group: Tel. 07909 957157, 07785 757839 or 02890 239967

Counselling: Lenadoon, Tel. 02890 600641, or Corpus Christi, Tel. 02890 434233

Counselling for Children and Young Adults: Holy Trinity, Tel. 02890 200396 or New Life, Tel. 02890 391630

Public Initiative for the Prevention of **Suicide**: PIPS Project, 187 Duncairn Gardens, Belfast BT15 2GF, Tel. 02890755070 or visit www.pipsproject.com

**GRAPHIC:** STAND: Jean protests at the release of her son's abuser

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DEATHS (79%); RELIGION (75%); FAMILY (72%)

**CITY:** BELFAST, NORTHERN IRELAND (73%)

**COUNTRY:** NORTHERN IRELAND (73%)

**LOAD-DATE:** April 18, 2007

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Edmonton Journal (Alberta)

**September** 1, 2006 Friday

Final Edition

**Suicide Awareness March scheduled for Sept. 8**

**BYLINE:** Theresa King, The Edmonton Journal

**SECTION:** LETTERS; Pg. A17

**LENGTH:** 255 words

Recent events in Edmonton have emphasized that **suicide** tragically affects us all. This year, more than 4,000 Canadians will take their own lives and close to 400,000 will harm themselves. **Suicide** continues to be the leading cause of death worldwide, taking away an individual every 40 seconds.

I supervise the **suicide** bereavement program at The Support Network. **Suicide** is a tragedy that affects the community as a whole. Over the years, I have met too many caring, loving people who have lost family members and loved ones to **suicide**.

Our greatest weapon in **suicide** prevention is awareness through education and advocacy. Canada is one of the few developed nations without an implemented national **suicide** prevention action plan. The Alberta Mental Health Board in collaboration with individuals, professionals and agencies has developed a provincial **suicide** prevention strategy which, if implemented, will guide efforts to diminish death by **suicide**.

Sept. 10 is World **Suicide** Prevention day. On Sept. 8, The Support Network will be organizing our fifth annual **Suicide** Awareness March in hopes we can take a few steps closer to saving lives we may not even realize are in danger.

If you would like to join us at 11:30 a.m. on Sept. 8 to walk in honour of lives lost to **suicide**, raise awareness and decrease the stigma associated with **suicide**, please come. For more information about the march, please visit www.thesupportnetwork.com or call 482-0198.

Theresa King, certified crisis worker, **suicide** awareness program, The Support Network

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Letter

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); LETTERS & COMMENTS (92%); PREVENTION & WELLNESS (90%); DEATHS (90%); PRESS RELEASES (88%); DEATHS & DEATH RATES (77%); MENTAL HEALTH (73%); DEATH & DYING (72%); GRIEF COUNSELING (57%)

**STATE:** ALBERTA, CANADA (88%)

**COUNTRY:** CANADA (93%)

**LOAD-DATE:** September 1, 2006

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The Globe and Mail (Canada)

**September** 9, 2003 Tuesday

**Preventing suicide**

**BYLINE:** STEVE LURIE, executive director, Canadian Mental Health Association, Toronto Branch

**SECTION:** NATIONAL NEWS; Pg. A22

**LENGTH:** 194 words

**DATELINE:** Toronto

Re The New **Suicide** Bridge (Sept. 6): After reading the recent profile of a Toronto landmark and its connection to **suicide**, we were left with some serious concerns.

This article is a potentially dangerous media portrayal of **suicide** because research has shown an increased risk of imitative behaviour occurs when the technical details of **suicide** are described. Providing specific details about the **suicide** and more explicitly the popularity of the location glamorizes this method of **suicide** and could lead to vulnerable people emulating the act.

Media coverage of **suicide** needs to be carefully presented to avoid providing a how-to-guide for people who may be at risk of committing **suicide**. In the future, The Globe and Mail should avoid including the word **suicide** in a headline or mentioning detailed descriptions about the **suicide** method or location. Mental health resources for vulnerable people should also be included in any responsible story on **suicide**.

It is our hope that The Globe and Mail will take this opportunity to reflect on the possible implications of this article and will choose to be more sensitive to this mental-health issue in the future.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); MENTAL HEALTH (78%); MENTAL ILLNESS (73%) suicide; mental illness

**LOAD-DATE:** September 16, 2006

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Courier Mail (Queensland, Australia)

**August** 30, 1999, Monday

**Jail suicides triple as prison numbers double**

**SECTION:** NEWS; Pg. 7

**LENGTH:** 338 words

PRISON **suicide** rates have tripled in the time prison populations have doubled, far outstripping the community **suicide** rate.

Australian Institute of Criminology researcher Vicki Dalton said yesterday there had been a 240 percent increase in prison **suicides**, with 367 **suicides** contributing to a total of 787 prison deaths between 1980 and 1998.

"It is estimated that the rate of **suicide** in the community increased by approximately 38.5 percent, while the **suicide** death rate in prisons increased by approximately 75 percent over the entire period," she said.

Ms Dalton said Australia's prison population increased by 94 percent in the same period.

Total prison deaths fluctuated over the study period, ranging from a low of 17 in 1986 to a high of 75 in 1997, with an average of 41 a year.

In that period, the number of **suicides** also fluctuated, and showed a consistent increase from 10 in 1980 to 34 last year, with an average of 19.

Ms Dalton said prison **suicides** were overwhelmingly male, with an average age of 29.

Hangings accounted for more than 90 percent of the **suicides**, and Aboriginal inmates accounted for 14.4 percent.

Eighty-five percent of **suicides** occurred in the prisoner's cell, while 20 percent of victims were serving jail terms for murder.

Ms Dalton said this was a preliminary analysis of prison **suicide** data, and the subject would be examined in greater depth in further reports to be released this year.

One would assess reasons for **suicide**, considering such issues as the length of sentence imposed and how much had been served at the time of **suicide**.

The other would examine Aboriginal **suicides** in prison.

AIC director Adam Graycar said future reports would attempt to explain the complexities of apparent motives leading to prisoner **suicide**.

"Policies and procedures in place for the identification and management of inmates perceived to be at risk of **suicide**, and/or self harm, is also critical for further examination," Dr Graycar said in the introduction to the latest report.

**SUBJECT:** PRISONS (96%); SUICIDE (96%); SENTENCING (79%); JAIL SENTENCING (79%); MURDER (79%); DEATHS & DEATH RATES (78%); POPULATION GROWTH (78%);

**STATE:** QUEENSLAND, AUSTRALIA (78%);

**COUNTRY:** AUSTRALIA (93%);

**LOAD-DATE:** March 1, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** CML

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The Gazette (Montreal, Quebec)

**December** 3, 1997, Wednesday, FINAL EDITION

**Star's death puts spotlight on suicide**

**BYLINE:** KIRK LAPOINTE; SOUTHAM NEWS

**SECTION:** THE WEB PAGE; Pg. C10

**LENGTH:** 316 words

**DATELINE:** HAMILTON

The world of rock music and the subject of **suicide** have prominent places on the Internet. The death of INXS singer Michael Hutchence, who hanged himself in a Sydney hotel room, offers consumers of the World Wide Web a greater understanding of why people take their lives and what is being done to prevent that.

The Canadian Association for **Suicide** Prevention and the American Foundation for **Suicide** Prevention offer excellent, practical sites on the subject. The **Suicide** Information and Education Centre is good counsel, while the **Suicide** Prevention Advocacy Network is more political and American in nature.

Psychologist John Grohol has a good advice site on **suicide** prevention and counseling, while **Suicide** Awareness and The Real World reach out to troubled people, particularly young people. Author John Updike looks at the loss of another rock star, Nirvana's Kurt Cobain, in a terrific site.

It is possible to look at Hutchence's life as a rock star through many sites that feature his Australian band, but even the official INXS site very quickly turned itself into a memorial. UnfURLed, a strong popular culture site, chronicled Hutchence's work in the group and in movies. In memoriam, his family asked for donations to UNICEF and the Starlight Foundation.

**Suicide** and Hutchence sites:

Canadian Association for **Suicide** Prevention

web.idirect.com/casp

American Foundation for **Suicide** Prevention

www.afsp.org

**Suicide** Information and Education Centre

www.siec.ca

**Suicide** Prevention Advocacy Network

www.spanusa.org

Dr. John Grohol

www.grohol.com

**Suicide** Awareness

www.save.org

The Real World

www.paranoia.com/real/**suicide**

John Updike on Kurt Cobain

www.nuvo.net/hammer/int/updike.html

INXS

www.inxs.com

UnfURLed

www.unfurled.com/artists/i/inxs/index.html

UNICEF

www.supportunicef.org

Starlight Foundation

www.starlight.org

**PERSON:** JOHN HOYER UPDIKE (56%);

**ORGANIZATION:** UNITED NATIONS CHILDREN'S FUND (55%); STARLIGHT FOUNDATION (55%); STARLIGHT FOUNDATION (55%); UNITED NATIONS CHILDREN'S FUND (55%);

**COUNTRY:** AUSTRALIA (78%); CANADA (57%);

**STATE:** QUEBEC, CANADA (57%);

**CITY:** SYDNEY, AUSTRALIA (73%);

**COMPANY:** REAL WORLD (55%); UNITED NATIONS CHILDREN'S FUND (55%); STARLIGHT FOUNDATION (55%); STARLIGHT FOUNDATION (55%); UNITED NATIONS CHILDREN'S FUND (55%);

**SUBJECT:** COMPUTER NETWORKS; SUICIDE; EDUCATION SUICIDE (98%); POP & ROCK (91%); PREVENTION & WELLNESS (90%); INTERNET & WWW (90%); CELEBRITIES (90%); DEATHS & OBITUARIES (90%); TEEN SUICIDE (90%); SINGERS & MUSICIANS (90%); MUSIC (90%); ARTISTS & PERFORMERS (78%); PSYCHOLOGY (70%);

**LOAD-DATE:** December 4, 1997

**LANGUAGE:** ENGLISH

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The New York Times

**December** 27, 1990, Thursday, Late Edition - Final

**Study Says Suicide Programs Could Go Awry**

**BYLINE:** AP

**SECTION:** Section A; Page 20; Column 1; National Desk

**LENGTH:** 586 words

**DATELINE:** CHICAGO, Dec. 26

**Suicide** prevention programs in schools aimed at teen-agers may actually stir depressed feelings rather than help youths who have tried to kill themselves, according to a new study.

Although there was little evidence that the programs reduced **suicides and suicide** attempts, "there was some evidence of unwanted effects," researchers wrote in the study, published in Wednesday's Journal of the American Medical Association.

"There is a clear need to evaluate such programs to determine their efficacy and safety," the study said.

David Shaffer, director of the division of child and adolescent psychiatry at Columbia University College of Physicians and Surgeons in New York, and colleagues studied the prevention programs' effect on the attitudes of 9th and 10th graders who said they had tried to commit **suicide.**

Romantic View of **Suicide**

Those teen-agers continued to believe **suicide** was a possible solution to their problems, the researchers found. The teen-agers said they were also less likely to seek help or to discuss their feelings with peers who had not tried to kill themselves.

**Suicide** is the third leading cause ofdeath among people 15 to 24 years old.

A psychiatrist not connected with the study said the results support theories that teen-agers have a romantic view of **suicide.**

The study involved 973 teen-agers, 63 of whom had said that they had tried on two occasions to kill themselves.

The students were divided into two groups, with 524 participating in **suicide** prevention programs, including 35 who had tried **suicide.** The other 449, 28 of whom had attempted **suicide,** did not participate in the programs.

The programs, some up to three hours long, were intended to raise awareness of teen-age **suicides** by describing the warning signs of young people at risk and recommending counseling.

Help That Hurts

Participants were surveyed about their attitudes toward **suicide** before and after the programs.

"Attempters exposed to programs were significantly less likely to recommend that the programs be presented to other students and significantly more likely to indicate that talking about **suicide** makes some kids more likely to try to kill themselves," the study said.

Of the teen-agers who had tried to kill themselves, 26.7 percent thought the programs increased the chances that youths would attempt **suicide.** Of those who had not tried **suicide,** only 11.5 percent thought the programsmight increase **suicide** attempts.

The attitudes of those who had attempted **suicide** and who did not take part in the programs were not significantly more negative than those who did, the study said.

Education Not Enough

"I'm not surprised by these results," said Dr. Jan Fawcett, chairman of the Department of Psychiatry at Rush Presbyterian-St. Luke's Hospital in Chicago who is an authority on **suicide.**

"You can't just get kids not to commit **suicide** by just educating them about the problem and telling them where to get help," Dr. Fawcett said. "It's not an intellectual exercise. There's more to it than that."

Dr. Fawcett said prevention programs should treat **suicide** as an illness, like depression, which can becured with the help of friends and family.

The programs should not focus on **suicide** and instead concentrate on the factors that often lead to it, he said.

"The problem is deromanticizing **suicide,**" Dr. Fawcett said. "They see reports about **suicide** on television and may begin to see **suicide** as a way to end their troubles or make their parents feel bad."

**COUNTRY:** UNITED STATES (79%);

**STATE:** NEW YORK, USA (79%);

**CITY:** CHICAGO, IL, USA (50%);

**COMPANY:** ST LUKE'S HOSPITAL OF NEW BEDFORD INC (60%); AMERICAN MEDICAL ASSOCIATION (83%); AMERICAN MEDICAL ASSOCIATION (83%); COLUMBIA UNIVERSITY (57%); COLUMBIA UNIVERSITY (57%);

**ORGANIZATION:** JOURNAL OF THE AMERICAN MEDICAL ASSN

**SUBJECT:** SUICIDES AND SUICIDE ATTEMPTS; TEENAGERS; RESEARCH; DEPRESSION (MENTAL); CHILDREN AND YOUTH SUICIDE (94%); RESEARCH REPORTS (94%); PSYCHIATRY (90%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); ADOLESCENTS (90%); STUDENTS & STUDENT LIFE (89%); PHYSICIANS & SURGEONS (89%); DEPRESSION (79%); CHILDREN (78%); DEATHS (74%); BUSINESS & PROFESSIONAL ASSOCIATIONS (71%); ASSOCIATIONS & ORGANIZATIONS (71%);

**PERSON:** DAVID SHAFFER (57%);

**LOAD-DATE:** December 27, 1990

**LANGUAGE:** ENGLISH

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DNA

**September** 10, 2011 Saturday

**More women kill themselves, finds GVK EMRI study**

**BYLINE:** DNA Correspondent

**LENGTH:** 347 words

In today's stressful world, **suicide** cases are on the rise. With a view to prevent the increasing number of **suicide** cases, September 10 is celebrated as World **Suicide** Prevention Day. This year is the 51st year of the implementation of the noble initiative. According to **suicide** related cases reported to GVK EMRI 108 Services, in the last five years the number of women taking their own lives has increased considerably, compared to men.

According to figures provided by the 108 Services in 2007, of the total number of **suicides** committed, 44% were attributed to men and the women's rate was 56%. In 2010, women **suicide** cases were 61% of the total, and the corresponding figure for men was 39%.

In 2011, women's **suicide** share was 60% while the men's rate remained 40%.

Interestingly, if we talk about the cities contributing to **suicide** cases, Ahmedabad leads the rest with 14% share of **suicide** cases, while Surat and Vadodara are far behind at 8% and Rajkot has 9% share. Also, if the **suicide** cases of the last three years are taken into account, then Ahmedabad has the highest figure - 3,380 cases till now reported to GVK EMRI Services - while 1,758 cases were reported from Surat.

The age group which commits the most number of **suicides** in Gujarat is 20-30 years. Stressful life, work and study pressure and impulsive behaviour are some of the reasons for the rising **suicide** rate among youth. Also, the background of the victims indicates that poverty is not the prime reasons for **suicide**. A majority of the **suicide** victims in Gujarat fall in the above poverty line category and are from rural areas.

Subodh Satywadi, Chief Operating Officer, GVK EMRI 108, Gujarat, said, "Various international studies show that not all **suicides** can be prevented, but majority can be halted. Only one quarter of the people who die by **suicide** get in contact with health care services."

If one considers global figures, around 1 million people commit **suicide** every year. Interestingly, according to a WHO report, India is the leading country along with China with 99 in every 1 lakh people committing **suicide**.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**LOAD-DATE:** September 10, 2011

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The York Dispatch (Pennsylvania)

**January** 19, 2011 Wednesday

**Suicides in York County dip in 2010 but remain high**

**BYLINE:** LAUREN WHETZEL The York Dispatch

**SECTION:** NEWS

**LENGTH:** 441 words

Reaching out to people who make suicidal comments plays a key part in preventing the number of **suicides** that occur each year, said York County Coroner Barry Bloss.

And although the number of **suicides** in York County declined significantly in 2010, the 59 that occurred still ranked as the second-highest of any single year in the past decade, Bloss said.

The York County Coroner's Office recorded 75 **suicides** in 2009. That was up from 49 in 2008 and 50 the year before.

Bloss couldn't pinpoint an exact reason for last year's spike, but said financial stress was to blame for at least two of the deaths.

Survivors of **suicide** victims often blame themselves for overlooking comments that might have foreshadowed the **suicide**, Bloss said.

And the slightest hints toward suicidal thoughts need to be taken seriously, he said, because a **suicide** victim might have thought their loved ones didn't care since they never reached out to help.

Two 18-year-olds were last year's youngest **suicide** victims in York County; the oldest was 87.

And more than 40 percent of last year's **suicide** victims were between the ages of 40 and 59, according to the report.

For people age 65 and older, health concerns tend to be the top reason for **suicide**, Bloss said, while it appears marital or relationship problems are a big reason for **suicides** among middle-aged people.

Bloss is pleased there were no **suicides** among high school-age teens last year, and said he'd like to link the good news to the **suicide** prevention committees throughout school districts in York County.

Motive for **suicide**: It's impossible to know what goes through the minds of people who kill themselves, said Dr. Allen Miller, director of behavioral health at WellSpan Health.

But it seems the bulk of **suicides** tend to stem from intimate relationships that have ended, said Miller.

White single men in their 50s, who are divorced or never been married and are isolated from people are at high risk for **suicide**, Miller said.

There's a higher rate of **suicide** among people who live in isolated areas, Miller said, noting **suicide** rates in Wyoming are greater than in New York state.

"That supports the point that the more isolated someone feels, the more likely they are to think of **suicide**," he added.

Miller said WellSpan provides a full range of **suicide** prevention services, including a crisis intervention hotline and walk-in center in York Hospital's emergency room.

In any given month, WellSpan's Crisis Intervention deals with 3,000 contacts, he added.

WellSpan officials plan to open another crisis intervention center next month on Edgar Street in York.

-- Reach Lauren Whetzel at 505-5432 or lwhetzel@yorkdispatch.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); CORONERS COURTS & OFFICES (90%); TEEN SUICIDE (89%); PREVENTION & WELLNESS (89%); HEALTH DEPARTMENTS (78%); MENTAL HEALTH (73%); HIGH SCHOOLS (69%); EDUCATION SYSTEMS & INSTITUTIONS (69%); MIDDLE AGED PERSONS (66%); SCHOOL DISTRICTS (64%); EMERGENCY ROOMS (60%)

**STATE:** NEW YORK, USA (79%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** January 19, 2011

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Daily The Pak Banker

**December** 5, 2014 Friday

**World experiences one millions suicides every year: psychiatrist**

**LENGTH:** 670 words

**DATELINE:** HYDERABAD

**Suicide** is a global issue and a leading cause

of death in the world claiming lives of around one million people every

year.

**Suicide** is a multi-dimensional disorder, which results from a complex

interaction of biological, genetic, psychological and environmental

factors, said eminent psychiatric of Sir Cowasji Jehangir (S.C.J.)

Institute of Psychiatry, Hyderabad Dr. Darya Khan Laghari, Thursday.

Dr. Darya Khan Laghari, said that some psychology experts also agree

with the fact that majority of the **suicides** are usually linked to

economic difficulties but there are other reasons behind committing of **suicides** and these reasons can be depressive disorders, unemployment, domestic violence, parental separation, growing economic instability,

child abuse, bullying, rising inflation and loss of social cohesion which

force a person to end his or her life or release them from the pain they

are suffering from.

Talking about **suicide** bombing he said a **suicide** bomber blows himself,

also causing an immense and fatal destruction in the areas around it.

He added that **suicide** bombing is also one of the ways that enable a

person to commit **suicide** and end his life through such a sinful way.

He said that these are some instances, which appear through media as

many cases of **suicides** in Pakistan are not reported.

In recent years, psychiatrist said that Pakistan has witnessed a

drastic increase in the number of **suicides** but the basic thing is that it does not collect national **suicide** statistics nor report them to WHO (World Health Organization) so due to that it has become very difficult to compile **suicide** statistics and thus made the planning of prevention programmes, almost impossible.

He said that the facts showed that **suicide** has not only become a

health problem in Pakistan, but that there are no official statistics and national rates are unknown. The other reason to support this aspect is also that when a person attempts **suicide** his or her family usually tries to

cover this act and claims this incident as merely an incident thus it is becoming difficult for Pakistan to compile national **suicide** statistics and report them to the WHO, he said.

He said the rate of **suicide** is consistently higher in men than women

and men outnumber women by 2:1 and there are more single then married men

involved.

He said that the surveys and analysis showed that **suicide** has

become more common in youth than in adult in many countries and Pakistan

is one of them. **Suicide** rates among youth are increasing due to

unemployment, pressure of work and studies, depression, anxiety and

increasing poverty, he said.

Dr. Darya Khan Laghari further elaborated that Pakistan's population

is 162 million and it is ranked as the 6th most populous country in the world. The official unemployment stands at 12 percent of the eligible workforce and health spending is only 0.7 percent of the national annual budget, he said and added that Pakistan is also a Muslim country and according to Islam **suicide** is considered forbidden and prohibited.

Islam is the only religion that has a clear scriptural ban on **suicide**,

so, it has an independent effect on lowering **suicide** rates but still many

people commit **suicide** everyday in Pakistan.

According to World Health Organisation (WHO) statistics, he said that

more than a million people commit **suicide** each year worldwide, while the **suicide** attempt is successful 10-20 times.

He said that **suicide** and depression are linked to each other as more

than 80 percent of people who commit **suicide** suffer from depression. He

said studies suggest that lifetime risk of **suicide** in people with

depression was 15 percent, with alcoholism 7-15 percent and with schizophrenia, 4-10 percent.

However, a substantial proportion of people commit **suicide** die

without having seen a mental health professional, he said and added that detection, referral and management of psychiatric disorders in primary

care was an important step in **suicide** prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); SUICIDE BOMBINGS (90%); BOMBINGS (90%); PHYSICIANS & SURGEONS (90%); PSYCHIATRY (90%); TEEN SUICIDE (89%); DEPRESSION (89%); MENTAL ILLNESS (79%); BUDGETS (78%); POPULATION SIZE (78%); DISEASES & DISORDERS (77%); PSYCHOLOGY (77%); UNITED NATIONS INSTITUTIONS (76%); LABOR FORCE (75%); MEN (75%); INFLATION (75%); ECONOMIC NEWS (75%); HEALTH CARE COSTS (74%); HEALTH DEPARTMENTS (72%); POVERTY & HOMELESSNESS (70%); STATISTICS (70%); DOMESTIC VIOLENCE (69%); CHILD ABUSE (69%); MUSLIMS & ISLAM (66%); PUBLIC HEALTH ADMINISTRATION (66%); MARRIAGE (62%); ASSOCIATIONS & ORGANIZATIONS (50%) National

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** December 6, 2014

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Daily Mirror (Sri Lanka)

**September** 10, 2014 Wednesday

**One World Connected**

**LENGTH:** 634 words

**DATELINE:** Sri Lanka

Sri Lanka, Sept. 10 -- This years theme for International World **Suicide** Prevention Day which falls on September 10 is, '**Suicide** Prevention: One World Connected.' The theme reflects on the fact that connections are important at several levels if we are to combat **suicide** - at an individual level, cross support services and cross country/countries.

**Suicide** is a serious public health problem. **Suicide** occurs all over the world and can take place at almost any age. **Suicide** is the second leading cause of death globally among those between the ages of 15 and 29. According to WHO's first global report on **suicide** prevention more than 800,000 people commit **suicide** every year -- one person every 40 seconds.

Although the rates of **suicides** have reduced in Sri Lanka over the years, new official data shows that Sri Lanka still has one of highest **suicide** rates in the world, with almost 4,000 people killing themselves every year or about 11 a day with the majority aged between 15 and 44.

While the link between **suicide** and mental disorders (in particular, depression and alcohol use disorders) is well established, many **suicides** happen impulsively in moments of crisis as a result of a breakdown in the ability to deal with life's stresses, such as financial problems, sudden and major changes in people's lives, such as job losses or separation of a partner, relationship break-up or chronic pain and illness.

"A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit **suicide** don't want to die -- they just want to stop hurting. **Suicide** prevention starts with recognising the warning signs and taking them seriously"

In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour. By far the strongest risk factor for **suicide** is a previous **suicide** attempt.

**Suicides** are preventable. Reducing access to means of **suicide** is one way to reduce deaths. Other effective measures include responsible reporting of **suicide** in the media, and early identification and treatment of mental and substance-use disorders, particularly depression, which is an important risk factor for **suicides**.

Follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted **suicide**, together with provision of community support, are essential, because people who have already attempted **suicide** are at the greatest risk of trying again.

Suicidal intent of Children, adolescents and the elderly should be taken into consideration seriously. Both youth and older adults are at a high risk of **suicide**.Bullying is an extremely serious problem, which trigger suicidal thoughts in youth. Other suicidal factors among youth include loss of romantic relationships, inability to cope with academic challenges and life's stresses.

A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit **suicide** don't want to die -- they just want to stop hurting.

**Suicide** prevention starts with recognising the warning signs and taking them seriously. Seek professional help.

If you think a friend or family member is considering **suicide**, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life. If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear to them. Good family support, resorting to religious means, improving positive life skills to resolve crisis or problem situations in life can save a person's life.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); DISEASES & DISORDERS (89%); MENTAL ILLNESS (89%); DEPRESSION (89%); ADOLESCENTS (78%); DEATHS (78%); CHRONIC DISEASES (78%); DEATHS & DEATH RATES (77%); PUBLIC HEALTH ADMINISTRATION (76%); NEWS REPORTING (60%)

**COUNTRY:** SRI LANKA (94%)

**LOAD-DATE:** September 10, 2014

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US Official News

**July** 25, 2014 Friday

**West Virginia: Department of Defense Releases Fourth Quarter Suicide Information**

**LENGTH:** 181 words

**DATELINE:** Charleston

The State of West Virginia has issued the following news release:

In its efforts to better understand **suicide** among all its components, the Department of Defense released its first quarterly **suicide** report (QSR), today, for the four quarters of 2013. The report summarizes **suicide** counts and annual rates for the active component, reserves, and National Guard. Additionally, the QSR shows calendar year 2013 quarterly **suicide** counts, annual **suicide** counts, and annual **suicide** rates for each of the services. It also reports 2012 annual counts and annual rates as published in the department's 2012 **Suicide** Event Report (DoDSER) annual report.

The Department of Defense considers one loss to **suicide** too many, and will continue to do everything possible to prevent **suicide** in our military. The QSR is intended to communicate the department's **suicide** data on a routine and frequent basis. A breakdown of 2013 **suicide** counts by quarter and resources for service members and their families, who may be facing challenges, can be found at:

For more information please visit: http://www.defense.gov

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** STATISTICS (90%); SUICIDE (90%); DEFENSE DEPARTMENTS (90%); ANNUAL REPORTS (77%); MILITARY DEPENDENTS (67%) National

**CITY:** CHARLESTON, WV, USA (73%)

**STATE:** WEST VIRGINIA, USA (90%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** July 26, 2014

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US Official News

**July** 24, 2014 Thursday

**West Virginia: Department of Defense Releases Fourth Quarter Suicide Information**

**LENGTH:** 181 words

**DATELINE:** Charleston

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**PUBLICATION-TYPE:** Newswire

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**STATE:** WEST VIRGINIA, USA (90%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** July 26, 2014

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US Official News

**July** 23, 2014 Wednesday

**West Virginia: Department of Defense Releases Fourth Quarter Suicide Information**

**LENGTH:** 181 words

**DATELINE:** Charleston

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**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** July 25, 2014

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Herald (Goa) (India)

**September** 23, 2013 Monday

**Suicide Studies Vital**

**LENGTH:** 712 words

**DATELINE:** PANJIM

PANJIM, Sept. 23 -- Just like the 2002 Japanese horror film '**Suicide** Club', Goa is notorious for unconnected **suicides**. By this norm, the week was not exceptional though, but three **suicides** on one day ~Tuesday, the week following the joyous festivity of Ganesh Chaturthi, though unnoticed, were indeed disturbing as the trend of self destruction continues in Goa. Two young women, one from Goa and another from Jharkhand and a Britona youth committed **suicide** by hanging themselves in three unconnected incidents.

The 24 year old from Britona, who was residing alone after his father died just about 45 days prior, was found hanging from the rafter. The young woman from Jharkhand residing at Sangolda and the other from Sanguem both hanged themselves with a dupatta.

Though these may be just three silent statistics, which will slide into dusty police registers, the question is, is the government or ivory tower academics interested to study the phenomena that bedevils the state, in which they are employed and get paid from the public exchequer?

The stark revelation is that at on an average least one person commits **suicide** every day in Goa, with the number of **suicides** crossing 277 in 2011 and 291 in 2012. This year, by August 22, **suicides** had crossed 193 in this devastating trend. While majority of those doing themselves to death include Goans, there is sizeable population from other states who choose to end their lives here. In 2009, there were 278 cases of **suicides**, while 2010 was the worst year with 310 **suicides**.

In India, the more prosperous southern states such as Tamil Nadu, Andhra Pradesh, Karnataka, Kerala show a higher **suicide** rate than the northern states. It is estimated that half million people die of **suicide** every year worldwide, of which 20% are Indians. A recent India study suggests that family problems and illness account for 25.6% and 20.8% respectively. Drug abuse, love affairs, bankruptcy, dowry disputes which account for 3.3%, 3.2%, 2%, 1.9% and 1.6% respectively were the other causes of **suicides** in India.

**Suicides** due to drug abuse or addiction have risen, whereas those caused by fall in social reputation, failure in exams, property dispute have shown a decreasing percentage rate during last three years.

In Goa, too the trends show that teens, adults and even aged are not immune from **suicides**, and family problems, illness (physical and mental), love affairs, unemployment and dowry, are the main reasons for **suicides**. Academic pressure, marital problems, old age loneliness, work related pressures and competition also drives people to **suicide**.

Emile Durkheim, whose study is still considered the most influential for more than 100 years posited that, **suicide** cannot simply be explained by individual psychological problems-otherwise **suicide** rates would be static. Therefore, the need to critically analyse the trends, behind the disturbing behaviour in Goa. On observing macro trends in **suicides**, Durkheim's explanation seems plausible that **suicides** as a social phenomenon are linked to integration, or the extent to which people feel attachment to society, and regulation, or the degree of external controls on people. Durkheim's four-fold typology explains **suicides** around these two social facts ~ Egoistic **suicide** which result from a lack of integration, loneliness and alienation from a group, peers or family results in **suicide**; altruistic **suicide** which results from too much integration with a deviant group of maybe peers; anomic **suicide** which results from too little regulation and freedom bordering on licence; and fatalistic **suicide** which result from too much regulation from domineering authority or parents. Though these explanations are contested, the necessity to have authentic studies on rising trends in all **suicides**, but especially among the youth is exigent, given Goa's rising economic prosperity, decline from traditional and family values and alienation faced by individuals vis-a-vis society, so as to look for credible measures to arrest the disturbing trend and prevent loss of especially precious young lives.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (89%); TRENDS (89%); ADOLESCENTS (78%); HORROR FILMS (73%); MENTAL ILLNESS (73%); FAMILY (73%); SUBSTANCE ABUSE (67%)

**STATE:** GOA, INDIA (94%); JHARKHAND, INDIA (93%); KARNATAKA, INDIA (79%); ANDHRA PRADESH, INDIA (79%); TAMIL NADU, INDIA (79%); KERALA, INDIA (79%)

**COUNTRY:** INDIA (94%)

**LOAD-DATE:** September 23, 2013

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North West Star

**May** 15, 2013 Wednesday

**Taking action to stop suicide**

**SECTION:** EARLY GENERAL NEWS; Pg. 8

**LENGTH:** 349 words

A NEW training program has been developed to address the high rate of **suicide** in Mount Isa.

Reportedly one of the highest rates in Australia, **suicide** in North West Queensland has been an ongoing crisis.

North West Queensland Action Group 4 **Suicide** Prevention adopted the training package, SafeTALK (**Suicide** Alertness for Everyone), in an effort to increase community awareness about **suicide**, including where to get help or advice.

SafeTALK is a LivingWorks program that trains community members to recognise people with thoughts of **suicide** and connect them to **suicide** intervention resources.

The recently developed safeTALK training package addresses circumstances relating to **suicide** and how to talk to youth about **suicide** and sensitive issues and is available for schools, the police, and service providers to hand out to parents and young people.

A spokesperson for the action group said the safeTALK program has been designed as a three hour program that shows how alertness to **suicide** risk can be followed by basic steps that facilitate links with further **suicide** first aid help.

"The emphasis is on fulfilling this vital linking role with local community resources rather than full engagement in a **suicide** first aid intervention. It is a presentation rather than workshop format," the spokesperson said.

"It will stimulate people to think and hopefully act differently when signs of potential **suicide** risk are present."

Anglicare program manager Leeanne Harris is a member of the action group and said the group seeks to ensure that **suicide** prevention training and information is available to both community and service providers.

"It's about having an understanding that we needed to do something locally within the community," she said.

"It was an understanding that for us as a group, **suicide** is everybody's business.

"When we talk about social and emotional wellbeing, we need to have an understanding about what works in our community."

The safeTALK program is free to anyone over the age of 15 and will be run once a month in Mount Isa during 2013.

n For more information visit Anglicare Mount Isa.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (77%); MENTAL HEALTH (73%)

**STATE:** QUEENSLAND, AUSTRALIA (90%)

**COUNTRY:** AUSTRALIA (92%)

**LOAD-DATE:** May 14, 2013

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**COUNTRY:** AUSTRALIA (92%)

**LOAD-DATE:** May 14, 2013

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Centralian Advocate (Australia)

**September** 2, 2011 Friday

1 - Edition

**Join together for hope and healing**

**SECTION:** Pg. 25

**LENGTH:** 416 words

A CEREMONY of hope and healing is being held by the Mental Health Association of Central Australia (MHACA) on World **Suicide** Prevention Day -- Tuesday, September 6.

The event is part of an international initiative to raise public awareness of the severity of the problem of **suicide**, but also to learn about effective **suicide** prevention approaches in Central Australia and what support is out there for families and communities at a local level.

The theme for World **Suicide** Prevention Day 2011 is Preventing **Suicide** in Multicultural Societies.

This recognises the need for cultural sensitivity in all our efforts to reduce **suicide** rates.

In Central Australia, a training tool has been developed called **Suicide** Story training.

This training tool has been developed out of interviews with Central Australian indigenous people about their understanding and knowledge of **suicide** in their lives.

It demonstrates the importance of local ideas to address local problems.

Other strategies can have a universal effect.

Educating professionals and the community in general about how to identify people at risk of **suicide**, encouraging help seeking and providing them with needed and adequate help can reduce rates of **suicide**.

Restricting the access to whatever means are commonly used has been effective in many countries in reducing **suicide**.

Safe storage of firearms, or restricted access to firearms, and restricting access to bridges and other high points is an effective **suicide** prevention strategy.

Provision of appropriate and timely support for people (including children) bereaved by **suicide** can also go a long way in reducing **suicide** risk.

The ceremony is a chance to have less silence and more understanding about the issue of **suicide**.

There is still a lot of fear, shame and misunderstanding surrounding **suicide** that is driven by personal beliefs and experiences and sometimes from misinformation.

This day is an attempt to create greater public awareness, an improved understanding that many **suicides** can be prevented, and a compassionate understanding that this issue could and does impact on any of us.

The ceremony will be at the memorial site on the lawns between the Senior Citizens Centre and the Totem Theatre from 4pm to 5.30pm.

Recently in the NT, it has been announced that a Select Committee has been formed to look into the issue of youth **suicide**.

MHACA welcomes input from young people, parents and those who work with young people.

For more information contact the Life Promotion Program on 8950 4608.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** CAV

**SUBJECT:** SUICIDE (96%); VOLUNTARY HEALTH ORGANIZATIONS (90%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); CHILDREN'S HEALTH (78%); FAMILY (78%); MENTAL HEALTH (78%); SENIOR CENTERS & CLUBS (71%); SENIOR CITIZENS (50%)

**STATE:** NORTHERN TERRITORY, AUSTRALIA (90%)

**COUNTRY:** AUSTRALIA (93%)

**LOAD-DATE:** September 5, 2011

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The York Dispatch (Pennsylvania)

**January** 19, 2011 Wednesday

**Suicides in York County dip in 2010 but remain high**

**BYLINE:** LAUREN WHETZEL The York Dispatch

**SECTION:** NEWS

**LENGTH:** 441 words

Reaching out to people who make suicidal comments plays a key part in preventing the number of **suicides** that occur each year, said York County Coroner Barry Bloss.

And although the number of **suicides** in York County declined significantly in 2010, the 59 that occurred still ranked as the second-highest of any single year in the past decade, Bloss said.

The York County Coroner's Office recorded 75 **suicides** in 2009. That was up from 49 in 2008 and 50 the year before.

Bloss couldn't pinpoint an exact reason for last year's spike, but said financial stress was to blame for at least two of the deaths.

Survivors of **suicide** victims often blame themselves for overlooking comments that might have foreshadowed the **suicide**, Bloss said.

And the slightest hints toward suicidal thoughts need to be taken seriously, he said, because a **suicide** victim might have thought their loved ones didn't care since they never reached out to help.

Two 18-year-olds were last year's youngest **suicide** victims in York County; the oldest was 87.

And more than 40 percent of last year's **suicide** victims were between the ages of 40 and 59, according to the report.

For people age 65 and older, health concerns tend to be the top reason for **suicide**, Bloss said, while it appears marital or relationship problems are a big reason for **suicides** among middle-aged people.

Bloss is pleased there were no **suicides** among high school-age teens last year, and said he'd like to link the good news to the **suicide** prevention committees throughout school districts in York County.

Motive for **suicide**: It's impossible to know what goes through the minds of people who kill themselves, said Dr. Allen Miller, director of behavioral health at WellSpan Health.

But it seems the bulk of **suicides** tend to stem from intimate relationships that have ended, said Miller.

White single men in their 50s, who are divorced or never been married and are isolated from people are at high risk for **suicide**, Miller said.

There's a higher rate of **suicide** among people who live in isolated areas, Miller said, noting **suicide** rates in Wyoming are greater than in New York state.

"That supports the point that the more isolated someone feels, the more likely they are to think of **suicide**," he added.

Miller said WellSpan provides a full range of **suicide** prevention services, including a crisis intervention hotline and walk-in center in York Hospital's emergency room.

In any given month, WellSpan's Crisis Intervention deals with 3,000 contacts, he added.

WellSpan officials plan to open another crisis intervention center next month on Edgar Street in York.

-- Reach Lauren Whetzel at 505-5432 or lwhetzel@yorkdispatch.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); CORONERS COURTS & OFFICES (90%); TEEN SUICIDE (89%); PREVENTION & WELLNESS (89%); HEALTH DEPARTMENTS (78%); MENTAL HEALTH (73%); HIGH SCHOOLS (69%); EDUCATION SYSTEMS & INSTITUTIONS (69%); MIDDLE AGED PERSONS (66%); SCHOOL DISTRICTS (64%); EMERGENCY ROOMS (60%)

**STATE:** NEW YORK, USA (79%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** January 19, 2011

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Illawarra Mercury (Australia)

**December** 2, 2009 Wednesday

First Edition

**Dealing with suicide**

**BYLINE:** COURTNEY TRENWITH

**SECTION:** NEWS; Pg. 20

**LENGTH:** 266 words

THE **suicide** death of his stepdaughter came as such a shock to Peter Dicker's family they had no idea where to turn for help with their grieving.

The Dapto family mostly dealt with the death alone, and 12 months later, in 2007, another family member committed **suicide** in the same manner.

That was too much for Mr Dicker, who has since campaigned for better post-**suicide** services and publicity of such information.

"We'll never know what the link was (between the two **suicides**) but there seemed to be some relation there so we have to look after families that have lost somebody," Mr Dicker said.

"What I've read now is that if you have a **suicide** in your family you're at a higher risk of perhaps somebody else in your family (committing **suicide**) as well.

"It's (about) not ignoring **suicide**. (Victims of **suicide**) need to be able to acknowledge that it's happened."

That acknowledgment finally came yesterday when the newly formed Wollongong **Suicide** Prevention Network launched an information pack containing comprehensive information about pre- and post-**suicide** services and support networks.

The packs will be available via service providers such as mental health organisations, Centrelink and police.

Mr Dicker said he had focused on ensuring post-**suicide** services were included, particularly for families who were unable to help prior to a **suicide** or **suicide** attempt but needed support afterwards.

"What puzzled us was (my stepdaughter) didn't ever say she was suicidal, we didn't have any warning other than she was upset and not herself," Mr Dicker said.

Lifeline offers help and counselling on 13 11 14.

**GRAPHIC:** Photo: More support: Peter Dicker (centre) speaks about the suicide information pack while former Wollongong mayor Alex Darling talks to a reporter. Picture: ANDY ZAKELI

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); FAMILY (90%); STEPPARENTS (78%) Health/Death/Suicides

**LOAD-DATE:** December 1, 2009

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The Japan Times

**August** 21, 2008, Thursday

**Prevention of suicides**

**LENGTH:** 358 words

The Diet in 2006 enacted a basic law to help prevent **suicides.** And in 2007 the Cabinet adopted the goal of reducing the number of **suicides** per 100,000 people by 20 percent by 2016 from the level of 2005.

More than 30,000 people annually have taken their lives for the last 10 consecutive years.

This is about 90 **suicides** a day. Japan's **suicide** rate is less than Russia's but the highest among developed countries. It is more than twice that of the United States and more than three times that of Britain.

The number of **suicides** in 1997 was slightly less than 25,000. But 1998 became a turning point, when the number jumped to 32,863. The sharp rise was attributed to an increase in the number of men in their 40s and 50s living in urban areas who, affected by bankruptcies and severe corporate restructuring efforts, committed **suicide.**

Even though the overall economic situation has improved, the number of **suicides** has not decreased. The impoverishment of a segment of the population, as indicated by the fact that about one-third of the labor force is irregularly employed, should be considered among the factors contributing to **suicides.**

Prefectural governments have started implementing measures to prevent **suicides,** including the creation of networks involving private-sector organizations such as doctor associations and **suicide** hot lines. The National Center of Neurology and Psychiatry has set up a **suicide** prevention center and has placed contact information for **suicide** hot lines on the Internet. Increasing the number of such hot lines and training counseling personnel is important.

Individuals as well as organizations should pay attention to the observation - contained in the government outline of comprehensive measures to prevent **suicides** - that people who contemplate **suicide** send out signals. Families, medical institutions, communities and workplaces should be watchful of people who may be suffering depression and other problems. The government should not only work out measures to help people in this condition but also pursue policies that will bring economic stability to people's lives and give them a hope.

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (78%); LABOR FORCE (78%); DEPRESSION (78%); ECONOMIC CONDITIONS (77%); REGIONAL & LOCAL GOVERNMENTS (75%); PSYCHIATRY (70%); INSOLVENCY & BANKRUPTCY (68%); NEUROSCIENCE (64%); CORPORATE RESTRUCTURING (53%); ASSOCIATIONS & ORGANIZATIONS (86%);

**COUNTRY:** JAPAN (92%); UNITED STATES (79%); RUSSIAN FEDERATION (72%);

**LOAD-DATE:** August 20, 2008

**LANGUAGE:** ENGLISH

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The Irish Times

**November** 9, 2001

**New report has suicide guidelines for media**

**BYLINE:** By JOAN TOBIN

**SECTION:** CITY EDITION; HOME NEWS; Pg. 2

**LENGTH:** 261 words

Media reports on inquests should be accompanied by information about where and how to access emotional help, according to a new report on **suicide**, published by the Western Health Board.

The report produced by the Western Regional Committee on **Suicide** also recommends that sensitive matters contained in the pathologist's report should be handed to the coroner at inquests, rather than being read out in open court.

Entitled **Suicide** Prevention - a Shared Endeavour, the report asserts that **suicide** prevention is "everybody's business" and can best be brought about through a multidisciplinary approach such as a community-wide programme.

It asserts that research has shown that **suicide** rates increase following the reporting of the **suicide** of a prominent person or a celebrity with whom vulnerable people can identify.

The increase depends on the way in which the **suicide** is reported and the prominence given to the story.

Portrayal of **suicide** or attempted **suicide** in television is also stated to lead to an increase in such behaviour.

"Reporting **suicide** in the media must avoid detailed and explicit information of the method used. All reporting or portrayal of **suicide** in the media should be accompanied by information about where and how to access help. The Irish Association of Suicidology and the Samaritans have published guidelines on the portrayal of **suicide** in the media."

In relation to inquests, it is recommended that sensitive matters not be read out in court and that inquests be held on a case- specific basis to avoid distress.

**COMPANY:** IRISH ASSOCIATION (61%); WESTERN REGIONAL COMMITTEE (61%); WESTERN HEALTH BOARD (61%);

**ORGANIZATION:** WESTERN REGIONAL COMMITTEE (61%); WESTERN HEALTH BOARD (61%);

**GEOGRAPHIC:** IRELAND IRELAND (77%);

**COUNTRY:** IRELAND (77%);

**SUBJECT:** SUICIDE (92%); INVESTIGATIONS (91%); PUBLISHING (90%); CORONERS COURTS & OFFICES (78%); PREVENTION & WELLNESS (77%); PATHOLOGY (72%); ASSOCIATIONS & ORGANIZATIONS (77%);

**LOAD-DATE:** November 10, 2001

**LANGUAGE:** ENGLISH

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The Press (Christchurch)

**September** 8, 1999, Wednesday

**Drinking law change will 'lift suicide rate'**

**SECTION:** NEWS; National; Pg. 40; NEWS

**LENGTH:** 476 words

WELLINGTON -- New Zealand's already high youth **suicide** rate will most likely increase now the drinking age has been lowered, says a visiting **suicide** expert.

Professor Bob Goldey, president of the International Association of **Suicide** Prevention, said new research from the United States showed youth **suicide** rate was 8 per cent higher in states where the minimum drinking age was 18.

Alcohol increases the risk of **suicide** by deepening depression, negatively affecting the ability to make decisions under stress and interfering with the treatment of mental illness, says the study, which has just been published in the American Journal of Public Health September issue.

Prof Goldey said he, too, believed that lowering the drinking age would affect **suicide** rates.

"People talk about marijuana but it's alcohol that's the problem."

Alcohol was behind up to 30 per cent of **suicides**, he said.

Alcohol fuelled depression, which Mr Goldey said was the one cause of **suicide** that he would rate above all others.

Depression caused up to 40 per cent of youth **suicides** and up to 80 per cent of **suicides** in older age groups, he said.

Latest available New Zealand **suicide** statistics, which are still only provisional, show that 142 people aged between 15 and 24 died by **suicide** in 1997 compared with 143 in 1996 which was the highest youth **suicide** rate in the world.

The Coroners Council voted unanimously last weekend for the establishment of a national database of death to save the "copious" efforts which had to be made to uncover the **suicide** levels.

Prof Goldey said a national database could potentially provide good research opportunities.

"If the database included information like, did this person have a mental disorder, were they in treatment, were they using medication, were they on drugs? -- then you could work out, particularly in conjunction with over-all consequences, how important various factors are for **suicide**."

New Zealand was in a better position than Australia to develop such a database because of its centralised government system, he said.

At the moment **suicide** statistics are not published until after coroners have completed investigations meaning that in New Zealand the statistics are often at least two years old when delivered.

Prof Goldey said he saw no reason why provisional statistics could not be delivered month by month.

But while believing New Zealand's youth **suicide** rate could probably be reduced to half of what it is now, Prof Goldey said it was impossible to prevent all **suicides**.

"There will always be a certain base rate of **suicides** in the community due to mental disorder that you can't do anything about. Everyone wants to blame somebody when someone takes their own life. I don't think we should feel too guilty about it." --NZPA

Supplied by New Zealand Press Association

**PERSON:** BOB GOLDEY (92%);

**COUNTRY:** NEW ZEALAND (97%); UNITED STATES (93%); AUSTRALIA (79%);

**CITY:** WELLINGTON, NEW ZEALAND (90%);

**COMPANY:** INTERNATIONAL ASSOCIATION SERVICES AS (58%); PRESS ASSOCIATION LTD (50%);

**SUBJECT:** SUICIDE ALCOHOL ABUSE YOUTH LEGISLATION ALCOHOL MEDICAL RESEARCH NEW ZEALAND CITIES AND REGIONS OVERSEAS VISITORS SUICIDE (96%); TEEN SUICIDE (94%); LIQUOR LAWS & LICENSING (90%); MEDICAL RESEARCH (90%); DEPRESSION (90%); CHILDREN'S HEALTH (90%); CORONERS COURTS & OFFICES (89%); INVESTIGATIONS (89%); MENTAL ILLNESS (89%); SUBSTANCE ABUSE (77%); PREVENTION & WELLNESS (77%); DISEASES & DISORDERS (77%); EXPERIMENTATION & RESEARCH (77%); DEMOGRAPHIC GROUPS (73%); ALCOHOL ABUSE & ADDICTION (71%); LEGISLATION (70%); CANNABIS (69%); MEDICAL TREATMENTS & PROCEDURES (75%); ASSOCIATIONS & ORGANIZATIONS (89%); MARIJUANA (78%);

**LOAD-DATE:** September 9, 1999

**LANGUAGE:** ENGLISH

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THE AUSTRALIAN

**November** 19, 1997, Wednesday

**$25m for drive to cut youth suicide**

**SOURCE:** MATP

**BYLINE:** RICHARD YALLOP

**SECTION:** LOCAL; Pg. 5

**LENGTH:** 367 words

UP to 150 support staff will be employed in schools under a $25 million package in Victoria aimed at curbing Australia's record youth **suicide** problem.

The initiatives prompted youth **suicide** expert Pierre Baume to say that Victoria was leading the country in its attempts to tackle Australia's high youth **suicide** rate.

Professor Baume, founding director of the Australian Institute for **Suicide** Research and Prevention, said the funds earmarked by the Victorian government for new youth **suicide**-prevention measures was greater than that spent by the Federal Government or any State.

They include $1 million for the establishment of a **Suicide** Prevention Foundation for research, fundraising, education, training and counselling initiatives.

Over 500 Victorians die as a result of **suicide** each year. For each male **suicide** there are an estimated 30 to 50 **suicide** attempts, and for each female **suicide** there are an estimated 150 to 300 attempts.

Professor Baume was a member of the taskforce on **suicide** prevention established by the Victorian Government earlier this year in response to rising **suicide** levels, particularly among young men.

Victorian statistics broadly reflect national figures, which show that among males aged 15 to 24, the Australian rate of **suicide** has quadrupled since the early 1960s, from 6.8 per 100,000 to 27 per 100,000.

In a 1993 UNICEF study of **suicide** among young people in 14 industrialised countries, Australia was found to have the highest rate.

Professor Baume said the Government had responded to most of the taskforce recommendations, with more resources being given to mental health services, and early intervention and support services.

But he expressed concern that the Government had not established an office of **suicide** research and prevention within government to co-orodinate the efforts of all the different departments.

The Premier, Mr Kennett, said the taskforce report had shown there was no one cause of youth **suicide**, and no one solution.

While it would be difficult to measure the success of the Government's new measures, "as a community, we have to try to do something about the tragedy of **suicide** in our society".

**SUBJECT:** TEEN SUICIDE (97%); SUICIDE (95%); PREVENTION & WELLNESS (89%); MEN'S HEALTH (78%); FUNDRAISING (78%); VOLUNTARY HEALTH ORGANIZATIONS (78%); RESEARCH INSTITUTES (76%); MEN (74%); INTERNATIONAL ASSISTANCE (71%); MENTAL HEALTH PRACTICE (69%);

**ORGANIZATION:** UNITED NATIONS CHILDREN'S FUND (54%); UNITED NATIONS CHILDREN'S FUND (54%);

**STATE:** VICTORIA, AUSTRALIA (78%);

**COUNTRY:** AUSTRALIA (98%);

**LOAD-DATE:** March 1, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** AUS

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The Lebanon Daily News (Pennsylvania)

**November** 3, 2013 Sunday

**Shem Heller: Everyone can help prevent suicide**

**BYLINE:** director@mhaleb.org

**SECTION:** VALLEY LIFE

**LENGTH:** 863 words

can help prevent **suicide**

"**Suicide** numbers concern officials," the headline and article on the Oct. 4 Lebanon Daily News front page provided a snapshot of this year's completed **suicide** statistics for Lebanon County.

Dr. Jeffrey Yocum, Kevin Schrum and Holly Leahy addressed the issue of **suicide** in Lebanon County. They provided the Lebanon County Commissioners with general information on the 15 **suicides** in the county this year and talked about some of the work being done to reduce the number of completed **suicides**, specifically identifying the efforts of the Lebanon County **Suicide** Prevention Task Force, also known as the TIPS (Training and Information for the Prevention of **Suicide**) task force.

The mission of the task force is to develop strategies to reduce the risk of **suicide** and provide education to the community. The task force members represent various county agencies and organizations, as well as members of the community at large. During the last two years the TIPS task force developed and started distributing flyers and palm cards about **suicide**. This is a community-wide effort to raise awareness about **suicide**, educate the community and promote **suicide** prevention.

Additionally, in the last year we were able to provide local schools with the "More than Sad" and "Signs of **Suicide**" programs for incorporation into the high-school and middle-school curriculum.

The success of these efforts hinges on the community's involvement. We need everyone to become concerned about the **suicide** rate in Lebanon County and become involved in the effort to reduce the number of county residents ending their lives by **suicide**. So how can you help?

Educate yourself about **suicide**.

Learn the warning signs.

Be alert to what is going on with the people around you, and be prepared to act.

Learn where to seek help and help others to seek help.

We don't expect you to become an expert on **suicide** and/or become a crisis counselor. We want you to be able to recognize when someone around you is having a difficult time and feel comfortable with helping them to seek help to deal with his/her situation.

According to the Center for Disease Control and Prevention website, www.cdc.gov/nchs/fastats/**suicide**.htm, in 2010 there were 38,364 deaths by **suicide**, or 12.4 deaths by **suicide** per 100,000 in the U.S. population, approximately 105 deaths per day, and 713,000 emergency department visits for self-inflicted injury.

The 2010 United States Census reports the Lebanon County population at 133,568 and estimates the 2012 population at 135,251. Therefore, based on the national ratio above and Dr. Yocum's statistics for 2013, the Lebanon County **suicide** rate is below the national rate by approximately 1.

In the U.S., **suicide** is the 10th leading cause of death, an average of one person dies by **suicide** every 16.2 minutes, there are four male **suicides** for every female **suicide**, and there are three female **suicide** attempts for each male attempt.

The full impact of **suicide** is more difficult to understand and document. It includes self-inflicted injuries, **suicide** attempts, suicidal thoughts and ideations, involvement with mental-health services, and the impact on the families, friends, co-workers and colleagues of the person attempting or completing **suicide**.

According to SAVE (**Suicide** Awareness Voices of Education), many who attempt **suicide** never seek professional care; over half of all **suicides** occur in adult men, ages 25-65; 80 percent of people who seek treatment for depression are treated successfully; 15 percent of those who are clinically depressed die by **suicide**; there are an estimated eight to 25 attempted **suicides** to one completion; substance abuse is a risk factor for **suicide**; the strongest risk factor for **suicide** is depression; research has shown medications and therapy to be effective **suicide** prevention; and **suicide** can be prevented through education and public awareness.

According to TIPS, following are the warning signs of **suicide**:

Threatening to hurt or kill self.

Looking for ways to kill self.

Seeking access to pills, guns or other means to harm self.

Talking or writing about death, dying or **suicide**.

Feeling hopeless.

Experiencing rage, uncontrolled anger or seeking revenge.

Acting reckless or engaging in risky activities.

Feeling trapped, like there is no way out.

Increasing alcohol or drug use.

Withdrawing from friends or family.

Having dramatic changes in mood.

Feeling like there is no reason for living, no sense of purpose in life.

Sleeping too much or too little.

Most people considering **suicide** will exhibit warning signs, but some people will not. Some people will talk directly, and some will talk indirectly about **suicide**. Fifty to 75 percent of all people who attempt **suicide** tell someone about their intentions.

Help is available 24/7 through Crisis Intervention at 717-274-3363, or the National **Suicide** Prevention Lifeline at 800-273-8255.

You can find more information about helping yourself or someone who displays **suicide** warning signs at www.afsp.org/preventing-**suicide/**risk-factors-and-warning-signs.

Shem Heller is executive director of the Mental Health Association of Lebanon County. His column appears every other week.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); COUNTIES (89%); DEATHS & DEATH RATES (89%); PREVENTION & WELLNESS (89%); EPIDEMIOLOGY (89%); COUNTY GOVERNMENT (78%); POPULATION SIZE (78%); DEATHS (78%); CURRICULA (75%); PUBLIC HEALTH ADMINISTRATION (74%); ASSOCIATIONS & ORGANIZATIONS (73%); LEGISLATIVE BODIES (72%); POPULATION ESTIMATES & PROJECTIONS (69%); MIDDLE & JUNIOR HIGH SCHOOLS (68%); CENSUS (63%); WOUNDS & INJURIES (60%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** November 3, 2013

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Times of India (Electronic Edition)

**September** 5, 2014 Friday

Pune Edition

**India suicide capital with 2.6L cases/yr, a third of global total**

**SECTION:** THE TIMES OF INDIA

**LENGTH:** 429 words

India records by far the largest number of **suicides** in the world, accounting for nearly a third of the global total and more than twice as many as China, which is second on the list. India also has the highest rate of **suicides** among young people -those aged 15 to 29 years.

These were among the sobering facts revealed in a report released by the WHO, "Preventing **Suicide**, A Global Imperative". The report noted that an estimated 8 lakh **suicide** deaths occurred worldwide in 2012. It is the second leading cause of death in 15-29year-olds.

India in 2012 recorded nearly 2.6 lakh **suicides**, dwarfing China's 1.2 lakh.Its overall rate of **suicides** (incidents per lakh population) was 12th at 20.9. The worst countries on this parameter were North and South Korea, Guyana, Lithuania and Sri Lanka. Hungary , Japan, the Russian Federation and Belarus also had higher **suicide** rates than India. The Scandina

vian countries, Sweden, Norway and Denmark - often perceived as societies with high **suicide** rates - had much lower rates.

In richer countries, three times as many men commit **suicide** as women, but in low and middle-income countries, the maleto-female ratio is much lower at 1.5 men to each woman.

Globally, **suicides** account for 50% of all violent deaths in men and 71% in women.

In India, the ratio was about 1.6 with close to 1.6 lakh men committing **suicide** in 2012 compared to just under 1 lakh women. In four countries in India's immediate neighbourhood -China, Pakistan, Bangladesh and Afghanistan -women outnumbered men among **suicides**. Only in Iraq and Indonesia was the proportion of women to men among those committing **suicide** higher than these countries.

India, despite its horrific statistics, has actually seen a decline in the tendency to commit **suicide** since 2012, with the rate declining by 9.2% over this 12-year period.China, in the same period, saw its **suicide** rate drop by 59%.

India is a clear exception to the global pattern of the 70+ age group having the highest **suicide** rates. At 21.1 per lakh population, **suicides** among this age group are only about as common as among the entire population. Risk factors associated with the health system and society at large include difficulties in accessing health care and in receiving the care needed, easy availability of the means for **suicide**, inappropriate media reporting that sensationalizes **suicide** and increases the risk of "copycat" **suicides**, and stigma against people who seek help for suicidal behaviours, or for mental health and substance abuse problems.

For the full report, log on to http://www.timesofindia.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); DEMOGRAPHIC GROUPS (88%); DEATHS & DEATH RATES (78%); DEATHS (76%); MENTAL HEALTH (73%); LOW INCOME PERSONS (69%); HEALTH CARE ACCESS (60%); SUBSTANCE ABUSE (50%)

**COUNTRY:** INDIA (96%); CHINA (90%); PAKISTAN (79%); NORWAY (79%); IRAQ (79%); BELARUS (79%); LITHUANIA (71%); RUSSIAN FEDERATION (70%); KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF (58%); NORDIC COUNTRIES (55%); AFGHANISTAN (53%); INDONESIA (53%)

**LOAD-DATE:** September 5, 2014

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The Irish News

**July** 9, 2014 Wednesday

**Letters - Suicide prevention is everyone's responsibility**

**SECTION:** Pg. 26

**LENGTH:** 175 words

Three hundred and three people died by **suicide** in Northern Ireland last year.

What a shocking and shameful indictment of our society. I have seen behind the statistics. I have journeyed alongside mothers who lost a son to **suicide,** fathers who lost a son to **suicide,** women and men who lost brothers to **suicide.** Despite their huge losses they live their lives with the hope that things will be different for those of us still alive. I salute their courage and generosity of spirit.

It has been said that **suicide** prevention is everyone's business. I think it is time to change this hackneyed phrase to a bolder more meaningful one. I believe that **suicide** prevention is everyone's responsibility.

**Suicide** recognises no borders or boundaries. It slices across every part and piece of all of our society, all of our people.

My plea is to join together and shift our thinking away from **suicide** prevention towards the elimination of **suicide** in our society. The aim would be to look beyond 'an acceptable level of **suicide'** towards zero **suicide.**

P McGreevy, Co Down.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%)

**COUNTRY:** NORTHERN IRELAND (90%)

**LOAD-DATE:** July 9, 2014

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Greeley Tribune (Colorado)

Distributed by McClatchy-Tribune Business News

**January** 3, 2014 Friday

**Weld County suicides in 2013 highest on record**

**BYLINE:** Greeley Tribune, Colo.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 635 words

Jan. 03--More Weld County residents died of **suicide** in 2013 than ever before, county health officials reported Thursday.

Weld County's **suicide** death toll in 2013 was 49, well above the county's 10-year average of 32 per year. About 200 county residents are hospitalized each year for intentional injury, officials reported.

"**Suicide** is one of the most persistent yet preventable public health problems. It's the leading cause of death from injuries, more than car crashes," said Mark Wallace, executive director of the Weld County Department of Public Health and Environment.

Currently, 80 percent of Weld **suicides** are by males and nearly 50 percent involve firearms.

Males ages 45-64 have the highest rate of **suicide** in Weld County, officials said.

There were 14 **suicides** in Weld County among that group in 2012 and 24 **suicides** among that group in 2013.

County officials could not say Thursday why the total number of **suicides** climbed so high in 2013.

"I can't identify why there was a spike in 2013," said Kelly Campbell, the department's health communication, education and planning supervisor. "There is no clear reason why the numbers are up this year."

She said the total number might be higher because more people moved into the county but she said the per capita rate of **suicide** for 2013 can't be figured yet until the state gives the county official population numbers.

Other local experts could not pinpoint the cause Thursday.

"There are likely many reasons for the county's rising **suicide** rate," said Kimberly Pratt, North Range Behavioral Health **suicide** educator and clinician. "The single most identifiable risk factor associated with **suicide** is depression."

Campbell said the **suicide** rate in Weld County was 16.3 per 100,000 people in 2010 and declined to 15.2 per 100,000 people in 2012.

She said of the 2013 **suicides** in Weld, none involved children under 10; four were 10-19 years old; six were 20-29 years old; 12 were 30-39 years old; 12 were 40-49 years old; eight were 50-59 years old; and seven were more than 60 years old.

Campbell said there is a common misconception that **suicide** occurs more often around the holidays and during the winter because the weather can be depressing.

In 2013, she said, there were only two **suicides** in December but there were six **suicides** in each of the months of March, April, June and August.

**Suicide** has long been a concern of parents of high school students everywhere and the same is true here in Weld.

According to the 2010 Healthy Kids Colorado Survey for Weld County, 17 percent of high school students seriously considered attempting **suicide**, and 12 percent of students made a plan how they would do it.

**Suicide** can be prevented, officials said.

Local **suicide** prevention resources include North Range Behavioral Health's **Suicide** Education and Support Services.

SESS provides community education in high schools, businesses, faith-based organizations and the community at large.

The state Office of **Suicide** Prevention leads Colorado's **suicide** prevention and intervention efforts.

Two state initiatives are underway. ManTherapy.org is an online resource using "manspeak" and humor to target men at risk for depression and **suicide** and Means Restriction Education is a program that educates Coloradans on the importance of reducing suicidal individuals' access to lethal means are promising.

According to experts, people who say they plan to kill themselves and have the means are at the highest risk and should be taken seriously.

Taking the initiative to engage in conversation with those people in a way that is nonjudgmental and compassionate is crucial, as is recommending they seek professional help, experts say.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** GY

**SUBJECT:** SUICIDE (94%); COUNTIES (94%); COUNTY GOVERNMENT (91%); WOUNDS & INJURIES (90%); PUBLIC HEALTH ADMINISTRATION (90%); HEALTH DEPARTMENTS (90%); TEEN SUICIDE (89%); STUDENTS & STUDENT LIFE (89%); DEATHS & DEATH RATES (78%); CHILDREN'S HEALTH (78%); POPULATION SIZE (78%); PREVENTION & WELLNESS (78%); DEATHS (78%); CHILDREN (74%); ENVIRONMENTAL DEPARTMENTS (73%); MENTAL HEALTH (73%); HIGH SCHOOLS (71%); EXECUTIVES (70%)

**INDUSTRY:** General

**STATE:** COLORADO, USA (79%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** January 4, 2014

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The Lebanon Daily News (Pennsylvania)

**November** 3, 2013 Sunday

**Shem Heller: Everyone can help prevent suicide**

**BYLINE:** director@mhaleb.org

**SECTION:** VALLEY LIFE

**LENGTH:** 863 words

can help prevent **suicide**

"**Suicide** numbers concern officials," the headline and article on the Oct. 4 Lebanon Daily News front page provided a snapshot of this year's completed **suicide** statistics for Lebanon County.

Dr. Jeffrey Yocum, Kevin Schrum and Holly Leahy addressed the issue of **suicide** in Lebanon County. They provided the Lebanon County Commissioners with general information on the 15 **suicides** in the county this year and talked about some of the work being done to reduce the number of completed **suicides**, specifically identifying the efforts of the Lebanon County **Suicide** Prevention Task Force, also known as the TIPS (Training and Information for the Prevention of **Suicide**) task force.

The mission of the task force is to develop strategies to reduce the risk of **suicide** and provide education to the community. The task force members represent various county agencies and organizations, as well as members of the community at large. During the last two years the TIPS task force developed and started distributing flyers and palm cards about **suicide**. This is a community-wide effort to raise awareness about **suicide**, educate the community and promote **suicide** prevention.

Additionally, in the last year we were able to provide local schools with the "More than Sad" and "Signs of **Suicide**" programs for incorporation into the high-school and middle-school curriculum.

The success of these efforts hinges on the community's involvement. We need everyone to become concerned about the **suicide** rate in Lebanon County and become involved in the effort to reduce the number of county residents ending their lives by **suicide**. So how can you help?

Educate yourself about **suicide**.

Learn the warning signs.

Be alert to what is going on with the people around you, and be prepared to act.

Learn where to seek help and help others to seek help.

We don't expect you to become an expert on **suicide** and/or become a crisis counselor. We want you to be able to recognize when someone around you is having a difficult time and feel comfortable with helping them to seek help to deal with his/her situation.

According to the Center for Disease Control and Prevention website, www.cdc.gov/nchs/fastats/**suicide**.htm, in 2010 there were 38,364 deaths by **suicide**, or 12.4 deaths by **suicide** per 100,000 in the U.S. population, approximately 105 deaths per day, and 713,000 emergency department visits for self-inflicted injury.

The 2010 United States Census reports the Lebanon County population at 133,568 and estimates the 2012 population at 135,251. Therefore, based on the national ratio above and Dr. Yocum's statistics for 2013, the Lebanon County **suicide** rate is below the national rate by approximately 1.

In the U.S., **suicide** is the 10th leading cause of death, an average of one person dies by **suicide** every 16.2 minutes, there are four male **suicides** for every female **suicide**, and there are three female **suicide** attempts for each male attempt.

The full impact of **suicide** is more difficult to understand and document. It includes self-inflicted injuries, **suicide** attempts, suicidal thoughts and ideations, involvement with mental-health services, and the impact on the families, friends, co-workers and colleagues of the person attempting or completing **suicide**.

According to SAVE (**Suicide** Awareness Voices of Education), many who attempt **suicide** never seek professional care; over half of all **suicides** occur in adult men, ages 25-65; 80 percent of people who seek treatment for depression are treated successfully; 15 percent of those who are clinically depressed die by **suicide**; there are an estimated eight to 25 attempted **suicides** to one completion; substance abuse is a risk factor for **suicide**; the strongest risk factor for **suicide** is depression; research has shown medications and therapy to be effective **suicide** prevention; and **suicide** can be prevented through education and public awareness.

According to TIPS, following are the warning signs of **suicide**:

Threatening to hurt or kill self.

Looking for ways to kill self.

Seeking access to pills, guns or other means to harm self.

Talking or writing about death, dying or **suicide**.

Feeling hopeless.

Experiencing rage, uncontrolled anger or seeking revenge.

Acting reckless or engaging in risky activities.

Feeling trapped, like there is no way out.

Increasing alcohol or drug use.

Withdrawing from friends or family.

Having dramatic changes in mood.

Feeling like there is no reason for living, no sense of purpose in life.

Sleeping too much or too little.

Most people considering **suicide** will exhibit warning signs, but some people will not. Some people will talk directly, and some will talk indirectly about **suicide**. Fifty to 75 percent of all people who attempt **suicide** tell someone about their intentions.

Help is available 24/7 through Crisis Intervention at 717-274-3363, or the National **Suicide** Prevention Lifeline at 800-273-8255.

You can find more information about helping yourself or someone who displays **suicide** warning signs at www.afsp.org/preventing-**suicide/**risk-factors-and-warning-signs.

Shem Heller is executive director of the Mental Health Association of Lebanon County. His column appears every other week.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); COUNTIES (89%); DEATHS & DEATH RATES (89%); PREVENTION & WELLNESS (89%); EPIDEMIOLOGY (89%); COUNTY GOVERNMENT (78%); POPULATION SIZE (78%); DEATHS (78%); CURRICULA (75%); PUBLIC HEALTH ADMINISTRATION (74%); ASSOCIATIONS & ORGANIZATIONS (73%); LEGISLATIVE BODIES (72%); POPULATION ESTIMATES & PROJECTIONS (69%); MIDDLE & JUNIOR HIGH SCHOOLS (68%); CENSUS (63%); WOUNDS & INJURIES (60%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** November 3, 2013

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Manawatu Standard (New Zealand)

**August** 27, 2013 Tuesday

**Lonely and inf irm opt for death as way out**

**BYLINE:** Kelsey Fletcher

**SECTION:** NEWS; NATIONAL; Pg. 3

**LENGTH:** 453 words

THE FIGURES The highest number of **suicides** in the 20-year-old to 24-year-old age cohort since records began, with 75 **suicides**.

The lowest number of **suicides** in the 30-year-old to 34-year-old age cohort since records began, with 31 **suicides**.

The drop in Maori **suicide** was largely accounted for by a decrease in male Maori **suicide**, in particular young male Maori **suicide**. In 2011-12 there were 94 male Maori **suicides**, while in 2012-13 there were 72.

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Loneliness and isolation could be the leading factors in the high **suicide** rate for elderly men, according to Age Concern Horowhenua.

The annual **suicide** figures, made public by chief coroner Judge Neil MacLean yesterday, showed men aged 85 years and older are killing themselves at a higher rate than any other age group.

Nine men and three women over 85 years took their own lives in the year to June.

Age Concern Horowhenua manager Anna Auty said isolation was "a huge issue for older people, particularly in the Horowhenua area where there is no public transport".

"We've got a very high proportion of older people here and a lot of people choose to come here to retire.

"It's fine when you've got your health but when you get ill and if your partner dies, life changes enormously."

Ms Auty said older people did not want to be a nuisance and would "bottle it up".

Judge MacLean said there needed to be more research into **suicide** among elderly people and the line between euthanasia and **suicide**.

There were 47 self-inflicted deaths across all age groups in the Palmerston North coronial region, and a total of 541 **suicides** across the country.

There were six fewer **suicides** than last year.

Judge MacLean said the annual **suicide** total had been stubbornly consistent since records began in July 2007, with between 531 and 558 **suicides** a year.

"Sadly this year is no different and it is frustrating that we cannot seem to make inroads into our unacceptably high **suicide** rate," he said. "In spite of this, there have been some positive trends observed in the year.

"Maori **suicide** has dropped for the first time since records began, and the number of pre-teen and teen **suicides** is down from last year."

The number of Maori who killed themselves in the year to June dropped to 105 after spiking to 132 the previous year.

MidCentral Health Mental Health Services clinical director Jerry Varghese said it could be that intervention methods were working.

"We can't say with certainty what the exact reasons are for the decrease - one would hope the various interventions put in place for Maori health in general could potentially have had a positive impact," he said. "If I was to look at my list, the one thing that stands out for me is the bulk are male, but also Caucasian."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); AGING (90%); SENIOR CITIZENS (90%); TEEN SUICIDE (89%); CORONERS COURTS & OFFICES (78%); ADOLESCENTS (78%); MEN (76%); DEMOGRAPHIC GROUPS (76%); TRENDS (76%); MENTAL HEALTH (73%); MENTAL HEALTH PRACTICE (50%)

**LOAD-DATE:** August 27, 2013

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The Times of India (TOI)

**June** 24, 2013 Monday

**With 6% more cases, Tamil Nadu hangs on to India's suicide capital tag**

**BYLINE:** Christin Mathew Philip

**SECTION:** CHENNAI

**LENGTH:** 444 words

CHENNAI: The number of **suicides** in Tamil Nadu has gone up by 6%, the latest report of the National Crime Records Bureau (NCRB) shows.

Statistics say that the state continues to be the **suicide** capital of the country with 16,927 people killing themselves, which comes to an average of 48 **suicide** cases a day in 2012. In 2011, the number of **suicide** cases in the state was 15,963. Other states topping the list are Maharashtra (16,112), West Bengal (14,957) and Andhra Pradesh (14,238).

NCRB, which is the only document in India that provides statistics about **suicides**, shows that 1,35,445 **suicide** cases were reported in 2012 across the country. This is marginally lower than 2011 when the number was 1,35,585. Experts say that the reasons for **suicide** include unemployment, exam failure, poverty and dowry disputes.

Chennai also records the most number of **suicides** among the cities with 2,183 cases, an average of five a day in 2012. Bangalore comes in next (1,989), followed by Delhi (1,397) and Mumbai (1,296). But the figures also show that there has been a 10% dip in the number of **suicides** in Chennai compared to the previous year.

Experts say that **suicide** is more of a mental health problem than a social issue. Men usually commit **suicide** because of professional pressure, drug or alcohol addiction and depression, while women's reasons include family conflicts or heartbreak. The elderly commit **suicide** due to loneliness, terminal diseases or family feuds.

Dr Lakshmi Vijayakumar, founder of Sneha, a **suicide** prevention helpline (044-24640050), said that family problems are the main reason behind **suicides** in the southern states. "The exact number of **suicide** cases is 25% higher than what is reported in the NCRB. **Suicide** is underreported," she said.

Restriction of access to poison and alcohol could reduce the numbers, she said. "The government should provide adequate training to primary health centre staff in rural areas and enable them to suicidal tendencies," she said. Sneha receives up to 20 phone calls and 25 emails every day.

Records say 73.5% **suicide** victims from the state are married. Widows and widowers account for 3.6%, while divorcees are only 0.7%. The data shows that the most frequently used methods are hanging (31.9%), consuming poison (31.4%) and self-immolation (13.9%).

The number of male victims (10,748) outnumbers the female (6,179). The maximum number of **suicides** was reported in the age of 30-44 years (33%), followed by 15-29 years (31.4%). Going by profession, homemakers (17%) form the largest group. The rate is low among the people working in government (1.7%) and public sector undertakings (1.5%).

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); FAMILY (89%); MENTAL ILLNESS (89%); DEPRESSION (78%); STATISTICS (77%); MEN (77%); MENTAL HEALTH (73%); SUBSTANCE ABUSE (69%); POVERTY & HOMELESSNESS (68%); PREVENTION & WELLNESS (65%); ALCOHOL ABUSE & ADDICTION (64%); DISEASES & DISORDERS (64%)

**CITY:** DELHI, INDIA (57%); MUMBAI, INDIA (57%)

**STATE:** TAMIL NADU, INDIA (98%); MAHARASHTRA, INDIA (73%); WEST BENGAL, INDIA (58%); ANDHRA PRADESH, INDIA (58%); KARNATAKA, INDIA (58%)

**COUNTRY:** INDIA (98%)

**LOAD-DATE:** June 23, 2013

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The Irish Times

**June** 11, 2013 Tuesday

**Despite all the research, sometimes there is no explanation for suicide**

**SECTION:** HEALTH; Pg. 13

**LENGTH:** 689 words

I have been hearing about more and more cases of **suicide** lately. Some are related to the recession, some to more traditional triggers such as depression and some have come out of the blue.

One of the conclusions I have come to is that it is impossible to make any statement about **suicide** that holds true for all cases. For instance, some people seem to withdraw before they take their lives but others have been fully engaged with friends and family before the dreadful event.

It seems to me that the only statements we can make about **suicide** begin with the word "sometimes". Here is my list:

Sometimes **suicide** is impulsive. We can be fairly sure of this from US research showing that sometimes the decision and the act of **suicide** are separated by minutes, not hours.

This, of course, is exacerbated by the gun culture in the US but here in Ireland we sometimes hear of people taking their lives apparently impulsively. This, it seems to me, is one of the most frightening aspects of **suicide**.

Sometimes people who die by **suicide** are ambivalent about taking their lives. Why else do people (thankfully) ring up helplines before they act? And why have many people interrupted in the act gone on to live full lives?

Inexplicable actionSometimes **suicide** is completely inexplicable. We hear of these **suicides** all the time: people who have everything going for them, who seem to be in fine form and who go and take their lives to the utter dismay of all around them. I suspect a concealed depression or despair in many of these cases but I cannot know.

Sometimes **suicide** is motivated by shame. This has been suggested (by a psychiatrist who treated army veterans) as an explanation for the shocking levels of **suicide** among US veterans. But I suspect this is also at work in some of the **suicides** that arose from our own economic catastrophe.

Sometimes **suicide** seems the only way out. What seems to happen here is that a person gradually rejects every solution to their problems except **suicide**. The conclusion that **suicide** is the only way out is irrational. This is obvious to outsiders but not to the person who is trapped in this blinkered thinking.

Sometimes people who take their own lives also have a longing for life. This also is why many people heading towards **suicide** will, nonetheless, engage with counsellors, helplines and relatives or friends. It is also why acknowledging people's suicidal intentions, by explicitly asking them if they are suicidal, can be very helpful and effective.

Sometimes people just can't face what the future holds. I suspect this is often behind the **suicide** of older people afflicted by bereavement, loneliness or pain.Meticulous planningSometimes **suicide** is meticulously planned. Many people think about **suicide** but it is those who actively plan their **suicide** who are at huge risk. That is why it is a good idea to ask a person who is talking about **suicide** if they have made plans. If the answer is 'Yes', the situation is very serious.

Sometimes **suicide** spreads like a virus. We have all heard of clusters of **suicide** that were never reported in the media. It is truly frightening that knowledge of the **suicide** of others whom one has never met, in some cases, can lead to the taking of one's own life.

Sometimes the culture increases the likelihood of **suicide**. Is it a coincidence that **suicide** has risen as concepts such as solidarity and community have been pushed back by rampant individualism, for example, I'm alright Jack, I've got my iPod here to connect with and I don't need you? What does the Traveller culture, especially the taboo on admitting to and discussing mental health problems, contribute to the high rate of **suicide** in that culture?

What is the use of all this? Perhaps if we are to get to grips with **suicide**, we need to acknowledge that this sad and lonely act can have many explanations. And, sometimes, no explanation at all.

Padraig O'Morain (pomorain@yahoo.com) is a counsellor accredited by the Irish Association for Counselling and Psychotherapy.

His book, *Light Mind - Mindfulness for Daily Living*, is published by Veritas. His monthly mindfulness newsletter is available free by email.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); DEPRESSION (89%); ARMIES (66%); VETERANS (63%); SENIOR CITIZENS (63%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** June 11, 2013

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Irish Examiner

**November** 12, 2012 Monday

**Suicide claims 1,563 lives in 3-year period**

**SECTION:** IRELAND

**LENGTH:** 516 words

An analysis of deaths by **suicide** officially recorded between 2009 and 2011 also shows **suicide** rates in Laois and Westmeath and the South-East, including Wexford, Waterford, and Tipperary, above average.

Some of the lowest **suicide** rates in the country are found in several parts of Dublin.

The Government was accused of not taking **suicide** seriously last month after it emerged the key post of director at the National Office for **Suicide** Prevention remains unfilled more than a year after the resignation of Geoff Day.

According to statistics compiled by the CSO, 1,563 people in the Republic took their own lives between 2009 and 2011, a national **suicide** rate of 11.4 deaths per 100,000 population. In contrast, a total of 636 people were killed in traffic accidents over the same period.

While there has been a strong downward trend in road fatalities over the past decade, the number of deaths by **suicide** has shown an increase since 2007, so that they are now at almost two-and-a-half times the level of road fatalities.

Official figures show there were 552 **suicides** in 2009, falling to 486 in 2010 and rising again to 525 last year.

Kerry has the highest **suicide** rate in the country with 80 **suicides** in the past three years, equating to an annual rate of 18.3 deaths per 100,000 people. It is almost three times higher than the area with the lowest **suicide** rate - Fingal in north Dublin, which has a **suicide** rate of 6.2 deaths.

Offaly had the second highest rate with 41 deaths, equating to an annual **suicide** rate of 17.8 deaths.

Sixty-one deaths by **suicide** were recorded in Cork City over the three-year period giving a rate of 17.1 deaths per 100,000 population - the third highest in the Republic. However, the total of 26 **suicides** in the city in 2009 was halved by 2011 when the number of deaths by **suicide** decreased to 13 - a rate which would push Cork City below the national average.

There were 149 cases of **suicide** in Co Cork (excluding the city area) between 2009 and 2011 - a **suicide** rate of 12.4%.

On a provincial basis, Munster has the highest **suicide** rate at 13.8 deaths followed by Connacht (11.9), Leinster (10.2) and Ulster (9.5). Galway and Dublin have the lowest **suicide** rate of all the major cities at 8.4 deaths, although the figure rises to 10.6 per 100,000 population in the Dublin City Council area. A total of 319 **suicides** were recorded in the capital over the three-year period.

Asked by Fianna F·il's health spokesman, Billy Kelleher, earlier this week to respond to criticism by the **suicide** prevention agency, Turn the Tide of **Suicide**, that the Government had failed to tackle the problem, junior health minister Kathleen Lynch, said she recently held a "very open and frank" meeting with the charity.

She said a special allocation of 35m was provided for mental health services this year, primarily to strengthen community mental health teams and to implement Reach Out, the State strategy for action on **suicide** prevention.

"It is widely accepted that **suicide** is a complex issue and that there's no easy or single intervention that will bring a guarantee of success," said Ms Lynch.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); DEATHS & DEATH RATES (90%); STATISTICS (90%); REGIONAL & LOCAL GOVERNMENTS (77%); PREVENTION & WELLNESS (76%); TRENDS (75%); CITY LIFE (74%); ACCIDENTAL FATALITIES (73%); LEGISLATIVE BODIES (72%); PUBLIC HEALTH ADMINISTRATION (70%); TRAFFIC ACCIDENTS (69%); CITIES (68%); CITY GOVERNMENT (63%); HEALTH DEPARTMENTS (61%)

**CITY:** DUBLIN, IRELAND (93%)

**COUNTRY:** IRELAND (94%)

**LOAD-DATE:** November 12, 2012

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DNA

**October** 17, 2012 Wednesday

**'10 suicides per day under Modi's rule';**

**Congress says 37,248 suicides registered in state from 2001 to 2010**

**BYLINE:** DNA Correspondent

**LENGTH:** 327 words

In the last ten years of Narendra Modi's tenure as Gujarat chief minister, an average of ten persons committed **suicide** per day in the state, figures released by the Gujarat Congress on Tuesday show.

The figures, collected under the Right to Information (RTI) Act, show that 37,248 persons committed **suicide** in Gujarat between 2001 and 2010, which works out to an average of ten **suicides** per day.

Of the total 37,248 **suicides**, 21,783 were by males and 15,423 by females, figures which belie the common notion that more women commit

**suicide** compared to the opposite sex.

The figures also reveal some shocking and disturbing trends.

Of the total persons who committed **suicide**, 80% were by persons under the age of 40. Every fifth person committing **suicide** was under 20, while persons in the age group of 21 to 30 accounted for 37% of the **suicides**. The figures show that more than 71% of the persons committing **suicide** were married.

Gujarat Congress president Arjun Modhwadia said that the Modi government is wooing the youths ahead of elections, but figures show that a large majority of the persons committing **suicide** are youth.

"The number of **suicides** has increased due to lack of attention and negligence of the administration," Modhwadia alleged.

Sociologist Dr Vidyut Joshi said the data shows that fabric of the society has been considerably weakened, and we are now living in a disturbed society.

The figures show that 7,062 farmers also ended their lives in the state under Modi's rule. Modhwadia alleged that more farmers have committed **suicide** in Gujarat, than in Andhra Pradesh and Vidarbha region of Maharashtra, which are infamous for farmer **suicides** and are co-incidently Congress-ruled state.

Saurashtra and north Gujarat together accounted for more than 70% of the total **suicides**.

Sociologist Dr Gaurang Jani said that large number of **suicides** in the two regions could be attributed to water scarcity, while Dr Edvin Masihi called for steps to prevent **suicides**.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (78%); SOCIOLOGY (73%); FREEDOM OF INFORMATION (72%); DEMOGRAPHIC GROUPS (70%); WATER CRISES & SHORTAGES (50%)

**STATE:** GUJARAT, INDIA (90%); MAHARASHTRA, INDIA (54%); ANDHRA PRADESH, INDIA (54%)

**COUNTRY:** INDIA (94%)

**LOAD-DATE:** October 17, 2012

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The Herald (South Africa)

**February** 22, 2012 Wednesday

**Teen suicide rising cause of death**

**SECTION:** HUMAN INTEREST

**LENGTH:** 264 words

ONE in 10 of all teenage deaths are due to **suicide**, as highlighted in Teen **Suicide** Prevention Week, held last week.

Teen **suicide** is a reality for many families with 9.5% of all teen deaths in South Africa due to **suicide** according to the National Youth Risk Survey. In addition, **suicide** is the fastest growing, and second leading, cause of death in the 15 to 24 age group. The survey found an alarming number of high school teens were depressed and suicidal - more than 20% had considered **suicide** in the last month.

"But despite its prevalence, teen **suicide** is still shrouded in myth and misconception. It's crucial we break the myths - there is no better way to prevent teen **suicide**," said a spokesman for the South African Depression and Anxiety Group (Sadag).

Sadag runs the only toll-free **suicide** crisis line in the country and the only teen **suicide** prevention programme in schools.

The "**Suicide** Shouldn't be a Secret" programme, now 11 years old, is aimed at educating teens and teachers about the warning signs, facts and interventions of teen **suicide**.

Children as young as seven years old commit **suicide** in South Africa.

"My friend used to always tell me she wanted to die, and that she was going to kill herself. I never took her seriously until she hung herself," Sadag reports Naomi, 14, as saying.

Its programme has been implemented in schools across the country.

"Through presenting to teens, teachers, parents and police about the trauma of **suicide** we are able to prevent the loss of lives," said the spokesman.

oContact Sadag on its toll-free line: 0800-567567.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** Herald

**SUBJECT:** SUICIDE (98%); ADOLESCENTS (96%); TEEN SUICIDE (94%); DEATHS & DEATH RATES (90%); PREVENTION & WELLNESS (90%); DEATHS (90%); PRIMARY & SECONDARY SCHOOL TEACHERS (89%); HIGH SCHOOLS (78%); MENTAL ILLNESS (78%); CHILDREN (77%); DEPRESSION (73%); DEMOGRAPHIC GROUPS (72%); POLLS & SURVEYS (72%) Youth; Suicide

**COUNTRY:** SOUTH AFRICA (92%)

**LOAD-DATE:** February 25, 2012

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Corkman (Ireland)

**February** 16, 2012

**New course to help in battle against suicide**

**SECTION:**

**LENGTH:** 333 words

The Charleville **Suicide** Awareness Project, whose mission is "to educate, inform and support the community on the issue of **suicide**", has been focused on creating greater awareness of the supports available to the public to help promote better and more positive mental health.

Over the past number of years, as well as facilitating a **suicide**-bereaved support group, the project has facilitated a number of **suicide** awareness training programmes such as safetalk, Asist-applied **Suicide** Intervention Skills Training, and Peer Support Education.

The safetalk programme is a free, three-hour introductory version of ASIST (Applied **Suicide** Intervention Skills Training) and it aims to increase awareness of self-harm and **suicide**. Most persons with thoughts of **suicide** go unrecognised even though most are, directly or indirectly, requesting help. By attending this course, participants will be in a better position to identify people who have thoughts of **suicide**.

With more **suicide**-alert helpers in the community, more people with thoughts of **suicide** will get connected to the help they want. The safetalk programme is the result of over 20 years of work at learning how to develop useful **suicide** prevention abilities in a short programme and is fully supported by the HSE. It is recommended that the safetalk course is undertaken as a prior requirement to availing of the ASIST programme.

This course is free and places are limited to 30 places so participants are encouraged to book early to avoid disappointment. Contact Margaret O'callaghan on 0863576109 in confidence for further information and to register your interest. participants will be advised in due course of date, time and venue of the course.

The Charleville **Suicide** Awareness Project is supported locally by the HSE'S Turas Nua Mental Health Resource Centre and by Ballyhoura Development Ltd.

If you are feeling at risk of **suicide**, contact the 1Life 24-hour **Suicide** Prevention Helpline on tel. 1800 247 100, and consult with your local GP.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); PREVENTION & WELLNESS (89%); MENTAL HEALTH (78%)

**LOAD-DATE:** February 16, 2012

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thespec.com

**October** 30, 2010 Saturday

First Edition

**My father took his own life' Conference strategizes to prevent suicide; About 40 to 50 people kill themselves and 1,000 attempt it each year in Hamilton (Oct. 27)**

**BYLINE:** Cassandra VanEgmond, Dunnville

**SECTION:** EDITORIAL; Pg. WR6

**LENGTH:** 325 words

Conference strategizes to prevent **suicide**; About 40 to 50 people kill themselves and 1,000 attempt it each year in Hamilton (Oct. 27)

When I was 16, my father took his own life. This was the first time I experienced the mourning of a death to someone so close to me.

To make matters more difficult, it was a **suicide**, something I knew nothing about. When I entered my high school after this event, it was rarely

spoken about. I felt that no one had a grasp on understanding **suicide**.

I am now 19 and have heard of more deaths by **suicide** in our community and surrounding areas.

I have come to realize depression and **suicide** are common occurrences and, yet, I still feel as if it is not being spoken about.

The topic of **suicide** should not be taboo. We can't conceal it and pretend it doesn't happen. The World Health Organization estimates that each year approximately one million people die from **suicide**, which is one death every 40 seconds.

**Suicide** is happening all around us, even among youth who some might think are too young to consider **suicide**. We have schools every single

day where there's a **suicide**, yet they don't

respond at all.

Many school administrators don't want to talk about it and silence discussion of **suicide**. That's a really big problem.

I believe the topic of **suicide** and **suicide** prevention needs to be developed in schools. This

includes not just colleges and universities, but in high schools as well. For most, it will be the first time they will talk about it and they may have no clue anyone else felt the same feelings of hopelessness they do. The people who are mourning a loss through **suicide** can be provided with guidance and support, too.

People need to know they are not alone in their feelings of sadness, pain and hopelessness. People need to know there is hope and there is help. We were never meant to do life alone. People need other people. Community, hope and help need to replace secrets and silence.

Cassandra VanEgmond, Dunnville

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); EDITORIALS & OPINIONS (90%); PREVENTION & WELLNESS (78%); EDUCATION SYSTEMS & INSTITUTIONS (76%); HIGH SCHOOLS (76%); SECONDARY SCHOOLS (72%); EDUCATIONAL INSTITUTION EMPLOYEES (71%); EDUCATION ADMINISTRATION (71%); ASSOCIATIONS & ORGANIZATIONS (69%); PUBLIC HEALTH ADMINISTRATION (54%); UNITED NATIONS INSTITUTIONS (53%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (56%)

**LOAD-DATE:** October 30, 2010

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The Jordan Times

**July** 1, 2010 Thursday

**Taboos, lack of data mask Kingdom's true suicide rate**

**LENGTH:** 479 words

By Khetam Malkawi

AMMAN - Many obstacles stand in the way of accurately determining the prevalence of **suicide** in Jordan, a forensics expert said on Wednesday.

The Kingdom registered 25 to 30 **suicides** in the first six months of the year, according to National Institute of Forensic Medicine (NIFM) figures.

Last year, 65 **suicides** and 400 **suicide** attempts were registered, an 8.3 per cent increase compared to 2008, when the figures stood at 60 **suicides** and 400 attempts.

The actual number of **suicides**, however, might be higher, according to NIFM Director Momen Hadidi, who blamed the lack of accurate figures on the absence of a data collection system, scattered efforts by concerned parties, and unwillingness among victims' families to admit the causes of their relatives' deaths.

"Numbers provided by different concerned parties conflict, as we do not have a national data registry for confirmed **suicides**," he said, adding that social taboos associated with **suicide** often compel families to mask their loved ones' **suicides** as accidental deaths.

Another reason for the lack of accurate data, he noted, is that even forensics specialists sometimes find it difficult to determine the cause of a person's death.

"Sometimes, as in burn-related deaths, it is difficult to judge whether the death is a **suicide**, a homicide or accidental," Hadidi said, noting that in such cases, the death is only considered a **suicide** if the victim leaves a note saying he or she intends to commit **suicide**.

The most common methods of **suicide** are hanging, poisoning and jumping from tall buildings, he said, adding that the institute stopped recording **suicide** attempts this year.

"It is difficult to decide if an incident is a **suicide** attempt unless it takes place in public, as jumping attempts," Hadidi explained, pointing out that there is no law in place requiring hospitals that receive survivors of **suicide** attempts to report them.

He also noted that the law does not criminalise **suicide** or prescribe any punishment for those who attempt to kill themselves, although religious experts stress that the act is forbidden in both Islam and Christianity.

"Any incident that leads to hurting oneself and the body is prohibited in Islam, and a judge can take appropriate measures against those who attempt **suicide**," Abdul Nasser Abul Bassal, president of the International Islamic University in Jordan, told The Jordan Times.

According to Father Rifaat Bader, spokesman for the Roman Catholic Church in Jordan, **suicide** is also prohibited in Christianity.

Both Abul Bassal and Bader said it is important to reach out those who attempt to kill themselves and provide them with social and psychological support.

"These people should not be left without help[#x629] the church provides people with the counselling they need and we try to give them hope in their lives," Bader told The Jordan Times.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** 62

**SUBJECT:** SUICIDE (93%); CHRISTIANS & CHRISTIANITY (90%); FORENSICS (90%); RELIGION (89%); MUSLIMS & ISLAM (85%); HOMICIDE (74%); ACCIDENTAL FATALITIES (74%); CATHOLICS & CATHOLICISM (61%)

**CITY:** AMMAN, JORDAN (91%)

**COUNTRY:** JORDAN (93%)

**LOAD-DATE:** July 1, 2010

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The Age (Melbourne, Australia)

**September** 4, 1996 Wednesday

Late Edition

**Older suicides less frequent**

**BYLINE:** Sally Heath

**SECTION:** NEWS; Pg. 7

**LENGTH:** 290 words

The **suicide** rate among older Australians has declined over the past decade.

For women aged 45 to 75 the **suicide** rate has almost halved since 1982, while the drop in the rate for men over 55 has been less dramatic but still significant.

The research manager of the Australian Institute of Family Studies, Dr David de Vaus, said there was little research into **suicide** among older people, so it was unclear why the rates were dropping.

However, he wrote in the institute's journal Family Matters: "The declining rate of **suicide** among older men is an important change and deserves further investigation for what it may teach us about **suicide** among younger groups".

Dr de Vaus's study into **suicide** was prompted by concern about the **suicide** rate among young people but he concluded that there had been an increased **suicide** rate overall among men (up to the age of 54).

"It remains the case that the age groups most prone to **suicide** remains males aged 25-34 and 75 and over. The increase in the **suicide** rate for young males should not overshadow the continuing high rates among other age groups".

Dr de Vaus also said Australia was not alone in having a high **suicide** rate among young men - New Zealand, Norway, Britain, Spain and the Netherlands were experiencing similar increases.

**Suicide** was clearly not a randomly distributed event because of the link between **suicide** and race (it is higher among Aboriginal and Torres Strait Islander youth), location (it is higher among rural men), gender (the rate is eight times higher for men aged 15-24 than for women of the same age), employment status and mental health.

The community had to "consider ways in which we provide opportunities for young people and others to develop a sense of belonging", he said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MEN (90%); INVESTIGATIONS (90%); RESEARCH INSTITUTES (77%); RURAL COMMUNITIES (64%) Statistics

**CITY:** MELBOURNE, AUSTRALIA (58%)

**STATE:** VICTORIA, AUSTRALIA (79%)

**COUNTRY:** AUSTRALIA (92%); NEW ZEALAND (78%); EUROPE (52%); NETHERLANDS (52%)

**LOAD-DATE:** July 25, 2007

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The Advertiser

**November** 17, 1990 Saturday

**Suicide takes big toll on Aust. men**

**LENGTH:** 206 words

MELBOURNE: More than 40,000 Australians attempt **suicide** each year, research by a major welfare group has found.

And Australia's **suicide** rate is a staggering 300 per cent higher than in Britain and 30 per cent higher than in Japan, the Sydney City Mission has revealed.

The group said one young Australian commits **suicide** every day and the **suicide** rate for males aged 15-19 has more than doubled in the past 20 years.

Bureau of Statistics figures show that apart from road accidents, **suicide** is the biggest killer of young Australian males.

The Sydney City Mission has organised a conference on youth **suicide** prevention for Sydeny, from December 12 to 13, titled Hearing The Cry.

**Suicide** expert Ms Margaret Appleby said Australia's "she'll be right" attitude contributed to the country's increasing incidence of **suicide**.

Ms Appleby, the secretary of Australian National Lifeline, said **suicide** prevention programs should be compulsory in schools, as in the United States.

"Seventy per cent of people who complete **suicide** have tried it once or more before," said Ms Appleby, who has also written a book about **suicide** prevention.

Ms Appleby said rural areas had a **suicide** rate up to six times greater than the cities.

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); STATISTICS (77%); MEN (76%); CHILDREN'S HEALTH (73%);

**COMPANY:** CITY MISSION (71%);

**PERSON:** SIR GEORGE YOUNG (56%);

**CITY:** SYDNEY, AUSTRALIA (88%); MELBOURNE, AUSTRALIA (74%);

**COUNTRY:** AUSTRALIA (95%); JAPAN (90%); UNITED STATES (79%);

**LOAD-DATE:** September 24, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** ADV

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**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); STATISTICS (77%); MEN (76%); CHILDREN'S HEALTH (73%);

**COMPANY:** CITY MISSION (71%);

**PERSON:** SIR GEORGE YOUNG (56%);

**CITY:** SYDNEY, AUSTRALIA (88%); MELBOURNE, AUSTRALIA (74%);

**COUNTRY:** AUSTRALIA (95%); JAPAN (90%); UNITED STATES (79%);

**LOAD-DATE:** September 24, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** ADV

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Sydney Morning Herald (Australia)

**February** 27, 1990 Tuesday

Late Edition

**MORE SUICIDES IN BLACK COMMUNITIES**

**BYLINE:** TONY HEWETT

**SECTION:** NEWS AND FEATURES; Pg. 4

**LENGTH:** 506 words

An apparently sudden increase in the level of **suicide** and attempted **suicide** among Aborigines has alarmed black communities in Australia, an eminent sociologist, Professor Colin Tatz, has found after a study.

Professor Tatz identified 35 attempted **suicides** and four **suicides** over the seven-month period in which he visited 78 Aboriginal communities.

It is the first attempt to gather national statistics indicating the level of **suicides** and attempted **suicides** by Aborigines outside police or prison custody.

The results tend to undermine an often-stated Aboriginal view that **suicide** and attempted **suicide** are linked to jails.

"Every person I spoke to - whether Aboriginal community councillors, nurses, education aides, police or the elders - said they had never known a time when violence, **suicide** and attempted **suicide** had been so high," Professor Tatz said.

The professor, who was commissioned to undertake the study by the Australian Council of Criminologists, said he had been able to identify only 20 cases of self-destructive behaviour or **suicide** in all anthropological studies published up to 1960.

In the 30 years since, there had been 25 cases of **suicide** in the Kimberley area alone, he said.

Those cases were documented by the Sydney psychologist, Dr Ernest Hunter, in what was the first attempt to quantify Aboriginal **suicides** outside custody

Professor Tatz's study showed that between October 16 and 29 last year, eight Aborigines attempted **suicide**, outside custody, in the Adelaide area, which has an estimated Aboriginal population of 1,500.

"When you look at the type of figures that give us even a basic idea of the number of Aborigines committing **suicide** or attempting **suicide**, and apply this proportionately to the total number of Aboriginal people, then the figures are very disturbing," he said.

Professor Tatz said he had encountered many episodes of seemingly "mindless violence", which appeared to be "severe, totally irrational and unprovoked".

He believed that not all incidents, many involving domestic violence, could be linked to cultural alienation and injustices inflicted by agents of governments, particularly the police.

The chairman of the NSW Aboriginal Legal Service, Mr Paul Coe, said: "With Aborigines committing **suicide**, the manner of death is irrelevant.

"Aboriginal people are dying but they are not necessarily taking their own lives. There are many ways to kill a people."

|  |
| --- |
| ABORIGINAL **SUICIDES** OUTSIDE CUSTODY |
|  |
| In the past 30 years, 25 Aborigines, have committed **suicide** in the Kimberley region, WA \* \* . |
|  |
| Four Aborigines at Pularumpi in the NT \* . |
|  |
| Four Aborigines at Palm Island in Qld \* . |
|  |
| Two youths at Robinvale, Vic \* . |
|  |
| Two at Mildura, Vic \* . |
|  |
| Two youths at Koonibba, SA \* . |
|  |
| October 16-22, 1989, eight Aborigines attempted **suicides** in the Adelaide area, which has an Aboriginal population of 1,500 \* . |
|  |
| Three Aborigines at Murrin Bridge, NSW \* . |
|  |
| \* Source: Professor Colin Tatz. |
|  |
| \* \* Source: Dr Ernest Hunter, pyschologist who has just conducted research in the Kimberley area. |
|  |

**GRAPHIC:** Table: ABORIGINAL SUICIDES OUTSIDE CUSTODY \* Source: Professor Colin Tatz \*\* Source: Dr Ernest Hunter, psychologist who has just conducted research in the Kimberley area.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); RACE & RACISM (90%); SOCIOLOGY (90%); ANTHROPOLOGY & ARCHAEOLOGY (77%); RESEARCH REPORTS (73%); PSYCHOLOGY (72%); STATISTICS (71%); DOMESTIC VIOLENCE (69%); MEDICAL EDUCATION (56%)

**CITY:** ADELAIDE, AUSTRALIA (90%); SYDNEY, AUSTRALIA (79%)

**STATE:** NEW SOUTH WALES, AUSTRALIA (92%); QUEENSLAND, AUSTRALIA (92%); NORTHERN TERRITORY, AUSTRALIA (79%)

**COUNTRY:** AUSTRALIA (93%)

**LOAD-DATE:** July 21, 2007

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India Pharma News

**September** 10, 2011 Saturday 6:30 AM EST

**World Suicide Prevention Day 2011**

**LENGTH:** 462 words

New Delhi, Sept. 10 -- The International Association for **Suicide** Prevention issued the following news release:

The International Association for **Suicide** Prevention (IASP) and the World Health Organization are co-sponsoring World **Suicide** Prevention Day on September 10th. Events are being held on every continent.

The International Association for **Suicide** Prevention (IASP) and the World Health Organization (WHO) co-sponsor World **Suicide** Prevention Day every year on September 10th. This year's observances will include: an education seminar, in Bangalore, India; an Inuit Celebration of life ceremony on Parliament Hill, Canada; workshops for volunteers in Malaysia; countless walks in Australia and America; and thousands of lanterns being released in Ireland.

The World Health Organization (WHO) estimates that about one million people die by **suicide** every year; this represents a "global" mortality rate of 16 per 100,000, or one death every 40 seconds, or about 3,000 deaths by **suicide** daily. For every person who dies by **suicide**, 20 or more attempt to end their lives.

IASP President, Dr. Lanny Berman, states, "On World **Suicide** Prevention Day, September 10, 2011, the theme "Preventing **Suicide** in Multicultural Societies" will be embraced. As we develop and implement national and local **suicide** intervention strategies we need to be aware of cultural factors that can impact on suicidal behaviour in diverse settings".

Dr. Berman continues, "We have seen positive outcomes from our tailored approaches to **suicide** prevention. For example, the restriction of the sale of charcoal in supermarket chains in Hong Kong has resulted in a significant reduction in the number of **suicides** by poisoning from charcoal burning, and a concerted community response to **suicide** prevention at a district level shows a positive impact on rates of deliberate self-harm and **suicide**."

"In addition," he states, "We now have good evidence that **suicide** rates are reduced substantially when leaders make preventing **suicide** a central focus for their entire systems, such as in the US Air Force. We also know that significant reductions in rates of **suicide** and **suicide** attempts have been found when programs aimed at improving recognition and care of depression are implemented."

"In Australia, stricter firearm legislation coincided with a significant reduction in the number of firearm **suicides**, and, in England, restricted access through altered packaging of over-the-counter- medicines resulted in a reduction in the number of deaths by intentional overdose."

"These few examples demonstrate that if we take into account cultural elements, we can make great strides in the advancement of **suicide** prevention, understanding and practice."

Source: The International Association for **Suicide** Prevention

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Web Publication

**LOAD-DATE:** September 12, 2011

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The Weekly Standard

**May** 29, 2000

**Better OffDead?;**

**Behind the opposition to the Pain Relief Promotion Act now before Congress lies the creepy ideology of the "rational suicide" movement**

**BYLINE:** BY WESLEY J. SMITH;

Wesley J. Smith is an attorney for the International Anti-Euthanasia Task Force. His Culture of Death: The Destruction of Medical Ethics in America is due out this fall from Encounter Books.

**SECTION:** FEATURES; Pg. 25

**LENGTH:** 1361 words

WHEN OREGON legalized assisted **suicide** in 1994, Ron Wyden claimed to oppose allowing doctors to prescribe drugs for terminally ill patients to use in **suicide.** Now a Democratic senator from Oregon, Wyden has a chance to prove he meant what he said by supporting the Pain Relief Promotion Act, expected to come before the Senate any day. Instead, in his vocal and emotional opposition to the bill, Wyden may be showing his true colors.

The Pain Relief Promotion Act is intended to encourage the legitimate use of painkilling drugs -- and deter their use in **suicide.** The treatment of pain is an area of acute medical underachievement, partly, some say, because doctors fear prosecution under the Controlled Substances Act if they overprescribe narcotics. The Pain Relief Promotion Act states explicitly for the first time that alleviating pain is a legitimate use of controlled substances, even when it "may increase the risk of death." And the bill would provide funds to educate doctors in pain control.

But the legislation would do something else as well. It would restore the uniform application of the Controlled Substances Act, undoing the partial exemption attorney general Janet Reno extended to Oregon to accommodate its assisted **suicide** law. Doctors in Oregon, as in the other 49 states, who give patients controlled substances for the purpose of **suicide** could lose their federal license to prescribe such drugs or even suffer criminal sanctions. In effect, the Pain Relief Promotion Act would end Oregon's nullification of a federal statute.

It is on this ground that Ron Wyden vows a filibuster. He is outraged, he says, that the legislation would interfere with "states' rights" -- though he also maintains, bizarrely, that a bill intended to encourage pain relief would have a "chilling effect" on doctors' willingness to provide that very thing.

Senator Wyden doth protest too much. The Pain Relief Promotion Act would advance, not interfere with, the proper medical treatment of pain. That is why the American Medical Association, the National Hospice Organization, and many other medical groups enthusiastically support it. Experience in states like Rhode Island and Louisiana, moreover, shows that it is possible simultaneously to outlaw assisted **suicide** and promote aggressive pain control: After relevant laws went into effect in those states, doctors' use of morphine to treat pain skyrocketed. Nor does the federal bill impinge in the least on states' rights. As the (Portland) *Oregonian* editorialized, it is actually the Oregon law that "barges into an area of long-standing federal jurisdiction," and not the other way around.

Wyden's arguments, then, are off base, and his attempt to have it both ways with his constituents -- to oppose assisted **suicide** personally while supporting the state's right to legalize it -- looks like posturing. Sure enough, it turns out that one of Wyden's chief advisers in the fight against the Pain Relief Promotion Act is one James L. Werth, a Congressional Fellow working in Wyden's office. Werth, who has a Ph.D. in counseling psychology, is a national leader of the movement for "rational **suicide.**"

Under the theory of rational **suicide,** mental health professionals do not have an unequivocal duty to prevent their patients from killing themselves. The only **suicides** they must stop are those that are impulsive or frivolous. If a mental health professional deems a patient to have a rational basis for wanting to die, the professional's primary duty shifts from preventing **suicide** to ensuring that the patient thinks through the decision carefully.

Here is how rational **suicide** would work. If a patient expressed a desire to die, his mental health worker would nonjudgmentally help him use proper decision-making techniques to sort out whether or not "to **suicide.**" If the pros were perceived to substantially outweigh the cons, the mental health professional would stand back and refrain from impeding the patient's self-destruction (although some rational **suicide** advocates believe the better response would be to help the patient die).

Mental health workers, in their professional associations and literature and symposia, are still debating the criteria for rational **suicide,** but a rough consensus has been crafted. Werth, in his book *Rational* ***Suicide?*** *Implications for Mental Health Professionals,* recommends a five-step approach for determining whether the patient's decision-making process is "sound." He also asserts that people should be allowed to commit **suicide** if they have a "hopeless condition," which he defines as including, but "not necessarily limited to, terminal illnesses, severe physical and/or psychological pain, physically or mentally debilitating and/or deteriorating conditions, or quality of life no longer acceptable to the individual."

Consider this definition closely: All suicidal people have severe psychological pain or mentally debilitating conditions. Every suicidal person *by definition* believes that his quality of life is unacceptable. In the name of nonjudgmentalism, rational **suicide** transforms self-destruction into just another choice. It is also a warrant for the abandonment of suicidal sufferers by psychologists, psychiatrists, and social workers, the very people who are often the last line of defense between a despairing person and a leap into eternity.

The rational **suicide** and assisted **suicide** movements are close allies in the struggle to make killing an accepted medical practice. Thus, it is not surprising that James Werth is also hip deep in the assisted **suicide** movement. He will be a featured speaker at the biennial convention of the World Federation of Right to Die Societies in Boston this fall, alongside Hemlock Society founder Derek Humphry, co-author of the Oregon assisted **suicide** law Barbara Coombs Lee, and the "Australian Kevorkian," Dr. Philip Nitschke, whose first **suicide** machine was just purchased for display by London's Science Museum. Werth's *curriculum vitae* lists among his "hastened-death-related activities" his service on the board of directors of the Nebraska Hemlock Society, ending in July 1999, and his recent service on the board of the Death With Dignity National Center, two organizations that advocate assisted **suicide.** He also helped coordinate an amicus brief in the United States Supreme Court in the 1997 case of *Washington* v. *Glucksberg,* which, had it been heeded, would have produced the assisted **suicide** *Roe* v. *Wade.* So much for states' rights.

There is a terrible irony in all of this. Last July, with Tipper Gore at his side, surgeon general David Satcher issued "a call to action" against **suicide.** In an alarming report, Satcher warned that **suicide,** the country's eighth leading cause of death, is one of our most pressing public health concerns. Approximately 31,000 Americans die at their own hands each year, far more than the 20,000 who are murdered. Between 1952 and 1996, the number of **suicides** among adolescents and young adults tripled. More teenagers and young adults die from **suicide** than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined. **Suicide** strikes older Americans particularly hard. On average, 18 older Americans kill themselves each day, with the rate highest among white males aged 65 and older. But how is Dr. Satcher to mount an effective anti-**suicide** campaign when mental health professionals and high public officials send mixed signals about preventing self-killing?

Those fighting the Pain Relief Promotion Act deny that their opposition is based on any support for assisted **suicide.** That is hard to believe. The fact that Sen. Wyden, the leader of the effort to defeat the bill, is working hand in glove with such a big shot in the rational **suicide** and assisted **suicide** movements strongly suggests that the opposition actually cares little about states' rights or chilling effects. Its primary purpose is to protect the beachhead achieved for assisted **suicide** in Oregon, and so to advance a nationwide plan to legalize medical killing.

**SUBJECT:** DEATH & DYING (93%); SUICIDE (91%); CONTROLLED SUBSTANCES (91%); SUBSTANCE ABUSE (90%); CONTROLLED SUBSTANCE LAWS (90%); DEATHS (90%); PAIN MANAGEMENT (90%); DECRIMINALIZATION (90%); ASSISTED SUICIDE (90%); LEGISLATIVE BODIES (90%); PRESCRIPTION DRUGS (90%); DRUG POLICY (90%); LEGISLATION (89%); HOSPICE (78%); ANALGESICS (77%); POLITICS (77%); FILIBUSTER (77%); FINES & PENALTIES (75%); LICENSES & PERMITS (67%); BUSINESS & PROFESSIONAL ASSOCIATIONS (61%); MEDICAL TREATMENTS & PROCEDURES (78%); ASSOCIATIONS & ORGANIZATIONS (66%);

**PERSON:** RON WYDEN (90%);

**COUNTRY:** UNITED STATES (94%);

**STATE:** OREGON, USA (94%);

**CITY:** PORTLAND, OR, USA (58%);

**LOAD-DATE:** May 30, 2000

**LANGUAGE:** ENGLISH

**GRAPHIC:** Photo, no caption, AP / Wide World Photos

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The Daily Oklahoman (Oklahoma City, OK)

**May** 5, 2012 Saturday

Drive Edition

**POINT OF VIEW ;**

**EDUCATING STUDENTS IS VITAL;**

**Suicide prevention: It's time to talk**

**BYLINE:** KELLY NUTTER

**SECTION:** OPINION; Pg. 9A

**LENGTH:** 504 words

The devastating news of youth **suicide** and an alarming increase and string of deaths by **suicide** this year have turned a typically private situation into front-page news.

Most Oklahomans know someone who died by **suicide**. Oklahoma ranks 12th in the nation in deaths by **suicide**, which is the second-leading cause of death for Oklahoma youth ages 10-24. In HeartLine's Healthy Education for Life Program, which is free for schools, 25 percent of students are self-identifying as at-risk for depression or **suicide**. Further, most young people who die by **suicide** tell someone or provide warning signs before attempting it.

**Suicide** is the most preventable form of death, and education is the key to prevention. So why are we afraid to talk about it?

Bringing prevention education to schools isn't easy. Administrators struggle with the stigma of **suicide**. Much like the previous notion of sex education, the belief is that if we talk about **suicide**, we will "give students the idea" or cause them to attempt it. Among their other fears is the perception that parents will hold the school accountable if a child dies by **suicide** after they get prevention training.

Talking about **suicide** neither causes it nor gives someone the idea. It allows a difficult topic to be discussed and an opportunity for people who are hurting to reach out for help. We know that callers to Oklahoma's 1-800-**SUICIDE** and 1-800-273-TALK help lines are at a decreased risk for **suicide** after talking to a crisis specialist.

School officials also express concern for liability if a student dies by **suicide**. Legally, schools can't be held liable for a student's **suicide** by providing prevention education. In fact, it would speak well of the school to show that it had provided **suicide** prevention education versus not addressing the topic at all. School officials who adopt this training can feel confident that they've given students information and support.

Administrators often hold onto these fears until they lose a student to **suicide**. This tragic loss makes the issue of **suicide** all too real to them, the parents and community; the need to address the topic with students is then realized. Why do we react in the aftermath of a **suicide**, or multiple **suicides**, but fail to take the necessary steps to prevent the loss of life beforehand?

Some school districts, such as Norman, have been advocates for prevention education for years. Progress is being made in Edmond because Susan Parks, public information officer of Edmond Public Schools, is pushing for preventive measures. **Suicide** prevention programs should be required across the state. Schools should see the value in prevention education that teaches students how to identify **suicide** warning signs, how to get help personally or for a friend, and directs them to appropriate resources.

Let's not wait for the next young person to die before we require schools to educate students on the warning signs of **suicide** and how to get help.

Nutter is executive director of HeartLine ( www.heartlineoklahoma.org).

**NOTES:** OPINION

**GRAPHIC:** Kelly Nutter

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (91%); CHILDREN'S HEALTH (90%); PREVENTION & WELLNESS (90%); DEATHS (90%); EDITORIALS & OPINIONS (90%); STUDENTS & STUDENT LIFE (90%); EDUCATION SYSTEMS & INSTITUTIONS (89%); EDUCATION ADMINISTRATION (89%); DEATHS & DEATH RATES (78%); SCHOOL DISTRICTS (76%); SEX EDUCATION (71%); PUBLIC SCHOOLS (63%)

**STATE:** OKLAHOMA, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** May 8, 2012

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Telegraph Herald (Dubuque, IA)

**September** 5, 2009 Saturday

**Experts see suicide as preventable**

**BYLINE:** ERIK HOGSTROM TH staff writer ehogstrom@wcinet.com

**SECTION:** A; Pg. 3

**LENGTH:** 447 words

risk factors for **suicide**: \* Depression and other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders). More than 90 percent of people who die by **suicide** have these risk factors. \* A prior **suicide** attempt. \* Family history of mental disorder or substance abuse.

\* Family history of **suicide**. \* Family violence, including physical or sexual abuse. \* Firearms in the home. Firearms are used in more than half of **suicides**. \* Incarceration. \* Exposure to the suicidal behavior of others, such as family members, peers or media figures. The National Institute of Mental Health As many as 25 attempted **suicides** occur for every **suicide** death, and **suicide** claims about 33,000 lives per year. "There are a lot of people hurting out there, for a lot of various reasons," said Pat Flynn, a licensed clinical social worker and practicing psychotherapist with WKM Psychology Clinics in Platteville, Wis., and in private practice in Dubuque. Flynn calls **suicide** "a life needlessly lost." "**Suicide** is preventable," he said. "We need to listen, observe more carefully and educate ourselves about symptoms." The week beginning Sunday, Sept. 6, is National **Suicide** Prevention Week. "Especially during this week, we need to recognize **suicide** as one of life's most tragic events," Flynn said. "Take threats of **suicide** seriously. If you start at that point and then take a look at what's happening in a person's life, certainly there are obvious signals and signs. The people in that situation are so desperate." Flynn advises that people watch for symptoms and warning signs in their friends and family members. Such signs can include threatening to hurt or kill oneself; withdrawing from friends, family and society; dramatic mood changes; talking or writing about death, dying or **suicide**; and increased alcohol or drug use. "In over 70 percent of completed **suicides**, alcohol or drugs are involved," Flynn said, "and often there is a precipitating, traumatic event within the month preceding." Overall the 11th leading cause of death in America, **suicide** is the third-leading cause of death for young people ages 15 to 24. "Try to communicate with the person (at risk of **suicide**)," said Todd Lange, of the National Alliance on Mental Illness-Dubuque. "Sometimes people are worried about mentioning the idea, but if you deal with it directly, that can lead to some breakthroughs in communication." **Suicide** also strikes older adults disproportionately, with 14.2 of every 100,000 persons age 65 and older dying by **suicide**, compared to the average of 10.9 **suicides** per 100,000 people in the general population. "As a society, we can and must do better," Flynn said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL ILLNESS (93%); MENTAL HEALTH PRACTICE (90%); FAMILY (90%); DEPRESSION (90%); SUBSTANCE ABUSE (90%); DISEASES & DISORDERS (90%); DEATHS & DEATH RATES (89%); TEEN SUICIDE (89%); DEATHS (89%); PSYCHOLOGY (78%); DOMESTIC VIOLENCE (77%); SEX OFFENSES (71%); SENIOR CITIZENS (62%); RESEARCH INSTITUTES (55%)

**ORGANIZATION:** NATIONAL INSTITUTE OF MENTAL HEALTH (57%)

**STATE:** IOWA, USA (79%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** September 5, 2009

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Florida Times-Union (Jacksonville)

**March** 29, 2007 Thursday

**SUICIDE;**

**Emphasize prevention**

**SECTION:** Pg. B-6

**LENGTH:** 350 words

Money talks, they say.

Unfortunately, Gov. Charlie Crist's new budget was talking gibberish, at least for a moment.

Crist promised to fulfill the legacy of Gov. Jeb Bush.

One of Bush's important projects was to establish a **suicide** prevention office in the Office of Drug Control.

That proposal kept getting shot down in the Florida Legislature, despite support from Sen. Jim King, R-Jacksonville, among others.

Then, the St. Petersburg Times reported that the governor's budget did not even include the $150,000 for **suicide** prevention.

Meanwhile, he wants to spend $222,000 on public relations.

Now, it appears the **suicide** prevention funds may be restored in the budget.

And a scathing editorial can be toned down.

Unfortunately, these missed opportunites are all too common in the field of **suicide** prevention.

Twice as many Floridians die from **suicide** than from homicide. Even more tragically, **suicide** is largely preventable.

It affects every strata of society. The highest **suicide** rate is among the elderly.

For the young, **suicide** takes more lives than cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined.

Though the act of **suicide** is often sudden, the event usually is foreshadowed by untreated mental illness.

But too few people are trained to recognize the signs.

Florida's official **suicide** prevention strategy includes a basket of tools, including increased awareness, better screening and better access to treatment.

It deserves a few people to help coordinate these efforts, a token commitment for **suicide** prevention.

We're talking about preventing the unnecessary loss of human lives, a project that deserves the highest priority from the state. The value of saving a human life? Priceless.

HITTING HOME

TERRIBLE TOLL

-- Florida's **suicide** rate is twice its homicide rate: 2,308 **suicides** in 2005 to 988 homicides.

-- For youth, **suicide** is the third-leading cause of death.

-- The highest rate of **suicide** is among the elderly.

-- In Duval County, which has the state's highest murder rate, there are more **suicides** than homicides.

Source: Florida Health Department

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DISEASES & DISORDERS (91%); BUDGETS (90%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); CRIME RATES (89%); HOMICIDE (88%); GOVERNMENT BUDGETS (79%); US STATE GOVERNMENT (78%); GOVERNORS (78%); CHRONIC DISEASES (77%); MENTAL ILLNESS (77%); CANCER (77%); RESPIRATORY DISEASE (77%); LEGISLATIVE BODIES (76%); VIOLENT CRIME STATISTICS (73%); DEATHS & DEATH RATES (73%); PNEUMONIA (72%); MURDER (71%); HEART DISEASE (67%); CONGENITAL DISORDERS (67%); INFLUENZA (66%); PUBLIC HEALTH ADMINISTRATION (64%)

**PERSON:** JEB BUSH (91%); CHARLIE CRIST (90%)

**CITY:** JACKSONVILLE, FL, USA (72%)

**STATE:** FLORIDA, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** March 30, 2007

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The Lebanon Daily News (Pennsylvania)

**September** 21, 2006 Thursday

**Don't let suicide be a quiet crisis**

**BYLINE:** Editor: Lebanon Daily News

**SECTION:** LETTERS TO EDITOR

**LENGTH:** 175 words

American Suicidology recently marked National **Suicide** Prevention Week. On Sept. 12, there was a statewide **Suicide** Prevention Week Initiative Kickoff in the Capitol Rotunda in Harrisburg. There were several organizations represented, and several people spoke out on **suicide** prevention. The governor even issued a proclamation about the week being designated as "**Suicide** Prevention Week."

This is the Yellow Ribbon **Suicide** Prevention Program's **Suicide** Prevention and Awareness week. Please wear a yellow ribbon in memory of those who have died of **suicide**. I wear a yellow ribbon every day since my 14-year-old son died of **suicide** in 2002. It actually is my way of speaking out about **suicide**. A lot of people don't like to talk about the subject of **suicide**, but it happens, and in Lebanon County alone, I know of at least a dozen people who have died of **suicide** in the last 18 months. We need to continue to fight the battle to get people to know that, "It's OK to ask 4 help," which is the Yellow Ribbon **Suicide** Prevention Program's theme.

Cathy Gettle

Lebanon

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); LETTERS & COMMENTS (92%); TEEN SUICIDE (90%); DEATHS (90%); GOVERNORS (78%)

**LOAD-DATE:** September 24, 2006

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Daily The Pak Banker

**September** 4, 2014 Thursday

**Now is the time to act, UN stresses, as first global report on suicide prevention released**

**LENGTH:** 531 words

**DATELINE:** UNITED NATIONS

More than 800,000 people commit **suicide**

every year around one person every 40 seconds according to the United Nations health agency's first global report on **suicide** prevention, which was published Thursday.

"This report is a call for action to address a large public health

problem which has been shrouded in taboo for far too long," Dr. Margaret Chan, Director-General of the World Health Organization (WHO), said.

The report also notes that the most common methods of **suicide** globally

are pesticide poisoning, hanging and firearms. Evidence from Australia, Canada, Japan, New Zealand, the United States and a number of European countries reveals that limiting access to these means can help prevent people dying by **suicide**.

Another key to reducing deaths by **suicide** is a commitment by national

Governments to the establishment and implementation of a coordinated plan of action, WHO said in a news release.

Currently, only 28 countries are known to have national **suicide**

prevention strategies.

Among the other findings if the report, which brings together 10 years

of research from around the world, is that **suicide** can take place at almost any age. Globally, **suicide** rates are highest in people aged 70 years and over. In some countries, however, the highest rates are found among the young. Notably, **suicide** is the second leading cause of death globally in people between the ages of 15 and 29.

Generally, the report pointed out, more men die by **suicide** than women.

In richer countries, three times as many men die by **suicide** than women. Men aged 50 years and over are particularly vulnerable.

Also, some 75 per cent of **suicides** occur in low- and middle-income

countries. Young adults and elderly women in these countries have higher rates of **suicide** than their counterparts in high-income countries. Women over 70 years of age are more than twice as likely to die by **suicide** than women aged between 15 and 29 years.

In addition to limiting access to means of **suicide**, the report said that

other effective measures to reduce deaths include responsible reporting of **suicide** in the media, such as avoiding language that sensationalizes **suicide** and avoiding explicit description of methods used.

Early identification and management of mental and substance use

disorders in communities and by health workers in particular are also recommended.

WHO added that follow-up care by health workers through regular contact,

including by phone or home visits, for people who have attempted **suicide**, together with provision of community support, are essential, because people who have already attempted **suicide** are at the greatest risk of trying again.

"This report, the first WHO publication of its kind, presents a

comprehensive overview of **suicide**, **suicide** attempts and successful **suicide** prevention efforts worldwide. We know what works. Now is the time to act," Dr. Shekhar Saxena, Director of WHO's Department of Mental Health and Substance Abuse, said.

The report's launch comes just a week before World **Suicide** Prevention

Day, observed on 10 September every year. The Day provides an opportunity for joint action to raise awareness about **suicide** and **suicide** prevention around the world.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PUBLIC HEALTH ADMINISTRATION (90%); HEALTH DEPARTMENTS (90%); UNITED NATIONS INSTITUTIONS (90%); PREVENTION & WELLNESS (90%); WOMEN (89%); MEN (78%); ADULTS (78%); DEATHS (78%); DISEASES & DISORDERS (77%); ASSOCIATIONS & ORGANIZATIONS (76%); DEATHS & DEATH RATES (75%); POISONINGS (73%); MENTAL HEALTH (73%); SUBSTANCE ABUSE (72%); SENIOR CITIZENS (71%); ENVIRONMENTAL ILLNESS (70%); WEALTHY PEOPLE (69%); MIDDLE INCOME PERSONS (63%); LOW INCOME PERSONS (63%); NEWS REPORTING (61%); PESTICIDES (55%) National

**PERSON:** MARGARET CHAN (57%)

**COUNTRY:** AUSTRALIA & NEW ZEALAND (92%); JAPAN (79%); NEW ZEALAND (79%); CANADA (79%); AUSTRALIA (79%); UNITED STATES (79%); EUROPE (79%)

**LOAD-DATE:** September 5, 2014

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US Official News

**July** 22, 2014 Tuesday

**Washington: Department of Defense Releases Fourth Quarter Suicide Information**

**LENGTH:** 196 words

**DATELINE:** Washington

US Department of Defense, The Government of USA has issued the following News Release:

In its efforts to better understand **suicide** among all its components, the Department of Defense released its first quarterly **suicide** report (QSR), today, for the four quarters of 2013. The report summarizes **suicide** counts and annual rates for the active component, reserves, and National Guard. Additionally, the QSR shows calendar year 2013 quarterly **suicide** counts, annual **suicide** counts, and annual **suicide** rates for each of the services. It also reports 2012 annual counts and annual rates as published in the department's 2012 **Suicide** Event Report (DoDSER) annual report.

The Department of Defense considers one loss to **suicide** too many, and will continue to do everything possible to prevent **suicide** in our military. The QSR is intended to communicate the department's **suicide** data on a routine and frequent basis. A breakdown of 2013 **suicide** counts by quarter and resources for service members and their families, who may be facing challenges, can be found at: http://www.suicideoutreach.org/SuicideData/QuarterlyReports.aspx

For more ainformation please visit: http://www.defense.gov

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** DEFENSE DEPARTMENTS (92%); STATISTICS (90%); SUICIDE (90%); ANNUAL REPORTS (77%); MILITARY DEPENDENTS (67%) National

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** July 25, 2014

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US Official News

**July** 22, 2014 Tuesday

**Washington: Department of Defense Releases Fourth Quarter Suicide Information**

**LENGTH:** 196 words

**DATELINE:** Washington

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The Department of Defense considers one loss to **suicide** too many, and will continue to do everything possible to prevent **suicide** in our military. The QSR is intended to communicate the department's **suicide** data on a routine and frequent basis. A breakdown of 2013 **suicide** counts by quarter and resources for service members and their families, who may be facing challenges, can be found at: http://www.suicideoutreach.org/SuicideData/QuarterlyReports.aspx

For more ainformation please visit: http://www.defense.gov

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** DEFENSE DEPARTMENTS (92%); STATISTICS (90%); SUICIDE (90%); ANNUAL REPORTS (77%); MILITARY DEPENDENTS (67%) National

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** July 23, 2014

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Daily News (Sri Lanka)

**September** 9, 2013 Monday

**NOOOOO ! Stay mentally fit!**

**LENGTH:** 585 words

**DATELINE:** Sri Lanka

Sri Lanka, Sept. 9 -- **Suicide**, the act of intentionally causing one's own death, is a complex psychological, biological, social, cultural and environmental issue. In an interview with the Daily News Healthwatch, the Director of National Institute of Mental Health (NIMH), Dr. Jayan Mendis said that almost 1 million die from **suicide** every year.

Globally 16 per 100,000 die and during the last 50 years the **suicide** rate has gone up by 60 percent worldwide. **Suicide** rate is very high even in the developed countries such as USA where it remains one of the leading causes of death. Unfortunately the current situation is that one **suicide** takes place somewhere in the world in every 40 seconds.

According to Dr.Mendis the highest **suicide** rates are reported from Europe, Baltic States and the lowest rates are reported from Latin America and a few Asian countries. In Asia **suicide** rate remains very high. In fact 61 percent of the **suicides** in the world occur in Asia.

Within Asia, the highest rates are reported from Japan, Sri Lanka, China and Korea. However the **suicide** rate in Sri Lanka is high where 24-26 in 100000 die from **suicide**. In Sri Lanka, the **suicide** rate was quite high in the late 1990s.

In 1880, the **suicide** rate in Sri Lanka was 2.2 which increased up to 21 in 1974. Later it went up to 50. When **suicide** rate is considered gender wise, it is visible that both male and female rates have increased in the same pattern.

But male **suicide** rate has been always high when compared to female **suicide** rate. In Sri Lanka, previously the **suicide** rate was high among those who are above 60 and the current trend after 2000 is, mostly the younger people commit **suicide**.

Geographic distribution also has a significance where mostly the people from Anuradhapura, Polonnaruwa, Kurunegala, Vavunia, Matale and Kegalle attempt to commit **suicide**. Among those who attempt to commit **suicide** 90 percent suffer from one or more mental disorders.

Major factors

\* Genetic/ family history

\*Traumatic experience in either childhood or adulthood

\* Depression

\* Alcohol abuse/ other drug abuse

\* Poor job security, financial status

\* Social isolation

\* Relationship breakdown

\* Other mental disorders

**Suicide** prevention

As Dr. Mendis noted, it is necessary to prevent **suicide** using new methods and concepts since it is a major public health issue which leads to many other social issues. It is necessary to think of the access to common methods of committing **suicide**.

Consuming pesticides has been the most common method used by those who attempt to commit **suicide** and currently medications are also used.

Strict action has to be taken against those who sell medications without doctors' prescriptions and also those who sell pesticides. But the main thing we should improve is the mental health of the people.

Mental health status of people can be uplifted through many ways. Improving life skills, aesthetic skills and other skills will help make people mentally healthy.

Alcohol and other substances prevention is also important. It is necessary to improve emergency medical care for those who attempt to commit **suicide**.

Special attention should be paid to the increase of adolescent **suicide**. Psychiatrists need to educate the general public effectively since almost every **suicide** can be prevented if detected early and provided adequate care.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); INTERVIEWS (90%); MENTAL ILLNESS (89%); DISEASES & DISORDERS (89%); PSYCHOLOGY (89%); MENTAL HEALTH (89%); MEN (78%); DEPRESSION (78%); MEN'S HEALTH (78%); DEATHS (78%); PREVENTION & WELLNESS (77%); TRENDS (76%); SUBSTANCE ABUSE (66%); ALCOHOL ABUSE & ADDICTION (61%); SOCIETAL ISSUES (60%); RESEARCH INSTITUTES (57%)

**COUNTRY:** SRI LANKA (97%); ASIA (91%); EUROPE (79%); NORTHERN ASIA (79%); JAPAN (79%); CHINA (79%); LATIN AMERICA (79%)

**LOAD-DATE:** September 8, 2013

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THE KOREA HERALD

**January** 8, 2013 Tuesday

**Mental health problems major cause of suicide**

**LENGTH:** 448 words

A new survey found nearly 3.7 million Koreans have psychiatric disorders associated with a high risk of **suicide**, highlighting the need for the government and society to step up preventive measures.

According to the Korea Institute for Health and Social Affairs, a total of 3.68 million people higher chances of dying by **suicide** because of their prolonged mental disorders such as depression and mood disorders.

About 28 percent of Koreans have suicidal ideas more than once in their lifetime, especially during extreme levels of stress, the report said. By gender, the number of women with a high level of suicidal despair was 2.6 million, 2.4 times more than that of men, it added. Mental illnesses are a major factor associated with **suicide**. About 10-15 percent of patients with depression die through **suicide**, according to a separate report by the World Health Organization.

In order to prevent **suicides**, the government needs to identify, assess and manage patients who have history of attempting **suicide** or are at higher risk of **suicide**, the state-run health agency said. Currently, mental health centers under local governments are in charge of managing patients with a high risk of mental disorders. But the level of services needs to be improved to better deal with an increasing number of **suicide** cases, it added.

The report came two days after Cho Sung-min, a former baseball player and the ex-husband of late actress Choi Jin-sil, was found dead in an apparent **suicide** on Sunday.

Choi killed herself in late 2008 and her younger brother, Jin-young, also died by **suicide** in 2010.

The case, which went widely public, also raised concerns that their tragic story could lead to copycat **suicides**. A day after the news of Cho's death spread, seven people committed **suicide** in Busan alone, reports say.

The psychological and social impact of **suicide** on the family and society is enormous, according to World Health Organization, adding that a single **suicide** case affects at least six other people on average.

Cases of Korean celebrities committing **suicides** in recent years actually led to an immediate increase in the number of **suicides** across the country, said Ha Kyu-seob, director of Seoul National Hospital.

Choi's death in October 2008, in particular, was followed by an increase of 1,000 more **suicides** for that month. Of the total, 66 percent of people who committed **suicide** and died chose the same method as Choi.

"About 600 more people died in apparent **suicide**, in the same month the news of celebrity **suicide** went viral through mass media. This proves how **suicide** reports have serious impact on society," said Ha who also chairs the Korean Association of **Suicide** Prevention.

By Cho Chung-un (

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (98%); MENTAL ILLNESS (97%); MENTAL HEALTH (90%); DISEASES & DISORDERS (90%); DEPRESSION (90%); PSYCHIATRY (90%); PUBLIC HEALTH ADMINISTRATION (89%); HEALTH DEPARTMENTS (89%); ASSOCIATIONS & ORGANIZATIONS (88%); CELEBRITIES (86%); MENTAL HEALTH PRACTICE (78%); POLLS & SURVEYS (78%); REGIONAL & LOCAL GOVERNMENTS (78%); BEHAVIOR DISORDERS (78%); PREVENTION & WELLNESS (78%); DEATHS (78%); PSYCHIATRIC HOSPITALS (78%); UNITED NATIONS INSTITUTIONS (77%); BASEBALL (65%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (56%)

**CITY:** PUSAN, KOREA, REPUBLIC OF (58%); SEOUL, KOREA, REPUBLIC OF (58%)

**COUNTRY:** NORTHERN ASIA (94%); KOREA, REPUBLIC OF (58%)

**LOAD-DATE:** January 8, 2013

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The Guelph Mercury (Ontario, Canada)

**July** 31, 2012 Tuesday

First Edition

**It's important to adopt suicide prevention bill**

**BYLINE:** Sandra Parkinson

**SECTION:** EDITORIAL; Pg. A8

**LENGTH:** 285 words

Re: National **suicide** prevention strategy needed - June 20

If almost 4,000 people died in Canada every year, for any reason, we would not stand for it, and something would be done to address the issue.

The fact is, that is the number of people who die by **suicide**. After years of raising awareness about the realities of **suicide** and tireless advocacy efforts at the local, provincial and national level, it looks very promising that we may finally have a nationwide strategy to support communities all across the country.

Guelph Liberal MP Frank Valeriote's impassioned address in the House of Commons about the federal framework for **suicide** prevention is representative of the commitment felt by many. On behalf of the **Suicide** Awareness Council of Wellington-Dufferin (formerly the **Suicide** Resource Group of Wellington-Dufferin), we applaud the momentum that may finally move our federal government to adopt this important legislation.

Bill C-300 would recognize **suicide** as a public health issue, provide guidelines for **suicide** prevention, promote collaboration and knowledge exchange regarding **suicide**, and define and promote evidence-based practices for **suicide** prevention and its aftermath.

The **suicide** awareness council has been in existence since 1999, with members who bring diverse perspectives and experiences.

We believe that both individuals and communities can help reduce the incidence of **suicide** and its impact, through access to credible information, education and resources available for support.

The council joins all those across Canada who are hopeful that compassion and wisdom will prevail and the legislation for **suicide** prevention now in the Senate for review will be successful.

Sandra Parkinson

Guelph

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); EDITORIALS & OPINIONS (90%); LEGISLATIVE BODIES (89%); LEGISLATION (89%); EVIDENCE BASED MEDICINE (72%)

**COUNTRY:** CANADA (93%)

**LOAD-DATE:** July 31, 2012

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The Daily Oklahoman (Oklahoma City, OK)

**May** 5, 2012 Saturday

Drive Edition

**POINT OF VIEW ;**

**EDUCATING STUDENTS IS VITAL;**

**Suicide prevention: It's time to talk**

**BYLINE:** KELLY NUTTER

**SECTION:** OPINION; Pg. 9A

**LENGTH:** 504 words

The devastating news of youth **suicide** and an alarming increase and string of deaths by **suicide** this year have turned a typically private situation into front-page news.

Most Oklahomans know someone who died by **suicide**. Oklahoma ranks 12th in the nation in deaths by **suicide**, which is the second-leading cause of death for Oklahoma youth ages 10-24. In HeartLine's Healthy Education for Life Program, which is free for schools, 25 percent of students are self-identifying as at-risk for depression or **suicide**. Further, most young people who die by **suicide** tell someone or provide warning signs before attempting it.

**Suicide** is the most preventable form of death, and education is the key to prevention. So why are we afraid to talk about it?

Bringing prevention education to schools isn't easy. Administrators struggle with the stigma of **suicide**. Much like the previous notion of sex education, the belief is that if we talk about **suicide**, we will "give students the idea" or cause them to attempt it. Among their other fears is the perception that parents will hold the school accountable if a child dies by **suicide** after they get prevention training.

Talking about **suicide** neither causes it nor gives someone the idea. It allows a difficult topic to be discussed and an opportunity for people who are hurting to reach out for help. We know that callers to Oklahoma's 1-800-**SUICIDE** and 1-800-273-TALK help lines are at a decreased risk for **suicide** after talking to a crisis specialist.

School officials also express concern for liability if a student dies by **suicide**. Legally, schools can't be held liable for a student's **suicide** by providing prevention education. In fact, it would speak well of the school to show that it had provided **suicide** prevention education versus not addressing the topic at all. School officials who adopt this training can feel confident that they've given students information and support.

Administrators often hold onto these fears until they lose a student to **suicide**. This tragic loss makes the issue of **suicide** all too real to them, the parents and community; the need to address the topic with students is then realized. Why do we react in the aftermath of a **suicide**, or multiple **suicides**, but fail to take the necessary steps to prevent the loss of life beforehand?

Some school districts, such as Norman, have been advocates for prevention education for years. Progress is being made in Edmond because Susan Parks, public information officer of Edmond Public Schools, is pushing for preventive measures. **Suicide** prevention programs should be required across the state. Schools should see the value in prevention education that teaches students how to identify **suicide** warning signs, how to get help personally or for a friend, and directs them to appropriate resources.

Let's not wait for the next young person to die before we require schools to educate students on the warning signs of **suicide** and how to get help.

Nutter is executive director of HeartLine ( www.heartlineoklahoma.org).

**NOTES:** OPINION

**GRAPHIC:** Kelly Nutter

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (91%); CHILDREN'S HEALTH (90%); PREVENTION & WELLNESS (90%); DEATHS (90%); EDITORIALS & OPINIONS (90%); STUDENTS & STUDENT LIFE (90%); EDUCATION SYSTEMS & INSTITUTIONS (89%); EDUCATION ADMINISTRATION (89%); DEATHS & DEATH RATES (78%); SCHOOL DISTRICTS (76%); SEX EDUCATION (71%); PUBLIC SCHOOLS (63%)

**STATE:** OKLAHOMA, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** May 8, 2012

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Hong Kong Government News

**September** 10, 2011 Saturday 6:30 AM EST

**World Suicide Prevention Day 2011 Symposium and Global Launch Press Conference First Time in Asia**

**LENGTH:** 541 words

Hong Kong, Sept. 10 -- The University of Hong Kong issued the following news release:

The International Association for **Suicide** Prevention (IASP) and the World Health Organization are co-sponsoring World **Suicide** Prevention Day on September 10th. Events are being held on every continent.

Main

The International Association for **Suicide** Prevention (IASP) and the World Health Organization (WHO) co-sponsor World **Suicide** Prevention Day every year on September 10th. This year's observances will include: an education seminar, in Bangalore, India; an Inuit Celebration of life ceremony on Parliament Hill, Canada; workshops for volunteers in Malaysia; countless walks in Australia and America; and thousands of lanterns being released in Ireland.

The World Health Organization (WHO) estimates that about one million people die by **suicide** every year; this represents a "global" mortality rate of 16 per 100,000, or one death every 40 seconds, or about 3,000 deaths by **suicide** daily. For every person who dies by **suicide**, 20 or more attempt to end their lives.

IASP President, Dr. Lanny Berman, states, "On World **Suicide** Prevention Day, September 10, 2011, the theme "Preventing **Suicide** in Multicultural Societies" will be embraced. As we develop and implement national and local **suicide** intervention strategies we need to be aware of cultural factors that can impact on suicidal behaviour in diverse settings".

Dr. Berman continues, "We have seen positive outcomes from our tailored approaches to **suicide** prevention. For example, the restriction of the sale of charcoal in supermarket chains in Hong Kong has resulted in a significant reduction in the number of **suicides** by poisoning from charcoal burning, and a concerted community response to **suicide** prevention at a district level shows a positive impact on rates of deliberate self-harm and **suicide**."

"In addition," he states, "We now have good evidence that **suicide** rates are reduced substantially when leaders make preventing **suicide** a central focus for their entire systems, such as in the US Air Force. We also know that significant reductions in rates of **suicide** and **suicide** attempts have been found when programs aimed at improving recognition and care of depression are implemented."

"In Australia, stricter firearm legislation coincided with a significant reduction in the number of firearm **suicides**, and, in England, restricted access through altered packaging of over-the-counter- medicines resulted in a reduction in the number of deaths by intentional overdose."

"These few examples demonstrate that if we take into account cultural elements, we can make great strides in the advancement of **suicide** prevention, understanding and practice."

The IASP expects that this year's activities will be held in over 40 countries around the world. In addition, the organization has prepared World **Suicide** Prevention Day banners in more than 40 languages which bloggers can use to increase **suicide** prevention awareness locally and globally in their own language.

IASP is encouraging people to light a candle, near a window, at 8 PM, on September 10th, to show their support for **suicide** prevention, to remember a loved one lost to **suicide**, and for those bereaved by **suicide**.

Source: The University of Hong Kong

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** SUICIDE (95%); PUBLIC HEALTH ADMINISTRATION (91%); CONFERENCES & CONVENTIONS (90%); UNITED NATIONS INSTITUTIONS (90%); PREVENTION & WELLNESS (90%); HEALTH DEPARTMENTS (89%); DEATHS & DEATH RATES (88%); PRESS CONFERENCES (78%); LEGISLATIVE BODIES (75%); POISONINGS (73%); PHARMACEUTICALS PACKAGING (60%); GUN CONTROL (60%); GROCERY STORES & SUPERMARKETS (52%); BLOGS & MESSAGE BOARDS (50%)

**STATE:** KARNATAKA, INDIA (57%)

**COUNTRY:** HONG KONG (94%); INDIA (92%); AUSTRALIA (92%); ASIA (92%); UNITED STATES (92%); MALAYSIA (79%); ENGLAND (77%)

**LOAD-DATE:** September 12, 2011

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Gold Coast Sun (Australia)

**September** 23, 2009 Wednesday

U - Upper North Edition

**Campaign call to fight suicide rate Lifeline appeals for increased prevention funding**

**BYLINE:** By LAURA NELSON

**SECTION:** Pg. 34

**LENGTH:** 358 words

A LOCAL campaigner has called for more funding to fight **suicide's** status as the leading cause of death of males aged 15 to 44.

Lifeline Community Care Gold Coast general manager Peter Loughnane said these alarming figures came from the Australia

Bureau of Statistics after its Causes of Death in Australia survey.

**Suicide** was the primary cause of death among male teenagers and men in the 15-24, 25-34 and 35-44 age groups, he said.

**``Suicide** ranks higher than road accidents and drug or alcohol use, and it is also ranked as the fifth cause of death among men aged from 45-54,'' he said.

However, only between $30 million to $40 million was spent every year on **suicide** prevention compared with $4 billion on

preventing road deaths.

Mr Loughnane said Lifeline was hoping for a 10 per cent increase in **suicide** prevention funding, which was urgently needed in Queensland as it had the third highest rate of **suicide** in the country.

He said a federal inquiry would be held into **suicide** and he encouraged residents with an interest in or an experience related to **suicide** to make a submission.

**``Suicide** is a community health issue and every single **suicide** is a tragedy which impacts on communities and families,'' he said.

The inquiry will investigate the personal, social and financial costs of **suicide**.

``It will also look at the accuracy of **suicide** reporting, the role of support agencies and public awareness programs, as well as the effectiveness of the National **Suicide** Prevention Strategy,'' said Mr Loughnane.

``We know that, tragically, up to seven people are taking their lives every day in Australia and there are about 20-30 times as many **suicide** attempts.''

He said there was an urgent need for better, timelier data collection about **suicides** and attempts.

``That way, we will know what is really happening,'' he said.

Lifeline offers support programs for those bereaved by **suicide** and also runs its ASIST course to identify and help those showing symptoms of distress.

Lifeline telephone counsellors are available 24 hours on 13 11 14.

Submissions to the inquiry are due by November 20 by visiting www.aph.gov.au/senate/commi ttee/clac--ctte/**suicide**/index.htm

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** GCS

**SUBJECT:** SUICIDE (95%); DEATHS & DEATH RATES (90%); TEEN SUICIDE (90%); DEATHS (90%); COMMUNITY HEALTH PROGRAMS (78%); ACCIDENTAL FATALITIES (78%); MEN (78%); STATISTICS (77%); DEMOGRAPHIC GROUPS (73%); PREVENTION & WELLNESS (90%)

**STATE:** QUEENSLAND, AUSTRALIA (73%)

**COUNTRY:** AUSTRALIA (96%)

**LOAD-DATE:** September 22, 2009

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Telegraph Herald (Dubuque, IA)

**September** 5, 2009 Saturday

**Experts see suicide as preventable**

**BYLINE:** ERIK HOGSTROM TH staff writer ehogstrom@wcinet.com

**SECTION:** A; Pg. 3

**LENGTH:** 447 words

risk factors for **suicide**: \* Depression and other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders). More than 90 percent of people who die by **suicide** have these risk factors. \* A prior **suicide** attempt. \* Family history of mental disorder or substance abuse.

\* Family history of **suicide**. \* Family violence, including physical or sexual abuse. \* Firearms in the home. Firearms are used in more than half of **suicides**. \* Incarceration. \* Exposure to the suicidal behavior of others, such as family members, peers or media figures. The National Institute of Mental Health As many as 25 attempted **suicides** occur for every **suicide** death, and **suicide** claims about 33,000 lives per year. "There are a lot of people hurting out there, for a lot of various reasons," said Pat Flynn, a licensed clinical social worker and practicing psychotherapist with WKM Psychology Clinics in Platteville, Wis., and in private practice in Dubuque. Flynn calls **suicide** "a life needlessly lost." "**Suicide** is preventable," he said. "We need to listen, observe more carefully and educate ourselves about symptoms." The week beginning Sunday, Sept. 6, is National **Suicide** Prevention Week. "Especially during this week, we need to recognize **suicide** as one of life's most tragic events," Flynn said. "Take threats of **suicide** seriously. If you start at that point and then take a look at what's happening in a person's life, certainly there are obvious signals and signs. The people in that situation are so desperate." Flynn advises that people watch for symptoms and warning signs in their friends and family members. Such signs can include threatening to hurt or kill oneself; withdrawing from friends, family and society; dramatic mood changes; talking or writing about death, dying or **suicide**; and increased alcohol or drug use. "In over 70 percent of completed **suicides**, alcohol or drugs are involved," Flynn said, "and often there is a precipitating, traumatic event within the month preceding." Overall the 11th leading cause of death in America, **suicide** is the third-leading cause of death for young people ages 15 to 24. "Try to communicate with the person (at risk of **suicide**)," said Todd Lange, of the National Alliance on Mental Illness-Dubuque. "Sometimes people are worried about mentioning the idea, but if you deal with it directly, that can lead to some breakthroughs in communication." **Suicide** also strikes older adults disproportionately, with 14.2 of every 100,000 persons age 65 and older dying by **suicide**, compared to the average of 10.9 **suicides** per 100,000 people in the general population. "As a society, we can and must do better," Flynn said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL ILLNESS (93%); MENTAL HEALTH PRACTICE (90%); FAMILY (90%); DEPRESSION (90%); SUBSTANCE ABUSE (90%); DISEASES & DISORDERS (90%); DEATHS & DEATH RATES (89%); TEEN SUICIDE (89%); DEATHS (89%); PSYCHOLOGY (78%); DOMESTIC VIOLENCE (77%); SEX OFFENSES (71%); SENIOR CITIZENS (62%); RESEARCH INSTITUTES (55%)

**ORGANIZATION:** NATIONAL INSTITUTE OF MENTAL HEALTH (57%)

**STATE:** IOWA, USA (79%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** September 5, 2009

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Korea Times

**May** 18, 2009 Monday

**'Suicide' to Be Banned From Input on Internet**

**BYLINE:** By Bae Ji-sook

**LENGTH:** 240 words

Staff Reporter

Keywords "**suicide** methods" and other words related to **suicide** will be, in principle, banned from input for online communities, blogs and other communal cyber spaces, the Ministry for Health, Welfare and Family Affairs said Monday.

To counter growing group **suicides** in the nation, the ministry will join hands with police, telecommunication authorities, civic groups and portals to ban keywords related to **suicide** and block access to Web sites.

Among the banned words are "**suicide**," "**suicide** methods," "group **suicide**," and other terms pertaining to **suicide**.

Postings containing information about **suicide** will be deleted and the operators of online cafes on the subject could be prosecuted. The prosecution recently arrested a Web site operator of an online **suicide** information cafe.

Rental car dealers, charcoal brisket sellers as well as hotel and inn managers are encouraged to report any "suspicious groups of people" they notice to local police.

Those who report such activities will be rewarded. Newspapers and other media outlets are also requested to "refrain from describing the methods and locations of sites" to prevent further copycat **suicides**.

The move comes as the number of such crimes has increased dramatically since actor Ahn Jae-hwan reportedly killed himself using charcoal briquettes last September. More than 11 cases of "joint **suicide**" have been reported since then, killing 11 and leaving six in critical care.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); BLOGS & MESSAGE BOARDS (90%); INTERNET SOCIAL NETWORKING (90%); POLICE FORCES (78%); WEB SITES & PORTALS (78%); HEALTH DEPARTMENTS (77%); ARRESTS (76%); TELECOMMUNICATIONS (76%); CIVIC & SOCIAL ORGANIZATIONS (71%); HOTELS & MOTELS (68%); NEW CAR DEALERS (54%); CAR RENTAL AGENCIES (54%)

**LOAD-DATE:** May 19, 2009

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The Tribune-Democrat (Johnstown, Pennsylvania)

Distributed by McClatchy-Tribune Business News

**July** 6, 2008 Sunday

**Pa. ranks 4th for murder-suicides**

**BYLINE:** Susan Evans, Tribune-Democrat, Johnstown, Pa.

**SECTION:** STATE AND REGIONAL NEWS

**LENGTH:** 384 words

Jul. 6--Pennsylvania has the third-highest number of murder-**suicides** in the nation -- including 14 cases in just six months -- and most involve domestic disputes.

Domestic violence experts say that's even more reason for potential victims to seek help at the first sign of trouble.

The Violence Policy Center, a national nonprofit group working to reduce violence in America, recently released a new study on murder-**suicide** cases.

The study collected all reported murder-**suicides** nationwide during the first six months of 2007. In that time, there were at least 554 deaths in 234 murder-**suicides** -- an average of nine murder-**suicides** a week.

Almost all murder-**suicides**, or 88.5 percent, involved a firearm.

Using these figures, the Violence Policy Center estimates that nearly 1,100 Americans die each year in murder-**suicides**.

Nine states had 10 or more murder-**suicides** in the six-month period of the study, with Florida and Texas the highest at 24 each. California had 17, and Pennsylvania had 14.

The study also found:

--Of the 554 murder-**suicide** deaths, 234 were **suicides** and 320 were homicides. Ninety-five percent of murder-**suicides** were committed by men.

--Seventy-three percent of all murder-**suicides** involved an intimate partner -- spouse, common-law spouse, ex-spouse, or girlfriend/boyfriend. Of these, 94 percent were women killed by their intimate partners.

--Forty-five of the homicide victims were children and teens less than 18 years of age. Forty-four children and teens less than 18 years of age were survivors who witnessed some aspect of the murder-**suicide**.

--Most murder-**suicides** -- 75 percent -- occurred in the home.

States comparison

Nine states had 10 or more murder-**suicides** in the first six months of 2007, the most recent statistics available. The rates:

Florida, 24

Texas, 24

California, 17

Pennsylvania, 14

Arizona, 12

Georgie, 12

New York, 11

North Carolina, 10

Ohio, 10

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**ACC-NO:** 20080706-JO-Pa-ranks-4th-for-murder-suicides-0706

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** JO

**SUBJECT:** SUICIDE (94%); MURDER (91%); DOMESTIC VIOLENCE (91%); DOMESTIC OFFENSES (90%); STATISTICS (75%); HOMICIDE (73%); NONPROFIT ORGANIZATIONS (71%); CHILDREN (69%); MEN (65%)

**COMPANY:** MCCLATCHY-TRIBUNE INFORMATION SERVICES (81%)

**INDUSTRY:** Crime/law

**STATE:** PENNSYLVANIA, USA (95%); TEXAS, USA (92%); CALIFORNIA, USA (92%); FLORIDA, USA (92%); NORTH CAROLINA, USA (79%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** July 7, 2008

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Ottawa Citizen

**August** 25, 2007 Saturday

Final Edition

**Ask the Religion Experts; Question: If a person commits suicide, is he guilty of sin? Or has society, particularly his faith community, failed in some way?**

**BYLINE:** Reuven Bulka, Citizen Special

**SECTION:** RELIGION; Ask the Religion Experts; Pg. E10

**LENGTH:** 425 words

A: Probably both. In Jewish tradition, **suicide** is considered murder, the murder of one's self. It is non-prosecutable, but murder nonetheless.

Before rushing to dispute the logic of this position, it needs to be made clear that the Talmudic phrase most often employed to describe **suicide** is "me'abed atzmo la'daat," which literally means destroying one's self with one's full wits.

This means that practically all "**suicides**" of modern definition do not qualify as **suicide** by Talmudic definition. **Suicides** usually remove themselves from this world because they are depressed, seriously depressed, and they are not with their full wits.

The state of mind of the person is at the very core of the issue. One could argue that murder is murder, be it first-degree, second-degree, manslaughter or "justifiable homicide." In a similar vein, **suicide** is **suicide**, from a statistical vantage, no matter the reason for the **suicide**. But from a Jewish theological perspective, the state of mind is critical.

The rule about frowning, in advance, on **suicide**, applies to all **suicides**. But the post-**suicide** condemnation does not apply to those who did so out of emotional desperation. These types are not denied any of the honours accorded to people who have died.

**Suicide**, as an act of self destruction, is obviously a sin, but not all sins are equal. We would tell anyone who asks not to take such drastic action, but are full of understanding after the fact and do not enter the vilification arena.

With **suicide** rates so high, and depression rates even higher, we need to ask ourselves, both individually and collectively, what has happened to us, living as we do in this most wondrous country.

Certainly, there are many who are left behind, who do not or cannot enjoy the largesse that Canada offers. Lonely people, unemployed people, poor people, and yes, even rich people, are vulnerable.

As a society, we need to re-tool our values. As individuals, we need to befriend those who are forlorn, to the best of our ability. That will help more than a little bit.

Rabbi Reuven Bulka is head of Congregation Machzikei Hadas in Ottawa, a host of In Good Faith on the A Channel, host of Sunday Night with Rabbi Bulka on CFRA and recently authored Religion from A to Z.

- - -

Ask the Religion Experts is compiled by Linda Denley. Write to Ask the Religion Experts, c/o The Ottawa Citizen, 1101 Baxter Rd., Ottawa, Ont., K2C 3M4. E-mail submissions to experts@thecitizen.canwest.com

Online: Ask the Religion Experts can also be read online under Current Features at ottawacitizen.com

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Column

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** RELIGION (92%); SUICIDE (91%); JEWS & JUDAISM (90%); UNEMPLOYED PERSONS (77%); UNEMPLOYMENT RATES (77%); HOMICIDE (73%); MANSLAUGHTER (73%); INVOLUNTARY MANSLAUGHTER (68%); CLERGY & RELIGIOUS (65%); WEALTHY PEOPLE (50%)

**COMPANY:** OTTAWA CITIZEN (51%)

**CITY:** OTTAWA, ON, CANADA (90%)

**STATE:** ONTARIO, CANADA (90%)

**COUNTRY:** CANADA (90%)

**LOAD-DATE:** August 25, 2007

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Florida Times-Union (Jacksonville)

**March** 29, 2007 Thursday

**SUICIDE;**

**Emphasize prevention**

**SECTION:** Pg. B-6

**LENGTH:** 350 words

Money talks, they say.

Unfortunately, Gov. Charlie Crist's new budget was talking gibberish, at least for a moment.

Crist promised to fulfill the legacy of Gov. Jeb Bush.

One of Bush's important projects was to establish a **suicide** prevention office in the Office of Drug Control.

That proposal kept getting shot down in the Florida Legislature, despite support from Sen. Jim King, R-Jacksonville, among others.

Then, the St. Petersburg Times reported that the governor's budget did not even include the $150,000 for **suicide** prevention.

Meanwhile, he wants to spend $222,000 on public relations.

Now, it appears the **suicide** prevention funds may be restored in the budget.

And a scathing editorial can be toned down.

Unfortunately, these missed opportunites are all too common in the field of **suicide** prevention.

Twice as many Floridians die from **suicide** than from homicide. Even more tragically, **suicide** is largely preventable.

It affects every strata of society. The highest **suicide** rate is among the elderly.

For the young, **suicide** takes more lives than cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined.

Though the act of **suicide** is often sudden, the event usually is foreshadowed by untreated mental illness.

But too few people are trained to recognize the signs.

Florida's official **suicide** prevention strategy includes a basket of tools, including increased awareness, better screening and better access to treatment.

It deserves a few people to help coordinate these efforts, a token commitment for **suicide** prevention.

We're talking about preventing the unnecessary loss of human lives, a project that deserves the highest priority from the state. The value of saving a human life? Priceless.

HITTING HOME

TERRIBLE TOLL

-- Florida's **suicide** rate is twice its homicide rate: 2,308 **suicides** in 2005 to 988 homicides.

-- For youth, **suicide** is the third-leading cause of death.

-- The highest rate of **suicide** is among the elderly.

-- In Duval County, which has the state's highest murder rate, there are more **suicides** than homicides.

Source: Florida Health Department

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DISEASES & DISORDERS (91%); BUDGETS (90%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); CRIME RATES (89%); HOMICIDE (88%); GOVERNMENT BUDGETS (79%); US STATE GOVERNMENT (78%); GOVERNORS (78%); CHRONIC DISEASES (77%); MENTAL ILLNESS (77%); CANCER (77%); RESPIRATORY DISEASE (77%); LEGISLATIVE BODIES (76%); VIOLENT CRIME STATISTICS (73%); DEATHS & DEATH RATES (73%); PNEUMONIA (72%); MURDER (71%); HEART DISEASE (67%); CONGENITAL DISORDERS (67%); INFLUENZA (66%); PUBLIC HEALTH ADMINISTRATION (64%)

**PERSON:** JEB BUSH (91%); CHARLIE CRIST (90%)

**CITY:** JACKSONVILLE, FL, USA (72%)

**STATE:** FLORIDA, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** March 30, 2007

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The Lebanon Daily News (Pennsylvania)

**September** 21, 2006 Thursday

**Don't let suicide be a quiet crisis**

**BYLINE:** Editor: Lebanon Daily News

**SECTION:** LETTERS TO EDITOR

**LENGTH:** 175 words

American Suicidology recently marked National **Suicide** Prevention Week. On Sept. 12, there was a statewide **Suicide** Prevention Week Initiative Kickoff in the Capitol Rotunda in Harrisburg. There were several organizations represented, and several people spoke out on **suicide** prevention. The governor even issued a proclamation about the week being designated as "**Suicide** Prevention Week."

This is the Yellow Ribbon **Suicide** Prevention Program's **Suicide** Prevention and Awareness week. Please wear a yellow ribbon in memory of those who have died of **suicide**. I wear a yellow ribbon every day since my 14-year-old son died of **suicide** in 2002. It actually is my way of speaking out about **suicide**. A lot of people don't like to talk about the subject of **suicide**, but it happens, and in Lebanon County alone, I know of at least a dozen people who have died of **suicide** in the last 18 months. We need to continue to fight the battle to get people to know that, "It's OK to ask 4 help," which is the Yellow Ribbon **Suicide** Prevention Program's theme.

Cathy Gettle

Lebanon

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); LETTERS & COMMENTS (92%); TEEN SUICIDE (90%); DEATHS (90%); GOVERNORS (78%)

**LOAD-DATE:** September 24, 2006

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The Press (Christchurch)

**February** 28, 2000, Monday

**NZ suicide rate 'not high' NZ RANKINGS IN SUICIDES**

**BYLINE:** MCCURDY Diana

**SECTION:** NEWS; National; Pg. 3

**LENGTH:** 459 words

The widespread belief that New Zealand has a high **suicide** rate is wrong and dangerous, the Canterbury **Suicide** Project says.

The project's principal investigator, Annette Beautrais, said that while New Zealand had one of the highest rates of youth **suicide** among developed countries, it did not occupy such high rankings for adult **suicides**.

When compared with similar countries, New Zealand ranked lowest for females aged 55 to 64, and second lowest for females aged 35 to 44, and 75 or older.

Dr Beautrais said misconceptions about New Zealand's over- all **suicide** rate, based on the rate of youth **suicide**, were harmful.

"The difficulty is that if people misconceive **suicide** as being more common than it in fact is, then they will tend to incorporate it into their repertoire of options when things go wrong," she said.

Over all, New Zealand ranked fourth out of 12 countries for the male **suicide** rate, and eighth for the female **suicide** rate.

"The comparisons with other countries indicate that New Zealand doesn't stand out as a particularly **suicide**- prone country," Dr Beautrais said.

New Zealand has had the highest rate of youth **suicide** among comparable countries for the last decade. Dr Beautrais was not certain why New Zealand's youth figures were disproportionately high. "We don't know that, and I wouldn't assume to hazard a guess."

She said studies showed young New Zealanders did not tend to think about **suicide** any more than their overseas counterparts. However, their completion rate was higher.

The Youth **Suicide** Awareness Trust said yesterday that it hoped the Government would establish a Youth Commissioner to examine New Zealand's high youth **suicide** rate.

"With three kids a week dying at their own hands, how much more research do we need, or talk-fests will we have, before we declare war on the carnage raging amongst our youth," said chairman Gregory Fortuin.

New Zealand had to change its national "psyche" before it could find a solution to youth **suicide**.

------------------

NZ RANKINGS IN **SUICIDES**

When compared with 11 other countries.

AGES MALE FEMALE

15-24 1st ............... 1st

25-34 2nd ......................5th

35-44 6th ......................11th

45-54 10th .......................9th

55-64 6th ......................12th

65-74 6th .........................8th

75+ 7th .......................11th

All ages 4th ..........................8th

Australia, Canada, Finland, France, Germany, Japan, Netherlands, Norway, Sweden, UK, US.

**PERSON:** ANNETTE BEAUTRAIS (90%);

**COUNTRY:** NEW ZEALAND (98%); AUSTRALIA (79%); CANADA (79%); JAPAN (79%); NORWAY (79%); NETHERLANDS (73%); FRANCE (64%); NORDIC COUNTRIES (50%); GERMANY (50%);

**CITY:** CHRISTCHURCH, NEW ZEALAND (88%);

**COMPANY:** YOUTH SUICIDE AWARENESS TRUST (62%);

**SUBJECT:** SUICIDE STATISTICS YOUTH NEW ZEALAND CITIES AND REGIONS SUICIDE (95%); TEEN SUICIDE (92%); INVESTIGATIONS (90%); CHILDREN'S HEALTH (90%); MEN'S HEALTH (78%); MEN (73%);

**LOAD-DATE:** February 28, 2000

**LANGUAGE:** ENGLISH

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The Weekly Standard

**February** 18, 2002

**Fighting Death;**

**The argument against euthanasia**

**BYLINE:** BY WESLEY J. SMITH;

Wesley J. Smith, a frequent contributor to THE WEEKLY STANDARD, is the author of Culture of Death: The Assault on Medical Ethics in America.

**SECTION:** BOOKS & ARTS; Vol. 7, No. 22; Pg. 41

**LENGTH:** 1458 words

The Case Against Assisted **Suicide**

*For the Right to End-Of-Life Care*

edited by Kathleen M. Foley and Herbert Hendin

Johns Hopkins Univ. Press, 392 pp., $ 49.95

Supporters of legalizing assisted **suicide** often claim religious belief is the only reason to oppose killing as an acceptable answer to human suffering. That being so, the argument goes, prohibitions against assisted **suicide** actually amount to the imposition of religious doctrine on statutory law, which violates the First Amendment's establishment clause.

The entire notion is ridiculous, of course. Laws prohibiting assisted **suicide** are no more religious than statutes outlawing theft. For that matter, why shouldn't religious views have as much place in the marketplace of ideas as perspectives founded in philosophy, political ideology, or personal preference?

But there's another point to make, as well -- which is that religion is only one of the reasons Americans oppose the euthanasia agenda. In fact, underreported in the popular press, opponents of assisted **suicide** have formed an alliance that cuts across ideological fissures and religious-versus-secular divisions. The Catholic church participates in this coalition with such distinctly secular national organizations as Not Dead Yet and the National Spinal Cord Injury Association. The pro-life movement opposes assisted **suicide,** but so do most of the world's professional medical organizations, virtually all of which support a right to abortion. And consider this: One of the nation's most vocal opponents of euthanasia is the venerable civil libertarian and atheist Nat Hentoff.

This loose coalition of strange political bedfellows had not coalesced when Oregon passed its assisted **suicide** law by a vote of 51 to 49 percent in 1994. That event, combined with the predations of Jack Kevorkian, sparked its formation. Since then, the opposition to assisted **suicide** in the United States has strengthened. In 1998, Michigan, the home state of Kevorkian, rejected legalizing assisted **suicide** by a vote of 71 to 29 percent. In 2000, even liberal Maine turned it down by 51 to 49 percent. Jack Kevorkian is in a penitentiary. The United States Supreme Court and the state supreme courts of Florida and Alaska have all refused to recognize a constitutional right to assisted **suicide.** Meanwhile, people who assist in "private" **suicides** are increasingly being sent to prison for their crimes.

Still, the myth persists that opposition to assisted **suicide** is based in religion, and the issue is often presented by the media as a clash between secular modernism and Luddite religion. That presumption will be impossible to maintain with the publication of *The Case Against Assisted* ***Suicide,*** edited by Kathleen Foley, one of the nation's foremost experts in pain control and palliative care, and psychiatrist Herbert Hendin, medical director of the American Foundation for **Suicide** Prevention.

*The Case Against Assisted* ***Suicide*** presents a compelling argument for improving the treatment of disabled and dying people. It is also particularly telling in its analysis of euthanasia in the Netherlands. "Virtually every guideline set up by the Dutch" designed to protect against abuse "has failed to protect patients or has been modified or violated," the book concludes. Many critics have attacked Dutch physicians for killing patients who have not requested to be euthanized, but apologists for euthanasia claim the numbers of such deaths are decreasing. Now Hendin, who has spent years researching Dutch euthanasia, demonstrates that the reverse is actually true: Involuntary and nonvoluntary euthanasia *rose* from about 1 percent of all Dutch deaths in 1990 to 1.4 percent in 1995.

One wishes we had similar statistics about how the Oregon law is actually working. In an essay in *The Case Against Assisted* ***Suicide,*** psychiatrist Gregory Hamilton, president of Oregon's Physicians for Compassionate Care, reveals that rather than being an open experiment as promised by assisted **suicide** proponents, euthanasia in Oregon is practiced behind a shroud of secrecy. Most of what we know comes from forms filled out by the doctors who lethally prescribe, and even the Oregon Public Health Services admits it doesn't know if physicians honestly or fully report on their activities.

Hamilton examines what little we do have from published statistics and a few media reports. Many patients who have committed assisted **suicide** did not receive their prescribed overdoses from their own doctors. Why would the patients' own doctors not participate in their assisted deaths? We simply don't know. The Oregon Public Health Services, which will speak only with the doctors who prescribed the overdoses (many of whom are ideologically predisposed to assisted **suicide** and are affiliated with the assisted **suicide** advocacy groups), has yet to contact other doctors to learn why they refused to assist their patients' **suicides.**

Hamilton also describes the under-reported case of Kate Cheney's assisted **suicide.** (See "**Suicide** Unlimited in Oregon" in the November 8, 1999, WEEKLY STANDARD.) Cheney was a cancer-stricken eighty-five-year-old woman with growing dementia. When she requested assisted **suicide,** she was examined by a psychiatrist who, Hamilton reports, "found her ineligible for assisted **suicide** because of her obvious cognitive impairments and because her family appeared to be pressuring her." If the guidelines worked as promised, that should have been that. But it wasn't. Cheney's daughter merely decided to get another opinion. Despite finding the daughter to be "somewhat coercive," the second opinion, from a psychologist, approved the assisted **suicide.**

The practice of doctor shopping until the wanted answer is found is troubling enough. But the person making the final decision whether to lethally prescribe in the Cheney case was not her own doctor but an administrator for Kaiser Permanente, her HMO. Did money influence the administrator's decision? He denies it. But as Hamilton points out, "this case illustrates how once assisted **suicide** is legalized, there is no way to protect those who are vulnerable and mentally ill from social or even financial pressures."

In another essay in *The Case Against Assisted* ***Suicide,*** Diane Coleman, founder of the national advocacy organization Not Dead Yet, makes the case against legalizing assisted **suicide** from the perspective of the disabled. Not Dead Yet was formed in reaction to the popular applause at Kevorkian's repeated assistance in the death of people with non-terminal disabilities. (Approximately 75 percent of Kevorkian's victims were not terminally ill. At least five had no illnesses or disabilities determinable upon autopsy.) "It was as though 'open season' had been declared on disabled people," Coleman writes. She convincingly argues that the assisted-**suicide** movement is not really about relieving the suffering associated with terminal illness but about the popular perception that it is better to be dead than disabled. That attitude often rubs off on disabled people who thus come to see themselves as burdens.

In its final section, *The Case Against Assisted* ***Suicide*** provides proof that there is a better way to grapple with terminal illness and disability. Among the contributors to this portion of the book is Dame Cicely Saunders, the British humanitarian who founded the modern hospice movement. Autonomy, the ideological linchpin of the euthanasia movement, she writes, "must be seen in the context of a society that emphasizes youth and active achievement and so cannot be trusted not to bring pressure on those it considers an emotional or economic burden."

In another chapter, Hendin and Foley examine the physical symptoms, psychological distress, and existential dread of serious illness. Indeed, ill people who express a desire for assisted **suicide** do it more out of fear of being a burden or losing the ability to engage in enjoyable activities than because of pain. Moreover, these problems can generally be ameliorated. Unfortunately, too many doctors -- and patients -- are inadequately educated about such matters. Remedying this deficiency is a worthy project for a great nation, and the continuing struggle over assisted **suicide** is just getting in the way.

*The Case Against Assisted* ***Suicide*** is not exactly beach reading, but the issues of medicalized killing and proper end-of-life care deserve the substance and seriousness that the contributors bring to this important volume. Its through documentation and powerful analysis provide a convincing -- and wholly secular -- case for refusing to allow doctors to kill their suffering patients.

**SUBJECT:** ASSISTED SUICIDE (95%); DEATH & DYING (94%); SUICIDE (93%); RELIGION (93%); DECRIMINALIZATION (90%); BOOK REVIEWS (90%); CHURCH & STATE (89%); PHYSICIANS & SURGEONS (87%); PALLIATIVE CARE (78%); FREEDOM OF PRESS (78%); ABORTION (78%); WOUNDS & INJURIES (76%); POLITICS (74%); POLITICAL PARTIES (74%); CHRISTIANS & CHRISTIANITY (73%); CATHOLICS & CATHOLICISM (72%); SUPREME COURTS (66%); SPINAL CORD INJURIES (66%); JAIL SENTENCING (66%); PREVENTION & WELLNESS (65%); LAW COURTS & TRIBUNALS (60%); ASSOCIATIONS & ORGANIZATIONS (87%);

**PERSON:** ASSISTED SUICIDE (85%); JACK KEVORKIAN (69%); KATHLEEN FOLEY (55%);

**ORGANIZATION:** JOHNS HOPKINS UNIVERSITY (84%); JOHNS HOPKINS UNIVERSITY (84%); NATIONAL SPINAL CORD INJURY ASSOCIATION (55%);

**COUNTRY:** UNITED STATES (94%);

**STATE:** ALASKA, USA (79%);

**COMPANY:** OREGON PUBLIC HEALTH SERVICES (55%); JOHNS HOPKINS UNIVERSITY (84%); JOHNS HOPKINS UNIVERSITY (84%); NATIONAL SPINAL CORD INJURY ASSOCIATION (55%);

**LOAD-DATE:** February 14, 2002

**LANGUAGE:** ENGLISH

**GRAPHIC:** Picture, no caption, CORBIS

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The New York Times

**December** 11, 2013 Wednesday

Late Edition - Final

**Understanding Suicide: Mental Illness, Not Irony**

**SECTION:** Section A; Column 0; Editorial Desk; LETTERS; Pg. 30

**LENGTH:** 375 words

To the Editor:

Re ''The Irony of Despair'' (column, Dec. 6):

David Brooks rightly emphasizes the baneful effects of **suicide** on surviving friends and families. Indeed, the writer Jennifer Michael Hecht, cited by Mr. Brooks, argues that ''when a person kills himself, he does wrenching damage to the community.''

Two additional points merit discussion. First, most **suicides** occur in the context of serious psychiatric disorders, like major depression, and successful treatment can reduce the likelihood of **suicide**.

Second, the United States has a firearms-related **suicide** rate almost six times higher than comparison countries, and numerous studies have found that a gun in the home is associated with increased risk of **suicide**, particularly when the gun isn't properly secured.

Finally, contrary to the popular notion that suicidal people will inevitably find a way to kill themselves, most such people are crying out for help and can be deterred from **suicide** with timely assessment and treatment.

RONALD PIES Lexington, Mass., Dec. 6, 2013

The writer is a psychiatrist associated with SUNY Upstate Medical University and Tufts University.

To the Editor:

It's hard to know where to start in responding to David Brooks's column. Is it his simplistic statement that people who attempt **suicide** need ''an idea or story to bring them to the edge of **suicide** and to justify their act''? Is it the offensive comment that ''**suicide** is an act of chronological arrogance''? Or is it his approval of Jennifer Michael Hecht's idea that ''**suicide** is delayed homicide''?

What is most disturbing to those of us who work in the field of **suicide** prevention is that he is perpetuating the myth that **suicide** is a rational and selfish act carried out by the weak. It's another example of misunderstanding the reality of mental illness.

The causes of **suicide** are complex, and often a result of anguish driven by mental illness. **Suicide** is a tragedy and one that we are working to prevent by funding research on the brain, partnering with public and private organizations to design effective interventions, and supporting those who have suffered a loss.

There is nothing ironic about **suicide**.

ROBERT GEBBIA Chief Executive, American Foundation for **Suicide** Prevention New York, Dec. 6, 2013

**URL:** http://www.nytimes.com/2013/12/11/opinion/understanding-suicide-mental-illness-not-irony.html

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Letter

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); MENTAL ILLNESS (91%); DISEASES & DISORDERS (90%); WRITERS (90%); PSYCHIATRY (90%); LETTERS & COMMENTS (90%); PREVENTION & WELLNESS (89%); DEPRESSION (77%); PHYSICIANS & SURGEONS (71%); ASSOCIATIONS & ORGANIZATIONS (71%); HOMICIDE (68%); EDITORIALS & OPINIONS (59%); EXECUTIVES (50%)

**STATE:** MASSACHUSETTS, USA (79%); NEW YORK, USA (79%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** December 11, 2013

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Marin Independent Journal (California)

**June** 7, 2012 Thursday

**Marin Voice: Heed suicide's warning signs**

**BYLINE:** By Amy Faulstich Guest op-ed column

**SECTION:** OPINION

**LENGTH:** 572 words

THE MARIN **Suicide** Prevention Committee is reaching out to educate the public about the warning signs of **suicide** and who to call for help.

The committee was formed out of the North Bay **Suicide** Prevention Project, a program of Family Service Agency of Marin.

The project recently co-sponsored a regional **Suicide** Prevention Network meeting. More than 80 community members attended, including members of law enforcement, veterans, school personnel and medical and social services providers.

As part of the project, Sonoma, Napa, Lake, Mendocino and Solano counties will also be establishing local **suicide** prevention committees in their counties.

How common is **suicide**?

Nationally, **suicide** is the third leading cause of death among youth between 10-24 years of age. But older adults, particularly men over 75, have the highest rate of **suicide**. More Californians have died by **suicide** than by homicide. Nine Californians lose their lives to **suicide** on an average day.

By comparison, 11 lives are lost daily in traffic collisions. Ninety percent of individuals who die by **suicide** had a diagnosable mental illness or substance abuse disorder at the time of their death.

In Marin, 35 residents died by **suicide** in 2010.

Some myths and facts about **suicide**:

MYTH: Asking about **suicide** will give someone the idea and can be very harmful to a depressed person.

FACT: Raising the question of **suicide** shows you are taking that person seriously and responding to their pain. Encouraging them to talk about suicidal feelings can be a therapeutic first step.

MYTH: There are no warning signs of **suicide**. If happens without warning.

FACT: **Suicide** has many warning signs, but people do not always notice them.

MYTH: More women complete **suicide** than men.

FACT: Women are three times more likely to attempt **suicide**, but men successfully complete **suicide** 3.7 times that of women.

MYTH: **Suicide** only happens among a specific socio-economic class and can be fully explained by sociological factors.

FACT: **Suicide** is represented proportionally among all levels of society.

Here are some of the warning signs of **suicide**:

\* Talking about wanting to die or to kill oneself.

\* Looking for a way to kill oneself, such as searching online or buying a gun.

\* Talking about feeling hopeless or having no reason to live.

\* Talking about feeling trapped or in unbearable pain.

\* Talking about being a burden to others.

\* Increasing the use of alcohol or drugs.

\* Acting anxious or agitated; behaving recklessly.

\* Sleeping too little or too much.

\* Withdrawing or feeling isolated.

\* Showing rage or talking about seeking revenge.

\* Displaying extreme mood swings.

If you are in a crisis or worried about someone who may be suicidal, call the Marin **Suicide** Prevention and Community Counseling Hotline at 415-499-1100

Or the National **Suicide** Prevention Lifeline at 1-800-273-8255.

The North Bay **Suicide** Prevention Project administered by CalMHSA is funded by the voter-approved Mental Health Services Act.

The California Mental Health Services Authority is an organization of county governments working to improve mental health outcomes for individuals, families and communities. It operates services and education programs on a statewide, regional and local basis.

For more information about the project or to find out how to get involved, call 499-1193, ext. 3004 or go towww.fsamarin.org/spcc.html

Amy Faulstich is the North Bay **Suicide** Prevention

Project Coordinator for

the Family Service Agency of Marin.

**GRAPHIC:** Amy Faulstich

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); EDITORIALS & OPINIONS (91%); TEEN SUICIDE (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); DEATHS (90%); MENTAL HEALTH (78%); SUBSTANCE ABUSE (78%); MEN (77%); MENTAL HEALTH PRACTICE (76%); DISEASES & DISORDERS (76%); SENIOR CITIZENS (76%); DEATHS & DEATH RATES (74%); FAMILY SERVICES (73%); LAW ENFORCEMENT (71%); SOCIOLOGY (71%); HOMICIDE (69%); EDUCATIONAL INSTITUTION EMPLOYEES (56%); TRAFFIC ACCIDENTS (53%)

**CITY:** SAN FRANCISCO BAY AREA, CA, USA (94%); NAPA VALLEY, CA, USA (57%)

**STATE:** CALIFORNIA, USA (94%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** June 7, 2012

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New Indian Express

**December** 11, 2014 Thursday

**Govt should Take Steps to Reduce Incidence of Suicides, Say Experts**

**LENGTH:** 312 words

**DATELINE:** HYDERABAD

HYDERABAD, Dec. 11 -- The Union government's decision to decriminalise attempt to **suicide** has been welcomed in the State. While medical experts believe the number of **suicides** reported are unbelievably lower than the actual number of **suicides,** they point out that for every **suicide** at least 10 attempt to **suicide** cases take place.The National Crime Records Bureau (NCRB) data for 2013 reveals that united Andhra Pradesh stood fourth across the country in terms of **suicide** deaths. A total of 12,328 **suicides** were recorded in a single year.

"It was a long pending decision and is most relevant today. Criminalising **suicides** never was a deterrent", says Dr Diana Monteiro, counselling psychologist and director of Hyderabad Academy of Psychology.

Feminist writer and founder of Asmita Resource Centre for Women Vasanth Kannabiran welcomed the decision. She said: "To live or not is up to one's own but you cannot punish a person who is already suffering."

Advocate Md Rahimuddin, a child rights activist and member of SCPCR, believes that the government decision should not send a negative message to people. "Decriminalising does not mean that **suicide** attempts should be dealt with a blind eye. Along with removing the section from the statute book, the government needs to take steps to reduce **suicides,**" he felt.

According to him, root cause of any **suicide** or attempt to **suicide** is socio-economic in nature. "If we continue to ignore the causes of **suicide** at the grassroots level and do not provide the necessary assistance, there is nothing that is going to change," he added.

Dr Monteiro added that increased awareness on **suicide** prevention measures would sensitise the public.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); DECRIMINALIZATION (91%); PSYCHOLOGY (78%); WRITERS (74%); WOMEN (74%); FEMINISM & WOMEN'S RIGHTS (74%); PREVENTION & WELLNESS (73%)

**CITY:** HYDERABAD, ANDHRA PRADESH, INDIA (90%)

**STATE:** ANDHRA PRADESH, INDIA (92%)

**COUNTRY:** INDIA (92%)

**LOAD-DATE:** December 10, 2014

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Right Vision News

**December** 6, 2014 Saturday

**Pakistan: World experiences one millions suicides every year: psychiatrist**

**LENGTH:** 689 words

**DATELINE:** HYDERABAD

HYDERABAD, Dec. 6 -- **Suicide** is a global issue and a leading cause

of death in the world claiming lives of around one million people every

year.

**Suicide** is a multi-dimensional disorder, which results from a complex

interaction of biological, genetic, psychological and environmental

factors, said eminent psychiatric of Sir Cowasji Jehangir (S.C.J.)

Institute of Psychiatry, Hyderabad Dr. Darya Khan Laghari, Thursday.

Dr. Darya Khan Laghari, said that some psychology experts also agree

with the fact that majority of the **suicides** are usually linked to

economic difficulties but there are other reasons behind committing of **suicides** and these reasons can be depressive disorders, unemployment, domestic violence, parental separation, growing economic instability,

child abuse, bullying, rising inflation and loss of social cohesion which

force a person to end his or her life or release them from the pain they

are suffering from.

Talking about **suicide** bombing he said a **suicide** bomber blows himself,

also causing an immense and fatal destruction in the areas around it.

He added that **suicide** bombing is also one of the ways that enable a

person to commit **suicide** and end his life through such a sinful way.

He said that these are some instances, which appear through media as

many cases of **suicides** in Pakistan are not reported.

In recent years, psychiatrist said that Pakistan has witnessed a

drastic increase in the number of **suicides** but the basic thing is that it does not collect national **suicide** statistics nor report them to WHO (World Health Organization) so due to that it has become very difficult to compile **suicide** statistics and thus made the planning of prevention programmes, almost impossible.

He said that the facts showed that **suicide** has not only become a

health problem in Pakistan, but that there are no official statistics and national rates are unknown. The other reason to support this aspect is also that when a person attempts **suicide** his or her family usually tries to

cover this act and claims this incident as merely an incident thus it is becoming difficult for Pakistan to compile national **suicide** statistics and report them to the WHO, he said.

He said the rate of **suicide** is consistently higher in men than women

and men outnumber women by 2:1 and there are more single then married men

involved.

He said that the surveys and analysis showed that **suicide** has

become more common in youth than in adult in many countries and Pakistan

is one of them. **Suicide** rates among youth are increasing due to

unemployment, pressure of work and studies, depression, anxiety and

increasing poverty, he said.

Dr. Darya Khan Laghari further elaborated that Pakistan's population

is 162 million and it is ranked as the 6th most populous country in the world. The official unemployment stands at 12 percent of the eligible workforce and health spending is only 0.7 percent of the national annual budget, he said and added that Pakistan is also a Muslim country and according to Islam **suicide** is considered forbidden and prohibited.

Islam is the only religion that has a clear scriptural ban on **suicide**,

so, it has an independent effect on lowering **suicide** rates but still many

people commit **suicide** everyday in Pakistan.

According to World Health Organisation (WHO) statistics, he said that

more than a million people commit **suicide** each year worldwide, while the **suicide** attempt is successful 10-20 times.

He said that **suicide** and depression are linked to each other as more

than 80 percent of people who commit **suicide** suffer from depression. He

said studies suggest that lifetime risk of **suicide** in people with

depression was 15 percent, with alcoholism 7-15 percent and with schizophrenia, 4-10 percent.

However, a substantial proportion of people commit **suicide** die

without having seen a mental health professional, he said and added that detection, referral and management of psychiatric disorders in primary

care was an important step in **suicide** prevention

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); SUICIDE BOMBINGS (90%); BOMBINGS (90%); PHYSICIANS & SURGEONS (90%); PSYCHIATRY (90%); TEEN SUICIDE (89%); DEPRESSION (89%); BUDGETS (78%); MENTAL ILLNESS (78%); POPULATION SIZE (78%); DISEASES & DISORDERS (77%); PSYCHOLOGY (77%); UNITED NATIONS INSTITUTIONS (76%); LABOR FORCE (75%); MEN (75%); INFLATION (75%); ECONOMIC NEWS (75%); HEALTH CARE COSTS (74%); HEALTH DEPARTMENTS (72%); STATISTICS (70%); DOMESTIC VIOLENCE (69%); POVERTY & HOMELESSNESS (69%); CHILD ABUSE (69%); PUBLIC HEALTH ADMINISTRATION (66%); MARRIAGE (62%); ASSOCIATIONS & ORGANIZATIONS (50%)

**COUNTRY:** PAKISTAN (94%)

**LOAD-DATE:** December 6, 2014

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IBNS

**September** 5, 2014 Friday 6:30 AM EST

**'Now is the time to act,' UN urges on release of first global report on suicide prevention**

**BYLINE:** India Blooms News Service

**LENGTH:** 532 words

New York, Sept 5 (IBNS) More than 800,000 people commit **suicide** every year - around one person every 40 seconds - according to the United Nations health agency's first global report on **suicide** prevention, which was published on Thursday.

This report is a call for action to address a large public health problem which has been shrouded in taboo for far too long, said Margaret Chan, Director-General of the World Health Organization (WHO). The report also notes that the most common methods of **suicide** globally are pesticide poisoning, hanging and firear Evidence from Australia, Canada, Japan, New Zealand, the United States and a number of European countries reveals that limiting access to these means can help prevent people dying by **suicide**. Another key to reducing deaths by **suicide** is a commitment by national Governments to the establishment and implementation of a coordinated plan of action, WHO said in a news release. Currently, only 28 countries are known to have national **suicide** prevention strategies. Among the other findings if the report, which brings together 10 years of research from around the world, is that **suicide** can take place at almost any age. Globally, **suicide** rates are highest in people aged 70 years and over. In some countries, however, the highest rates are found among the young. Notably, **suicide** is the second leading cause of death globally in people between the ages of 15 and 29. Generally, the report pointed out, more men die by **suicide** than women. In richer countries, three times as many men die by **suicide** than women. Men aged 50 years and over are particularly vulnerable. Also, some 75 per cent of **suicides** occur in low- and middle-income countries. Young adults and elderly women in these countries have higher rates of **suicide** than their counterparts in high-income countries. Women over 70 years of age are more than twice as likely to die by **suicide** than women aged between 15 and 29 years. In addition to limiting access to means of **suicide**, the report said that other effective measures to reduce deaths include responsible reporting of **suicide** in the media, such as avoiding language that sensationalizes **suicide** and avoiding explicit description of methods used. Early identification and management of mental and substance use disorders in communities and by health workers in particular are also recommended. WHO added that follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted **suicide**, together with provision of community support, are essential, because people who have already attempted **suicide** are at the greatest risk of trying again. This report, the first WHO publication of its kind, presents a comprehensive overview of **suicide**, **suicide** attempts and successful **suicide** prevention efforts worldwide. We know what works. Now is the time to act, said Shekhar Saxena, Director of WHOs Department of Mental Health and Substance Abuse. The reports launch comes just a week before World **Suicide** Prevention Day, observed on 10 September every year. The Day provides an opportunity for joint action to raise awareness about **suicide** and **suicide** prevention around the world.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (90%); UNITED NATIONS (84%)

**LOAD-DATE:** September 5, 2014

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The New York Times

**December** 11, 2013 Wednesday

Late Edition - Final

**Understanding Suicide: Mental Illness, Not Irony**

**SECTION:** Section A; Column 0; Editorial Desk; LETTERS; Pg. 30

**LENGTH:** 375 words

To the Editor:

Re ''The Irony of Despair'' (column, Dec. 6):

David Brooks rightly emphasizes the baneful effects of **suicide** on surviving friends and families. Indeed, the writer Jennifer Michael Hecht, cited by Mr. Brooks, argues that ''when a person kills himself, he does wrenching damage to the community.''

Two additional points merit discussion. First, most **suicides** occur in the context of serious psychiatric disorders, like major depression, and successful treatment can reduce the likelihood of **suicide**.

Second, the United States has a firearms-related **suicide** rate almost six times higher than comparison countries, and numerous studies have found that a gun in the home is associated with increased risk of **suicide**, particularly when the gun isn't properly secured.

Finally, contrary to the popular notion that suicidal people will inevitably find a way to kill themselves, most such people are crying out for help and can be deterred from **suicide** with timely assessment and treatment.

RONALD PIES Lexington, Mass., Dec. 6, 2013

The writer is a psychiatrist associated with SUNY Upstate Medical University and Tufts University.

To the Editor:

It's hard to know where to start in responding to David Brooks's column. Is it his simplistic statement that people who attempt **suicide** need ''an idea or story to bring them to the edge of **suicide** and to justify their act''? Is it the offensive comment that ''**suicide** is an act of chronological arrogance''? Or is it his approval of Jennifer Michael Hecht's idea that ''**suicide** is delayed homicide''?

What is most disturbing to those of us who work in the field of **suicide** prevention is that he is perpetuating the myth that **suicide** is a rational and selfish act carried out by the weak. It's another example of misunderstanding the reality of mental illness.

The causes of **suicide** are complex, and often a result of anguish driven by mental illness. **Suicide** is a tragedy and one that we are working to prevent by funding research on the brain, partnering with public and private organizations to design effective interventions, and supporting those who have suffered a loss.

There is nothing ironic about **suicide**.

ROBERT GEBBIA Chief Executive, American Foundation for **Suicide** Prevention New York, Dec. 6, 2013

**URL:** http://www.nytimes.com/2013/12/11/opinion/understanding-suicide-mental-illness-not-irony.html

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Letter

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); MENTAL ILLNESS (91%); DISEASES & DISORDERS (90%); WRITERS (90%); PSYCHIATRY (90%); LETTERS & COMMENTS (90%); PREVENTION & WELLNESS (89%); DEPRESSION (77%); PHYSICIANS & SURGEONS (71%); ASSOCIATIONS & ORGANIZATIONS (71%); HOMICIDE (68%); EDITORIALS & OPINIONS (59%); EXECUTIVES (50%)

**STATE:** MASSACHUSETTS, USA (79%); NEW YORK, USA (79%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** December 11, 2013

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The Times of India (TOI)

**July** 2, 2012 Monday

**Divorce driving people to suicide: Report**

**BYLINE:** Dipak Kumar Dash

**SECTION:** INDIA

**LENGTH:** 291 words

NEW DELHI: Divorce, "illegitimate pregnancy" and professional/career problems seem to be pushing more people to commit **suicide**. According to the NCRB report, in 2011, at least 16 people committed **suicide** every hour and the total figure was 1.35 lakh.

While family problems accounted for almost one-fourth of **suicides**, illness was another major reason.

Interestingly, **suicides** due to divorce and "illegitimate pregnancy" saw a rise of 54% and 20% respectively in 2011.

The report showed that 70% of victims were married and Rajasthan recorded maximum mass family **suicides** in the country. Statistics and trends compiled by the board showed that social and economic causes led most men to commit **suicide** whereas emotional and personal causes mainly drove women to take the extreme step.

Underlying the economic angle to **suicides**, the report said 38% of victims were self-employed whereas the share of those with permanent jobs (government jobs) committing **suicide** was negligible at 1.2%.

West Bengal, Maharashtra, Tamil Nadu, Andhra Pradesh and Karnataka accounted for 56.2% of the total **suicides** in the country while West Bengal recorded the highest number of **suicide** victims. Among 53 mega cities with over 10 lakh population, Chennai registered 2,438 **suicides** while Bangalore (1,717), Delhi (1,385) and Mumbai (1,162) followed. The four cities reported almost 36.7% of the total **suicides**.

The report showed Nagaland reporting the highest increase of 175% in **suicides** in 2011 compared to the previous year while in Chandigarh, it increased by 47.9%.

The data showed 72 mass/family **suicides** in Rajasthan and 19 in Kerala. Using poison and hanging were the two most common modes of committing **suicide** across the country.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TRENDS (78%); FAMILY (78%); STATISTICS (74%)

**CITY:** NEW DELHI, INDIA (89%); DELHI, INDIA (59%); MUMBAI, INDIA (53%)

**STATE:** TAMIL NADU, INDIA (92%); MAHARASHTRA, INDIA (73%); KARNATAKA, INDIA (73%); RAJASTHAN, INDIA (73%); WEST BENGAL, INDIA (73%); ANDHRA PRADESH, INDIA (58%); KERALA, INDIA (58%); NAGALAND, INDIA (58%); CHANDIGARH, INDIA (58%)

**COUNTRY:** INDIA (98%)

**LOAD-DATE:** July 1, 2012

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Marin Independent Journal (California)

**June** 7, 2012 Thursday

**Marin Voice: Heed suicide's warning signs**

**BYLINE:** By Amy Faulstich Guest op-ed column

**SECTION:** OPINION

**LENGTH:** 572 words

THE MARIN **Suicide** Prevention Committee is reaching out to educate the public about the warning signs of **suicide** and who to call for help.

The committee was formed out of the North Bay **Suicide** Prevention Project, a program of Family Service Agency of Marin.

The project recently co-sponsored a regional **Suicide** Prevention Network meeting. More than 80 community members attended, including members of law enforcement, veterans, school personnel and medical and social services providers.

As part of the project, Sonoma, Napa, Lake, Mendocino and Solano counties will also be establishing local **suicide** prevention committees in their counties.

How common is **suicide**?

Nationally, **suicide** is the third leading cause of death among youth between 10-24 years of age. But older adults, particularly men over 75, have the highest rate of **suicide**. More Californians have died by **suicide** than by homicide. Nine Californians lose their lives to **suicide** on an average day.

By comparison, 11 lives are lost daily in traffic collisions. Ninety percent of individuals who die by **suicide** had a diagnosable mental illness or substance abuse disorder at the time of their death.

In Marin, 35 residents died by **suicide** in 2010.

Some myths and facts about **suicide**:

MYTH: Asking about **suicide** will give someone the idea and can be very harmful to a depressed person.

FACT: Raising the question of **suicide** shows you are taking that person seriously and responding to their pain. Encouraging them to talk about suicidal feelings can be a therapeutic first step.

MYTH: There are no warning signs of **suicide**. If happens without warning.

FACT: **Suicide** has many warning signs, but people do not always notice them.

MYTH: More women complete **suicide** than men.

FACT: Women are three times more likely to attempt **suicide**, but men successfully complete **suicide** 3.7 times that of women.

MYTH: **Suicide** only happens among a specific socio-economic class and can be fully explained by sociological factors.

FACT: **Suicide** is represented proportionally among all levels of society.

Here are some of the warning signs of **suicide**:

\* Talking about wanting to die or to kill oneself.

\* Looking for a way to kill oneself, such as searching online or buying a gun.

\* Talking about feeling hopeless or having no reason to live.

\* Talking about feeling trapped or in unbearable pain.

\* Talking about being a burden to others.

\* Increasing the use of alcohol or drugs.

\* Acting anxious or agitated; behaving recklessly.

\* Sleeping too little or too much.

\* Withdrawing or feeling isolated.

\* Showing rage or talking about seeking revenge.

\* Displaying extreme mood swings.

If you are in a crisis or worried about someone who may be suicidal, call the Marin **Suicide** Prevention and Community Counseling Hotline at 415-499-1100

Or the National **Suicide** Prevention Lifeline at 1-800-273-8255.

The North Bay **Suicide** Prevention Project administered by CalMHSA is funded by the voter-approved Mental Health Services Act.

The California Mental Health Services Authority is an organization of county governments working to improve mental health outcomes for individuals, families and communities. It operates services and education programs on a statewide, regional and local basis.

For more information about the project or to find out how to get involved, call 499-1193, ext. 3004 or go towww.fsamarin.org/spcc.html

Amy Faulstich is the North Bay **Suicide** Prevention

Project Coordinator for

the Family Service Agency of Marin.

**GRAPHIC:** Amy Faulstich

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); EDITORIALS & OPINIONS (91%); TEEN SUICIDE (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); DEATHS (90%); MENTAL HEALTH (78%); SUBSTANCE ABUSE (78%); MEN (77%); MENTAL HEALTH PRACTICE (76%); DISEASES & DISORDERS (76%); SENIOR CITIZENS (76%); DEATHS & DEATH RATES (74%); FAMILY SERVICES (73%); LAW ENFORCEMENT (71%); SOCIOLOGY (71%); HOMICIDE (69%); EDUCATIONAL INSTITUTION EMPLOYEES (56%); TRAFFIC ACCIDENTS (53%)

**CITY:** SAN FRANCISCO BAY AREA, CA, USA (94%); NAPA VALLEY, CA, USA (57%)

**STATE:** CALIFORNIA, USA (94%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** June 7, 2012

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Irish Independent

**May** 16, 2009 Saturday

**More research needed to help save lives of at-risk youths in future**

**SECTION:** NATIONAL NEWS

**LENGTH:** 694 words

The notion of "clustering" of **suicide** deaths remains poorly understood, and is currently under scrutiny in our national research project at UCD titled 'The **Suicide** in Ireland Survey'.

This project, which has been operating for the past two years, has attracted families from every county in Ireland, who have volunteered to share their story about the life of their lost loved one to **suicide**, in the hope that this will help advance our knowledge and understanding of **suicide** and may help save lives in the future.

To date, we have interviewed over 250 relatives and friends about the lives of 104 lost loved ones to **suicide**. This is a painstaking research process, undertaken mostly in people's homes, and includes four hours of conversational engagement with each family, followed by many additional hours of sifting though medical records, coroners' reports and other information.

Our preliminary findings, which we presented at the recent Console Annual Conference, reported 10 **suicide** clusters among 104 index cases, accounting for an additional 46 **suicide** deaths.

As such, it is this first national glimpse at patterns (and themes) of **suicide** across counties and within communities in Ireland.

Consistent with international literature, the young (under 18) and very young (under 16) seem to be particularly vulnerable to a young peer **suicide** death, and while young male **suicide** is a particular problem nationally in Ireland, young females appear to be at added or equal increased vulnerability following a very young male or female peer **suicide** death.

Undoubtedly, peer bereavement effects of youth **suicide** are significantly under-estimated. Following two years of research, we are only at the beginning of our analyses, such is the complexity of the problem we are studying.

We have devised a new classification for our cases as either "singleton **suicide** deaths", "associated **suicide** deaths" or "clusters", so that we are conservative in our rationale for declaring clusters as such.

Certainly, we are not rushing to publish our findings until we have taken account of a multitude of factors to avoid publishing false positive findings.

Risks

The risks of anecdotal, rushed and sensationalised media reporting of **suicide** deaths include reporting false positive clusters.

For example, our research team reanalysed the media data about the Bridgend "cluster" of **suicide** deaths.

We found that several of the cases included in the widely reported "cluster" were in fact unassociated singleton **suicide** deaths.

It is tempting for the media to inflate, stretch or sensationalise where possible to capture the reader's attention, and the subject of **suicide** is no exception.

Whether it does any favours for society, especially in relation to such sensitive topics as youth **suicide** or potential **suicide** clusters, is open to debate.

Whether it does any favours for grieving families, whose privacy is often compromised by such reporting, should also be a concern.

I am aware of an allegation currently under investigation in relation to a journalist who allegedly told some young, recently bereaved peers of a **suicide** victim that she was a bereavement counsellor and asked directions to the home of the grieving family, and then subsequently splashed "the story" with images of the deceased.

Voyeurism

Tragically, youth **suicide** attracts voyeurism and media interest, whereas we really should be consoling the bereaved.

We should also be generating and funding a sustained national **suicide** research agenda, moving us from awareness to knowledge and understanding, to inform tailored and sustained national, regional, county and community action, designed to save the lives of our at-risk youth.

Kevin Malone is professor of psychiatry at the School of Medicine and Medical Science, UCD, and principal investigator of 'The **Suicide** in Ireland Survey' at St Vincent's University Hospital. He is co-founder of the charity Turn The Tide of **Suicide** (3Ts), which supports the **Suicide** in Ireland Survey. Console is a registered charity helping people bereaved through **suicide**. It operates a national helpline 1800 201 890 and its services are set out on www.console.ie

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); INVESTIGATIONS (89%); RESEARCH (89%); FAMILY (89%); CHILDREN'S HEALTH (89%); CORONERS COURTS & OFFICES (78%); MEN (74%); CONFERENCES & CONVENTIONS (73%); MEDICAL RECORDS (73%); MEDIA BIAS (65%)

**COUNTRY:** IRELAND (93%)

**LOAD-DATE:** May 16, 2009

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The Daily Yomiuri(Tokyo)

**June** 20, 2008 Friday

**Suicides exceed 30,000 for 10th year**

**BYLINE:** Yomiuri

**SECTION:** Pg. 1

**LENGTH:** 485 words

More than 33,000 people killed themselves in Japan in 2007, the 10th year in a row that the number of **suicides** exceeded 30,000, the National Police Agency announced Thursday.

It was the second-highest rate since statistics were first kept in 1978.

Among the 33,093 people who took their own lives in 2007, up 2.9 percent from 2006, **suicides** by people in their 30s and those aged 60 or older hit record highs.

According to the latest data, many elderly people killed themselves because they felt lonely. Many people in the prime of their working lives committed **suicide** because they were fatigued from work. Many elderly people and people who have heavier social and financial burdens apparently felt socially isolated or were psychologically stymied.

The number of **suicides** by people in their 60s or older was 12,107, 36.6 percent of the total and up 8.9 percent from the previous year. This age group made up the largest portion of the 2007 figure.

The number of **suicides** by people in their 50s was 7,046, down 2.8 percent from the previous year. However, the number of **suicides** by people in their 40s was 5,096--up 1.8 percent. The number of **suicides** by those in their 30s was 4,767, up 6 percent. People of prime working age--those in their 30s and 40s--accounted for 29.8 percent of the year's total.

Meanwhile, 3,309 people in their 20s killed themselves--down 2.5 percent, and 548 people who are 19 or younger killed themselves --down 12 percent. Included in that figure were eight primary school children, 51 middle school students and 215 high school students.

Of the total, 23,478 **suicides** were committed by men and 9,615 were committed by women.

The NPA specified motives for 23,209 **suicides** based on **suicide** notes, messages posted on Web sites and other sources.

Multiple motives are listed in many cases. The NPA counted all motives for each **suicide** in its 2007 figures for the first time, and added new motives including job-related fatigue; child-rearing trouble and bullying.

The number of **suicides** committed for health reasons was 14,684 last year, the highest of any category. That figure was followed by 7,318 debt and finance-related **suicides**.

**Suicides** for domestic reasons ranked third, with 3,751, and workplace-related **suicides** ranked fourth with 2,207. Relationship-related **suicides** was the fifth-leading cause at 949 and school-related **suicides** followed with 338.

The top motive for **suicides** by people in their 60s or older was failing health with 6,735, followed by loneliness-related **suicides** with 277.

Of **suicides** related to financial problems, 1,973 deaths were linked to heavy debts from multiple consumer loans, while 1,656 had other debts. Another 1,137 struggled with life's hardships. Of job-related **suicides**, fatigue from work was the top motive with 672 related deaths.

Of school-related **suicides**, 14 deaths were linked to bullying.

The record domestic level of **suicides** was 34,427 in 2003.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); AGING (90%); CHILDREN (89%); STUDENTS & STUDENT LIFE (88%); TEEN SUICIDE (78%); SENIOR CITIZENS (76%); DEMOGRAPHIC GROUPS (75%); POLICE FORCES (72%); SPECIAL INVESTIGATIVE FORCES (72%); MEN (72%); MIDDLE & JUNIOR HIGH SCHOOLS (63%); PRIMARY SCHOOLS (63%); HIGH SCHOOLS (63%); CONSUMER LENDING (60%) Society

**COUNTRY:** JAPAN (92%)

**LOAD-DATE:** June 30, 2008

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The Irish Times

**June** 20, 2006 Tuesday

**New guidelines for media suicide coverage**

**BYLINE:** Carl O'Brien, Social Affairs Correspondent

**SECTION:** IRELAND; Other Stories; Pg. 5

**LENGTH:** 670 words

The media will today be urged to follow new guidelines on the coverage of **suicide** which aim to promote responsible coverage of the issue and reduce the risk of "copycat" deaths.

The National Office for **Suicide** Prevention, based in the Health Service Executive (HSE), is funding an awareness campaign around guidelines developed by experts and support groups such as the Samaritans and Irish Association of Suicidology.

Research suggests that while the media can play a powerful role in informing the public about **suicide**, some types of portrayal can act as a catalyst to influence the behaviour of vulnerable people. For example, in the week following an episode of Casualty on the BBC - which included a storyline about a paracetamol overdose - rates of self-poisoning in the UK increased by 175 per cent.

In Ireland, experts estimate that around six per cent of **suicides** are as a result of "copycat" behaviour. Those most at risk appear to be those under 24, although there is growing evidence that older people are also at high risk.

The new guidelines to be published today offer "practical and sensible" advice to the media over reporting or dramatising the issue, such as listing the details or further sources of information and advice; not romanticising of glorifying **suicide**; avoiding simplistic explanations for **suicide**; not implying there are "positive" results to be gained by **suicide**.

They also suggest avoiding phrases such as a "successful" **suicide** attempt or the use of terms such as "to commit **suicide**" and "**suicide** victim". Instead, the guidelines encourage the use of phrases such as "a completed **suicide**"; "to die by **suicide**" and a "person at risk of **suicide**".

The guidelines also include common myths about **suicide** (see panel) aimed at clearing up much of the confusion and misunderstanding about **suicide**.

The head of the National Office for **Suicide** Prevention Geoff Day said the need to continue to encourage responsible reporting of **suicide** was important in a fast-changing media environment. "We're not mandating anyone to do this. These are more helpful hints to promote good and responsible coverage of the media. The key things we want to avoid are glamorising or sensationalising **suicide**," he said.

Studies suggest positive portrayal of **suicide** in the media has had striking results. For example, a study following the death of Nirvana's lead singer Kurt Cobain found there was no overall increase in **suicide** rates in his hometown of Seattle, largely as a result of a close collaboration between media and authorities to ensure appropriate reporting took place. This focused on Cobain's gifted musical ability, in contrast to the wastefulness of his death. Attention also focused on an emotional eulogy by his wife, Courtney Love, who spoke of the futility of his death.

The Samaritans offer 24-hour confidential emotional support to people in distress and at risk of **suicide**. They can be contacted on 1850 60 90 90. Information is also available at www.samaritans.org

**Suicide**: myths and facts

Myth: "If someone is going to kill themselves, there is nothing you can do about it"

Fact: If you can offer appropriate help and emotional support to people experiencing deep unhappiness and distress, you can reduce their risk of dying by **suicide**

Myth: "Suicidal people are fully intent on dying"

Fact: **Suicide** is not a lifestyle choice. The majority who die by **suicide** are ambivalent about living or dying and many who experience suicidal thoughts don't really want to die. They cannot see a way to go on living with their distress.

Myth: "Talking about it encourages it"

Fact: On the contrary, talking about **suicide** in a controlled, supportive, educational and informative way will not lead to its "normalisation" or encourage people to think of taking their lives... Not to talk about **suicide** makes it harder for someone to open up about their feelings and could prevent them finding a way forward.

Source: Media guidelines for the portrayal of **suicide**, by the Irish Association of Suicidology and the Samaritans

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); NEWS REPORTING (78%); DEATHS (78%); VULNERABLE HEALTH POPULATIONS (77%); PREVENTION & WELLNESS (77%); ASSOCIATIONS & ORGANIZATIONS (71%); SENIOR CITIZENS (70%); SINGERS & MUSICIANS (60%)

**COUNTRY:** IRELAND (88%); UNITED KINGDOM (76%)

**LOAD-DATE:** June 20, 2006

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The Times (London)

**March** 20, 2003, Thursday

**Celebrity suicides inspire tragic imitation**

**BYLINE:** Nigel Hawkes, Health Editor

**SECTION:** Home news; 14

**LENGTH:** 305 words

CELEBRITY **suicides** have such an influence on the public that imitative **suicides** are 14 times more common than in other cases, a study has shown. The effect has long been suspected but the evidence has been equivocal.

As long ago as 1774, Goethe's novel The Sorrows of Young Werther was banned in many European cities after inspiring imitative **suicides**. When Marilyn Monroe killed herself in 1962, there were an additional 303 **suicides** in America the following month, an increase of 12 per cent.

In an effort to establish a definite connection, Simon Stack, of Wayne State University in Detroit, made a comprehensive study of media reports concerning celebrity **suicides**.

Writing in the Journal of Epidemiology and Community Health, Dr Stack said that imitative **suicides** were 14.3 times more likely after somebody famous had killed themselves.

He reported that newspaper reports were four times more likely to encourage imitative **suicides** than fictional tales such as Goethe's, or **suicides** in films or television dramas. Dr Stack added that celebrity **suicides** were likely to arouse a much greater degree of iden- tification than stories about someone ordinary taking his or her own life.

The theory is that when a rich and famous person commits **suicide**, people who are suicidal and have neither fame nor fortune can lose hope. Dr Stack suggested that more sensitive handling of **suicide** stories by the media could reduce the effect.

The Swiss and Austrian media have been persuaded to follow guidelines on **suicide** coverage.

In Austria the number of **suicides** on the Vienna underground train network fell from nine every six months to between one and four when sensational coverage of each **suicide** ceased.

In Switzerland the media also changed their coverage, but the effects there were less clear.

**GEOGRAPHIC:** AUSTRIA (50%); EUROPE (50%);

**COUNTRY:** AUSTRIA (50%); EUROPE (50%);

**SUBJECT:** SUICIDE (93%); TELEVISION PROGRAMMING (67%); RAIL INDUSTRY (50%);

**PERSON:** SIR GEORGE YOUNG (57%);

**LOAD-DATE:** March 20, 2003

**LANGUAGE:** ENGLISH

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The Daily Yomiuri (Tokyo)

**December** 29, 1998, Tuesday

**Suicide Web sites hold deadly information**

**BYLINE:** Yomiuri

**SECTION:** Pg. 9

**LENGTH:** 489 words

The recent case involving a **suicide** linked to the Internet--in which a 24-year-old Tokyo woman took her own life by swallowing cyanide capsules that she allegedly ordered over the Net from a teacher in Sapporo, who also committed **suicide** on the day she died--has revealed a darker side to the World Wide Web.

While offering an abundance of useful information, the Net also provides cover for some dangerous networks that have brought about a number of deaths.

This most recent case indicates that users are exchanging dangerous, even deadly, information with people they have never even met.

Search engines reveal that there are more than 24,000 Japanese Web sites that can be found using the keyword "**suicide**." Some of these sites already have reactions to the recent **suicide** case uploaded onto them.

One site proclaims that not all sites about **suicide** encourage people to kill themselves. "There are pages that encourage **suicide**, but these pages are outnumbered by pages intended to cheer up those who have been subjected to bullying," the site says.

Another page reads, "When I'm forced to visit so many sites that tell visitors how to commit **suicide**, I get so angry that I want to throw the mouse (at my computer screen)."

Most sites have been designed to discourage or offer counseling to people considering **suicide**, though others include comments that seem to hint at **suicide**.

One site, titled "**suicide** project," presents manuals on **suicide** that tell visitors how to jump from a building, or how to strangle or poison themselves.

Another macabre site exhibits photos showing how the creator of the site attempted **suicide** by slashing his arm, meticulously displaying photos of his preparations for the attempted **suicide** and photos of the blood flowing down his arm.

Yet another site describes how its creator attempted **suicide** in November last year by taking an excessive amount of antidepressant medicine that he obtained by saving a quantity of the medicine each time it was prescribed by his doctor.

The site revealed details of the attempted **suicide**, including how he determined the necessary dosage, calculated by his weight.

"Generally speaking, people usually feel relaxed and clearer after writing down (what they feel) and posting it on their site." Rika Kayama, a psychoanalyst, said. "But at the same time, for some people, expressing themselves online may only serve to make their particular feelings more profound and intense."

"The Internet may also provide a way to expand on one's feeling in an unsound way, as when a person starts jotting down his or her feelings, as if they were 'telling their story,' so to speak," she said.

"Such online messages--if sent as e-mail, and read by others--leads to the creation of a space that can be defined as 'dramatic.' Drama prevents people from making well planned decisions about whether they really want to die or not," Kayama added.

**COUNTRY:** JAPAN (90%);

**STATE:** HOKKAIDO, JAPAN (90%);

**CITY:** TOKYO, JAPAN (73%);

**SUBJECT:** Crime-Accident SUICIDE (93%); INTERNET & WWW (90%); ANTIDEPRESSANTS (78%); CYANIDES (77%); DEATHS & DEATH RATES (72%); SEARCH ENGINES (69%); PSYCHOLOGY (65%); CENTRAL NERVOUS SYSTEM DRUGS (64%);

**LOAD-DATE:** December 29, 1998

**LANGUAGE:** ENGLISH

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The Salt Lake Tribune

**September** 14, 2012 Friday

**Number of Utah suicides continues to grow**

**BYLINE:** The Salt Lake Tribune

**SECTION:** NEWS; State

**LENGTH:** 189 words

A new report from the Utah Department of Health suggests the number of Utah **suicides** continues to climb, with preliminary data pointing to 500 deaths for 2011.

The year before, 456 Utahns died by **suicide,** compared to 357 in 2006.

"**Suicide** is one of those things that can be uncomfortable to talk about," Jenny Johnson, of the department's Violence and Injury Prevention Program, said in a news release. "But the data show this is an alarming problem in our state that we can't ignore any longer."

Though men between the ages of 25 and 64 make up 53 percent of **suicide** deaths, more women attempt **suicide** than men. The **Suicide** Prevention Coalition has been formed to work to decrease **suicides and suicide** attempts. A public awareness campaign will begin later this year.

Help is available 24 hours a day at a statewide crisis line 801-587-3000 or the National **Suicide** Prevention LifeLine at 1-800-273-TALK. More information is also available at:www.suicidepreventionlifeline.org .

Julia Lyon Alt Heads:

Number of **suicides** in Utah keeps growing --

For more on **suicide** in Utah

Utah has one of the highest **suicide** rates in nation, http://bit.ly/QKdkX8

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); DEATHS & DEATH RATES (78%); WOUNDS & INJURIES (78%)

**STATE:** UTAH, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** September 15, 2012

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The Southern Herald

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**September** 17, 2009

**SUICIDE 3RD LEADING CAUSE OF DEATH AMONG YOUNG PEOPLE IN MISSISSIPPI**

**BYLINE:** The Southern Herald staff

**LENGTH:** 536 words

September 3, 2009 (Jackson, MS) - **Suicide** is a preventable tragedy that is becoming a silent epidemic in Mississippi. Out of the 392 reported deaths by **suicide** in 2007 in Mississippi, 50 of those deaths were young adults who felt so hopeless that they decided to take their own lives. In partnership with the Mississippi Youth **Suicide** Prevention Council, the Mississippi Department of Mental Health's (DMH) goal is to bring attention to youth **suicide** during National **Suicide** Prevention Week, September 6-12. **Suicide** can be prevented especially if people understand the facts, warning signs and know how to get help.

Here are some facts about **suicide**:

Most people who are having thoughts of **suicide** are undecided about living or dying. It is important to help a person who is having thoughts identify their reason for living.

Asking someone if they are thinking about **suicide** won't cause them to consider or attempt **suicide**. Many times, people who are having thoughts of **suicide** are actually relieved that someone has recognized their warning signs and is concerned enough to ask.

By arming Mississippians with knowledge about warning signs, we hope to make an impact to make an impact among the youth in our state. Warning signs are especially important for family and friends to remember. Warning signs include: withdrawal, personality and mood changes, problems concentrating, problems at school, lost of interest in activities, feelings of hopelessness, and changes in eating and sleeping habits. Young adults often give indirect verbal clues that they are considering **suicide**. They may make statements such as: "You will be better off without me" or "Pretty soon you won't have to worry about me."

"While adults may become quiet or depressed, many times teenagers seem irritable or depressed or aggressive when they are having thoughts of **suicide**," said Kris Jones, Director of Division the Division of Disaster Preparedness and Response. "Another sign parents often miss is when a teen becomes cheerful after a period of depression. While this may seem like a good thing, it could be that they have made a decision to attempt **suicide** and feel relieved or at peace because they are no longer struggling to make a decision."

Many parents think their child would never consider **suicide**; however statistics show this just isn't true. In Mississippi, **suicide** is the 3rd leading cause of death among young adults. The MS High School Survey for the Youth Risk Behavior (2007) reported that 13.4% of students seriously considered **suicide** in the past 12 months, and 10.6% of students made a plan about how they would commit **suicide** in the past 12 months.

If you know someone who is talking, writing or thinking about **suicide** acknowledge the problem, let your friend or family member know that you care and want to help and tell someone. Shattering the silence around **suicide** is the first step to preventing **suicide**. If you or someone you know needs immediate help, contact the National **Suicide** Prevention Lifeline at 1 -800-273-TALK.

For more information about youth **suicide** prevention, contact DMH at 1-877-210-8513 or www.dmh.ms.gov. DMH offers educational materials and presentations on the topic of youth **suicide** prevention.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Disaster and Accident

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** STH

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (91%); DEATHS (90%); CHILDREN'S HEALTH (90%); STUDENTS & STUDENT LIFE (89%); DEATHS & DEATH RATES (89%); ADOLESCENTS (78%); STATISTICS (73%); HIGH SCHOOLS (70%); PARENTS (66%); DISASTER PLANNING (62%)

**CITY:** JACKSON, MS, USA (91%) Liberty

**STATE:** MISSISSIPPI, USA (98%) Mississippi

**COUNTRY:** UNITED STATES (98%) United States

**LOAD-DATE:** December 12, 2009

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Providence Journal

**December** 13, 2008 Saturday

**Suicide and the holidays**

**BYLINE:** PAULA J. CLAYTON

**SECTION:** COMMENTARY; Pg. 3

**LENGTH:** 546 words

NEW YORK

ONE OF THE MOST PERVASIVE myths about **suicide** is that the rate increases during the holiday season. In fact, this is the time of year that the rate is lowest. This might be hard to fathom because this misconception has been part of our culture for a long time and continues to be perpetuated through the media. However, the truth is that **suicide** is actually highest in April and May.

Dispelling myths and misconceptions surrounding **suicide** is vital to prevention, so it is important to take this opportunity to discuss more fictions and facts concerning this issue.

Fiction: People who kill themselves are selfish and weak.

Fact: More than 90 percent of people who die by **suicide** have an underlying mental illness, such as depression or substance abuse, at the time of their death. Sometimes these mental illnesses are recognized, but often they go unnoticed and untreated. **Suicide** is not the result of selfishness or weakness, but the result of painful and debilitating illnesses that can sometimes be fatal.

Fiction: If someone wants to take his own life there is nothing anyone can do to stop him.

Fact: Some people who kill themselves are conflicted about life or death. Others are suicidal because they want to end the pain caused by their mental illness. Depression is the most common mental illness associated with **suicide** and may cause intense inner pain as well as physical ailments such as headaches, back, chest or stomach pain, insomnia, etc.

Early recognition and vigorous treatment of depression and other illnesses that may lead to **suicide** is the best way to prevent **suicide**. We must also eradicate the stigma that surrounds seeking help for treatable conditions.

Fiction: **Suicide** only happens to other families.

Fact: Sadly, it is estimated that over the course of our lifetime, 20 percent of us will lose a family member to **suicide** and 60 percent of us will know someone who will take his or her own life. **Suicide** cuts across all socioeconomic, race, age, and gender lines.

Fiction: Teenagers and college students are the most at risk for **suicide**.

Fact: While it is true that **suicide** is the third leading cause of death among adolescents and young adults ages 15-24, and the second leading cause of death among college students, in the U.S. the **suicide** rate actually increases with age. Men 75 and older are at the highest risk for **suicide**.

Fiction: Asking someone if he is suicidal will put the thought in his head and could lead him to **suicide**.

Fact: If your fear someone you know is depressed and suicidal, don t be afraid to ask whether he or she is considering **suicide** or even if they have a particular plan in mind. If they say they are considering **suicide**, do not try to argue them out of **suicide**. Instead, be direct, listen and let them know you care, that depression is treatable and that problems can be solved. If **suicide** crisis is imminent, take your friend or loved one to the emergency room or call 911. The national **suicide** prevention lifeline (800-273-TALK) is another resource for crisis situations.

To learn more about **suicide**, its warning signs and ways to prevent it, visit the American Foundation for **Suicide** Prevention s Web site at www.afsp.org.

Paula J. Clayton is the medical director for the American Foundation for **Suicide** Prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); EDITORIALS & OPINIONS (91%); MENTAL ILLNESS (91%); DISEASES & DISORDERS (90%); DEPRESSION (90%); TEEN SUICIDE (89%); DEATHS & DEATH RATES (89%); ADOLESCENTS (89%); DEATHS (89%); HOLIDAYS & OBSERVANCES (78%); FAMILY (77%); SUBSTANCE ABUSE (70%); STUDENTS & STUDENT LIFE (66%) Editorial Commentary

**COUNTRY:** UNITED STATES (53%)

**LOAD-DATE:** December 13, 2008

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Charleston Gazette (West Virginia)

**October** 17, 2007, Wednesday

**'Survivors of Suicide' support group established in Charleston**

**SECTION:** METRO EAST; Pg. P8

**LENGTH:** 382 words

Adolescent **Suicide** Prevention and Early Intervention and the West Virginia Council for the Prevention of **Suicide** have collaborated to form a support group to serve the Kanawha Valley.

Survivors of **Suicide** (or SOS) has been created to meet weekly, addressing the needs of family members, friends and others who are dealing with the loss of someone they know to **suicide**.

The support group's first meeting took place on Oct. 4.

SOS meets at 6:30 p.m. every Thursday in the fourth-floor conference room of the Davidson Building, 910 Quarrier St. in Charleston. (On-street parking is generally readily available after 6 p.m., group members note.)

According to SOS material, the support group is intended to help participants confront and work through difficult personal questions such as "How can I heal?", "Could I have done anything to prevent the **suicide**?" and "Can I face the holidays?"

"While time is an important factor in any healing," the SOS release asserts, "time alone is not enough when trying to understand the issue of **suicide**.

"This group will allow for the sharing of feelings that only someone directly affected by **suicide**.

"That support will then help lead to growth and healing."

For further information about the SOS group, call 304-389-5357 or 415-5784.

National **suicide** statistics

Citing the Centers for Disease Control as the data source, www.**suicide**.org lists the following statistics regarding **suicides** in the United States in 2004:

- There were 32,439 **suicides** in the United States in 2004.

- The estimated number of attempted **suicides** in 2004 was 800,000.

- On average, someone attempts **suicide** every 40 seconds in the United States.

- On average, 88 people die by **suicide** each day in the United States.

- The national **suicide** rate is 11.1 per 100,000.

- West Virginia ranked eighth in **suicides** per capita among the 50 states in 2004. (Alaska was first; New York was 50th.)

- The highest **suicide** rate is for 65+, white males: 29.0 per 100,000

- The highest rate for all ages combined is white males: 17.7 per 100,000

- The lowest rate for all ages combined is black females: 1.8 per 100,000

- Firearms are the most common overall method for **suicide** (51.6 percent) and the most common method for American men.

- The most common **suicide** method for women is poison, accounting for 37.8 percent.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); ADOLESCENTS (79%); ASSOCIATIONS & ORGANIZATIONS (78%); DISEASES & DISORDERS (74%); EPIDEMIOLOGY (69%); US FEDERAL GOVERNMENT (69%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (54%)

**CITY:** CHARLESTON, WV, USA (90%)

**STATE:** WEST VIRGINIA, USA (93%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** October 17, 2007

Copyright 2007 Charleston Newspapers

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The New York Times

**January** 22, 1992, Wednesday, Late Edition - Final

**Stronger Family Tie Seen in Suicide**

**SECTION:** Section C; Page 12; Column 4; National Desk; Health Page

**LENGTH:** 281 words

ONE out of every four people who attempt **suicide** has a family member who also tried to commit **suicide,** a study sponsored by the National Institute of Mental Health has found. The number is higher than previous estimates.

In previous studies, about one in 14 people who attempted **suicide** had relatives who had also tried to kill themselves. The new study involved 2,304 Los Angeles residents; the earlier estimates were based on interviews with mental patients and their families.

The chief investigator in the new study, Dr. Susan Sorenson, a psychologist at the University of California at Los Angeles, said she believed that the new study offered a more realistic view of the incidence of **suicide** attempts because it looked at the general population. She said previous studies were limited in scope.

Dr. Sorenson said that having a family history of **suicide** was not, in itself, a predictor of **suicide.** But mental illness can promote clusters of **suicide** attempts in families, she said. One's own mental illness, the mental disorder of a parent or a parent's **suicide** can contribute to a person's sense of social isolation, she said.

**Suicide** studies have consistently found that women have a higher rate of **suicide** attempts than men. In the new study, women were four and a half times as likely as men to attempt **suicide,** Dr. Sorenson said. Unmarried women with a history of **suicide** in the family were at a higher risk for **suicide** attempts than men or married women.

Dr. Sorenson said future research would focus on the nature of the family's response to the attempt and to factors that might make members of such families more prone to social isolation and to **suicide.**

**COUNTRY:** UNITED STATES (94%);

**STATE:** CALIFORNIA, USA (94%);

**CITY:** LOS ANGELES, CA, USA (94%);

**COMPANY:** NATIONAL INSTITUTE OF MENTAL HEALTH NATIONAL INSTITUTE FOR COMMUNITY BANKING INC (58%); NATIONAL INSTITUTE OF MENTAL HEALTH (91%); NATIONAL INSTITUTE OF MENTAL HEALTH (91%); UNIVERSITY OF CALIFORNIA (57%); UNIVERSITY OF CALIFORNIA (57%);

**ORGANIZATION:** NATIONAL INSTITUTE OF MENTAL HEALTH NATIONAL INSTITUTE OF MENTAL HEALTH (91%); NATIONAL INSTITUTE OF MENTAL HEALTH (91%); UNIVERSITY OF CALIFORNIA (57%); UNIVERSITY OF CALIFORNIA (57%);

**GEOGRAPHIC:** ;LOS ANGELES (CALIF) UNITED STATES (94%); CALIFORNIA, USA (94%); LOS ANGELES, CA, USA (94%);

**SUBJECT:** SUICIDES AND SUICIDE ATTEMPTS; RESEARCH; FAMILIES AND FAMILY LIFE SUICIDE (96%); DISEASES & DISORDERS (90%); MENTAL HEALTH (90%); RESEARCH INSTITUTES (90%); FAMILY (90%); INVESTIGATIONS (90%); MENTAL ILLNESS (90%); DEATHS (78%); MENTAL HEALTH PRACTICE (77%); PSYCHOLOGY (77%); MARRIAGE (73%);

**PERSON:** SUSAN SORENSON (92%);

**LOAD-DATE:** January 22, 1992

**LANGUAGE:** ENGLISH

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DNA

**September** 5, 2014 Friday

**32% of world's suicides occur in India;**

**Deadly data | India reports 2,58,075 suicides of the 8,00,000 from across the world, says WHO**

**BYLINE:** Gargi Gupta

**LENGTH:** 442 words

Deadly data | India reports 2,58,075 **suicides** of the 8,00,000 from across the world, says WHO

New Delhi: India accounts for the largest number of **suicides** in the world, reveals a World Health Organisation (WHO) report released on Thursday.

The first such report ever brought out by WHO is based on data from 2012, the year India reported 2,58,075 **suicides** - nearly 32% of the 8,00,000 **suicides** reported from across the world. It works out to one **suicide** nearly every two minutes.

China, the only other country to hit six-digits, reported 1,20,730 **suicides** that year.

India, however, does not have the highest rate of **suicides** in the world: that is, **suicides** as a percentage of population. At 23.3%, India's **suicide** rate is far lower than Guyana (48.3%) or South Korea (38.5%). What's better is that it went down 9.2% in the 10 years since 2000.

The report, titled "Preventing **Suicide**: A Global Imperative", is part of the international organisation's Mental Health Action Plan 2013-2020 in which member states committed to work towards reducing their **suicide** rates by 10%. Interestingly, it was India that proposed the resolution that led to the action plan being taken up for consideration by the WHO executive board.

In India, the **suicide** rate is highest - 35.5% - among the 15-29 years age group - among women in this group, it is even higher at 36.1%. Also, men, in general, are more wont to commit **suicide** the study shows.

The WHO data is in line with the Million Deaths Survey conducted by the Centre for Global Health Research in 2011, which had reported about 1,87,000 **suicide** deaths in India in 2010.

The figures are, however, at odds with figures put out by the National Crime Records Bureau (NCRB) which put the number of **suicides** in 2012 at 1,35,445. "This indicates a decrease of 0.1% over the previous year's figure (1,35,585). The number of **suicides** in the country during the decade (2002-2012) has recorded an increase of 22.7% (1,35,445 in 2012 from 1,10,417 in 2002)," the NCRB report said. Among Indian states, according to the NCRB data, Tamil Nadu accounted for the largest percentage of **suicides** at 12.5%, followed by Maharashtra at 11.9%, West Bengal at 11% and Andhra Pradesh at 10.5%.

"The NCRB figures are generally thought to underestimate the **suicide** figures. The WHO report is a wake-up call. Unfortunately, the government continues to look at **suicide** as a social issue and not as a public health issue. The mental health bill which seeks to decriminalise **suicide**, now in parliament, is a good start," said Vikram Patel, director, Centre of Mental Health Public Health Foundation of India.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**LOAD-DATE:** September 4, 2014

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BBC Monitoring South Asia - Political

Supplied by BBC Worldwide Monitoring

**December** 14, 2013 Saturday

**Afghan scholars urge Pakistani counterparts to condemn suicide bombings**

**LENGTH:** 399 words

Text of report by Afghan Ariana TV international

[Presenter] Saudi Arabia's grand mufti says **suicide** bombings are prohibited in Islam and calls the [**suicide**] bombers criminals.

He said **suicide** bombings are totally against the Islamic principles.

Meanwhile, some Afghan religious scholars also support the remarks by the grand mufti and urge Pakistani religious scholars to condemn **suicide** attacks.

My colleague with more details:

[Correspondent] Grand Mufti Sheikh Abdul Aziz Al-Asheikh has condemned **suicide** bombings as a grave crime, reiterating his stance in strong words.

[Text of remarks by Grand Mufti Sheikh Abdulazizi, captioned] Killing oneself is a grave crime and a grave sin. Those who kill themselves with explosives are criminals who are hastening their way to hell. The hearts of **suicide** bombers have veered away from the right path. Their minds have been invaded by evil. They have been exploited in order to cause destruction to themselves and society.

A number of religious scholars in Afghanistan also condemn killing of civilians in **suicide** attacks and call **suicide** attacks against the Islamic teaching.

[Shams Rahman Frotan, religious scholar, captioned] Those who kill Muslims for no reason commit the biggest sin. The punishment for the murderers is hell and this is what the holy Koran has clearly indicated.

[Correspondent] The religious scholars believe that most of the **suicide** attackers are trained and brainwashed in Pakistan. They believe that Pakistani scholars should also condemn **suicide** attacks.

[Sayed Rahman, religious scholar, captioned] We appreciate the grand mufti for his comments on **suicide** attacks and at the same time we urge Pakistani religious scholars to condemn **suicide** attacks. As you know most of the **suicide** attacks receive training in so-called Islamic training centres in Pakistan and which makes cooperation of Pakistani religious scholars in ending **suicide** attacks in Afghanistan is highly important.

[Correspondent] Afghanistan is one of the countries with the highest number of **suicide** attacks that mostly kill civilians.

In the past the Taleban claimed that carrying out **suicide** attacks against foreign forces in Afghanistan was lawful.

However, now that the foreign forces are leaving, the Taleban are still carrying out **suicide** attacks against the Afghan government forces and officials.

Source: Ariana TV international, Kabul, in Dari 1530gmt 13 Dec 13

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Transcript

**SUBJECT:** SUICIDE BOMBINGS (97%); BOMBINGS (96%); RELIGION (95%); MUSLIMS & ISLAM (92%); TALIBAN (89%); QURAN & ISLAMIC TEXTS (79%); BOMBS & EXPLOSIVE DEVICES (78%); MURDER (77%); DEATHS (73%)

**CITY:** KABUL, AFGHANISTAN (79%)

**COUNTRY:** AFGHANISTAN (94%); PAKISTAN (94%); SAUDI ARABIA (88%)

**LOAD-DATE:** December 14, 2013

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The Times of India (TOI)

**June** 26, 2013 Wednesday

**Half of Mumbai's suicide victims below age 30**

**BYLINE:** Sumitra Deb Roy & V Narayan

**SECTION:** MUMBAI

**LENGTH:** 505 words

**Suicides** in Mumbai rose by an alarming 12% in 2012 after witnessing a dip the previous year. A staggering 50% of those who took their lives in the city were younger than 30 and among these more than half were women, reveals the latest data of the National Crime Records Bureau.

A total of 1,296 people killed themselves in the financial capital last year, placing it fourth in the list of Indian cities with the highest **suicide** incidence. Chennai led the death chart with 2,183 **suicides**, followed by Bangalore (1,989) and Delhi (1,397).

The national **suicide** rate (total **suicides** per lakh population) stood at 11.4 in 2012, a few points higher than Mumbai's 7 and a few points lower than Maharashtra's 14.

Generally, men accounted for more **suicide** deaths than women. The trend was true in Mumbai, where 59% of the **suicide** victims were men, and in Maharashtra, where 70% of the victims were males. Nationally too, the ratio of male to female **suicide** victims was 66.2 to 33.8. An exception to the trend was the age group of up to 14 years; in Mumbai, thrice the number of girls in this age bracket killed themselves than boys.

Dr Lakshmi Vijaykumar, who was responsible for the inclusion of **suicide** prevention in the National Mental Health Policy of India, said there is wide variation in **suicide** rates within the country. "The southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu have a **suicide** rate of more than 15, while in the northern states of Punjab, UP, Bihar and Kashmir, the **suicide** rate is less than 3. This pattern has been stable for the last twenty years."

Vijaykumar added that smaller cities are worryingly catching up with metros in recording high **suicide** rates. "Also, the fact that 71% of **suicides** in India are by persons below the age of 44 imposes a huge social, emotional and economic burden on our society."

Family problems were revealed in the NCRB data to be the single largest factor driving people to end their lives. The factor was given as the cause of 40% **suicides**-264 men and 262 women-in Mumbai and 26% **suicides** across the country. Major illnesses, such as cancer and AIDS, taken together constituted the second biggest **suicide** cause-causing 28% of the deaths-in Mumbai. They were followed by drug addiction (6.9%), failure in exam (4.5%) and love affairs (4.5%). Boys and girls alike took their lives over love affairs.

Emotional reasons like failed marriage, relationship and love affairs drove most of the 534 female **suicides** in Mumbai. By contrast, the causes of the 762 male **suicides** were economic, relating to poverty and employment.

Hanging emerged to be the most employed method to end one's life, with 917 of the 1,296 victims in the city using it. In Maharashtra, 7,055 people killed themselves this way. Self-immolation was the second most common **suicide** method in Mumbai and consuming poison the third. Surprisingly, only one person committed **suicide** in the city by coming under the train, though the figure for the category was 128 in the state.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); CITY LIFE (90%); MEN'S HEALTH (79%); DEMOGRAPHIC GROUPS (77%); DEATHS (76%); MEN (76%); MENTAL HEALTH (74%); AIDS & HIV (67%); SUBSTANCE ABUSE (65%); PREVENTION & WELLNESS (65%); FAMILY (65%); DISEASES & DISORDERS (64%)

**CITY:** MUMBAI, INDIA (91%); DELHI, INDIA (57%)

**STATE:** MAHARASHTRA, INDIA (94%); TAMIL NADU, INDIA (92%); KASHMIR (77%); KARNATAKA, INDIA (72%); KERALA, INDIA (57%); BIHAR, INDIA (57%); PUNJAB, INDIA (57%); ANDHRA PRADESH, INDIA (57%)

**COUNTRY:** INDIA (95%); ASIA (77%)

**LOAD-DATE:** June 25, 2013

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The Salt Lake Tribune

**September** 14, 2012 Friday

**Number of Utah suicides continues to grow**

**BYLINE:** The Salt Lake Tribune

**SECTION:** NEWS; State

**LENGTH:** 189 words

A new report from the Utah Department of Health suggests the number of Utah **suicides** continues to climb, with preliminary data pointing to 500 deaths for 2011.

The year before, 456 Utahns died by **suicide,** compared to 357 in 2006.

"**Suicide** is one of those things that can be uncomfortable to talk about," Jenny Johnson, of the department's Violence and Injury Prevention Program, said in a news release. "But the data show this is an alarming problem in our state that we can't ignore any longer."

Though men between the ages of 25 and 64 make up 53 percent of **suicide** deaths, more women attempt **suicide** than men. The **Suicide** Prevention Coalition has been formed to work to decrease **suicides and suicide** attempts. A public awareness campaign will begin later this year.

Help is available 24 hours a day at a statewide crisis line 801-587-3000 or the National **Suicide** Prevention LifeLine at 1-800-273-TALK. More information is also available at:www.suicidepreventionlifeline.org .

Julia Lyon Alt Heads:

Number of **suicides** in Utah keeps growing --

For more on **suicide** in Utah

Utah has one of the highest **suicide** rates in nation, http://bit.ly/QKdkX8

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); DEATHS & DEATH RATES (78%); WOUNDS & INJURIES (78%)

**STATE:** UTAH, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** September 15, 2012

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Canberra Times (Australia)

**September** 11, 2011 Sunday

Final Edition

**Discussing suicide OK: Gallagher**

**BYLINE:** FRANCES STEWART

**SECTION:** A; Pg. 13

**LENGTH:** 361 words

Discussing **suicide** OK: Gallagher Some of the crowds walking beside Lake Burley Griffin at dawn yesterday as part of World **Suicide** Prevention Day, above, and Lifeline's Chris Wagner and his daughter Lily at the walk, left. Photos: ANTHONY BOND By FRANCES STEWART FOR EVERY Australian who takes their own life, official estimates are that another 10 people are directly affected by the loss.

Last year, 47 Canberrans were among about 2200 Australians who died by **suicide**, leaving hundreds of bereaved family members, friends and colleagues to cope with the loss.

As dawn broke on World **Suicide** Prevention Day yesterday, hundreds of people from across the ACT walked along the shores of Lake Burley Griffin as part of Lifeline's national "Out of the Shadows" campaign to remember those lost and support those who remain.

**Suicide** costs more Australian lives each year than skin cancer or car accidents, with a **suicide** attempt every 15 minutes nationally and a death from **suicide** every four hours.

**Suicide** is the leading cause of death for women under 34 and for men under 44 in Australia, with men four times more likely to die by **suicide**.

While the official death toll from **suicide** has fallen by almost 40 per cent since the late 1960s, deaths are thought to be under- reported by 20 to 30 per cent because of the stigma of **suicide** and, in some cases, uncertainty about the cause of death.

Lifeline ACT communications director Chris Wagner says each day the organisation speaks with up to 50 Canberrans at high risk of **suicide**.

"These people are fortunate in many ways, because they knew enough about our services to call, and had the courage needed to speak to someone about what they are experiencing," he said.

"We want everyone to feel that way, to feel that they can talk about **suicide** and **suicide** prevention and seek help when they need it."

ACT Chief Minister Katy Gallagher encouraged Canberrans to learn how to recognise the signs that someone might be suicidal.

"It is vitally important that all members of the community know that it is okay to talk about **suicide**, whether you feel suicidal or you know someone contemplating **suicide**, talking is the first step." she said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** ST

**SUBJECT:** SUICIDE (96%); DEATHS & DEATH RATES (90%); PREVENTION & WELLNESS (90%); DEATHS (90%); ASSOCIATIONS & ORGANIZATIONS (75%); WOMEN'S HEALTH (69%); SKIN CANCER (55%)

**CITY:** CANBERRA, AUSTRALIA (90%)

**STATE:** AUSTRALIAN CAPITAL TERRITORY (92%)

**COUNTRY:** AUSTRALIA (95%)

**LOAD-DATE:** October 17, 2011

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Canberra Times (Australia)

**September** 11, 2011 Sunday

Final Edition

**Discussing suicide OK: Gallagher**

**BYLINE:** FRANCES STEWART

**SECTION:** A; Pg. 13

**LENGTH:** 361 words

Discussing **suicide** OK: Gallagher Some of the crowds walking beside Lake Burley Griffin at dawn yesterday as part of World **Suicide** Prevention Day, above, and Lifeline's Chris Wagner and his daughter Lily at the walk, left. Photos: ANTHONY BOND By FRANCES STEWART FOR EVERY Australian who takes their own life, official estimates are that another 10 people are directly affected by the loss.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** ST

**SUBJECT:** SUICIDE (96%); DEATHS & DEATH RATES (90%); PREVENTION & WELLNESS (90%); DEATHS (90%); ASSOCIATIONS & ORGANIZATIONS (75%); WOMEN'S HEALTH (69%); SKIN CANCER (55%)

**CITY:** CANBERRA, AUSTRALIA (90%)

**STATE:** AUSTRALIAN CAPITAL TERRITORY (92%)

**COUNTRY:** AUSTRALIA (95%)

**LOAD-DATE:** September 10, 2011

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The Age (Melbourne, Australia)

**August** 2, 2011 Tuesday

First Edition

**Reports on suicide fit to print**

**BYLINE:** MICHELLE GRIFFIN and NICK O'MALLEY

**SECTION:** NEWS; Pg. 3

**LENGTH:** 559 words

THE TABOO against reporting **suicide** has been lifted in extensive new guidelines released to the print media today by the Australian Press Council. The journalistic euphemism for **suicide** - "police said there were no suspicious circumstances" - may fade away now that the new guidelines acknowledge that reporting **suicide** can be of public benefit. The guidelines, which are binding on about 98 per cent of Australian newspapers and magazines, including The Age, urge journalists and editors to publish only after seeking permission from family or friends, and only in ways that do not encourage copycats.

Now that **suicides** are frequently first reported on social media sites such as Facebook and Twitter, Press Council chairman Professor Julian Disney said there is a greater need for the mainstream press to provide balanced, responsible reporting of **suicide** to counteract early speculation. "The likelihood that people will find out about a **suicide** through social media is very, very high," Professor Disney said. "This highlights the need for the mainstream media to be engaged in responsible reporting." The new guidelines spell out the council's concerns about giving reports of **suicide** undue prominence through "unnecessarily explicit headlines or images" and requires that contacts for 24-hour support services be printed alongside references to **suicide**. Terms such as "died by **suicide**" or "took his life" are recommended instead of "committed **suicide**", which the guidelines note may sound like a crime. There may be occasion when the method or location of a **suicide** may be reported if "the public interest in doing so clearly outweighs the risk, if any, of causing further **suicides**". Mental health reform advocate Professor Patrick McGorry, the 2010 Australian of the Year, welcomed the changes, saying: "It's great to see the Press Council say there is a positive benefit to reporting it [**suicide**]. That's never been said before." Professor McGorry has long campaigned for wider public discussion of **suicide** and has suggested that newspapers print a **suicide** toll similar to the road toll. In December, the Senate report The Hidden Toll also called for national **suicide** figures to be released publicly. "If you have too much inhibition, if you can't tell the story, you can't get the message across," Professor McGorry said. Barbara Hocking, executive director of SANE Australia, who also consulted on the new guidelines, said that the media must remember the impact of **suicide** reports on vulnerable or suggestible readers. "Every time there's a story on **suicide**, it brings it up . . . not everyone is robust when reading these stories." Ms Hocking denied SANE ever wanted a blanket ban on reporting of **suicide**. "That part was interpreted by busy media professionals, who said 'OK, let's not go there', but we said, 'Yes, please go there'." The Age's code of conduct stipulates that we shall not publish information about individual cases of **suicide** unless it is justified by the wider public interest. The code also requires that care be taken when reporting methods of **suicide** and that, wherever possible, public information on where to gain help should accompany such reports. For help or information, visit beyondblue.org.au, call **Suicide** Helpline Victoria on 1300 651 251, or Lifeline on 13 11 14. The guidelines can be read at presscouncil.org.au

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); NEWS REPORTING (90%); JOURNALISM (78%); CENSORSHIP (78%); LEGISLATIVE BODIES (78%); INTERNET SOCIAL NETWORKING (74%); HEALTH CARE POLICY (63%); HEALTH CARE REFORM (63%) Culture/Censorship; Health/Death/Suicides; Law/Law Reform

**CITY:** MELBOURNE, AUSTRALIA (79%)

**STATE:** VICTORIA, AUSTRALIA (79%)

**COUNTRY:** AUSTRALIA (93%)

**REGION:** Australia

**LOAD-DATE:** August 1, 2011

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Right Vision News

**May** 21, 2011 Saturday

**Pakistan: Suicides high among young married women**

**LENGTH:** 779 words

**DATELINE:** ISLAMABAD

ISLAMABAD, May 21 -- Marriage is a major source of stress leading to high psychiatric morbidity and suicidal behaviour among Pakistani women, says a leading psychiatrist of the country.

"Studies show high incidence of common mental disorders, deliberate self harm and **suicide** among women, especially young married women. And the reasons for it are early age at marriage, lack of autonomy in choosing male partner, pressure to have children, especially male ones, early, economic dependence on husband, domestic violence and joint family system. Under these conditions, young married women's position is severely compromised, making them very vulnerable to psychiatric morbidity and suicidal tendencies," said Professor Dr. Murad Moosa Khan, of The Aga Khan University, Karachi at a Shifa Hospital seminar here.

Dr. Murad said there's an urgent need to have a national programme to address high prevalence of psychological distress and suicidal trends among young married women.

According to him, the country doesn't collect **suicide** numbers and therefore, it is rarely taken into account when global **suicide** statistics are compiled or prevention programmes planned.

He, however, said independent estimates put the annual number of those committing **suicide** at 6,000 to 8,000, of those attempting **suicide** at 60,000 to 160,000 and of those thinking of committing **suicide** 600,000 to 800,000.

"There're around 100 **suicide** ideation, 10 to 20 **suicide** attempt and one **suicide** committing cases a year," he said.

The psychiatrist said most of the **suicide** cases were reported in Sindh (52%), followed by the Punjab (38%) and Khyber-Pakhtunkhwa and Balochistan (5%) each.

He said police underreported true frequency of **suicide** cases.

"None of the 91 Rawalpindi **suicides** reported by newspapers and NGOs in three months of late were reported by police," he said.

Dr. Murad said most of the **suicide** cases were triggered by domestic disputes (45%), followed by financial problems or joblessness (37%), failed love affairs (7%), mental disorders (6%), illness (0.8%), exam failure or studies (0.5%) and other reasons (9%).

He said most **suicides** occurred in young people (single men and married women) under the age of 30 years. He said more men committed **suicide** than women.

The psychiatrist said of the men committing **suicide**, 51% were married, 44% single and 5% widower or divorced, while 60% of the women, who ended their life themselves, were married, 35% single and 5% widower or divorced.

He said majority of the people committed **suicide** by hanging (39%), followed by poisons including insecticides and pesticides (25%), firearms (14%), drowning (10%), self-immolation (6%), jumping from a height (4%) and others (2%), adding medications for **suicide** make up a few cases only.

According to Dr. Murad, since **suicide** and deliberate self-harm are illegal acts, people keep them secret for fear of harassment by police and stigma and in this way, their incidence are grossly underestimated.

As for **suicide** prevention, he said around 34% of Pakistani population suffered from common mental disorders and depression was implicated in over 90% of **suicide** cases and therefore, the issue should be needed to be addressed at the community level.

"Ideally mental health and **suicide** prevention programmes should be integrated within the primary health care system." The psychiatrist also called for early repeal of deliberate self-harm and **suicide** related laws so that people wanting psychological help could do so without fear of being persecuted by police.

He said better socio-economic policies, increased spending on mental health, creation of health facilities and countrywide public awareness campaign would contribute to helping suicidal people.

He also urged the government to begin collecting **suicide** mortality statistics through a standard system of registration, recording and diagnosis at town/city, district and provincial levels.

"Information obtained can be used for epidemiological-analytical, intra-country and cross national studies. A mandatory reporting of **suicide** mortality statistics to WHO will improve data collection and surveillance on **suicide**," he said.

On this occasion, Shifa Hospital's Consultant Psychiatrist Dr. Abdul Wahab, Director of Emergency Room Dr. Abdul Salam and Senior Medical Officer Dr. Assad Nabi besides doctors, psychiatrists, psychologists and medical students from the twin cities attended the seminar. A question-answer session was arranged before the event's conclusion Published by HT Syndication with permission from Right Vision News. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MARRIAGE (92%); PSYCHIATRY (90%); PHYSICIANS & SURGEONS (90%); MENTAL ILLNESS (90%); TEEN SUICIDE (89%); WOMEN'S HEALTH (78%); MEN (78%); DOMESTIC VIOLENCE (76%); NONGOVERNMENTAL ORGANIZATIONS (71%); COLLEGE & UNIVERSITY PROFESSORS (69%); INSECTICIDES (60%); PESTICIDES (60%)

**CITY:** ISLAMABAD, PAKISTAN (89%); KARACHI,PAKISTAN (58%)

**COUNTRY:** PAKISTAN (92%)

**LOAD-DATE:** May 22, 2011

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The Times of India (TOI)

**February** 14, 2011 Monday

**In Kerala, suicide runs in the entire family**

**BYLINE:** Ananthakrishnan G

**SECTION:** SPECIAL REPORT

**LENGTH:** 653 words

THIRUVANANTHAPURAM: The average Malayali is famously private but might this unwillingness to let it all hang out be the reason for Kerala's frightening statistical success at family **suicide**? An abnormally high number of families commit **suicide**, together, in the state. Family **suicide** is defined as the dominant person in the family killing the others before doing away with themselves. Sometimes , it features a **suicide** pact among family members.

A study by the Kerala State Mental Health Authority (KSMHA) says that 39 of every 100 family **suicides** reported across India, take place in God's own country. The study has just been endorsed by Kerala's Economic Review 2010, which was tabled in the assembly. In 2009, there were 13 family **suicides** in Kerala, which totalled 38 deaths.

Kerala also has the highest rate of individual **suicide** in India, after Sikkim. In 2009, **suicide** accounted for nearly 40% of all deaths in Sikkim, in Kerala it was 25%.

Why is this so? Most Malayalis blame "family trouble" . They are somewhat in tune with the rest of the nation . The national average of **suicide** caused by "family trouble" is 23.7%; while in Kerala it was 40.2%.

Unsurprisingly, the state's mental health authority expressed concern about rising family discord. Its study said,

"In Kerala, the basic economic and social needs have been taken care of but emotional and other forms of pressure take their place, sometimes with lifethreatening effects."

Rajesh Pillai, director of the Kochibased NGO Maithri, which offers emotional support to the **suicide**-prone , corroborates the findings . "The calls that we receive suggest most **suicides** are triggered by relationship troubles," he says. At least some of this is brought on by the typical Malayali's unwillingness to talk about his problems and that's on account of his ego, Pillai adds.

But there is more. The spurt in **suicide** is also driven by weakening social institutions such as the family , rising divorce rates, unemployment , alcoholism, violence against women and children and consumerism . Taken together, this

cocktail can push people into debt and depression and eventually **suicide**.

But D Rau, secretary of the KSMHA, explains it differently. "That is the police's way of explaining the problem. In clinical cases, most **suicides** are a result of mental illness. At least one of the parties will have some form of psychological problem ," he says.

Studies on the social impact of **suicide** on Kerala society have thrown up an alarming fact. Most people who end their lives do so in their most productive years - between the ages of 30 and 45. Their dependents find themselves abandoned and vulnerable to the same escape route.

The other statistic, which has not yet been analysed in detail, is failed **suicide** attempts. According to Pillai , while 24 people on average commit **suicide** in Kerala every day, the number of attempted **suicides** is at least 10 to 15 times higher. "Many cases are not reported because the families would rather that hospitals write them off as accidents," he says.

KSMHA data did show a decline in the rate of **suicide** in Kerala over a longer period - between 2003 and 2009 - from 30.8 persons per lakh to 25.5 per lakh. But, compared to 2008, **suicide** rose in 2009 at the rate of 0.3 persons per lakh.

Kerala's **suicide** chart also illustrates the theory that money can't buy happiness with Malappuram, which is at the lower end of the human development index, recording the fewest cases.

Sorry State

The **suicide** rate among Kerala's youth is one of the highest in India

Increase in **suicide** and attempted **suicide** among schoolchildren

Male **suicide** was 72% of all **suicides**; female attempted **suicides** accounted for 60% of all attempted **suicides**

78% of **suicide** victims were married, unlike in the West where **suicide** rates are higher among unmarried and divorced people

Hanging was the most common method - 50%, followed by poison, 32%

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); FAMILY (90%); DEPRESSION (77%); DEATHS (77%); CHILDREN (77%); MENTAL ILLNESS (77%); NONGOVERNMENTAL ORGANIZATIONS (76%)

**STATE:** SOUTH INDIA (92%); KERALA, INDIA (90%); SIKKIM, INDIA (90%)

**COUNTRY:** INDIA (95%)

**LOAD-DATE:** February 13, 2011

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The Southern Herald

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**September** 17, 2009

**SUICIDE 3RD LEADING CAUSE OF DEATH AMONG YOUNG PEOPLE IN MISSISSIPPI**

**BYLINE:** The Southern Herald staff

**LENGTH:** 536 words

September 3, 2009 (Jackson, MS) - **Suicide** is a preventable tragedy that is becoming a silent epidemic in Mississippi. Out of the 392 reported deaths by **suicide** in 2007 in Mississippi, 50 of those deaths were young adults who felt so hopeless that they decided to take their own lives. In partnership with the Mississippi Youth **Suicide** Prevention Council, the Mississippi Department of Mental Health's (DMH) goal is to bring attention to youth **suicide** during National **Suicide** Prevention Week, September 6-12. **Suicide** can be prevented especially if people understand the facts, warning signs and know how to get help.

Here are some facts about **suicide**:

Most people who are having thoughts of **suicide** are undecided about living or dying. It is important to help a person who is having thoughts identify their reason for living.

Asking someone if they are thinking about **suicide** won't cause them to consider or attempt **suicide**. Many times, people who are having thoughts of **suicide** are actually relieved that someone has recognized their warning signs and is concerned enough to ask.

By arming Mississippians with knowledge about warning signs, we hope to make an impact to make an impact among the youth in our state. Warning signs are especially important for family and friends to remember. Warning signs include: withdrawal, personality and mood changes, problems concentrating, problems at school, lost of interest in activities, feelings of hopelessness, and changes in eating and sleeping habits. Young adults often give indirect verbal clues that they are considering **suicide**. They may make statements such as: "You will be better off without me" or "Pretty soon you won't have to worry about me."

"While adults may become quiet or depressed, many times teenagers seem irritable or depressed or aggressive when they are having thoughts of **suicide**," said Kris Jones, Director of Division the Division of Disaster Preparedness and Response. "Another sign parents often miss is when a teen becomes cheerful after a period of depression. While this may seem like a good thing, it could be that they have made a decision to attempt **suicide** and feel relieved or at peace because they are no longer struggling to make a decision."

Many parents think their child would never consider **suicide**; however statistics show this just isn't true. In Mississippi, **suicide** is the 3rd leading cause of death among young adults. The MS High School Survey for the Youth Risk Behavior (2007) reported that 13.4% of students seriously considered **suicide** in the past 12 months, and 10.6% of students made a plan about how they would commit **suicide** in the past 12 months.

If you know someone who is talking, writing or thinking about **suicide** acknowledge the problem, let your friend or family member know that you care and want to help and tell someone. Shattering the silence around **suicide** is the first step to preventing **suicide**. If you or someone you know needs immediate help, contact the National **Suicide** Prevention Lifeline at 1 -800-273-TALK.

For more information about youth **suicide** prevention, contact DMH at 1-877-210-8513 or www.dmh.ms.gov. DMH offers educational materials and presentations on the topic of youth **suicide** prevention.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Disaster and Accident

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** STH

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (91%); DEATHS (90%); CHILDREN'S HEALTH (90%); STUDENTS & STUDENT LIFE (89%); DEATHS & DEATH RATES (89%); ADOLESCENTS (78%); STATISTICS (73%); HIGH SCHOOLS (70%); PARENTS (66%); DISASTER PLANNING (62%)

**CITY:** JACKSON, MS, USA (91%) Liberty

**STATE:** MISSISSIPPI, USA (98%) Mississippi

**COUNTRY:** UNITED STATES (98%) United States

**LOAD-DATE:** December 12, 2009

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Providence Journal

**December** 13, 2008 Saturday

**Suicide and the holidays**

**BYLINE:** PAULA J. CLAYTON

**SECTION:** COMMENTARY; Pg. 3

**LENGTH:** 546 words

NEW YORK

ONE OF THE MOST PERVASIVE myths about **suicide** is that the rate increases during the holiday season. In fact, this is the time of year that the rate is lowest. This might be hard to fathom because this misconception has been part of our culture for a long time and continues to be perpetuated through the media. However, the truth is that **suicide** is actually highest in April and May.

Dispelling myths and misconceptions surrounding **suicide** is vital to prevention, so it is important to take this opportunity to discuss more fictions and facts concerning this issue.

Fiction: People who kill themselves are selfish and weak.

Fact: More than 90 percent of people who die by **suicide** have an underlying mental illness, such as depression or substance abuse, at the time of their death. Sometimes these mental illnesses are recognized, but often they go unnoticed and untreated. **Suicide** is not the result of selfishness or weakness, but the result of painful and debilitating illnesses that can sometimes be fatal.

Fiction: If someone wants to take his own life there is nothing anyone can do to stop him.

Fact: Some people who kill themselves are conflicted about life or death. Others are suicidal because they want to end the pain caused by their mental illness. Depression is the most common mental illness associated with **suicide** and may cause intense inner pain as well as physical ailments such as headaches, back, chest or stomach pain, insomnia, etc.

Early recognition and vigorous treatment of depression and other illnesses that may lead to **suicide** is the best way to prevent **suicide**. We must also eradicate the stigma that surrounds seeking help for treatable conditions.

Fiction: **Suicide** only happens to other families.

Fact: Sadly, it is estimated that over the course of our lifetime, 20 percent of us will lose a family member to **suicide** and 60 percent of us will know someone who will take his or her own life. **Suicide** cuts across all socioeconomic, race, age, and gender lines.

Fiction: Teenagers and college students are the most at risk for **suicide**.

Fact: While it is true that **suicide** is the third leading cause of death among adolescents and young adults ages 15-24, and the second leading cause of death among college students, in the U.S. the **suicide** rate actually increases with age. Men 75 and older are at the highest risk for **suicide**.

Fiction: Asking someone if he is suicidal will put the thought in his head and could lead him to **suicide**.

Fact: If your fear someone you know is depressed and suicidal, don t be afraid to ask whether he or she is considering **suicide** or even if they have a particular plan in mind. If they say they are considering **suicide**, do not try to argue them out of **suicide**. Instead, be direct, listen and let them know you care, that depression is treatable and that problems can be solved. If **suicide** crisis is imminent, take your friend or loved one to the emergency room or call 911. The national **suicide** prevention lifeline (800-273-TALK) is another resource for crisis situations.

To learn more about **suicide**, its warning signs and ways to prevent it, visit the American Foundation for **Suicide** Prevention s Web site at www.afsp.org.

Paula J. Clayton is the medical director for the American Foundation for **Suicide** Prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); EDITORIALS & OPINIONS (91%); MENTAL ILLNESS (91%); DISEASES & DISORDERS (90%); DEPRESSION (90%); TEEN SUICIDE (89%); DEATHS & DEATH RATES (89%); ADOLESCENTS (89%); DEATHS (89%); HOLIDAYS & OBSERVANCES (78%); FAMILY (77%); SUBSTANCE ABUSE (70%); STUDENTS & STUDENT LIFE (66%) Editorial Commentary

**COUNTRY:** UNITED STATES (53%)

**LOAD-DATE:** December 13, 2008

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Waverley Leader (Australia)

**November** 13, 2007 Tuesday

WGV Edition

**Coroner;**

**reveals our;**

**tragic toll**

**BYLINE:** Michelle Rose

**SECTION:** NEWS; Pg. 7

**LENGTH:** 319 words

A PERSON takes their life in Monash every three weeks, new figures show. Melbourne-wide it's one a day, with desperate calls to helplines on the rise.

Figures obtained from the State Coroner show 395 people committed **suicide** across Melbourne in 2005-06.

The highest toll was 24 in outer southeastern Casey, followed by 22 in the Yarra Ranges.

The figures, which record where a **suicide** occurred, rank Monash 12th in Victoria with 16 **suicides**.

Glen Waverley-based Wavecare counselling director Ray Paterson said two to three Monash residents were referred to the service each month after contacting Lifeline.

Mr Paterson said **suicide** was a constant issue in Monash and because of the confidential nature of counselling, the number of residents seeking help could be higher.

The mental health charity SANE says that for every person who takes their own life another 30 attempt **suicide**.

Experts said socioeconomic levels, drug and alcohol abuse, life circumstances, mental health problems and ''copycat'' behaviour were among factors that led to **suicide**.

**Suicide** Prevention Australia chairman Michael Dudley said men in lower socioeconomic groups, in rural or remote areas or from indigenous backgrounds had higher rates of **suicide**.

''Men about 25 to 44 account for about 50 per cent of **suicides** annually,'' Dr Dudley said. ''People often think **suicide** is best for their family and they'd be better off without them, which is a huge tragedy.''

University of Melbourne psychiatry Professor Tony Gorm said **suicide** rates in men over 80 were also high.

**Suicide** Helpline Victoria took 14,073 calls in 2005-06, with 9 per cent of callers at ''high risk'' of **suicide**. **Suicide**-related calls to the SANE helpline have risen 50 per cent in the past year.

Mental Health Minister Lisa Neville said an action plan, Next Steps, aimed to prevent **suicide** and self-harm in at-risk groups.

\* Lifeline, 131 114;

\* **Suicide** Helpline Victoria, 1300 651 251.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** WGV

**SUBJECT:** SUICIDE (93%); MENTAL HEALTH (90%); CORONERS COURTS & OFFICES (90%); MEN (73%); SUBSTANCE ABUSE (73%); PREVENTION & WELLNESS (73%); PSYCHIATRY (73%); VOLUNTARY HEALTH ORGANIZATIONS (72%); HEALTH DEPARTMENTS (72%); MENTAL ILLNESS (72%); WOMEN'S HEALTH (70%); MEDICAL CHARITIES (68%); RURAL COMMUNITIES (66%); ALCOHOL ABUSE & ADDICTION (53%); COLLEGE & UNIVERSITY PROFESSORS (50%)

**CITY:** MELBOURNE, AUSTRALIA (92%)

**STATE:** VICTORIA, AUSTRALIA (92%)

**COUNTRY:** AUSTRALIA (92%)

**LOAD-DATE:** November 14, 2007

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Charleston Gazette (West Virginia)

**October** 17, 2007, Wednesday

**'Survivors of Suicide' support group established in Charleston**

**SECTION:** METRO EAST; Pg. P8

**LENGTH:** 382 words

Adolescent **Suicide** Prevention and Early Intervention and the West Virginia Council for the Prevention of **Suicide** have collaborated to form a support group to serve the Kanawha Valley.

Survivors of **Suicide** (or SOS) has been created to meet weekly, addressing the needs of family members, friends and others who are dealing with the loss of someone they know to **suicide**.

The support group's first meeting took place on Oct. 4.

SOS meets at 6:30 p.m. every Thursday in the fourth-floor conference room of the Davidson Building, 910 Quarrier St. in Charleston. (On-street parking is generally readily available after 6 p.m., group members note.)

According to SOS material, the support group is intended to help participants confront and work through difficult personal questions such as "How can I heal?", "Could I have done anything to prevent the **suicide**?" and "Can I face the holidays?"

"While time is an important factor in any healing," the SOS release asserts, "time alone is not enough when trying to understand the issue of **suicide**.

"This group will allow for the sharing of feelings that only someone directly affected by **suicide**.

"That support will then help lead to growth and healing."

For further information about the SOS group, call 304-389-5357 or 415-5784.

National **suicide** statistics

Citing the Centers for Disease Control as the data source, www.**suicide**.org lists the following statistics regarding **suicides** in the United States in 2004:

- There were 32,439 **suicides** in the United States in 2004.

- The estimated number of attempted **suicides** in 2004 was 800,000.

- On average, someone attempts **suicide** every 40 seconds in the United States.

- On average, 88 people die by **suicide** each day in the United States.

- The national **suicide** rate is 11.1 per 100,000.

- West Virginia ranked eighth in **suicides** per capita among the 50 states in 2004. (Alaska was first; New York was 50th.)

- The highest **suicide** rate is for 65+, white males: 29.0 per 100,000

- The highest rate for all ages combined is white males: 17.7 per 100,000

- The lowest rate for all ages combined is black females: 1.8 per 100,000

- Firearms are the most common overall method for **suicide** (51.6 percent) and the most common method for American men.

- The most common **suicide** method for women is poison, accounting for 37.8 percent.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); ADOLESCENTS (79%); ASSOCIATIONS & ORGANIZATIONS (78%); DISEASES & DISORDERS (74%); EPIDEMIOLOGY (69%); US FEDERAL GOVERNMENT (69%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (54%)

**CITY:** CHARLESTON, WV, USA (90%)

**STATE:** WEST VIRGINIA, USA (93%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** October 17, 2007

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THE KOREA HERALD

**April** 23, 2007 Monday

**Korea to tackle rising suicides**

**LENGTH:** 579 words

National health authorities are moving to allocate a larger budget to the **suicide** policy sector beginning next year, hoping to reduce the nation's soaring **suicide** rate.

South Korea's **suicide** rate has risen to the highest level among countries in the Organization for Economic Cooperation and Development, with 24.7 out of every 100,000 people committing **suicide** in 2005.

"The increasing **suicides** in Korea have become a pan-national issue that should be tackled together by all sectors of society," said Choi Hee-joo of the Health and Welfare Ministry policymaking bureau. "The government is planning to increase the budget to combat **suicides**, to come up with separate measures for different age groups starting next year."

Korea currently has the highest **suicide** rate among the 30 member countries of the OECD, followed by Hungary (22.6 persons), Japan (20.3 persons) and Belgium (18.4 persons).

In 1982, Korea's **suicide** rate stood at merely 6.8 persons per 100,000, one of the lowest levels in the OECD, along with Mexico, Greece and Spain. Since the 1980s, however, **suicides** in Korea have shown a sharp increase, rising by an annual average of 5 percent.

**Suicides** now stand as the No. 4 cause of death in Korea with 14,000 **suicide** cases in 2005, meaning an average of 38 people committed **suicide** per day that year.

Although the government mapped out new measures in 2005 to reduce the **suicide** rate to about 18 per 100,000 by 2010, experts have been pointing out the need for a more effective plan, attributing the soaring rate to complex social factors, including weaker mental health.

Growing numbers of **suicides** among teenagers and 20-something-year-olds are seen as a big problem in Korea.

Over 300 teenagers committed **suicide** in 2005 and **suicide** became the No. 1 cause of death for 20-something-year-olds, according to Seoul National University Bundang Hospital research.

About 12 percent of college students in Korea currently suffer from depression and 89 percent of them answered that they felt like killing themselves more than once.

Online **suicide** websites are seen as one of the main reasons for the sharp increase, especially among the emotionally vulnerable younger generation. First appearing around 2004, these websites share information on "successful ways of committing **suicide**" and help people plan joint **suicides**.

Last year, the government set up a separate organization, the Korea Association for **Suicide** Prevention, to deal with the growing number of **suicides**.

According to KASP's survey last year, 47 percent of teenagers and 38 percent of the 20-somethings said that they have visited such websites out of pure interest. Over 20 percent of the two age brackets said that they had been tempted to commit **suicide** afterwards.

Easy access to toxic chemicals is seen as another cause. Potassium cyanide, which is used frequently in **suicides** is banned from public access under the law, but can easily be purchased on the black market.

The Health Ministry has been moving to tighten regulations of online sales of toxic chemicals as part of its **suicide** prevention plan.

On Friday, the KASP held its first international forum to discuss the **suicide** issue in Korea and neighboring countries.

"More strategic plans are needed to sufficiently tackle the matter," said Hong Gang-eui, the president of the KASP. "Because the form and cause of **suicide** is different between the genders and different age groups, separate measures should be set up."

By Shin Hae-in

(hayney@heraldm.com)

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); HEALTH DEPARTMENTS (90%); INTERNATIONAL ECONOMIC ORGANIZATIONS (90%); TEEN SUICIDE (89%); PUBLIC HEALTH ADMINISTRATION (89%); ADOLESCENTS (89%); ASSOCIATIONS & ORGANIZATIONS (89%); PUBLIC POLICY (79%); ECONOMIC POLICY (78%); ECONOMIC NEWS (78%); MENTAL HEALTH (73%); DEPRESSION (73%); PREVENTION & WELLNESS (73%); COLLEGE STUDENTS (70%); DEMOGRAPHIC GROUPS (69%); STUDENTS & STUDENT LIFE (68%); POLLS & SURVEYS (68%); TOXIC & HAZARDOUS SUBSTANCES (61%); CYANIDES (60%)

**ORGANIZATION:** ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (91%)

**CITY:** SEOUL, KOREA, REPUBLIC OF (79%)

**COUNTRY:** NORTHERN ASIA (99%); KOREA, REPUBLIC OF (93%); SPAIN (79%); BELGIUM (56%)

**LOAD-DATE:** April 22, 2007

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The Irish Times

**March** 26, 2001

**State's suicide rate is 9th highest among EU countries**

**BYLINE:** By JOE HUMPHREYS

**SECTION:** CITY EDITION; HOME NEWS; SUICIDE: AN INVESTIGATION; Pg. 13

**LENGTH:** 455 words

The overall **suicide** rate in Ireland of roughly 12 **suicide** deaths per 100,000 people is by no means exceptional by international standards. According to the latest World Health Organisation (WHO) figures, it puts Ireland ninth in the European Union rankings, and 37th of 87 countries surveyed by the UN body.

What meagre comfort this might bring, however, is dissipated when male **suicide** rates are taken in isolation.

Among men aged 25-34, Ireland has the second-highest **suicide** rate in the European Union, with 34.6 **suicides** per 100,000 in 1996. Only Finland had a higher proportion of such deaths. In the same year Ireland had 25.4 **suicides** per 100,000 among men aged 15-24, giving it the third-highest ranking in that category for Europe by the WHO.

Ireland also has the second-highest male-female **suicide** ratio in the EU, with 5.5 male **suicides** to one female. Only Greece, with a female **suicide** rate of just one death per 100,000, has a lower ratio.

The WHO figures are far from perfect as, due to difficulties in collating data, different base years are selected for different countries (1996 is chosen for Ireland as the last census took place then). The figures do, however, give an indication of how Ireland's recent experience in the area differs from that of its neighbouring countries.

Between 1955 to 1995 the overall **suicide** rate here rose fivefold from 3.7 to 17.9 per 100,000 people. The Netherlands saw the next-biggest rise in the EU, with **suicide** rates increasing by about three-quarters over the same 40-year period. Rates fell in Denmark and Portugal.

The recent surge in **suicides** among young men has brought Ireland closer to the norm for northern and western Europe, where **suicide** rates are highest for young men and older people. Southern and Mediterranean Europe tend to have lower rates of **suicide** in all categories, while the world's highest rates are found in eastern Europe.

According to the WHO, Lithuania, with an overall **suicide** rate of 44 per 100,000, and a male **suicide** rate of 71.1 cases per 100,000 in 1997, has the highest incidence of **suicide** per capita in the world. It is followed by Russia (37.7 cases per 100,000 overall) and Belarus (35 cases per 100,000).

In only three countries - Kuwait, Sao Tome and China - do female **suicides** per capita outnumber those for men.

In total, at least one million people throughout the world kill themselves each year, according to the WHO. This means one **suicide** every 40 seconds.

Within the EU, about 43,000 people die by **suicide** each year, and more than 700,000 attempt **suicide**.

Partly in response to growing concern about **suicide** rates, the WHO is devoting its annual World Health Report this year to mental health.

**CITY:** SAO TOME, SAO TOME & PRINCIPE (51%);

**COMPANY:** AL MUDON INTERNATIONAL REAL ESTATE CO KSCC (51%); WORLD HEALTH ORGANIZATION (93%); WORLD HEALTH ORGANIZATION (93%); EUROPEAN UNION (84%); EUROPEAN UNION (84%); UNITED NATIONS (58%); UNITED NATIONS (58%);

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (93%); WORLD HEALTH ORGANIZATION (93%); EUROPEAN UNION (84%); EUROPEAN UNION (84%); UNITED NATIONS (58%); UNITED NATIONS (58%);

**TICKER:** ALMUDON (KUW) (51%);

**INDUSTRY:** NAICS531110 LESSORS OF RESIDENTIAL BUILDINGS & DWELLINGS (51%); SIC6513 OPERATORS OF APARTMENT BUILDINGS (51%);

**GEOGRAPHIC:** IRELAND EUROPEAN UNION MEMBER STATES (96%); EUROPE (96%); SOUTHERN EUROPE (79%); WESTERN EUROPE (79%); BELARUS (79%); MEDITERRANEAN (79%); NORTHERN EUROPE (79%); NETHERLANDS (73%); LITHUANIA (73%); GREECE (58%); EASTERN EUROPE (58%); PORTUGAL (58%); NORTHERN IRELAND (58%); FINLAND (58%); DENMARK (58%); SAO TOME, SAO TOME & PRINCIPE (51%);

**COUNTRY:** EUROPEAN UNION MEMBER STATES (96%); EUROPE (96%); SOUTHERN EUROPE (79%); WESTERN EUROPE (79%); BELARUS (79%); MEDITERRANEAN (79%); NORTHERN EUROPE (79%); NETHERLANDS (73%); LITHUANIA (73%); GREECE (58%); EASTERN EUROPE (58%); PORTUGAL (58%); NORTHERN IRELAND (58%); FINLAND (58%); DENMARK (58%);

**SUBJECT:** Northern Ireland SUICIDE (95%); EUROPEAN UNION (92%); MEN (91%); DEATHS & DEATH RATES (90%); TEEN SUICIDE (90%); PUBLIC HEALTH ADMINISTRATION (90%); MEN'S HEALTH (90%); EUROPEAN UNION INSTITUTIONS (90%); INTERNATIONAL ECONOMIC ORGANIZATIONS (90%); HEALTH DEPARTMENTS (77%); CENSUS (68%); ASSOCIATIONS & ORGANIZATIONS (72%);

**LOAD-DATE:** March 26, 2001

**LANGUAGE:** ENGLISH

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Courier Mail (Queensland, Australia)

**January** 20, 1996, Saturday

**SUICIDE SOLUTIONS ARE 'ILL-INFORMED'**

**SOURCE:** QNP

**BYLINE:** THOMAS M

**LENGTH:** 607 words

KEYWORD-HIT

**Suicide** solutions

are "ill-informed'

By MARTIN THOMAS THE director of the nation's first **suicide** research

centre yesterday criticised Australia's **suicide** prevention efforts,

condemning research as unfocused and existing strategies as

ill-informed.

Pierre Baume said that despite escalating **suicide** rates, which were

among the highest in the Western world, little or no research was being

conducted into groups which were most at risk.

Prof Baume said a national database on attempted **suicides** had to be

established in Australia.

He said a key failing to **suicide** research was the fact that there

was no collection of data on attempted **suicides** by hospitals in

Australia.

""This information would allow us to develop better, more effective

strategies," he said.

Professor Baume said the national database must be developed in a

way that ensured that privacy was protected.

""In 1994 (the latest figures), 455 people committed **suicide** in

Queensland . . . and it is believed that 50 to 100 per

cent more people attempted **suicide**," Professor Baume said.

In 1993, 367 people in Queensland committed **suicide**. In 1992 there

were 428 **suicides**.

Professor Baume said a person who attempted **suicide** was 60 per

cent more likely to again attempt to take their life.

Family members left grieving after **suicide** death were 10 times more

likely to commit **suicide**.

""It is critical that we start to pay far more attention to these

people in our research in order to combat what is one of the major

public health problems facing us today," Professor Baume said.

Professor Baume is an associate professor at Griffith University

and a former Australian representative on a United Nations' **suicide**

prevention strategy group.

Yesterday he was named the foundation director of the new

Australian Institute for **Suicide**

Research and Prevention.

It has received funding from the Queensland Government.

The new institute will be based at Belmont Private Hospital, in

Brisbane's east.

Queensland has a **suicide** rate which is 20 per

cent higher than the national average.

The national **suicide** rate is one of the highest in the Western

world \_ higher than the United States and double that of Japan. The

rate of **suicide** in the Aboriginal community is twice the national

average.

Professor Baume said there had never been a specialist research

centre to examine the problem of **suicide**.

""We have had a lot of band-aid solutions in the last 10 years. The

result is that the rate of **suicide** has continued to increase," he

said.

""A lot of previous preventative strategies have been uninformed by

research and, in fact, some have ignored research altogether."

Professor Baume said many of the **suicide** preventative programs in

operation had not been evaluated.

He said the effectiveness of organisations

such as Lifeline \_ a privately run 24-hour counselling telephone

service \_ were not known.

""I am not criticising Lifeline . . . but it is difficult to

evaluate the service.

""We really don't know whether such a service has an effect,"

Professor Baume said.

""It is very critical that if we are to tackle the leading causes

of **suicides** that we have concentrated research."

Professor Baume said **suicide** was not a new phenomenon.

What was new was that in Australia the rate of **suicide** in people

younger than 30 had tripled in the past 30 years.

The causes were complex, but had been related to unemployment, the

lack of support services and, in many cases, broken relationships.

""Over 50 per

cent of **suicides** in Queensland were within one month of a

relationship break up," he said.

**SUBJECT:** SUICIDE (96%); COLLEGE & UNIVERSITY PROFESSORS (89%); PREVENTION & WELLNESS (89%); RESEARCH INSTITUTES (78%); APPOINTMENTS (73%); PUBLIC HEALTH ADMINISTRATION (73%); HOSPITALS (69%); UNITED NATIONS INSTITUTIONS (63%);

**CITY:** BRISBANE, AUSTRALIA (73%);

**STATE:** QUEENSLAND, AUSTRALIA (93%);

**COUNTRY:** AUSTRALIA (96%); UNITED STATES (79%);

**LOAD-DATE:** March 1, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** CML

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The New York Times

**January** 22, 1992, Wednesday, Late Edition - Final

**Stronger Family Tie Seen in Suicide**

**SECTION:** Section C; Page 12; Column 4; National Desk; Health Page

**LENGTH:** 281 words

ONE out of every four people who attempt **suicide** has a family member who also tried to commit **suicide,** a study sponsored by the National Institute of Mental Health has found. The number is higher than previous estimates.

In previous studies, about one in 14 people who attempted **suicide** had relatives who had also tried to kill themselves. The new study involved 2,304 Los Angeles residents; the earlier estimates were based on interviews with mental patients and their families.

The chief investigator in the new study, Dr. Susan Sorenson, a psychologist at the University of California at Los Angeles, said she believed that the new study offered a more realistic view of the incidence of **suicide** attempts because it looked at the general population. She said previous studies were limited in scope.

Dr. Sorenson said that having a family history of **suicide** was not, in itself, a predictor of **suicide.** But mental illness can promote clusters of **suicide** attempts in families, she said. One's own mental illness, the mental disorder of a parent or a parent's **suicide** can contribute to a person's sense of social isolation, she said.

**Suicide** studies have consistently found that women have a higher rate of **suicide** attempts than men. In the new study, women were four and a half times as likely as men to attempt **suicide,** Dr. Sorenson said. Unmarried women with a history of **suicide** in the family were at a higher risk for **suicide** attempts than men or married women.

Dr. Sorenson said future research would focus on the nature of the family's response to the attempt and to factors that might make members of such families more prone to social isolation and to **suicide.**

**COUNTRY:** UNITED STATES (94%);

**STATE:** CALIFORNIA, USA (94%);

**CITY:** LOS ANGELES, CA, USA (94%);

**COMPANY:** NATIONAL INSTITUTE OF MENTAL HEALTH NATIONAL INSTITUTE FOR COMMUNITY BANKING INC (58%); NATIONAL INSTITUTE OF MENTAL HEALTH (91%); NATIONAL INSTITUTE OF MENTAL HEALTH (91%); UNIVERSITY OF CALIFORNIA (57%); UNIVERSITY OF CALIFORNIA (57%);

**ORGANIZATION:** NATIONAL INSTITUTE OF MENTAL HEALTH NATIONAL INSTITUTE OF MENTAL HEALTH (91%); NATIONAL INSTITUTE OF MENTAL HEALTH (91%); UNIVERSITY OF CALIFORNIA (57%); UNIVERSITY OF CALIFORNIA (57%);

**GEOGRAPHIC:** ;LOS ANGELES (CALIF) UNITED STATES (94%); CALIFORNIA, USA (94%); LOS ANGELES, CA, USA (94%);

**SUBJECT:** SUICIDES AND SUICIDE ATTEMPTS; RESEARCH; FAMILIES AND FAMILY LIFE SUICIDE (96%); DISEASES & DISORDERS (90%); MENTAL HEALTH (90%); RESEARCH INSTITUTES (90%); FAMILY (90%); INVESTIGATIONS (90%); MENTAL ILLNESS (90%); DEATHS (78%); MENTAL HEALTH PRACTICE (77%); PSYCHOLOGY (77%); MARRIAGE (73%);

**PERSON:** SUSAN SORENSON (92%);

**LOAD-DATE:** January 22, 1992

**LANGUAGE:** ENGLISH

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Defense Department Documents and Publications

**November** 26, 2013

**Suicide prevention gains ground**

**SECTION:** U.S. MARINE CORPS RELEASES

**LENGTH:** 446 words

"The Noise You Hear, is the Sound of FREEDOM."

**Suicide** prevention gains ground

()

Marine Corps Air Station Beaufort --

The Department of Defense is fighting against **suicide**, and gaining ground. Defense officials told the Associated Press that **suicide** in the Marine Corps has decreased 11 percent this year.

The Marine Corps continues to push back against **suicide** by training individual Marines in prevention techniques.

"**Suicide** can happen to anyone," said Jeanette Smith, **suicide** prevention specialist for the Tri-Command. "It can strike all races, all genders, all ages. It's very important to be aware of **suicide** prevention techniques, especially evidence-based **suicide** prevention tools."

**Suicide** prevention education teaches Marines how to help a Marine in distress. The key word for Marines is RACE - recognize, ask, care and escort. Training covers everything from possible signs of **suicide** to available prevention resources.

"It gives them the knowledge to handle a distressing situation," said Smith. "Everyone should know how to prevent **suicide**, not just for your fellow Marines, but also for yourself. Every Marine, every spouse, every family member is important to the Marine Corps."

**Suicide** can affect families, friends, unit morale, cohesion, even unit readiness.

"The bottom line is we have to take care of each other," said Smith. "You spend more time with each other than with your families . Who better to keep an eye on you to make sure you're okay than your fellow Marine?"

Ideally, prevention is continuous. **Suicide** prevention is not just a class or training, but a proactive strategy to maintain readiness, morale and well-being. **Suicide** training is frequent, focusing on peer-to-peer support, intervention and getting help early.

Smith recommends following up annually required **suicide** prevention training with supplemental education from a **suicide** prevention specialist, and keeping the discussion open by talking about **suicide** in the office.

"I don't want any parent or any Marine to feel that pain of losing a Marine or losing a family member," said Smith. "We need to lead from the front with prevention, because prevention saves lives.

"The earlier you get a person into treatment, the more successful the outcome will be. Your life is your life. Value your life, and value yourself. The Marine Corps wants you to get help."

The following prevention resources are available for free: Chaplains, Marine Corps **Suicide** Prevention Program, **Suicide** Prevention Lifeline (1-800-273-TALK), Behavioral Health Counselors 843-228-6126/1620, Military and Family Life Counselors 843-340-2589/843-592-2075, Military OneSource, and the National **Suicide** Hotline (1-800-**SUICIDE)**.

()

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Transcript

**JOURNAL-CODE:** DDJB

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); ARMED FORCES (90%); DEFENSE DEPARTMENTS (90%); FAMILY (89%); MENTAL HEALTH (78%)

**ORGANIZATION:** UNITED STATES MARINE CORPS (91%)

**COUNTRY:** UNITED STATES (79%)

**LOAD-DATE:** November 26, 2013

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Daily Camera (Boulder, Colorado)

**September** 26, 2010 Sunday

**Shining a necessary spotlight on suicide**

**BYLINE:** Erika Stutzman

**SECTION:** OPINION

**LENGTH:** 518 words

W e have a policy at this newspaper, and so do most newspapers, about not reporting **suicides** as news events. There are a few exceptions, including: A **suicide** that happens in a public place with several witnesses. When a homicide investigation concludes with a **suicide** ruling, we conclude our reporting with that, as well. We report if a famous person or prominent figure kills himself or herself. When a **suicide's** loved ones become advocates, we often write about what drew them into the cause.

It's a policy crafted out of well-meaning concerns. There are the families' almost universal wishes for privacy, and a fear by mental health experts that such reporting will fuel copycat **suicides**.

But people who work to prevent **suicide** complain that such policies increase the stigma on **suicide** and diminish its impact on our community. And as much as our policy is the right one for the above-mentioned reasons, our critics are right, too.

On Monday, Denver Bronco Kenny McKinley was found dead of a self-inflicted gunshot wound. He has been described in many ways: Depressed, on injured reserve, fearing a life without football. Also: young, well-liked, a father, attractive, supremely talented, and wealthy.

We don't diminish his outstanding life or his recent mental anguish by saying this: McKinley was a **suicide**. In the dictionary, it's an act. It's also a person. And he was a **suicide**.

So McKinley's act and McKinley the **suicide** give us an opportunity to speak about the unspeakable.

Our state has one of the highest **suicide** rates in the country. Last year, 940 Coloradans killed themselves, according to the state health department. It was the highest rate since 1988. **Suicide** ranked 7th as a cause of death in Boulder County.

A truly fascinating study published five days before McKinley's death explores the high prevalence of **suicides** in the intermountain West. The American Journal of Psychiatry report showed that the risk for **suicide** increases by nearly one-third at an altitude of 2,000 meters, or approximately 6,500 feet above sea level. Researchers are exploring the effects of altitude on brain chemistry.

In 2006, the latest year for which national data was available, Montana, Idaho, Wyoming, Utah, Colorado, Nevada, New Mexico, Arizona, and Oregon accounted for nine of the 10 highest **suicide** rates in the country. Alaska also was in the top 10 in **suicide** rates.

We also have higher rates of gun ownership -- guns are used in half of all U.S. **suicides** -- and lower population density, two factors also linked to higher **suicide** rates. Mental illness is a large factor, bigger than guns: The American Foundation for **Suicide** Prevention said 60 percent of people who commit **suicide** suffer from major depression prior to the act.

While some **suicide** prevention advocates are correct in wanting us to write about **suicide** more often, would that we live in a world where we'd never have to write about it at all.

If you need help, call 1-800-**SUICIDE.** Other resources include: http:// suicidepreventioncolorado.org, and http:// hopecoalitionboulder.org.

-- Erika Stutzman, for

the Camera editorial board

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); EDITORIALS & OPINIONS (90%); INVESTIGATIONS (89%); DEATHS (89%); PREVENTION & WELLNESS (88%); MENTAL HEALTH (78%); DEPRESSION (78%); RESEARCH REPORTS (76%); WOUNDS & INJURIES (74%); PSYCHIATRY (74%); MENTAL ILLNESS (73%); CRIMINAL INVESTIGATIONS (72%); GUNSHOT WOUNDS (72%); HOMICIDE (72%); DEATHS & DEATH RATES (72%); RANKINGS (72%); HEALTH DEPARTMENTS (69%); POPULATION DENSITY (68%); DISEASES & DISORDERS (65%); PUBLIC HEALTH ADMINISTRATION (64%); BRAIN (62%); FIREARMS (60%); SHOOTINGS (57%); BIOCHEMISTRY (50%)

**CITY:** DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (92%); NEW MEXICO, USA (79%); ALASKA, USA (79%); NEVADA, USA (79%); MONTANA, USA (79%); ARIZONA, USA (79%); IDAHO, USA (79%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** January 26, 2012

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-- Erika Stutzman, for

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); EDITORIALS & OPINIONS (90%); INVESTIGATIONS (89%); DEATHS (89%); PREVENTION & WELLNESS (88%); MENTAL HEALTH (78%); DEPRESSION (78%); RESEARCH REPORTS (76%); WOUNDS & INJURIES (74%); PSYCHIATRY (74%); MENTAL ILLNESS (73%); CRIMINAL INVESTIGATIONS (72%); GUNSHOT WOUNDS (72%); HOMICIDE (72%); DEATHS & DEATH RATES (72%); RANKINGS (72%); HEALTH DEPARTMENTS (69%); POPULATION DENSITY (68%); DISEASES & DISORDERS (65%); PUBLIC HEALTH ADMINISTRATION (64%); BRAIN (62%); FIREARMS (60%); SHOOTINGS (57%); BIOCHEMISTRY (50%)

**CITY:** DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (92%); NEW MEXICO, USA (79%); ALASKA, USA (79%); NEVADA, USA (79%); MONTANA, USA (79%); ARIZONA, USA (79%); IDAHO, USA (79%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** September 27, 2010

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Eureka Times Standard

**December** 18, 2005 Sunday

**Suicide Statistics**

**BYLINE:** The Times-Standard

**SECTION:** NEWS

**LENGTH:** 377 words

**Suicide** is common but often kept quiet, said Bill Rodstrom of the Humboldt County Department of Health and Human Services.

"It's much more common than homicide," he said. "You don't see it on the front pages, though. It doesn't say that in the obituary, that he took his own life."

**Suicide** is the 11th-leading cause of death in the United States. More than 30,000 Americans kill themselves every year. Every 18 minutes, someone dies by **suicide**, states the federal Substance Abuse and Mental Health Services Administration.

There are three **suicides** for every two homicides, and twice as many deaths due to **suicide** as to AIDS.

The National Institute of Mental Health estimates between eight and 25 attempted **suicides** for every death; the rate is higher in women and youth and lower in men and the elderly.

Look at the coroner's list of **suicides** for 2005 and you'll encounter a mix of ages, towns of residence and income brackets.

In January 2005, for example, four county residents killed themselves: a 23-year-old Arcata man with a history of depression; an 86-year-old Manila widower with prostate cancer; a 62-year-old Eureka woman who'd previously attempted **suicide**; and a 36-year-old Loleta man who'd been accused of molestation, according to the coroner's office notes. Of the four, only the Eureka woman left a **suicide** note.

And it's a regional phenomenon. The second-highest **suicide** rate in the County Health Status Profiles is Shasta County, with 20.3 **suicides** per 100,000 people. Del Norte, Lake and Trinity counties are among the counties with high rates of **suicide** deaths, but unreliable statistics.

There were 27 **suicides** in Humboldt County in 2004, 31 in 2003, 28 in 2002 and 27 in 2001. Each year, women were a minority -- a total of 24 women out of the 143 **suicides** over the last five years.

The Centers for Disease Control and Prevention reports that men are four times more likely than women to die from **suicide**, but women report attempting **suicide** about three times as often as men.

This year's 30 people ranged in age from 20 to 91. Locally, middle-aged men are more likely to kill themselves. Nearly one-third of local **suicide** victims -- eight this year and 40 over the last five years -- were men between 45 and 60.

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); DEATHS (90%); HOMICIDE (90%); COUNTIES (90%); HEALTH DEPARTMENTS (90%); DEATHS & DEATH RATES (89%); PUBLIC HEALTH ADMINISTRATION (89%); EPIDEMIOLOGY (88%); DEATHS & OBITUARIES (88%); CORONERS COURTS & OFFICES (79%); MEN'S HEALTH (79%); DEPRESSION (79%); MENTAL HEALTH (79%); COUNTY GOVERNMENT (78%); DISEASES & DISORDERS (78%); MEN (78%); US FEDERAL GOVERNMENT (76%); SUBSTANCE ABUSE (70%); AIDS & HIV (70%); MENTAL HEALTH PRACTICE (70%); RESEARCH INSTITUTES (69%); MIDDLE AGED PERSONS (68%); SEX OFFENSES (64%); SEXUAL ASSAULT (64%); PROSTATE DISEASE (53%); PROSTATE CANCER (51%);

**COMPANY:** NATIONAL INSTITUTE FOR COMMUNITY BANKING INC (56%);

**ORGANIZATION:** SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION (57%); NATIONAL INSTITUTE OF MENTAL HEALTH (56%); NATIONAL INSTITUTE OF MENTAL HEALTH (56%);

**CITY:** EUREKA, CA, USA (88%);

**STATE:** CALIFORNIA, USA (88%);

**COUNTRY:** UNITED STATES (93%);

**LOAD-DATE:** December 18, 2005

**LANGUAGE:** ENGLISH

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Austin American-Statesman (Texas)

**July** 21, 2005 Thursday

**High suicide rate brings call to action;**

**Group seeks to reduce Travis numbers, worst among metro areas**

**BYLINE:** Katie Humphrey, AMERICAN-STATESMAN STAFF

**SECTION:** METRO/STATE; Pg. B1

**LENGTH:** 446 words

Travis County has the highest **suicide** rate among Texas metropolitan areas, according to a report released Wednesday by the Austin **Suicide** Prevention Coalition.

More than 450 people, or 12 out of every 100,000 Travis County residents, committed **suicide** between 1999 and 2003, the report says. The next highest metropolitan area was Harris County, with 10.5 **suicides** per 100,000 residents. The rate for the entire state was 10.8 per 100,000.

"It's not a significant difference because two out of 100,000 people more commit **suicide** in Travis County but because, over the last five years of analyzing this data, it averages out to two **suicides** per week," said David Evans, executive director of the Austin Travis County Mental Health Mental Retardation Center.

According to the report, men were nearly three times more likely to commit **suicide** than women in Travis County. And **suicide** rates were the highest -- with 21.7 per 100,000 residents -- for people between the ages of 65 and 74.

"It is definitely time for us to step up to the challenge to see what we as a community can do," said Merily Keller, co-chairwoman of the Texas **Suicide** Prevention Community Network, whose son committed **suicide** in 2000. "Talking about it doesn't cause **suicide**. Talking about it is how we prevent it."

The Austin **Suicide** Prevention Coalition presented an Austin/Travis County Plan for **Suicide** Prevention to the Mayor's Mental Health Task Force and the Austin Travis County mental health center at a news conference Wednesday.

The proposal urges the mayor's task force and the mental health center to work with coalition to establish a panel of experts to study Austin's **suicide** rate and develop a plan to lower it.

"We have to make sure we don't lose sight of mental health, and in that mental health arena, **suicide** has to be discussed," Mayor Will Wynn said.

The group could not cite a specific reason for the city's higher **suicide** rate, but John Hellsten, an epidemiologist with the Texas Department of State Health Services, said that a number of things that make Austin attractive, such as a highly educated population or a high rate of people moving into the area, are also associated with higher **suicide** risks.

Evans said that in order to lower the **suicide** rate, an extra effort has to be made for people to get care for mental illness. With varying insurance coverage and private and public care facilities, the system can be very confusing, he said.

"The multiple funding sources, the multiple places for treatment and the minimal resources are often mismatched on any given day," he said. "The promise of this prevention plan is to work together community-wide."

khumphrey@statesman.com

**GRAPHIC:** Mayor Will Wynn: Austin leader says suicide is a key issue in mental health care.

Merily Keller with the Texas Suicide Prevention Community Network, greeting John Hellsten of the Department of State Health Services on Wednesday, said communication is key in suicide prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); CITY LIFE (90%); COUNTIES (90%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (89%); CITIES (89%); CITY GOVERNMENT (89%); PSYCHIATRIC HOSPITALS (88%); WOMEN (78%); MENTAL ILLNESS (78%); MENTAL HEALTH PRACTICE (74%); MENTAL RETARDATION (72%); MENTAL RETARDATION FACILITIES (69%); EPIDEMIOLOGY (63%)

**CITY:** AUSTIN, TX, USA (96%)

**STATE:** TEXAS, USA (96%)

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** August 1, 2005

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Kashmir Monitor (India)

**August** 14, 2014 Thursday

**Suicides soar in 'depressed' Kashmir**

**LENGTH:** 462 words

**DATELINE:** SRINAGAR

SRINAGAR, Aug. 14 -- The conflict-torn Kashmir valley has witnessed 1482 **suicides** in past six years, official data reveals.

These figures are about only the cases that were reported while the unreported ones go undocumented.

At least 263 people committed **suicide** in 2013, the official document of police department says.

Official data reveals that 278 committed **suicide** in 2012 while as 270 committed **suicides** in 2011.

In 2010, when Kashmir witnessed five-month long spiralling street protests resulting into killing of 117 youth in security forces action, the Kashmir valley recorded 250 **suicides**.

Similarly, in 2009 as many as 233 people committed **suicide** while as 188 tried to end their life in 2008.

The increased incidence of **suicides**, particularly among the Kashmiri youth, has become a serious concern for the people, and parents in particular.

And this year too, so far the incidents of **suicides** is refusing to show any decline, which certainly is and should be a matter of grave concern for all. On Sunday it was reported that two youth of Khanyar and Sopore have commit **suicide**, which has triggered apprehensions among the parents here.

Valley' noted psychiatrist, Dr Mushtaq Margoob, says that various researches have suggested that 90 percent of people who commit **suicide** are mentally depressed.

"Last 24 years of turmoil in Kashmir are the main cause for mental disorders among youths, which often lead to suicidal tendencies among them," Margoob told The Kashmir Monitor.

He said the actual rate is higher than what is being reported. "Because of the social stigma, people do not report **suicide** attempts or death particularly," he said.

Renowned educationist of the Valley, Prof. A G Madhosh, said one of the major causes of **suicides** is the parental as well as peer pressure. "Those who attempt **suicide** are often pressurized at early stages of life," he says.

Parental pressure, tough competition in studies and career, lack of moral and religious education are the main reasons for these suicidal attempts among youth, he said.

Various studies have revealed that females outnumber males in attempting **suicides** in Kashmir.

Noted sociologist Prof Bashir Ahmad Dabla had conducted a research where it was found that 62 percent of all the **suicides** in the Valley involved females.

"I did a research on 27, 00 **suicide** cases and found that 62 percent of all the **suicides** in the Valley involved females. The **suicide** ratio is almost same in rural as well as in urban," Dabla said.

He said youth in the age group of 15 to 26 years were found to be mostly likely to end their lives.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); TEEN SUICIDE (89%); MENTAL ILLNESS (89%); POLICE FORCES (73%); PROTESTS & DEMONSTRATIONS (72%); PSYCHIATRY (71%); SOCIOLOGY (71%); DEMOGRAPHIC GROUPS (70%); PHYSICIANS & SURGEONS (67%); RELIGION (50%)

**STATE:** KASHMIR (99%); JAMMU & KASHMIR, INDIA (93%)

**COUNTRY:** ASIA (99%); INDIA (93%)

**LOAD-DATE:** August 13, 2014

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Times of India (Electronic Edition)

**July** 2, 2014 Wednesday

Chennai Edition

**In 2013, 12 ended lives due to love, 5 for poverty every day**

**BYLINE:** Deeptiman Tiwary

**SECTION:** TIMES NATION

**LENGTH:** 295 words

More people commit **suicide** daily due to unrequited love or a failed affair than due to poverty , bankruptcy or unemployment in the country .

And not surprisingly , this is reflected in the maximum number of **suicides** recorded in the age group of 0-29 years, according to latest NCRB data.

According to the 2013 NCRB data, there are 12 **suicides** every day due to love affairs compared to five for poverty , seven for bankruptcy and six for unemployment. Love affairs have turned out to be third biggest killers after family problems and illness. This is reflected in the fact that as many as 135 **suicides** fall in the age group of 0-29.

The data shows that 89 people commit **suicide** every day due to family problems while 72 end their lives because of illness. Cancer has turned out to be the biggest reason for which most suffering from illness commit

**suicide** followed by paralysis and AIDS.

According to the data, in 2013 781 people committed **suicide** due to cancer while 724 took their lives due to paralysis. AIDS, despite being the deadliest disease, pushed only 590 people to **suicide**.

It also fared better in terms of percent age increase in comparison to 2012.

While paralysis **suicides** grew by 35.1% and cancer **suicides** recorded an increase of 33%, AIDS **suicides** clocked only 12.4% rise. Illness was the biggest reason driving people to **suicides** in Punjab with 35% of all **suicides** in the state falling in such category . The data also show that as many as 86 people died due to heart attacks and epileptic fits in the country .

Meanwhile, the quaint environs of Kerala and Puducherry do not seem to be spreading any joy within families. Both places were top of the heap in the category of **suicides** due to family problems with over 50% of all **suicides** attributed to this reason.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); CANCER (90%); POVERTY & HOMELESSNESS (90%); FAMILY (89%); DISEASES & DISORDERS (89%); DEMOGRAPHIC GROUPS (77%); HEART DISEASE (70%); EPILEPSY (67%)

**STATE:** PUDUCHERRY, INDIA (51%)

**COUNTRY:** INDIA (79%)

**LOAD-DATE:** July 16, 2014

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The Nation (Thailand)

**February** 19, 2014 Wednesday

**Rice-scheme woes not major factor in suicides, agency saysmental health dept claims investigation shows farmers killed themselves for other reasons**

**BYLINE:** The Nation

**LENGTH:** 413 words

Pongphon Sarnsamak

The Nation

Debts stemming from participation in the government's rice-pledging scheme were not the major reason for the recent **suicides** of a number of farmers, according to the state mental-health agency.

The Mental Health Department sent a team to investigate the causes of the **suicides** of 13 rice farmers during the past few weeks.

Department deputy director-general Dr Panpimol Wipulakorn said the investigation found that nine of them had committed **suicide** because they owed a large number of informal debts. Three committed **suicide** as they had been suffering from congenital diseases. The remaining farmer's **suicide** could not be linked to the rice-pledging scheme.

"We found that the main risk factors for committing **suicide** were mental-health problems, physical ailments and family problems. Economic problems caused by large informal debts was also a main factor leading them to commit **suicide**," Panpimol said.

The rice farmers who committed **suicide** were aged between 40 and 60. Most had complained of feeling depressed and frustrated. Some had harmed themselves or tried to commit **suicide** on previous occasions.

In a related development, the department found that about nine rice farmers among those protesting in front of the Commerce Ministry were at risk from suffering depression. The department has instructed protest leaders to keep a close eye on this group and provide them with counselling services.

Panpimol said the department had received many reports over the past few years about rice farmers committing **suicide** because of their crops being affected by natural disasters, and because of their large financial burdens.

People are urged to keep a close eye on family members who may be at risk of committing **suicide**, she said.

"Farmers should learn that all problems can be solved step by step," she added.

Farmers who are prone to depression are at risk of committing **suicide** and are advised to consult health volunteers or hospitals.

Panpimol said that according to the World Health Organisation, negative news reports were an additional factor leading farmers to take their own lives. t0.000Most of people have succeeded in committing **suicide** because they wanted to commit **suicide**.t2.000

"When [at-risk people] receive a lot of information about others committing **suicide**, it puts them at [greater] risk of committing **suicide**," she said.

Media are urged against constantly repeating reports of **suicide** as this could trigger "copycat" **suicides**, she said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MENTAL HEALTH (91%); INVESTIGATIONS (90%); HEALTH DEPARTMENTS (90%); RICE FARMING (90%); FARMERS & RANCHERS (90%); DISEASES & DISORDERS (89%); DEPRESSION (89%); PUBLIC HEALTH ADMINISTRATION (77%); FAMILY (77%); COMMERCE DEPARTMENTS (77%); ASSOCIATIONS & ORGANIZATIONS (76%); CONGENITAL DISORDERS (70%); PROTESTS & DEMONSTRATIONS (66%); NATURAL DISASTERS (50%)

**LOAD-DATE:** February 18, 2014

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Indian Express

**September** 9, 2013 Monday

**City saw 712 suicides last year**

**LENGTH:** 422 words

The city witnessed 712 **suicides** last year - a grim fact that led Connecting NGO to undertake an ambitious programme to reach out to survivors of **suicide** attempts. This year, World **Suicide** Prevention Day will be observed on September 10 with the theme Stigma, a major barrier to **suicide** prevention.

National Crime Records Bureau (NCRB) data shows there were 712 **suicides** in Pune last year, while WHO estimates that nearly nine lakh people worldwide commit **suicide** every year, including 1.7 lakh in India. The Lancet study further indicates that **suicide** has become the leading cause of death among Indian youth.

After a rise in **suicides** and the increasing number of calls registered with its helpline number, Connecting decided to conduct a slew of programmes on the occasion to drive home the point that **suicides** can be prevented. "It is estimated that the number of people who attempt **suicide** are approximately 10 times the actual deaths. Also, those who have attempted **suicides** are at much higher risk to make further fatal attempts," said Bobby Zachariah, CEO of Connecting. He said stigma is attached to **suicide** and people do not speak about suicidal thoughts for the fear of being judged. When a person commits **suicide**, the family undergoes a range of feelings that include shame and stigma, which often prevent them from seeking the support they need. People who survive a **suicide** attempt, too, find it tough to face their loved ones.

"It is here that we want to reach out to survivors and support them. We also plan to visit families that do not know how to deal with the trauma of **suicide** by their loved one," says Zachariah.

The helpline numbers of Connecting 18002094353 (toll free) and 9922001122 receive at least 250-300 calls every month. "We often have callers who exhibit a sense of hopelessness, feel their problems are huge, often have eating or sleeping disorders and feel withdrawn from society. The helpline numbers give them a chance to vent out their feelings," he added.

On September 10, the NGO will conduct two events where volunteers will distribute leaflets with a **suicide** prevention message and discuss issues related to **suicide**.

Consulting psychiatrist Dr Bhushan Shukla said he found several youngsters in his OPD with suicidal thoughts. However, **suicides** can be prevented and there is a need for proper counselling and awareness, he said. Dr Kishore Gujjar, former president of Pune Psychiatrists' Association, said youngsters are more depressed and that a competitive lifestyle was to blame.

ANURADHA MASCARENHAS

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (90%); MENTAL ILLNESS (89%); NONGOVERNMENTAL ORGANIZATIONS (89%); DEATHS (78%); DEATHS & DEATH RATES (76%); PHYSICIANS & SURGEONS (67%); EXECUTIVES (67%); SLEEP DISORDERS (50%)

**COUNTRY:** INDIA (90%)

**LOAD-DATE:** September 9, 2013

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Irish Independent

**May** 24, 2013 Friday

Edition 3;

National Edition

**Donal chose life but society sends out mixed messages**

**BYLINE:** David Quinn

**SECTION:** NEWS; Pg. 30

**LENGTH:** 767 words

BY one of those strange coincidences, the same day psychiatrist Kevin Malone testified to the Oireachtas Health Committee on abortion and **suicide** this week, he also launched a major report on **suicide** among Irish males.

Dr Malone is professor of psychiatry at UCD and a consultant psychiatrist at St Vincent''s hospital. He is an expert on **suicide** and its causes and he brought that expertise to bear at the committee hearings.

He expressed concerns about plans to include the **suicide** grounds in the abortion bill. He told the committee of his fear that inclusion of the **suicide** grounds could help to 'normalise' ' **suicide** and therefore drive up rates in society as a whole.

This would impact disproportionately on young males because young males are the most likely in the population to commit **suicide**.

As he wrote in an earlier submission to the Health Committee: "Based on my research ... there is a greater likelihood that this legislation may contribute to an increased risk of **suicide** in Irish males through foregrounding 'suicidality' ' within the State for females, consequent to this legislation - an amplified cultural **suicide** signal through a normalisation effect. A similar increase in non-pregnant young females may also be a consequence."

" To put it in layman's terms, **suicide** begets **suicide**. There is a copycat effect. The report on **suicide** among Irish males that Prof Malone launched highlights the fact that young men often commit **suicide** in 'clusters'. '.

This is why we have to be extremely careful how we talk about **suicide**. It''s all very well to be open about the problem, but if we are open in the wrong way, we can inadvertently cause yet more **suicides**. And if we give the impression that suicidal feelings are perfectly understandable in a given set of circumstances - for example, if a woman is confronted with an unwanted pregnancy - we can drive up the rate through the "amplified **suicide** signal" Prof Malone refers to.

This is why the heroic example set by Donal Walsh was and is so important.

As we know, Donal was diagnosed with cancer aged 12 and died earlier this month aged 16.

By his own account, going into hospital for cancer treatment was like going into a version of hell. Suicidal feelings in this situation would seem understandable to some people but Donal completely rebelled against such thoughts.

We cheered Donal for showing such courage in the face of adversity and for turning his situation into a life-affirming message, an anti-**suicide** message. But it is also clear that our society is deeply conflicted on the topic of **suicide** and is therefore sending out mixed messages.

Recently, when Marie Fleming lost her case before the Supreme Court to have a constitutional right to assisted **suicide** recognised, we sympathised with her.

At a human level, this is perfectly understandable. She is in the advanced stages of Multiple Sclerosis and is suffering greatly. But it was easy to turn this natural sympathy into support for assisted **suicide** to be recognised in law.

SO, on the one hand, we sympathise with Donal and applaud his anti-**suicide** message and on the other hand we sympathise with Ms Fleming and her campaign.

Sympathising with the suffering of another human being is natural but that sympathy can end up being used for contradictory purposes.

One way of reconciling the contradiction is by resorting to the ideology of choice. If it was Donal''s choice to live on in the face of his suffering, then we can applaud that choice. And if it is Marie''s choice to end her life rather than endure suffering, then we should applaud that choice.

But this doesn''t really reconcile the contradiction because we have to decide whether **suicide** is desirable or not from a societal point of view.

If we say that **suicide** is sometimes understandable, then we cannot but drive up the rate of **suicide**.

What worries Prof Malone is that all the talk of **suicide** in connection with pregnancy broadcasts a terrible signal to society that will be picked up by those at risk of **suicide** and will increase the risk of them committing **suicide**. A debate about assisted **suicide** is bound to have the same effect.

So, what Irish society is doing is lamenting **suicide** and also talking it up. Supporting a right to assisted **suicide** normalises **suicide**. A law that legitimates feelings of **suicide** in pregnant women does the same.

A society that intentionally or unintentionally legitimates **suicide** can''t even pretend to be pro-life, either of the unborn or the born.

Sympathising with the suffering of another human being is natural but that sympathy can end up being used for contradictory purposes

**GRAPHIC:** Donal Walsh (right) who died earlier this month. Above, Marie Fleming with her husband Tom Curran.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** IIN

**SUBJECT:** SUICIDE (91%); PSYCHIATRY (90%); TESTIMONY (90%); ABORTION (90%); MEN (90%); PHYSICIANS & SURGEONS (90%); MENTAL ILLNESS (89%); TEEN SUICIDE (78%); PREGNANCY & CHILDBIRTH (78%); SUPREME COURTS (76%); CANCER HOSPITALS (76%); ONCOLOGY (73%); CANCER (73%); ASSISTED SUICIDE (73%)

**COUNTRY:** IRELAND (88%)

**REGION:** National Edition

**LOAD-DATE:** May 24, 2013

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Nationalist

**September** 5, 2012 Wednesday

**HSE brings Suicide Awareness course to Carrick-on-Suir**

**LENGTH:** 458 words

The HSE is running a **Suicide** Awareness training course in Carrick-on-Suir over the next month.

The course will take place at the Nano Nagle Community Resource Centre, Greenside over three successive Monday nights.

The first session on Monday, September 17 will be facilitated by John, Kennedy, Training/Development Officer at the South East Region **Suicide** Resource Office.

It will start at 7pm with the first hour focussing on providing an overview of **suicide**, myths, motives and self harm.

The second hour will include an attitudes workshop followed by **suicide** risk factors, warning signs and indicators.

The session will close with questions and answers.

The second session on Monday, September 24 will be a three and a half hours **suicide** alertness programme called Safe Talk.

The session, which will commence at 6.30pm, will prepare participants to be **suicide** alert helpers during which you will learn how to provide practical help to persons with thoughts of **suicide**.

Participants should expect to leave Safe Talk more willing and able to perform an important helping role for those with thoughts of **suicide**.

Opportunities to help a person with thoughts of **suicide** are sometimes missed, dismissed and avoided.

By attending Safe Talk, you will want persons with suicidal thoughts to invite your help and you will learn the TALK steps (tell, ask, listen and keepsafe) and will be able to activate a **suicide** alert.

As part of the Keepsafe steps, you connect persons with thoughts of **suicide** to persons trained in **suicide** intervention.

At the Safe Talk session, participants expect to be challenged, expect to have feelings and expect to be hopeful.

Participants will see powerful reminders of why it is important to be **suicide** alert.

They will ask questions, enter discussions, learn clear and practical information on what to do and practice the TALK steps.

The second session concludes with practice in activating a **suicide** alert and is also facilitated by John Kennedy.

The concluding session of hte course on Monday, October 1 from 7pm to 9pm deals with **suicide** bereavement and will be facilitated by HSE **Suicide** Resource Officer Sean McCarthy.

**Suicide** has been described as one of the leading public health challenges facing Ireland.

For each individual who dies by **suicide** there are at least six people that are significantly impacted by the death.

Workplaces, organisations and communities are also impacted upon as people and professionals find it difficult to engage with the bereaved, therefore missing an opportunity to provide support to them.

This workshop is targeted at providing information to people that will empower them in helping people and communities that have been bereaved through **suicide**.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** INAC

**SUBJECT:** SUICIDE (95%); DEATHS (78%) Community

**COUNTRY:** IRELAND (78%)

**LOAD-DATE:** September 5, 2012

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Daily Camera (Boulder, Colorado)

**September** 26, 2010 Sunday

**Shining a necessary spotlight on suicide**

**BYLINE:** Erika Stutzman

**SECTION:** OPINION

**LENGTH:** 518 words

W e have a policy at this newspaper, and so do most newspapers, about not reporting **suicides** as news events. There are a few exceptions, including: A **suicide** that happens in a public place with several witnesses. When a homicide investigation concludes with a **suicide** ruling, we conclude our reporting with that, as well. We report if a famous person or prominent figure kills himself or herself. When a **suicide's** loved ones become advocates, we often write about what drew them into the cause.

It's a policy crafted out of well-meaning concerns. There are the families' almost universal wishes for privacy, and a fear by mental health experts that such reporting will fuel copycat **suicides**.

But people who work to prevent **suicide** complain that such policies increase the stigma on **suicide** and diminish its impact on our community. And as much as our policy is the right one for the above-mentioned reasons, our critics are right, too.

On Monday, Denver Bronco Kenny McKinley was found dead of a self-inflicted gunshot wound. He has been described in many ways: Depressed, on injured reserve, fearing a life without football. Also: young, well-liked, a father, attractive, supremely talented, and wealthy.

We don't diminish his outstanding life or his recent mental anguish by saying this: McKinley was a **suicide**. In the dictionary, it's an act. It's also a person. And he was a **suicide**.

So McKinley's act and McKinley the **suicide** give us an opportunity to speak about the unspeakable.

Our state has one of the highest **suicide** rates in the country. Last year, 940 Coloradans killed themselves, according to the state health department. It was the highest rate since 1988. **Suicide** ranked 7th as a cause of death in Boulder County.

A truly fascinating study published five days before McKinley's death explores the high prevalence of **suicides** in the intermountain West. The American Journal of Psychiatry report showed that the risk for **suicide** increases by nearly one-third at an altitude of 2,000 meters, or approximately 6,500 feet above sea level. Researchers are exploring the effects of altitude on brain chemistry.

In 2006, the latest year for which national data was available, Montana, Idaho, Wyoming, Utah, Colorado, Nevada, New Mexico, Arizona, and Oregon accounted for nine of the 10 highest **suicide** rates in the country. Alaska also was in the top 10 in **suicide** rates.

We also have higher rates of gun ownership -- guns are used in half of all U.S. **suicides** -- and lower population density, two factors also linked to higher **suicide** rates. Mental illness is a large factor, bigger than guns: The American Foundation for **Suicide** Prevention said 60 percent of people who commit **suicide** suffer from major depression prior to the act.

While some **suicide** prevention advocates are correct in wanting us to write about **suicide** more often, would that we live in a world where we'd never have to write about it at all.

If you need help, call 1-800-**SUICIDE.** Other resources include: http:// suicidepreventioncolorado.org, and http:// hopecoalitionboulder.org.

-- Erika Stutzman, for

the Camera editorial board

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); EDITORIALS & OPINIONS (90%); INVESTIGATIONS (89%); DEATHS (89%); PREVENTION & WELLNESS (88%); MENTAL HEALTH (78%); DEPRESSION (78%); RESEARCH REPORTS (76%); WOUNDS & INJURIES (74%); PSYCHIATRY (74%); MENTAL ILLNESS (73%); CRIMINAL INVESTIGATIONS (72%); GUNSHOT WOUNDS (72%); HOMICIDE (72%); DEATHS & DEATH RATES (72%); RANKINGS (72%); HEALTH DEPARTMENTS (69%); POPULATION DENSITY (68%); DISEASES & DISORDERS (65%); PUBLIC HEALTH ADMINISTRATION (64%); BRAIN (62%); FIREARMS (60%); SHOOTINGS (57%); BIOCHEMISTRY (50%)

**CITY:** DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (92%); NEW MEXICO, USA (79%); ALASKA, USA (79%); NEVADA, USA (79%); MONTANA, USA (79%); ARIZONA, USA (79%); IDAHO, USA (79%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** January 26, 2012

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); EDITORIALS & OPINIONS (90%); INVESTIGATIONS (89%); DEATHS (89%); PREVENTION & WELLNESS (88%); MENTAL HEALTH (78%); DEPRESSION (78%); RESEARCH REPORTS (76%); WOUNDS & INJURIES (74%); PSYCHIATRY (74%); MENTAL ILLNESS (73%); CRIMINAL INVESTIGATIONS (72%); GUNSHOT WOUNDS (72%); HOMICIDE (72%); DEATHS & DEATH RATES (72%); RANKINGS (72%); HEALTH DEPARTMENTS (69%); POPULATION DENSITY (68%); DISEASES & DISORDERS (65%); PUBLIC HEALTH ADMINISTRATION (64%); BRAIN (62%); FIREARMS (60%); SHOOTINGS (57%); BIOCHEMISTRY (50%)

**CITY:** DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (92%); NEW MEXICO, USA (79%); ALASKA, USA (79%); NEVADA, USA (79%); MONTANA, USA (79%); ARIZONA, USA (79%); IDAHO, USA (79%)

**COUNTRY:** UNITED STATES (92%)

**LOAD-DATE:** September 27, 2010

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Geelong Advertiser (Australia)

**September** 11, 2007 Tuesday

**Mental Health Minister heads up prevention forum;**

**Suicide warning call**

**BYLINE:** LAUREN PIKE

**SECTION:** NEWS; Pg. 13

**LENGTH:** 362 words

**SUICIDE** leaves a lot of unanswered questions but Mental Health Minister Lisa Neville yesterday set about finding some answers.

To mark World **Suicide** Prevention Day the Bellarine MP opened a community forum in Melbourne to arouse discussion on the issue.

''**Suicide** is a complex issue with tragic consequences and we can't afford to ignore it,'' Ms Neville said.

''Each **suicide** and each attempted **suicide** has tragic consequences in terms of the mental and physical scarring of survivors, and for their family, friends and work colleagues.''

Each year 500 Victorians take their own lives with the highest rates among males and the 25- to 44-year-old age groups.

For every male **suicide** there are about 30 to 50 attempts while for every female death there are about 150 to 300 attempts.

Representatives from the State Government, beyondblue, the **Suicide** Prevention Association, as well as people touched by **suicide**, attended the forum.

She said the meeting was aimed at equipping people with the skills to identify early warning signs of depression.

''It's about where we want to target **suicide**,'' she said.

''We want people to be able to talk about depression and how they feel so we can try and prevent the tragic consequences of **suicide**.

''We want the broader community to be alert to it whether that be the football coach or the primary school teacher. Everyone has a role to look out for warning signs.''

**Suicide** has touched many Geelong families, Ms Neville said, with rural communities often having high **suicide** rates. Figures from the Victorian Coroner's Office show the Barwon region registered an average of 11.4 **suicides** for every 100,000 people during 1991 and 2001.

Corio averaged 5.9 **suicides** a year, Greater Geelong 5.2 and South Barwon 4.4.

Opposition mental health spokeswoman Mary Wooldridge said World **Suicide** Day was an opportunity to ignite change in the system so people with depression could access services. Figures showed one in 10 diagnosed with a mental illness commit **suicide** within 10 years of being diagnosed.

THOSE experiencing personal problems can telephone Lifeline on 131 114, SANE Helpline on 1800 187 263 or the Victorian **Suicide** Helpline on 1300 651 251.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** GAT

**SUBJECT:** SUICIDE (94%); MENTAL HEALTH (90%); HEALTH DEPARTMENTS (90%); PREVENTION & WELLNESS (90%); DEPRESSION (89%); MEN'S HEALTH (79%); MEN (78%); FAMILY (78%); ASSOCIATIONS & ORGANIZATIONS (77%); CORONERS COURTS & OFFICES (74%); MENTAL ILLNESS (74%); RURAL COMMUNITIES (72%); DEMOGRAPHIC GROUPS (69%); REGIONAL & LOCAL GOVERNMENTS (68%); COACHES & TRAINERS (64%); PRIMARY SCHOOLS (50%)

**CITY:** MELBOURNE, AUSTRALIA (90%)

**STATE:** VICTORIA, AUSTRALIA (94%)

**COUNTRY:** AUSTRALIA (94%)

**LOAD-DATE:** September 11, 2007

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Eureka Times Standard

**December** 18, 2005 Sunday

**Suicide Statistics**

**BYLINE:** The Times-Standard

**SECTION:** NEWS

**LENGTH:** 377 words

**Suicide** is common but often kept quiet, said Bill Rodstrom of the Humboldt County Department of Health and Human Services.

"It's much more common than homicide," he said. "You don't see it on the front pages, though. It doesn't say that in the obituary, that he took his own life."

**Suicide** is the 11th-leading cause of death in the United States. More than 30,000 Americans kill themselves every year. Every 18 minutes, someone dies by **suicide**, states the federal Substance Abuse and Mental Health Services Administration.

There are three **suicides** for every two homicides, and twice as many deaths due to **suicide** as to AIDS.

The National Institute of Mental Health estimates between eight and 25 attempted **suicides** for every death; the rate is higher in women and youth and lower in men and the elderly.

Look at the coroner's list of **suicides** for 2005 and you'll encounter a mix of ages, towns of residence and income brackets.

In January 2005, for example, four county residents killed themselves: a 23-year-old Arcata man with a history of depression; an 86-year-old Manila widower with prostate cancer; a 62-year-old Eureka woman who'd previously attempted **suicide**; and a 36-year-old Loleta man who'd been accused of molestation, according to the coroner's office notes. Of the four, only the Eureka woman left a **suicide** note.

And it's a regional phenomenon. The second-highest **suicide** rate in the County Health Status Profiles is Shasta County, with 20.3 **suicides** per 100,000 people. Del Norte, Lake and Trinity counties are among the counties with high rates of **suicide** deaths, but unreliable statistics.

There were 27 **suicides** in Humboldt County in 2004, 31 in 2003, 28 in 2002 and 27 in 2001. Each year, women were a minority -- a total of 24 women out of the 143 **suicides** over the last five years.

The Centers for Disease Control and Prevention reports that men are four times more likely than women to die from **suicide**, but women report attempting **suicide** about three times as often as men.

This year's 30 people ranged in age from 20 to 91. Locally, middle-aged men are more likely to kill themselves. Nearly one-third of local **suicide** victims -- eight this year and 40 over the last five years -- were men between 45 and 60.

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); DEATHS (90%); HOMICIDE (90%); COUNTIES (90%); HEALTH DEPARTMENTS (90%); DEATHS & DEATH RATES (89%); PUBLIC HEALTH ADMINISTRATION (89%); EPIDEMIOLOGY (88%); DEATHS & OBITUARIES (88%); CORONERS COURTS & OFFICES (79%); MEN'S HEALTH (79%); DEPRESSION (79%); MENTAL HEALTH (79%); COUNTY GOVERNMENT (78%); DISEASES & DISORDERS (78%); MEN (78%); US FEDERAL GOVERNMENT (76%); SUBSTANCE ABUSE (70%); AIDS & HIV (70%); MENTAL HEALTH PRACTICE (70%); RESEARCH INSTITUTES (69%); MIDDLE AGED PERSONS (68%); SEX OFFENSES (64%); SEXUAL ASSAULT (64%); PROSTATE DISEASE (53%); PROSTATE CANCER (51%);

**COMPANY:** NATIONAL INSTITUTE FOR COMMUNITY BANKING INC (56%);

**ORGANIZATION:** SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION (57%); NATIONAL INSTITUTE OF MENTAL HEALTH (56%); NATIONAL INSTITUTE OF MENTAL HEALTH (56%);

**CITY:** EUREKA, CA, USA (88%);

**STATE:** CALIFORNIA, USA (88%);

**COUNTRY:** UNITED STATES (93%);

**LOAD-DATE:** December 18, 2005

**LANGUAGE:** ENGLISH

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Austin American-Statesman (Texas)

**July** 21, 2005 Thursday

**High suicide rate brings call to action;**

**Group seeks to reduce Travis numbers, worst among metro areas**

**BYLINE:** Katie Humphrey, AMERICAN-STATESMAN STAFF

**SECTION:** METRO/STATE; Pg. B1

**LENGTH:** 446 words

Travis County has the highest **suicide** rate among Texas metropolitan areas, according to a report released Wednesday by the Austin **Suicide** Prevention Coalition.

More than 450 people, or 12 out of every 100,000 Travis County residents, committed **suicide** between 1999 and 2003, the report says. The next highest metropolitan area was Harris County, with 10.5 **suicides** per 100,000 residents. The rate for the entire state was 10.8 per 100,000.

"It's not a significant difference because two out of 100,000 people more commit **suicide** in Travis County but because, over the last five years of analyzing this data, it averages out to two **suicides** per week," said David Evans, executive director of the Austin Travis County Mental Health Mental Retardation Center.

According to the report, men were nearly three times more likely to commit **suicide** than women in Travis County. And **suicide** rates were the highest -- with 21.7 per 100,000 residents -- for people between the ages of 65 and 74.

"It is definitely time for us to step up to the challenge to see what we as a community can do," said Merily Keller, co-chairwoman of the Texas **Suicide** Prevention Community Network, whose son committed **suicide** in 2000. "Talking about it doesn't cause **suicide**. Talking about it is how we prevent it."

The Austin **Suicide** Prevention Coalition presented an Austin/Travis County Plan for **Suicide** Prevention to the Mayor's Mental Health Task Force and the Austin Travis County mental health center at a news conference Wednesday.

The proposal urges the mayor's task force and the mental health center to work with coalition to establish a panel of experts to study Austin's **suicide** rate and develop a plan to lower it.

"We have to make sure we don't lose sight of mental health, and in that mental health arena, **suicide** has to be discussed," Mayor Will Wynn said.

The group could not cite a specific reason for the city's higher **suicide** rate, but John Hellsten, an epidemiologist with the Texas Department of State Health Services, said that a number of things that make Austin attractive, such as a highly educated population or a high rate of people moving into the area, are also associated with higher **suicide** risks.

Evans said that in order to lower the **suicide** rate, an extra effort has to be made for people to get care for mental illness. With varying insurance coverage and private and public care facilities, the system can be very confusing, he said.

"The multiple funding sources, the multiple places for treatment and the minimal resources are often mismatched on any given day," he said. "The promise of this prevention plan is to work together community-wide."

khumphrey@statesman.com

**GRAPHIC:** Mayor Will Wynn: Austin leader says suicide is a key issue in mental health care.

Merily Keller with the Texas Suicide Prevention Community Network, greeting John Hellsten of the Department of State Health Services on Wednesday, said communication is key in suicide prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); CITY LIFE (90%); COUNTIES (90%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (89%); CITIES (89%); CITY GOVERNMENT (89%); PSYCHIATRIC HOSPITALS (88%); WOMEN (78%); MENTAL ILLNESS (78%); MENTAL HEALTH PRACTICE (74%); MENTAL RETARDATION (72%); MENTAL RETARDATION FACILITIES (69%); EPIDEMIOLOGY (63%)

**CITY:** AUSTIN, TX, USA (96%)

**STATE:** TEXAS, USA (96%)

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** August 1, 2005

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Windsor Star (Ontario)

**October** 6, 2004 Wednesday

Final Edition

**'Suicide bombers' really 'murder bombers'**

**BYLINE:** Bob Chandler, Windsor Star

**SECTION:** EDITORIAL/OPINION; Pg. A7

**LENGTH:** 175 words

Why do the media and the general public persist in perpetuating the stigma associated with **suicide** by the language we use -- **Suicide** bombs kill 35 children, Oct. 1? Those terrorists who kill innocent people by blowing themselves up should be called murder bombers, not **suicide** bombers. Their **suicide** is only incidental to their murderous act and their association with those who die by **suicide** as the result of a brain disorder only adds to the anguish of those who have lost a loved one to **suicide.**

Similarly, the use of committed **suicide** associates this sad final act of a troubled person with criminal behaviour. Since 2002, the Canadian Association for **Suicide** Prevention has advocated the use of "died by **suicide**" or "died of **suicide,**" consistent with the non-judgmental language we use for other deaths, died of cancer, died of a gunshot wound, died in a car accident.

This simple change of language would do much to de-stigmatize this desperate act and ease the grief of loved ones left behind.

Bob Chandler

Deacon, St. Matthew's Anglican Church

Windsor

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Letter

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); SUICIDE BOMBINGS (92%); TERRORISM (90%); DEATHS & OBITUARIES (90%); EDITORIALS & OPINIONS (90%); BOMBS & EXPLOSIVE DEVICES (90%); BOMBINGS (90%); SHOOTINGS (72%); PREVENTION & WELLNESS (70%); NEUROLOGICAL DISORDERS & INJURIES (70%); CANCER (70%); WOUNDS & INJURIES (70%); RELIGION (64%); MURDER (57%); GUNSHOT WOUNDS (51%)

**LOAD-DATE:** October 6, 2004

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Pittsburgh Post-Gazette

**August** 18, 2014 Monday

SOONER EDITION

**WE MUST TRY TO UNDERSTAND SUICIDE SO WE CAN PREVENT IT**

**BYLINE:** GINA M. FITZMARTIN

**SECTION:** EDITORIAL; LETTERS TO THE EDITOR; Pg. B-6

**LENGTH:** 330 words

Thank you to the Post-Gazette for starting a discussion of depression in the Aug. 13 article "Depression: A Disease That Conceals Hope." The article discusses the recent **suicide** of Robin Williams and the connection to depression.

The article has many good clinical spokespersons on the topic of depression. I noted a missing specialist in the area of **suicide**. The need to understand **suicide** is important for everyone because of the myths involved.

Myth: People who take their own life are selfish, cowards, weak or are just looking for "attention."

Fact: More than 90 percent of people who take their own life have at least one and often more than one treatable mental illness such as depression, anxiety or bipolar disorder.

Myth: Teenagers and college students are the most at risk for **suicide**.

Fact: The **suicide** rate for this age group is below the national average. **Suicide** risk increases with age. Currently, the age group with the highest **suicide** rate in the United States is middle-aged men and women between the ages of 45 and 64. The **suicide** rate is still highest among white men over the age of 65.

Fact: In 2011 (the most recent year for which data are available), 39,518 **suicides** were reported, making **suicide** the 10th leading cause of death for Americans.

Fact: Research has shown that the risk for **suicide** can be inherited.

Fact: About one-third of people who took their lives did not communicate their **suicide** intent to anyone.

These statistics come from the American Foundation for **Suicide** Prevention (www.afsp.org).

In addition, a second organization is the American Association of Suicidology (www.suicidology.org).

**Suicide** is a serious public health problem that takes an enormous toll on families, friends, classmates, co-workers and communities, as well as on our military personnel and veterans.

As a professional and a family member who lost a loved one to **suicide**, I would ask the Post-Gazette to continue this discussion now on **suicide**.

GINA M. FITZMARTIN

Squirrel Hill

**NOTES:** The writer is a licensed professional counselor in private practice.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); LETTERS & COMMENTS (93%); TEEN SUICIDE (90%); DISEASES & DISORDERS (90%); DEPRESSION (90%); MENTAL ILLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (89%); PREVENTION & WELLNESS (78%); BIPOLAR DISORDER (78%); FAMILY (75%); DEMOGRAPHIC GROUPS (73%); PUBLIC HEALTH ADMINISTRATION (71%); STUDENTS & STUDENT LIFE (69%); MIDDLE AGED PERSONS (67%); EDITORIALS & OPINIONS (59%); ARMED FORCES (50%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** August 18, 2014

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The Bismarck Tribune

**October** 25, 2011 Tuesday

**More think of suicide in Midwest, West**

**SECTION:** LIFE; Pg. 1C

**LENGTH:** 196 words

ATLANTA (AP) - More adults in the Midwest and West have suicidal thoughts than people in the rest of the country, but Rhode Island leads in **suicide** attempts, according to the first government study of its kind.

The Centers for Disease Control and Prevention study, released Thursday, presents a different look at **suicide** in America - one that focuses on **suicide** in the planning stages.

"This report highlights that we have opportunities to intervene before someone dies by **suicide.** We can identify risks and take action before a **suicide** attempt takes place," said CDC Director Dr. Thomas Frieden, in a statement.

Overall, the Midwest and West had significantly higher rates of **suicide** contemplation than the South and Northeast. Researchers say they don't have any data to explain why some states or regional were different than others.

Utah had the highest rate of serious thoughts of **suicide** (1 in 15 adults) while Rhode Island was at the top of the range for planning a **suicide** (1 in 36) and **suicide** attempts (1 in 67).

Georgia was at the bottom of the range for **suicide** thoughts (1 in 50), planning a **suicide** (1 in 1,000) and, along with Delaware, for **suicide** attempts (1 in 1,000).

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL ILLNESS (90%); DEATHS (90%); PUBLIC HEALTH ADMINISTRATION (88%); RESEARCH REPORTS (88%); DISEASES & DISORDERS (72%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (58%)

**CITY:** ATLANTA, GA, USA (92%)

**STATE:** MIDWEST USA (93%); GEORGIA, USA (92%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** October 25, 2011

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Daily Balochistan Express

**September** 11, 2014 Thursday

**Suicides in India up 400 percent in 50 years**

**LENGTH:** 357 words

The number of **suicides** in India in a year has risen 400 percent in 50 years and the **suicide** rate per 100,000 population exceeds 11 percent, a study said Wednesday.

"The number of **suicides** has increased from 33,625 in 1964 to 134,799 in 2013, which is a 400 percent increase in 50 years," Mumbai-based NGO Vaastav Foundation said in a statement, Times of India reported.

September, 10 is observed as World **Suicide** Prevention Day every year to highlight the alarming increase in **suicides**.

Its paper "Explorative study showing Indian **suicide** rates reported over 50 years" said the rate of **suicide** per 100,000 population has increased from 7.1 percent to 11 percent during this period and the highest of 11.4 percent was in 2010.

Quoting the National Crime Record Bureau reports, the NGO said **suicide** in India is treated as a crime rather than as a mental illness, which creates hurdles in getting emergency relief for victims.

It said the total number of **suicides** has decreased overall from 135,585 in 2011 to 134,799 in 2013 but at the same time, there has been an increase of **suicides** by males from 87,839 to 90,543 during this period.

The total number of women committing **suicides** was 47,746 in 2011 and 44,256 in 2013 with a significant 9.5 percent decrease in the married women category from 32,582 to 29,491.

The gender ratio within the married category points that more than twice the number of married men (64,098 in 2013) committed **suicide** against women (29,491 in 2013), the study said.

It attributed family problems and illness as the main reasons for committing **suicides**, with the two accounting for 25 percent and 20 percent of total **suicides**.

"India should have a national strategy for **suicide** prevention in line with 28 other countries that have successfully implemented it," Vaastav Foundation president Amit Deshpande said.

Bangalore-based Child Rights Initiative for Shared Parenting (CRISP) president Kumar V. Jahgirdar told IANS: "It's a shame that maximum **suicides** of the world occur in India. It's also more unfortunate that married men are committing **suicides** due to domestic violence. It's mainly due to gender-biased family laws."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MARRIAGE (89%); WOMEN (87%); FAMILY (86%); POPULATION GROWTH (78%); PREVENTION & WELLNESS (76%); NONGOVERNMENTAL ORGANIZATIONS (76%); MENTAL ILLNESS (73%); DOMESTIC OFFENSES (73%); GENDER EQUALITY (70%); FAMILY LAW (68%); PARENTING (66%); CHILD CUSTODY & SUPPORT (66%); GENDER & SEX DISCRIMINATION (64%); DOMESTIC VIOLENCE (63%)

**CITY:** MUMBAI, MAHARASHTRA, INDIA (73%); BANGALORE, KARNATAKA, INDIA (58%) ISLAMABAD

**STATE:** MAHARASHTRA, INDIA (73%); KARNATAKA, INDIA (58%)

**COUNTRY:** INDIA (97%)

**LOAD-DATE:** September 11, 2014

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Daily The Pak Banker

**September** 10, 2014 Wednesday

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**DATELINE:** ISLAMABAD

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**PUBLICATION-TYPE:** Newspaper

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**CITY:** MUMBAI, MAHARASHTRA, INDIA (73%); BANGALORE, KARNATAKA, INDIA (58%)

**STATE:** MAHARASHTRA, INDIA (73%); KARNATAKA, INDIA (58%)

**COUNTRY:** INDIA (97%)

**LOAD-DATE:** September 11, 2014

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Pittsburgh Post-Gazette

**August** 18, 2014 Monday

SOONER EDITION

**WE MUST TRY TO UNDERSTAND SUICIDE SO WE CAN PREVENT IT**

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**SECTION:** EDITORIAL; LETTERS TO THE EDITOR; Pg. B-6

**LENGTH:** 330 words

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Fact: More than 90 percent of people who take their own life have at least one and often more than one treatable mental illness such as depression, anxiety or bipolar disorder.

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Squirrel Hill

**NOTES:** The writer is a licensed professional counselor in private practice.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); LETTERS & COMMENTS (93%); TEEN SUICIDE (90%); DISEASES & DISORDERS (90%); DEPRESSION (90%); MENTAL ILLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (89%); PREVENTION & WELLNESS (78%); BIPOLAR DISORDER (78%); FAMILY (75%); DEMOGRAPHIC GROUPS (73%); PUBLIC HEALTH ADMINISTRATION (71%); STUDENTS & STUDENT LIFE (69%); MIDDLE AGED PERSONS (67%); EDITORIALS & OPINIONS (59%); ARMED FORCES (50%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** August 18, 2014

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thespec.com

**September** 10, 2013 Tuesday

First Edition

**We need more open dialogue about suicide**

**BYLINE:** Lee Prokaska

**SECTION:** EDITORIAL; Pg. A14

**LENGTH:** 446 words

We can try to empathize, but it is impossible for any of us to comprehend the devastating impact of death by **suicide** unless it has happened within our own family or community of friends.

The numbers, though, should be enough to make us all realize that death by **suicide** must not be met with averted eyes and silence.

Consider that, on average, in Hamilton, one person dies by **suicide** every nine days. **Suicide** kills more people in our city than car crashes.

Consider that the International Association for **Suicide** Prevention (IASP) estimates one million people worldwide die by **suicide** every year. That represents about one death by **suicide** every 40 seconds somewhere in the world. Yes, every 40 seconds.

Again, from the IASP, consider that **suicide** takes more lives than homicide and war combined. These numbers do not include the staggering number of **suicide** attempts that do not result in death.

Each number represents a real person. And each real person had - or has - an extended network of family members, friends, colleagues, all of whom deeply suffer the loss of a loved one.

A large part of the issue is the silence. Face it: **Suicide** is a difficult subject to talk about. It is, for many of us, scary and difficult to comprehend. Despite years of effort, **suicide** carries a strong stigma, as do the mental health issues often related to **suicide**.

Increasingly, those who have lost loved ones to **suicide** are choosing to advocate for public discussion of the issue. In theory, at least, more open discussion will lead to more strategies for raising awareness of an uncomfortable subject and for developing more **suicide** prevention strategies.

In Hamilton, open dialogue about **suicide** and mental health has been pivotal. For example, the **Suicide** Prevention Community Council of Hamilton works toward developing prevention strategies involving the partners that are involved in the council.

COAST (Crisis, Outreach and Support Team) is a proven model in which a multidisciplinary team, including child and youth crisis workers, mental health workers, nurses, social workers and plainclothes police officers, reacts quickly to help people in crisis.

Not all efforts are large scale, nor do they need to be. Live Bravely, for example, is a **suicide** prevention and awareness program founded by Michael Lardie after a close friend's death by **suicide**. As The Spectator's Steve Buist reported this week, the program operates under the umbrella of services provided by Living Rock Ministries.

Today is World **Suicide** Prevention Day, a day aimed at raising awareness of **suicide** and promoting dialogue about an issue that is too often blanketed by silence. We must stop being afraid to talk about it.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); FAMILY (90%); EDITORIALS & OPINIONS (90%); TEEN SUICIDE (89%); MENTAL HEALTH (89%); PREVENTION & WELLNESS (89%); TALKS & MEETINGS (77%); ASSOCIATIONS & ORGANIZATIONS (77%); HOMICIDE (73%); MENTAL HEALTH PRACTICE (70%)

**LOAD-DATE:** September 10, 2013

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The Timaru Herald (New Zealand)

**June** 19, 2012 Tuesday

**Suicidal silence**

**SECTION:** FEATURES; LETTERS; Pg. 7

**LENGTH:** 263 words

I support GP Ollie Bourke (June 16) in his call to break the silence surrounding **suicide**.

It's shocking that more people die by **suicide** annually than in road traffic accidents and homicides combined, and silence cannot be justified. There is plenty of noise on TV about preventing road, water and even ladder accidents but silence regarding **suicide** prevention.

In the face of a **suicide** epidemic, Associate Health Minister Peter Dunne wants to help. He cautions our high **suicide** ranking could be because of differences in reporting in other countries and adds the Government is totally committed to addressing **suicide**.

So, to me, crusty politicians don't make the cut, but the media does. It is the powerful shaper and marketer of ideas today. It also responds to public concern, as the depression campaign fronted by John Kirwan shows.

A similar campaign for **suicide** prevention would show youth that adults care. And the media isn't squeamish about **suicide**, as stories about lethally assisted **suicide** show.

Dr Bourke also sees hope in religion, as does a Health Ministry document on **suicide** prevention in 2005. It says religious affiliation and religious activity appear to protect against **suicide**, with higher rates of **suicide** among those without it.

Christian scholar Ravi Zacharias is one such example. As a teenager, self-rejection and alienation led to a failed **suicide** attempt placing him in a New Delhi hospital, during which time he found God. He celebrates the incredible worth God has placed upon his life.

There are answers, but silence is not one of them.

JUDY STANDEVEN

Timaru

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (98%); LETTERS & COMMENTS (92%); TEEN SUICIDE (90%); RELIGION (90%); ACCIDENTAL INJURIES (90%); PREVENTION & WELLNESS (90%); CHRISTIANS & CHRISTIANITY (87%); TRAFFIC ACCIDENTS (77%); PUBLIC HEALTH ADMINISTRATION (76%); HEALTH DEPARTMENTS (76%); HEALTH CARE POLICY (76%); ASSISTED SUICIDE (73%)

**CITY:** NEW DELHI, INDIA (79%)

**COUNTRY:** INDIA (79%)

**LOAD-DATE:** June 18, 2012

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The Times of India (TOI)

**December** 31, 2011 Saturday

**Farmer suicides: NGO points to Punjab reporting fewer numbers**

**SECTION:** INDIA

**LENGTH:** 429 words

SANGRUR: The number of farmer **suicides** in Punjab seems to vary according to the source providing information about that. An NGO, Movement Against State Repression (MASR), has stated that Punjab is a glaring example of neglecting the factor of farmer **suicides** when it comes to determining the amount of funds that should be spent on assisting agriculturists.

MASR's convener Inderjit Singh Jaijee said, "As per information we collected, a Punjab police report says that only seven farmers committed **suicide** from the period of 2002 to 2006."

In 2008, state revenue department had mentioned in a report compiled on the basis of details provided by deputy commissioners that 132 farmers committed **suicide** during five years starting with 2002. Jaijee said Punjab Agricultural University's economics department team came up with a figure of 2,890 **suicides** from 2000 to 2008 in just two districts. It stated that in Sangrur and Bathinda, 1,643 and 1,247 farmers had committed **suicide**, respectively.

MASR claimed about 1,700 farmers committed **suicide** from 1988 to 2008 in just two subdivisions of Sangrur district. "Going by that, the **suicide** figure across Punjab could be an estimated 20,000 in all these years," said Jaijee. A Punjab Farmers' Commission study had said that about 2,000 committed **suicide** in the state every year.

Bharatiya Kisan Union (Ugrahan) has claimed more than 40,000 farmers committed **suicide** in these years. Jaijee added, "Punjab has outclassed even Maharashtra and Andhra Pradesh as data collected by MASR bares the truth on these **suicides**. In Maharashtra, 34,659 farmers committed **suicide** from 2000 to 2008 out of rural population of 5.58 crore. That comes to 62 farmer **suicides** per lakh population. Likewise, 18,396 farmers committed **suicide** in Andhra Pradesh which has a rural population of 5.54 crore. The figure of **suicides** per lakh there comes up to 33. As compared to highly farmer **suicide**-prone states, Punjab recorded 24,732 in eight years (as per NGO and farmer union figures, which have not been authenticated by state) in a rural population of mere 1.61 crore. That works out to 154 farmer **suicides** per lakh."

Farmer organization BKU's (Ugrahan) general secretary Sukhdev Singh Kokri said, "Till now, Union government has meted out gross injustice to Punjab. That was proven when Punjab got just Rs 1,000 crore as assistance, when nationally, the figure was Rs 71,000 crore. That means a bit more than 1% of total assistance came the way of the state. Even if a parliamentary panel is formed, it will ignore Punjab."

For Reprint Rights: timescontent.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); NONGOVERNMENTAL ORGANIZATIONS (90%); RURAL COMMUNITIES (89%); HUMAN RIGHTS VIOLATIONS (89%); DEMOGRAPHIC GROUPS (86%)

**STATE:** ANDHRA PRADESH, INDIA (71%); MAHARASHTRA, INDIA (71%)

**COUNTRY:** INDIA (95%)

**LOAD-DATE:** December 30, 2011

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The Bismarck Tribune

**October** 25, 2011 Tuesday

**More think of suicide in Midwest, West**

**SECTION:** LIFE; Pg. 1C

**LENGTH:** 196 words

ATLANTA (AP) - More adults in the Midwest and West have suicidal thoughts than people in the rest of the country, but Rhode Island leads in **suicide** attempts, according to the first government study of its kind.

The Centers for Disease Control and Prevention study, released Thursday, presents a different look at **suicide** in America - one that focuses on **suicide** in the planning stages.

"This report highlights that we have opportunities to intervene before someone dies by **suicide.** We can identify risks and take action before a **suicide** attempt takes place," said CDC Director Dr. Thomas Frieden, in a statement.

Overall, the Midwest and West had significantly higher rates of **suicide** contemplation than the South and Northeast. Researchers say they don't have any data to explain why some states or regional were different than others.

Utah had the highest rate of serious thoughts of **suicide** (1 in 15 adults) while Rhode Island was at the top of the range for planning a **suicide** (1 in 36) and **suicide** attempts (1 in 67).

Georgia was at the bottom of the range for **suicide** thoughts (1 in 50), planning a **suicide** (1 in 1,000) and, along with Delaware, for **suicide** attempts (1 in 1,000).

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL ILLNESS (90%); DEATHS (90%); PUBLIC HEALTH ADMINISTRATION (88%); RESEARCH REPORTS (88%); DISEASES & DISORDERS (72%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (58%)

**CITY:** ATLANTA, GA, USA (92%)

**STATE:** MIDWEST USA (93%); GEORGIA, USA (92%)

**COUNTRY:** UNITED STATES (93%)

**LOAD-DATE:** October 25, 2011

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The Times of India (TOI)

**February** 13, 2011 Sunday

**Social, economic factors driving men to suicide**

**BYLINE:** Malathy Iyer

**SECTION:** MUMBAI

**LENGTH:** 391 words

MUMBAI: There are many worrisome statistics in the National Crime Records Bureau report for 2009. Health problems and their related economic issues prompt 73 **suicides** daily. Family problems and illnesses account for 44.7% of all **suicides** in the country.

Although men are killing themselves in larger numbers than women, the statistics show that housewives, who were hitherto considered non-suicidal, are ending their lives. NCRB 2009 said that 223 Indian men killed themselves daily across the country. The corresponding figure for women was 125 daily, and 69 of these were housewives.

"It is really worrisome to note that housewives are committing **suicide** in such large numbers. The report says that one in every five **suicides** is committed by a housewife,'' said psychiatrist Dr Harish Shetty. "When we were students we were told that **suicides** were confined to single people-now stress and the alienation brought on by liberalization policies are affecting everyone."

The crime report, which is the only document in India that provides statistics about **suicides**, concurs: "Social and economic causes have led most of the males to commit **suicide** whereas emotional and personal causes have mainly driven women to end their lives."

Among metros, Bangalore recorded the highest **suicide** rate with 2,167 people killing themselves in 2009. Chennai followed with 1,412, Delhi with 1,215 and Mumbai with 1,051 **suicides**. Incidentally, Kolkata has the lowest **suicide** rate in the country.

Five states-Kerala, Tamil Nadu, Karnataka, Maharashtra and Andhra Pradesh-have emerged as sensitive states for senior citizens, accounting for 54.7% **suicide** victims in the 60-plus age group. Maharashtra ranks third in this list, accounting for 11.2% **suicides**.

The southern states add up to 39.2% of total **suicides** in the country, with Puducherry having the highest **suicide** rate in the country at 47.2 suicidal deaths per one lakh population as against the national average of 10.9. Maharashtra's rate of **suicide** is 13.2.

Lastly, experts pointed out that **suicides** are increasing rapidly and it is imperative for the government to treat the issue as a public health problem like malaria or polio. "Consider how the number of **suicides** has increased from 1,13,914 in 2005 to 1,27,151 in 2009, and it is indicative enough," said Dr Harish Shetty.

For Reprint Rights: timescontent.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); STATISTICS (90%); CRIME STATISTICS (78%); WOMEN (78%); PUBLIC POLICY (78%); FAMILY (78%); DEMOGRAPHIC GROUPS (77%); MALARIA (77%); DISEASES & DISORDERS (77%); PHYSICIANS & SURGEONS (69%); PUBLIC HEALTH ADMINISTRATION (64%); SENIOR CITIZENS (50%)

**CITY:** MUMBAI, INDIA (90%); KOLKATA, INDIA (72%); DELHI, INDIA (57%)

**STATE:** MAHARASHTRA, INDIA (94%); TAMIL NADU, INDIA (92%); KARNATAKA, INDIA (72%); KERALA, INDIA (57%); WEST BENGAL, INDIA (57%); ANDHRA PRADESH, INDIA (57%)

**COUNTRY:** INDIA (98%)

**LOAD-DATE:** February 12, 2011

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The Irish Times

**September** 11, 2007 Tuesday

**Candlelight vigils focus on suicide as campaigners seek more action**

**BYLINE:** Leah McDonald

**SECTION:** IRELAND; Other Stories; Pg. 3

**LENGTH:** 388 words

Hundreds of people yesterday attended candlelight vigils across the country to remember those who have lost their lives through **suicide** as part of World **Suicide** Prevention Day.

More than 400 families and friends bereaved by **suicide** attended the vigil in Dublin, which was held at the Bank of Ireland forecourt at College Green.

The ceremony was marked with music, prayer and a minute's silence as those in attendance held their lit candles in memory of all who have died by **suicide** in Ireland.

Large numbers of people also attended commemorative events in Galway city and Letterkenny, Co Donegal, as this was the first year that vigils have been extended nationwide.

Television presenter and author Christy Keneally, who spoke at yesterday's vigil in Dublin, said **suicide** can affect any family.

Joe MacAvin, spokesman for Irish charity 3T's (Turning the Tide of **Suicide**), which organised the vigils, said the occasion was "a special night for families and friends who have been affected by **suicide** to honour their loved ones," particularly as new figures indicate that three out of four people know someone who has died by **suicide**.

3T's also took **Suicide** Prevention Day as an opportunity to call on the Government to learn from other European countries in taking successful measures to prevent **suicide** deaths through increased funding.

Many other countries have been successful in reducing deaths by **suicide**, particularly in Finland, which has reduced **suicide** rates by 20 per cent in the last decade.

In Northern Ireland, where **suicide** rates are said to be the highest in Europe, **suicide** prevention day was marked by a mass release of pink and blue balloons outside Belfast City Hall. At Stormont yesterday, First Minister Ian Paisley and Deputy First Minister Martin McGuinness said **suicide** was one of the most vital issues facing the powersharing executive.

Sinn FÈin president Gerry Adams is convening a Stormont conference on **suicide** prevention later this month.

The Action on **Suicide** Alliance, which is made up of local and national organisations in Ireland, is drafting recommendations to be submitted to Taoiseach Bertie Ahern in October.

A candlelight vigil is scheduled to take place in Wexford tomorrow at 8pm.

Those affected by **suicide** should contact Console on 1800-201-890 for confidential advice and support.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); DEATHS (90%); ASSOCIATIONS & ORGANIZATIONS (68%)

**COMPANY:** BANK OF IRELAND (84%)

**TICKER:** BKIR (LSE) (84%)

**INDUSTRY:** NAICS551111 OFFICES OF BANK HOLDING COMPANIES (84%); SIC6712 OFFICES OF BANK HOLDING COMPANIES (84%)

**PERSON:** BERTIE AHERN (57%)

**CITY:** DUBLIN, IRELAND (93%); BELFAST, NORTHERN IRELAND (72%)

**COUNTRY:** IRELAND (94%); EUROPE (92%); NORTHERN IRELAND (79%); FINLAND (68%)

**LOAD-DATE:** September 11, 2007

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Fiji Times (Australia)

**September** 6, 2007 Thursday

**Suicide factors pointed out**

**SECTION:** LOCAL; Pg. 5

**LENGTH:** 296 words

The lack of social support and a platform to express oneself are major factors for the worrying suicidal tendencies among Fiji s youths, says Margaret Logavatu of Partners in Community Development Fiji.

We are living in interesting times, she said.

The time for young people to be seen and not heard is long gone.

With drug and alcohol abuse around they have become vulnerable as a society.

We should see them as potential contributors to society, she said.

If we as a society do not give them a platform to express themselves then they are prone to **suicide** thoughts, she said.

Ms Logavatu said the **suicide** rate in Fiji varied significantly in terms of racial background, age and gender.

In 2006, the figures show the highest number of both attempted **suicide** and **suicides** were committed by Indo-Fijians, she said.

These figures show that 53 Indo-Fijians attempted **suicide** and 76 committed **suicide**, in comparison to 14 attempted **suicides** and 10 **suicides** by Fijians in the same year.

Ms Logavatu said according to gender, the figures showed the same number of men attempted and committed **suicide** at 47 attempts and 41 deaths.

While in women the figure for attempted **suicide** was lower at 20 but deaths were high at 46, she said.

The breakdown into age brackets showed that the majority of **suicides** were committed between the ages of 17-25, with a total of 42 deaths in this category.

If the figures are accurate, then the most promising number is that overall deaths due to **suicide** have decreased from 2000 to 2007 from 105 to 67.

Ms Logavatu said public awareness campaigns such as World **Suicide** Prevention Day on September 10, were aimed at helping to reduce the numbers further as more people became aware of the issue and how to get themselves or their friends and family the support needed.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** FIJ

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); SUBSTANCE ABUSE (76%); ALCOHOL ABUSE & ADDICTION (56%)

**COUNTRY:** FIJI (91%)

**LOAD-DATE:** October 5, 2007

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New Straits Times (Malaysia)

**July** 24, 2006 Monday

**Suicide: Indians top the others**

**BYLINE:** Ranjeetha Pakiam

**SECTION:** LOCAL; Pg. 17

**LENGTH:** 447 words

KUALA LUMPUR: The **suicide** rate among Malaysian Indians, the third largest ethnic group in the country, is disheartening.

The rate of 30 to 35 per 100,000 committing or attempting **suicide** every year is three times the national average of 10 to 12 per 100,000 **suicides** annually.

In comparison, psychiatrist Prof Dr T. Maniam said, only 15 Malaysian Chinese and six Malays per 100,000 commit or attempt **suicide** annually.

Dr Maniam, who is with Universiti Kebangsaan Malaysia's Psychiatric Department, said there were no statistics for **suicide** rates in East Malaysia or among Orang Asli, but studies to determine the pattern would be conducted in future.

Though there was no single reason for **suicide**, the common factors were mental disorders, depression, emotional stress, relationship problems and anxiety.

"Other factors which come into play are poverty, physical abuse, alcoholism, drug abuse and unemployment," said Dr Maniam at a roundtable discussion on **suicide** organised by the MIC's social arm, Yayasan Strategik Sosial at the party's headquarters yesterday.

He said there was strong evidence that one way of reducing **suicide** was to reduce access to lethal means.

"A study in Sri Lanka where access to paraquat, a weedkiller which is commonly used in **suicide**, was made more difficult resulted in a drop in the number of cases."

He felt **suicide** could also be reduced if the media stopped reporting **suicide** cases in graphic detail.

"The media has given some ideas of how to commit **suicide** to those in the same situation. Evidence shows that two to three per cent of **suicides** are imitation or copycat **suicides**.

"People who are already disturbed or stressed might follow what they read or see in the media," he said.

MIC deputy president Datuk G. Palanivel felt early detection was crucial in preventing **suicides**.

He said detection of suicidal tendencies could result in early intervention and thus reduce the problem among the Indian community.

"We need to create an awareness on **suicide**. We also need to mobilise resources and employ the co-operation of all segments of society to eradicate this problem."

Palanivel said negative scenes in Tamil movies should also be reduced.

"The movies sometimes glorify **suicide** and attach value to it, but for a depressed mind, it acts as a trigger for them to plan out their **suicides**."

Palanivel, who is also Deputy Women, Family and Community Development Minister, said the ministry was prepared to fund studies on the prevention of **suicide** in the country.

The discussion was attended by representatives of non-governmental organisations, universities and colleges, religious bodies, Social Welfare Department and National Family Development and Community Board.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); ETHNICITY (78%); DEMOGRAPHIC GROUPS (78%); DEPRESSION (78%); MENTAL ILLNESS (78%); ASSOCIATIONS & ORGANIZATIONS (78%); PSYCHIATRY (77%); FAMILY (75%); ETHNIC GROUPS (73%); SUBSTANCE ABUSE (73%); NONGOVERNMENTAL ORGANIZATIONS (73%); DEATHS (73%); PHYSICIANS & SURGEONS (72%); COLLEGE & UNIVERSITY PROFESSORS (72%); ALCOHOL ABUSE & ADDICTION (68%); POVERTY & HOMELESSNESS (68%); ECONOMIC DEVELOPMENT (60%); COLLEGES & UNIVERSITIES (50%); RELIGION (50%) Main Section

**CITY:** KUALA LUMPUR, MALAYSIA (89%)

**COUNTRY:** MALAYSIA (94%); SRI LANKA (79%); BORNEO (58%)

**LOAD-DATE:** July 24, 2006

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The Dominion Post (Wellington, New Zealand)

**February** 11, 2006 Saturday

**Restrictions on suicide reporting flawed, MPs told;**

**THE PROTOCOLS**

**BYLINE:** DEWES Haydon

**SECTION:** NEWS; NATIONAL; Pg. 2

**LENGTH:** 745 words

MEDIA organisations have urged MPs considering changes to the Coroners Act to relax outdated restrictions on the reporting of **suicide**.

Legislation being considered by Parliament's justice committee to modernise the act retains the restrictions, which are based on the argument that silence would lead to fewer **suicides**.

The Commonwealth Press Union told the committee that such thinking was flawed. The most recent **suicide** figures, from 2002, show New Zealand has the highest **suicide** rate in the Organisation for Economic Cooperation and Development for females aged 15 years to 24 years and the third highest for young men.

CPU chairman and Dominion Post editor Tim Pankhurst said keeping the "veil of secrecy" in the face of such high **suicide** rates was not in the public interest. The media played an important role in informing and educating the public on matters of public interest and had a duty to do so.

Responsible reporting could lead to better understanding, more discussion of alternatives and perhaps a reduction in **suicide** rates, he said. "Stories can address likely causes, warning signs, trends in **suicide** rates, recent advances in treatment and **suicide** prevention strategies. Discussion may help destigmatise **suicide**." The CPU's media freedom committee has worked with Government officials to develop protocols on reporting **suicide** in a restrained manner.

The New Zealand Press Council said there had been greater social pressure for more information about **suicide** in recent years and the press had a crucial role in any public debate.

Its submission said it subscribes to the philosophy of the Canadian **Suicide** Information and Education Centre that: "**Suicide** affects us all. Let's talk about it."

Council member Terry Snow said euthanasia could be debated publicly without social pressure or concern and it supported the media in wanting to have the same openness regarding **suicide**.

"I don't think any problem was ever solved by not talking about it."

Society had become less tolerant of drink-driving and sexual abuse, which was now more openly discussed.

The link between reporting **suicides** and copycat deaths was tenuous, he said.

But Annette Beautrias of the Canterbury **Suicide** Project said there was clear overseas evidence that proved the link. She gave several examples that pointed to increases in **suicide** after media reports, especially when the mode of **suicide** was detailed.

Wellington coroner Garry Evans -- who this week suggested that teenagers might be resorting to **suicide** because an over-protective society has shielded them from life's problems -- said if publishing restrictions really were effective, it would be expected that New Zealand would rank lower than countries with no restrictions.

He agreed the mode of death should continue to be suppressed but was in favour of greater openness in media coverage and a better understanding of the factors involved in **suicide**.

DEATH'S MYSTERY B5

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THE PROTOCOLS

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AFTER discussions between media groups and the Government, Canterbury University's Jim Tully has created draft protocols that would bind media organisations to:

\* Report **suicide** in straightforward manner by providing concise and factual information to increase public awareness of risk factors, warning signs and actions to help a suicidal person.

\* Avoid simplistic explanations of **suicide**, which is usually complex and seldom the result of a single event.

\* Avoid presenting **suicide** as a method of coping with personal problems.

\* Avoid focusing only on the deceased's positive characteristics.

\* Avoid language, images or presentation that glorifies, trivialises or romanticises **suicide** or persons who commit **suicide**.

\* Avoid unnecessary reference to details of method or place of **suicide**.

\* Avoid speculation especially surrounding celebrities.

\* Take into account the impact of **suicide** on families and other survivors.

\* Where appropriate, include community resources available for those at risk such as helplines and counselling services.

\* Consult reputable sources when seeking comment on **suicide**.

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CAPTION:

Crucial role: Representatives of media groups put their case to Parliament's justice committee to amend legislation restricting reporting of **suicides**. From left are committee chair Lynne Pillay, Dominion Post editor and Commonwealth Press Union chair Tim Pankhurst, union secretary Lincoln Gould, and Press Council members Barry Paterson and Terry Snow.

Picture: PHIL REID

Garry Evans.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); LEGISLATIVE BODIES (90%); LEGISLATION (90%); ASSOCIATIONS & ORGANIZATIONS (90%); CORONERS COURTS & OFFICES (89%); DEATHS (89%); JOURNALISM (79%); FREEDOM OF PRESS (79%); NEWS REPORTING (79%); ADOLESCENTS (78%); ECONOMIC DEVELOPMENT (75%); INTERNATIONAL ECONOMIC ORGANIZATIONS (74%); CIVIL RIGHTS (72%); MEN (70%); DRIVING WHILE INTOXICATED (61%) CIVIL RIGHTS; JOURNALISM; SUICIDE

**ORGANIZATION:** ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (57%)

**CITY:** WELLINGTON, NEW ZEALAND (79%)

**COUNTRY:** NEW ZEALAND (94%)

**LOAD-DATE:** February 20, 2006

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Edmonton Journal (Alberta)

**October** 12, 2005 Wednesday

Final Edition

**Epilepsy, suicide may be related, new research suggests: Same brain dysfunction suspected as a cause of both**

**BYLINE:** Charlie Fidelman, Montreal Gazette; CanWest News Service

**SECTION:** NEWS; Pg. A1

**LENGTH:** 446 words

**DATELINE:** MONTREAL

MONTREAL - A surprising discovery by neuroscientists links epilepsy to depression and **suicide**.

The brain dysfunction underlying epilepsy may also determine whether people are at risk for **suicide**, lead researcher Dale Hesdorffer of Columbia University in New York explained Tuesday in a study published online in the journal Annals of Neurology.

"For reasons that are not understood, depression both increases the risk for developing epilepsy and is also common among people with epilepsy who experience many seizures," Hesdorffer said.

Hesdorffer's team looked at data from 324 people in Iceland with epilepsy and 647 without the disorder.

It's a common assumption that difficulties living with epilepsy could lead to depression, and in some cases, an increased risk of **suicide**. But researchers were surprised to find that epileptics are four times more likely to have attempted **suicide** before ever having a seizure, even after taking into account other factors such as drinking alcohol, having depression, age and gender.

The study confirmed what scientists have known for awhile -- that people with major depression are nearly twice as likely to develop epilepsy as those without depression.

"But what has never been shown before is that **suicide** attempt is associated with an increased risk for developing epilepsy," Hesdorffer said.

"This may, in part, clarify the increased risk for completed **suicide** observed in people with epilepsy."

That's because attempted **suicide** is a known risk for further attempts, "some of which will unfortunately result in completed **suicide**," she added.

While the study results suggests a common brain dysfunction might be responsible for epilepsy and suicidal behaviour, findings also point to different mechanisms behind depression and **suicide**.

The current study did not address those mechanisms. That's the next step, Hesdorffer said.

McGill University professor Gustavo Tureki, director of the McGill group for **suicide** studies at the Douglas Hospital, which is researching the biological factors of **suicide**, called the study an important step forward.

"Depression and **suicide** often go together," Tureki said. But the Iceland study suggests that the association between epilepsy and **suicide** is not through major depression, Tureki said.

"The higher prevalence of **suicide** among epileptics was independent of the fact that they were also more likely to be depressed," Tureki said.

Study results suggest clinicians need to ask epileptic patients about previous **suicide** attempts, experts said.

"Professionals involved in **suicide** prevention should be aware of this information," said Louis Lemay, director of the Quebec Association for the Prevention of **Suicide**.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); EPILEPSY (93%); RESEARCH REPORTS (92%); NEUROSCIENCE (90%); EXPERIMENTATION & RESEARCH (90%); BRAIN (90%); DEPRESSION (90%); MENTAL ILLNESS (78%); PREVENTION & WELLNESS (75%); DEATHS (73%); COLLEGE & UNIVERSITY PROFESSORS (72%); ASSOCIATIONS & ORGANIZATIONS (67%); ALCOHOLIC BEVERAGES (53%)

**ORGANIZATION:** COLUMBIA UNIVERSITY (84%)

**CITY:** MONTREAL, QC, CANADA (89%)

**STATE:** QUEBEC, CANADA (89%); NEW YORK, USA (88%)

**COUNTRY:** CANADA (89%); UNITED STATES (88%); ICELAND (71%)

**LOAD-DATE:** October 12, 2005

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The Age (Melbourne, Australia)

**December** 16, 2004 Thursday

First Edition

**Teen suicides fall but men a worry**

**BYLINE:** CAROL NADER

**SECTION:** NEWS; Pg. 11

**LENGTH:** 417 words

A worrying number of men in their 30s are killing themselves even though overall figures are down.

AUSTRALIA'S **suicide** rate has fallen steadily since peaking in 1997, but a disturbing number of men in their 30s are killing themselves, according to a Federal Government report.

The number of **suicides** fell to 2213 last year, about 100 fewer than the 2320 in 2002. Of the 2213, 78 per cent were men, according to the Bureau of Statistics. There was a decade-high **suicide** figure of 2720 in 1997.

For men and women, the highest rate of **suicide** was observed in the 30-34 age group. For every 100,000 people in this age group, 30 men and nine women committed **suicide** last year - a total of 297 people.

The rate of teenage **suicide** fell to its lowest in a decade, accounting for 12.7 males and 3.6 females per 100,000. The number of teenage **suicides** peaked at 154 in 1997, and fell to 113 last year. Less than 2 per cent of all deaths last year were attributed to **suicide**.

"**Suicide** continues to be a major public health issue," the report said. "The human and economic costs are substantial."

Beyondblue clinical adviser Ian Hickie said the reduction in teenage **suicide** was comforting, but the challenge now was to target men in their 30s.

"We've been preoccupied with youth **suicide** and have had some emphasis on old people, but really the big group is men in the peak of their lives, and this should be an opportunity for us because the links between substance abuse and depression and **suicide** is much more clear-cut in midlife," Professor Hickie said.

Australian Institute for **Suicide** Research and Prevention's acting director Jacinta Hawgood said the national **suicide** prevention strategy appeared to have been effective in reducing **suicide**, particularly among teenagers. But White Wreath Association president Fanita Clark accused the Federal Government of underreporting **suicides**, saying "our figures, even last year, were probably about three to four times higher than what the Government quoted".

Mrs Clark, whose organisation raises money to establish centres for the mentally ill, said the figures had been fudged to conceal a "depleted" mental health system. "People cannot receive any appropriate treatment, even after an attempted **suicide**," she said. "In most cases they're routinely refused hospital admission, only to complete the job."

Those needing assistance can reach **Suicide** Helpline Victoria on 1300 651 251, Lifeline on 131 114 (both 24-hour lines), SANE on 1800 688 382 or Kids Help Line on 1800 551 800.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (99%); MEN (90%); ADOLESCENTS (90%); DEATHS & DEATH RATES (78%); DEPRESSION (78%); MENTAL ILLNESS (78%); CHILDREN'S HEALTH (78%); STATISTICS (78%); ASSISTED SUICIDE (73%); RESEARCH INSTITUTES (72%); SUBSTANCE ABUSE (63%) Health/Death/Suicides; Population Groups/Men; Population Groups/Women; Population Groups/Age Groups/Youth; Report

**CITY:** MELBOURNE, AUSTRALIA (79%)

**STATE:** VICTORIA, AUSTRALIA (79%)

**COUNTRY:** AUSTRALIA (94%)

**REGION:** Australia

**LOAD-DATE:** June 18, 2007

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The New Zealand Herald

**June** 6, 2003 Friday

**Youth suicide focus queried**

**BYLINE:** By REBECCA WALSH

**SECTION:** NEWS; General

**LENGTH:** 459 words

New Zealand's emphasis on preventing youth **suicide** has been called into question by a report showing nearly 80 per cent of **suicide** deaths are adults over 25.

In a paper published in the New Zealand Medical Journal, the principal investigator of the Canterbury **Suicide** Project, Dr Annette Beautrais, said **suicide** prevention strategies had focused on New Zealand's high youth **suicide** rate but virtually ignored the problem of **suicide** in older age groups.

"Despite the fact youth **suicide** rates are high, the fraction of **suicides** accounted for by young people under 25 is a little over 20 per cent," she said.

"There is an urgent need to develop a national **suicide** prevention policy that is applicable to all age groups, and accords all age groups equal levels of care and protection."

Dr Beautrais said males aged between 25 and 55 accounted for almost half of all New Zealand **suicides**.

"So we need to focus on adults and particularly men in their middle years."

She said continued claims that New Zealand had the highest rate of youth **suicide** in the world were not correct.

Latest **suicide** statistics showed that youth (15-24) **suicides** had dropped from 140 in 1998 to 96 in 2000. Young people still had high rates of **suicide** but the highest rate was now among those aged 25-29.

The total number of **suicides** in 2000 was 458.

Dr Beautrais said there was a public perception that youth **suicide** meant school-age children but they made up only 3 per cent of **suicides**.

That perception had generated the idea that a school-based approach, such as the Yellow Ribbon Fight for Life programme, was the best approach, but she disputed that.

New Zealand was one of the first countries to develop a national youth **suicide** prevention strategy, she said. But it now lagged behind other countries in the area of adult and older adult **suicide** prevention.

Ministry of Health spokeswoman Maria Cotter said the New Zealand Health Strategy 2000 recognised the need for an all-age-groups approach and the ministry would start work this year with agencies, including the Ministry of Youth Affairs.

Dr Beautrais said policies for adults and older people probably would need to place less emphasis on childhood, family and social factors and greater emphasis on mental health factors, particularly the role of depression.

That call is supported by Dr Alison Taylor, chief executive of the Mental Health Foundation.

She said the foundation would be encouraging mental health promotion and prevention rather than crisis treatment alone.

Dr Peter Watson, director of **Suicide** Prevention Information New Zealand, supported a strategy for all ages and said it was also important to address the issue of Maori **suicide** rates, which remained higher than non-Maori.

**SUBJECT:** TEEN SUICIDE (96%); SUICIDE (95%); PREVENTION & WELLNESS (90%); CHILDREN'S HEALTH (90%); DEMOGRAPHIC GROUPS (90%); MENTAL HEALTH (89%); DEATHS & DEATH RATES (78%); CHILDREN (78%); DEPRESSION (78%); INVESTIGATIONS (78%); HEALTH DEPARTMENTS (77%); MIDDLE AGED PERSONS (73%); PUBLIC HEALTH ADMINISTRATION (63%); EXECUTIVES (60%);

**PERSON:** ANNETTE BEAUTRAIS (88%);

**COUNTRY:** NEW ZEALAND (98%);

**LOAD-DATE:** June 6, 2003

**LANGUAGE:** ENGLISH

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South China Morning Post (Hong Kong)

**April** 22, 2003

**Driver's death leap highlights tragic trend**

**BYLINE:** Peter Michael

**SECTION:** NEWS; Pg. 3

**LENGTH:** 337 words

The **suicide** of a taxi driver who flung himself off Tsing Ma Bridge yesterday has raised fresh concerns about the numbers of people leaping to their deaths.

Tong Ho, 36, jumped to his death at about 9.20am yesterday, a police spokeswoman said.

"He parked his vehicle on the bridge and then climbed on to the rail and jumped," she said.

She added that another taxi driver had witnessed the incident and contacted police.

It was later revealed that he had telephoned his brother to tell him he was going to commit **suicide**.

The man's body was found floating near Tai Lam at about 12.30pm, according to the spokeswoman.

"There was no **suicide** note and apparently he did not give his brother any reason for the decision to commit **suicide**," she added.

Researchers and **suicide** counsellors have highlighted the rising trend in **suicide** jumps following the recent similar death of film star Leslie Cheung Kwok-wing.

In a statement on its Web site, the Hong Kong Jockey Club Centre for **Suicide** Research and Prevention voiced concern about the negative influence that **suicides** of famous figures could have.

"If public figures solve problems by committing **suicide**, people who are undergoing hardship may follow suit," it said. However, it said that no research had been carried out on the subject.

Asha Balani, director of the Samaritans' multilingual **suicide** hot-line, said: "With everything that is happening, we do have people calling in who are very confused about the way things are going." She said people needed to offer each other support.

A 2000 study conducted by the Centre for **Suicide** Research and Prevention found the **suicide** rate had risen over the past two decades, and recorded that more men than women were likely to attempt to take their own lives. Jumping was the most common **suicide** method.

A 2001 report found charcoal burning was next on the list, and was especially common among middle-aged people.

The Samaritans' 24-hour **suicide** hotline number is 2896 0000.

**COMPANY:** CENTRE FOR SUICIDE RESEARCH (74%); ASHA (54%);

**ORGANIZATION:** ASHA (54%);

**GEOGRAPHIC:** HONG KONG (69%);

**COUNTRY:** HONG KONG (69%);

**SUBJECT:** SUICIDE (94%); TRENDS (90%); RESEARCH INSTITUTES (88%); DEATHS (78%); WEB SITES (52%); MIDDLE AGED PERSONS (50%);

**PERSON:** ASHA BALANI (74%);

**LOAD-DATE:** April 23, 2003

**LANGUAGE:** ENGLISH

**GRAPHIC:** (Photo: SCMP); Police examine the scene of the taxi driver's suicide leap on Tsing Ma Bridge. The man did not leave a note behind.

**PUB-TYPE:** Newspaper

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THE AUSTRALIAN

**November** 14, 1997, Friday

**One in 14 young attempt suicide**

**SOURCE:** MATP

**BYLINE:** BY JUSTINE FERRARI

**SECTION:** FULLPAGE, LOCAL; Pg. 3

**LENGTH:** 493 words

ONE in 14 young Australians have tried to commit **suicide** and more than one in three knows someone who have, but leading researchers fear attempts to fix the problem threaten to make it worse.

A federal government survey of more than 1200 people aged 14 to 24, released yesterday, identified common feelings of pessimism and powerlessness in young people's attitude to **suicide**.

Many saw **suicide** as a young person's problem with one 16-year-old from Melbourne saying "teenage is **suicide**, isn't it?" Leading **suicide** researcher Pierre Baume warned that millions of dollars poured into **suicide** prevention by government was having little effect on **suicide** rates and could "actually take **suicide** rates up". Professor Baume, founding director of the Australian Institute for **Suicide** Research and Prevention at Griffith University, said the report reflected the growing prevalence of suicidal thinking and behaviour in society and the need for further research to better target prevention programs.

Professor Baume said while the health of young people had improved in the past several years, a minority were at risk from self-destructive behaviour.

He said suicidal thoughts were prevalent in the community with some studies suggesting as many as seven in 10 high school and university students had such thoughts.

"We estimate in Australia that the number of **suicide** attempts is 40 to 60 times greater than the number of people who commit **suicide**, which makes it about 150,000 who will attempt **suicide** every year," he said.

"We are yet to see any **suicide** prevention programs which have been put in place so far actually makes a difference and . . . to some extent some of the programs are actually taking **suicide** rates up.

"I think we need to take hold of what we do and start to do research to understand the phenomenon better before we start to spend millions of dollars of public money that may well end up being wasted and even push up **suicide** rates. We need to be cautious." The report, which included in-depth discussions as well as a national survey, was conducted as part of the National Mental Health Strategy by social research group Keys Young.

Releasing the report at the Pacific Rim Conference on Adolescent Health in Sydney, Government MP Brendan Nelson said the level of despair, anxiety and stress experienced by young people reflected a deeper malaise in society.

"Many young people feel there's no space for them in society; they're having pressures put on them both materially and educationally and many feel they're not able to cope," he said.

Almost one in three people had suffered depression, bullying or harassment at school, severe stress and anxiety.

One in 10 had suffered physical abuse, 7 per cent took dangerous risks and 6 per cent had deliberately injured themselves. Such experiences were often associated with each other and with social disadvantage, such as leaving school early and being unemployed.

**SUBJECT:** SUICIDE (96%); COLLEGE & UNIVERSITY PROFESSORS (90%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); ADOLESCENTS (78%); POLLS & SURVEYS (78%); RESEARCH INSTITUTES (78%); COLLEGE STUDENTS (78%); HIGH SCHOOLS (75%); BULLYING (73%); DEPRESSION (73%); STUDENTS & STUDENT LIFE (68%);

**COMPANY:** PACIFIC RIM FOODSINC (52%);

**PERSON:** BRENDAN NELSON (51%); BRENDAN NELSON (51%);

**CITY:** MELBOURNE, AUSTRALIA (79%); SYDNEY, AUSTRALIA (58%);

**COUNTRY:** AUSTRALIA (95%);

**LOAD-DATE:** March 1, 2002

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** AUS

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The Independent (London)

**February** 13, 1993, Saturday

**Suicides by prisoners and warders 'linked'**

**BYLINE:** By MARIANNE MACDONALD

**SECTION:** HOME NEWS PAGE; Page 2

**LENGTH:** 252 words

First Edition

PRISON OFFICERS are more likely to commit **suicide** if their jails have a high **suicide** rate among inmates, according to an unpublished Home Office report, writes Marianne Macdonald.

The study of **suicides** among staff and adolescent offenders, **Suicide** Attempts in Male Prisons, by Dr Alison Liebling of the Institute of Criminology, Cambridge University, is to be published next month. It shows staff **suicides** have mirrored inmate **suicides** at establishments such as Risley remand centre and Brixton prison, which have had two or three of each.

The Home Office recently began recording prison officer **suicides,** but has not yet released any figures. But Dr Lieblings's research suggests that half of all officers know colleagues who have taken their own life, and a fifth of all officers know of colleagues who have attempted **suicide.**

Her research reveals systematic concealment of prison **suicides;** only two-thirds are named as such in coroners' records.

''Women were put in the no-**suicide** verdict category, so were the young, those who had injured themselves several times before, those who had not hanged themselves and those who had been taking different types of medication,'' she said.

Instead, their deaths were recorded as misadventure or coroners recorded open verdicts.

The **suicide** rate of women in prison was equal to that of men. Women's **suicide** rate in the community was two-and-a-half times lower than in prison, which surprised the Home Office, she said.

**CITY:** LONDON, ENGLAND (56%);

**COMPANY:** HOME/OFFICE COMMUNICATIONS SUPPLY (91%);

**INDUSTRY:** SIC5065 OTHER ELECTRONIC PARTS & EQUIPMENT;

**GEOGRAPHIC:** ENGLAND (56%); UNITED KINGDOM (56%); LONDON, ENGLAND (56%);

**COUNTRY:** ENGLAND (56%); UNITED KINGDOM (56%);

**SUBJECT:** SUICIDE (96%); CORRECTIONS WORKERS (92%); TEEN SUICIDE (90%); PRISONS (90%); CORONERS COURTS & OFFICES (78%); ADOLESCENTS (78%); VERDICTS (67%); CORRECTIONS (92%);

**LANGUAGE:** ENGLISH

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USNEWS.com

**October** 23, 2012 Tuesday

**Do Rich Neighbors Cause Suicide?**

**BYLINE:** JP

**SECTION:** MONEY; My Money; Blog Vol. No.

**LENGTH:** 535 words

It turns out trying to keep up with the Joneses can lead to your own death.

The more money your neighbors make, the more likely you are to take your own life. These findings come from a new paper published at the San Francisco Federal Reserve titled "Relative Status and Well-Being: Evidence from U.S. **Suicide** Deaths." According to the results, your risk of **suicide** increases by 4.5 percent if your own paycheck is less than 10 percent of your county's average income.

Economists have long believed our financial happiness is linked to how our personal financial status compares to our peers'. Fed researchers published the paper in search of statistical evidence that provides this assumption. In past studies, academics relied on unreliable happiness surveys to find evidence of this theory. But this is the first attempt at using **suicide** data and comparing correlations with county income data.

What they found has stunning implications for how we view our personal finances relative to our peers. Here are some other interesting financial characteristics that can impact your risk of **suicide**.

**Live in Beverly Hills and Your Risk of Suicide Increases.** Moving on up to the West Side could mean you're increasing your risk of **suicide**. When considering the nation as a whole, low-income individuals tend to have a higher risk of **suicide**. This would lead you to believe that low-income counties have a higher risk of **suicide**, yet the Fed study shows the opposite.

Since high-income counties tend to have larger disparities in income, wealthier counties--not poorer--often see an increased risk of **suicide** when factoring income of victims relative to their peers.

**People Out of Work Have Greater Suicide Risk.** Next time you make your dreary pilgrimage to the office, you are doing more than collecting a paycheck--you are also decreasing your risk of **suicide**.

It's not surprising to hear that those who are unemployed or unable to work due to disability face higher rates of **suicide**. Those who are unemployed increase their risk of **suicide** by 72 percent. However, people who are retired or on leave also have a higher risk of **suicide** compared to their working peers.

**Suicide Rate Increases If You Make Less Than $34,000.** When looking at income levels and increased risk of **suicide**, Fed researchers found that $34,000 is the tipping point for dramatic increases in rates of **suicide**. Those who earn less than $34,000 see an increased risk of **suicide** of about 43 to 50 percent. Meanwhile, those with incomes between $34,000 and $102,000 increase their risk of **suicide** by only 10 percent.

**Final Thoughts.** The Fed study is just one study in a body of research pointing to a link between happiness and how we measure ourselves to our peers. If the findings are true, then wealth is nothing more than feeling like you have more money than everyone else. Another way to think of it may be the more you compare your wealth to your neighbors, the harder it is to feel content with what you have. The secret to happiness might be ignoring the Joneses next door.

*JP is the author of the money blog My Family Finances, a site dedicated to helping families make wise financial decisions. He is also an MBA and works in corporate finance.*

**GRAPHIC:** Picture, JP

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Web Publication

**SUBJECT:** SUICIDE (95%); PERSONAL FINANCE (90%); RESEARCH REPORTS (89%); UNEMPLOYED PERSONS (89%); US FEDERAL GOVERNMENT (89%); WAGES & SALARIES (89%); WEALTHY PEOPLE (78%); POOR POPULATION (78%); LOW INCOME PERSONS (76%); UPPER INCOME PERSONS (75%)

**LOAD-DATE:** October 24, 2012

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Sentinel & Enterprise (Fitchburg, Massachusetts)

**September** 10, 2012 Monday

**World Suicide Prevention Day raises awareness of social impact**

**BYLINE:** Sentinel & Enterprise

**SECTION:** COLUMNISTS; Lifestyle

**LENGTH:** 614 words

DEAR ANNIE: On September 10th, people throughout the world will be observing World **Suicide** Prevention Day, an annual event co-sponsored by the International Association for **Suicide** Prevention (IASP) and the World Health Organization (WHO).

**Suicide** is one of the leading causes of death in the world. Approximately one million people worldwide die by **suicide** each year. This corresponds to one every 40 seconds. The number of lives lost each year through **suicide** exceeds the number of deaths due to homicide and war combined. These figures do not include **suicide** attempts, which may be up to 20 times the number of deaths.

The economic costs associated with self-inflicted death or injuries are estimated to be in the billions of dollars a year. The psychological and social impact of **suicide** on the family and community is staggering.

There is good news, though. Organizations across the globe such as ours are making advances in **suicide** prevention research, understanding and outreach. Despite the complexity of this phenomenon, **suicide** can be prevented. There are many crisis centers throughout the world that offer support by phone, email, forums and chat.

**Suicide** prevention organizations, locally and across the world, are joining IASP in encouraging people to "light a candle near a window at 8 p.m." on World **Suicide** Prevention Day -- Monday, Sept. 10 -- to show support for **suicide** prevention, to remember a lost loved one and for the survivors of **suicide**.

Please ask your readers for their kind support in lighting a candle and, if they are in distress, to call a helpline or crisis center. This information can be found on our website atwww.iasp.info . Thank you. -- Lanny Berman, Ph.D., ABPP, President, International Association for **Suicide** Prevention

DEAR DR. BERMAN: We appreciate the opportunity to tell our readers about World **Suicide** Prevention Day. We hope they will light a candle near a window (although please not near flammable drapes or blinds) and remember those who have died. We also hope those in need will check your website.

DEAR ANNIE: I have been invited to the wedding of my co-worker's daughter, whom I have never met. My co-worker has made it quite clear that he is expecting us to attend. At his first daughter's wedding, he invited 20 co-workers and only one showed up. He was very upset.

Am I obligated to attend his daughter's wedding? -- RSVP

DEAR RSVP: You are not obligated to attend, although you might want to weigh that choice against Monday's reaction at the office. While we don't care for co-workers who pressure others to attend their personal events, consider whether he wants your presence or your presents. If you would feel more comfortable, send a small gift with your regrets.

DEAR ANNIE: I was in a similar situation as "In the Middle." My grandmother also made me feel second best, and I often received gifts that were not age appropriate. Your suggestion that Mom stay out of it and let the now-adult granddaughter thank Grandma for any gifts and share what she chooses is sound advice. That is what my mother and I have been doing.

I would like to mention another possibility. Perhaps the grandmother's upbringing and culture could be playing a part in her behavior toward the granddaughter, since it did in my case. In some cultures, the older generation is still having a difficult time making the transition from their traditional ideas. In realizing this, I have become more understanding about my grandmother's behavior and react with more compassion. She's trying her best. -- Been There, Too

Email your questions toanniesmailbox@comcast.net , or write to Annie's Mailbox, c/o Creators Syndicate, 737 3rd Street, Hermosa Beach, CA 90254.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PUBLIC HEALTH ADMINISTRATION (90%); PREVENTION & WELLNESS (90%); DEATHS & DEATH RATES (90%); ASSOCIATIONS & ORGANIZATIONS (90%); DEATHS (90%); WEDDINGS & ENGAGEMENTS (85%); ADVICE COLUMNS (79%); SPONSORSHIP (78%); WOUNDS & INJURIES (77%); UNITED NATIONS INSTITUTIONS (72%); HOMICIDE (72%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (84%)

**LOAD-DATE:** September 10, 2012

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The Washington Post

**May** 09, 1995, Tuesday, Final Edition

**The Cutting Edge; News and Notes**

**BYLINE:** Don Colburn

**SECTION:** HEALTH; Pg. Z05; THE CUTTING EDGE

**LENGTH:** 332 words

SHARP RISE REPORTED IN YOUTH **SUICIDES**

The rate at which teenagers and adolescents kill themselves has soared since 1980, according to a report from the Centers for Disease Control and Prevention.

The increases were sharpest for young black males; the **suicide** rate quadrupled among those aged 10 to 14. In the early-twenties age category, in which there was an overall slight decline, black males were the only group to go against the trend of declining **suicide** rates. The increase in the **suicide** rate was also very steep for white females aged 10 to 14.

Between 1980 and 1992, **suicide** rates rose 28 percent among Americans 15 to 19, and 120 percent among those aged 10 to 14, the CDC said. The **suicide** rate fell 7 percent among Americans aged 20 to 24.

"Although **suicide** among children is a rare event," the report concluded, "the dramatic increase in the **suicide** rate among persons aged 10 to 14 years underscores the urgent need for intensifying efforts to prevent **suicide**" in that age group.

Noting that the causes of **suicide** are "multiple and complex," the CDC said possible factors in the increased rate among young people include substance abuse, mental illness, family disruption, severe stress in school or social life, rapid social change and "increased access to firearms by the at-risk population."

Of the **suicides** among people under 25, nearly two-thirds (65 percent) were committed with guns. Hanging was the second most common method, and poisoning ranked third. Firearm-related **suicides** accounted for most of the increase in the **suicide** rate for teenagers between 1980 and 1992, the CDC reported.

After reviewing programs throughout the nation, the CDC said it has identified strategies for preventing youth **suicide**. These include training teachers and school officials to identify young people at highest risk for suicidal thoughts and attempts, educating young persons about **suicide**, and setting up referral programs and **suicide** crisis hot lines.

**COUNTRY:** UNITED STATES (90%);

**COMPANY:** centers for disease control and prevention CENTERS FOR DISEASE CONTROL & PREVENTION (93%);

**ORGANIZATION:** centers for disease control and prevention CENTERS FOR DISEASE CONTROL & PREVENTION (93%);

**GEOGRAPHIC:** UNITED STATES (70%); NORTH AMERICA (70%);

**SUBJECT:** NATIONAL NEWS; Suicide; Teenagers (Age 13-20) SUICIDE (97%); EPIDEMIOLOGY & PUBLIC HEALTH (90%); ADOLESCENCE (90%); TRENDS (78%); GUN CONTROL (77%); MENTAL ILLNESS (73%); SUBSTANCE ABUSE (72%); EDUCATION (70%); FIREARMS (70%); TEACHERS (50%);

**LOAD-DATE:** May 09, 1995

**LANGUAGE:** ENGLISH

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The Daily Telegraph (London)

**December** 31, 2014 Wednesday

Edition 1;

Scotland

**Suicides on railways expected to reach highest level in decade despite new prevention measures**

**BYLINE:** Tristan Kirk

**SECTION:** NEWS; Pg. 9

**LENGTH:** 302 words

**SUICIDE** rates on the railways are on course to reach the highest level over 12 months in more than a decade despite efforts to curb the number of deaths.

There have already been 207 **suicides** or suspected **suicides** on British railways between April and November this year, with the final figure expected to pass 300 by the end of March next year.

This would mark the highest number of **suicides** on the rail network since the Rail Safety and Standard Board was set up in 2003.

Network Rail and the Samaritans began a five-year campaign to reduce **suicides** in 2010, installing nets, barriers and cameras on bridges and platforms to deter people from jumping.

However, the rail safety board noted an "increasing trend in the number of public fatalities due to trespass or **suicide**" over the past decade.

The number of reported **suicides** on the rails in 2001-2002 was 192, but the number for 2014-15 is predicted to be 311.

This is an 11 per cent increase on last year, when there were 279 **suicides** or suspected **suicides**.

The number of people injured in failed **suicide** bids is also increasing, figures show.

Sue Royal, from the Samaritans, said that more than 7,000 rail staff have been trained to spot people in danger since 2010 and pointed out that railway **suicides** "have remained relatively stable at around four per cent of all **suicides** nationally."

She added: "Figures for **suicides** on the railways need to be looked at over the long term as the year on year numbers fluctuate."

The rail safety board pointed out that injuries or deaths to members of the public, rather than passengers and workers, was "not within the direct control of the railway".

Among the measures being introduced to try to prevent **suicides** is blue lighting on bridges and platforms, as studies indicated this has a calming influence on people.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** DTL

**SUBJECT:** SUICIDE (91%); RAIL TRANSPORTATION (90%); DEATHS & DEATH RATES (90%); RAIL TRANSPORTATION SAFETY (90%); TRENDS (75%)

**REGION:** Scotland

**LOAD-DATE:** December 31, 2014

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Right Vision News

**September** 11, 2014 Thursday

**Pakistan: Suicides in India up 400 percent in 50 years**

**LENGTH:** 392 words

**DATELINE:** ISLAMABAD

ISLAMABAD, Sept. 11 -- The number of **suicides** in India in a year has

risen 400 percent in 50 years and the **suicide** rate per 100,000 population exceeds 11 percent, a study said Wednesday.

"The number of **suicides** has increased from 33,625 in 1964 to 134,799

in 2013, which is a 400 percent increase in 50 years," Mumbai-based NGO Vaastav Foundation said in a statement,Times of India reproted.

September, 10 is observed as World **Suicide** Prevention Day every year

to highlight the alarming increase in **suicides**.

Its paper "Explorative study showing Indian **suicide** rates reported

over 50 years" said the rate of **suicide** per 100,000 population has increased from 7.1 percent to 11 percent during this period and the highest of 11.4 percent was in 2010.

Quoting the National Crime Record Bureau reports, the NGO said **suicide**

in India is treated as a crime rather than as a mental illness, which creates hurdles in getting emergency relief for victims.

It said the total number of **suicides** has decreased overall from

135,585 in 2011 to 134,799 in 2013 but at the same time, there has been an increase of **suicides** by males from 87,839 to 90,543 during this period.

The total number of women committing **suicides** was 47,746 in 2011 and 44,256 in 2013 with a significant 9.5 percent decrease in the married women category from 32,582 to 29,491.

The gender ratio within the married category points that more than twice the number of married men (64,098 in 2013) committed **suicide** against women (29,491 in 2013), the study said.

It attributed family problems and illness as the main reasons for

committing **suicides**, with the two accounting for 25 percent and 20 percent of total **suicides**.

"India should have a national strategy for **suicide** prevention in line with 28 other countries that have successfully implemented it," Vaastav Foundation president Amit Deshpande said.

Bangalore-based Child Rights Initiative for Shared Parenting (CRISP)

president Kumar V. Jahgirdar told IANS: "It's a shame that maximum **suicides** of the world occur in India. It's also more unfortunate that married men are

committing **suicides** due to domestic violence. It's mainly due to gender-biased family laws.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MARRIAGE (89%); WOMEN (87%); FAMILY (86%); POPULATION GROWTH (78%); NONGOVERNMENTAL ORGANIZATIONS (76%); PREVENTION & WELLNESS (75%); MENTAL ILLNESS (73%); DOMESTIC OFFENSES (73%); GENDER EQUALITY (70%); FAMILY LAW (68%); PARENTING (66%); CHILD CUSTODY & SUPPORT (66%); GENDER & SEX DISCRIMINATION (64%); MEDIA SYNDICATION (64%); DOMESTIC VIOLENCE (63%)

**CITY:** ISLAMABAD, PAKISTAN (93%); MUMBAI, MAHARASHTRA, INDIA (73%); BANGALORE, KARNATAKA, INDIA (58%)

**STATE:** MAHARASHTRA, INDIA (73%); KARNATAKA, INDIA (58%)

**COUNTRY:** INDIA (97%); PAKISTAN (93%)

**LOAD-DATE:** September 11, 2014

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Imphal Free Press (India)

**September** 10, 2014 Wednesday

**Stronger human bonds discussed during World Suicide Prevention Day observation**

**LENGTH:** 430 words

**DATELINE:** IMPHAL

IMPHAL, Sept. 10 -- As in other parts of the globe, the World **Suicide** Prevention Day was observed at the conference hall of the Jawaharlal Nehru Institute of Medical Science under the aegis of Psychiatry department of the hospital today.

The day is observed annually on September 10 with the main objective to prevent **suicides** and create awareness that **suicide** is a major preventable cause of premature death.

This year's observation was held under the theme "**Suicide** prevention: One world connected."

JNIMS director prof M Shyama Singh, medical superintendent professor W Gopimohon Singh, HoD Psychiatry prof S Gyaneshwor Sharma attended the observation as chief guest, guest of honour and president respectively.

Delivering the key-note address at the event, senior resident, department of Psychiatry Dr Nelson Loitongbam said the first global **suicide** report was published on September 4, 2014 following a ten-year study in 172 countries.

The report was published with the main objective of boosting the awareness level of the public regarding **suicide** attempts and to make **suicide** prevention a higher priority of the global public health agenda, he asserted.

The professor opined that the World **Suicide** Prevention Day has proved to be very successful in encouraging organisation worldwide to coordinate their efforts and learn from each other to assist those affected by **suicides** in making themselves heard during discussions related to the issue.

The most number of **suicide** cases have been reported from the South-East Asia region, with India accounting for the highest number of **suicides** overall in 2012 as per the World health Organisation's latest report on **suicide**, prof Gyaneshor said.

According to the report, India contributes to more than 10 percent of **suicides** in the world with the youth (15-29 age groups) being the most vulnerable of which men are known to take their own lives more often than the women in the country, he continued.

In India, Puducherry has the highest rate of **suicides** with a staggering 36.8 per a lakh population followed by Sikkim (29.1), Tamil Nadu (24.9), Kerala (24.1) and Manipur (1.6), he added.

He further expressed that the 2014 theme "**Suicide** prevention: One world connected" reflects the fact that cooperation and connections are important at several levels to combat **suicide** as strong human bonds is crucial to individuals vulnerable to **suicide**.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); PSYCHIATRY (90%); TEEN SUICIDE (89%); HEALTH DEPARTMENTS (77%); ASSOCIATIONS & ORGANIZATIONS (75%); PUBLISHING (73%); MEDIA SYNDICATION (73%); PUBLIC HEALTH ADMINISTRATION (68%); DEMOGRAPHIC GROUPS (68%)

**STATE:** MANIPUR, INDIA (94%); SIKKIM, INDIA (79%); TAMIL NADU, INDIA (79%); KERALA, INDIA (79%); PUDUCHERRY, INDIA (68%)

**COUNTRY:** INDIA (94%); SOUTH-EASTERN ASIA (79%); ASIA (79%)

**LOAD-DATE:** September 10, 2014

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Mail & Guardian

**September** 10, 2014

**Concern over rate of teen depression and suicide**

**BYLINE:** Mia Malan

**SECTION:** HEALTH

**LENGTH:** 452 words

**HIGHLIGHT:** One in four South African teens have attempted suicide and one in three hospital admissions for suicide involve youth.

South Africa has the eighth highest rate of **suicide** in the world, with approximately more than 8 000 people committing **suicide** each year, according to the South African Federation for Mental health. "Based on this, **suicide** is the third greatest cause of unnatural death in the country. In South Africa alone, there are 23 completed **suicides** - almost one per hour - and 230 attempted **suicides** every day," the federation said in a press release today, World **Suicide** Prevention Day.

According to the South African Depression and Anxiety Group (Sadag) one out of three **suicides** in South Africa happen in Gauteng and a one and a half times increase in suicidal deaths have been seen in the rural Eastern Cape in the former Transkei over the past five years. Sadag says two thirds of all **suicide** victims are aged between 20 and 39 and there are 4.6 male **suicides** for every female **suicide**. According to Sadag there is an "increasingly concerning rate of teen depression and **suicide**": 1 in 4 South African teens have attempted **suicide** and 1 in 3 hospital admissions for **suicide** involve youth. Yet, most schools don't have counsellors or psycho-social support systems in place, the organisation says. Research has shown that there are many psycho-social factors that could play a role, such as untreated mental illness, substance abuse, family problems, trauma, rape and poverty, which all have the potential of contributing to a person feeling suicidal. The SA Mental Health Federation says about 70% of those that have committed **suicide** often give warning signs. "Some of the warning signs are; talking or thinking about death often, clinical depression, the loss of interest in things one used to care about, putting affairs in order, a sudden change in behaviour, unexpected switch from being very sad to being very calm or appearing to be happy, visiting or calling people to say goodbye and giving away possessions," the federation says. The World Health Organisation (WHO) have found in international studies that despite the alarming findings about the prevalence of **suicide**, **suicide** all too often fails to be a prioritised public health problem globally and those that seek help at public health services are often not provided with effective and efficient help. According to SADAG 75% of South Africans will not get the mental health treatment they need. More **suicide** facts: 10% of all non-natural deaths in adults and 9.5% in youth are due to **suicide**. +/- 23 a day, virtually one every hour. There were 4.6 male **suicides** for every one female **suicide**. Less than 1% of mental hospital beds are for children and adolescence. 70% of South Africans who attempted **suicide** had a mental health disorder. Source: Sadag

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); TEEN SUICIDE (94%); ADOLESCENTS (90%); MENTAL ILLNESS (90%); DEPRESSION (90%); MENTAL HEALTH (89%); DISEASES & DISORDERS (89%); PUBLIC HEALTH ADMINISTRATION (87%); MEN'S HEALTH (78%); FAMILY (77%); MEN (77%); MENTAL HEALTH PRACTICE (77%); PSYCHIATRIC HOSPITALS (77%); ASSOCIATIONS & ORGANIZATIONS (75%); COMMUNITY HEALTH PROGRAMS (75%); CHILDREN (73%); PREVENTION & WELLNESS (72%); HEALTH DEPARTMENTS (72%); SUBSTANCE ABUSE (70%)

**COUNTRY:** SOUTH AFRICA (94%)

**LOAD-DATE:** September 25, 2014

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The Times of India (TOI)

**September** 6, 2014 Saturday

**India is world's suicide capital with 2.6 lakh cases/year**

**SECTION:** INDIA

**LENGTH:** 527 words

NEW DELHI: India has by far the largest number of **suicides** in the world, accounting for nearly a third of the global total and more than twice as many as China, which is second on the list. It also has the highest rate of **suicides** among young people, those aged 15 to 29 years.

These were among the sobering facts revealed in a report released by the WHO, "Preventing **Suicide**, A Global Imperative". The report noted that an estimated 8 lakh **suicide** deaths occurred worldwide in 2012. It is the second leading cause of death in 15-29-year-olds.

India in 2012 had nearly 2.6 lakh **suicides**, dwarfing China's 1.2 lakh. It's overall rate of **suicides** (incidents per lakh population) was 12th at 20.9. The worst countries on this parameter were North and South Korea, Guyana, Lithuania and Sri Lanka. Hungary, Japan, the Russian Federation and Belarus also had higher **suicide** rates than India. The Scandinavian countries, Sweden, Norway and Denmark - often perceived as societies with high **suicide** rates - had much lower rates.

In richer countries, three times as many men die of **suicide** as women, but in low- and middle-income countries, the male-to-female ratio is much lower at 1.5 men to each woman. Globally, **suicides** account for 50% of all violent deaths in men and 71% in women.

In India, the ratio was about 1.6 with close to 1.6 lakh men committing **suicide** in 2012 compared to just under 1 lakh women. In four countries in India's immediate neighbourhood - China, Pakistan, Bangladesh and Afghanistan - women outnumbered men among **suicides**. Only in Iraq and Indonesia was the proportion of women to men among those committing **suicide** higher than in these countries.

India, despite its horrific statistics, has actually seen a decline in the tendency to commit **suicide** since 2012, with the rate declining by 9.2% over this 12-year period. China, in the same period, saw its **suicide** rate drop by 59%.

India is a clear exception to the global pattern of the 70+ age group having the highest **suicide** rates. At 21.1 per lakh population, **suicides** among this age group are only about as common as among the entire population.

The report revealed that ingestion of pesticide, hanging and firearms are among the most common methods of **suicide** globally. It also listed various risk factors that contribute to **suicides**.

Risk factors associated with the health system and society at large include difficulties in accessing health care and in receiving the care needed, easy availability of the means for **suicide**, inappropriate media reporting that sensationalizes **suicide** and increases the risk of "copycat" **suicides**, and stigma against people who seek help for suicidal behaviours, or for mental health and substance abuse problems.

Risks linked to the community and relationships include war and disaster, stresses of acculturation (such as among indigenous peoples or displaced persons), discrimination, a sense of isolation, abuse, violence and conflictual relationships.

Risk factors at the individual level include previous **suicide** attempts, mental disorders, harmful use of alcohol, financial loss, chronic pain and a family history of **suicide**.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**LOAD-DATE:** September 5, 2014

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Times of India (Electronic Edition)

**July** 2, 2014 Wednesday

Kolkata Edition

**In '13, love drove most to suicide**

**BYLINE:** Deeptiman Tiwary

**SECTION:** TIMES NATION

**LENGTH:** 295 words

More people commit **suicide** daily due to unrequited love or a failed affair than due to poverty, bankruptcy or unemployment in the country. And not surprisingly, this is reflected in the maximum number of **suicides** recorded in the age group of 0-29 years, according to the latest government data.

According to the 2013 NCRB data, there are 12 **suicides** every day due to love affairs compared to 5 for poverty, 7 for bankruptcy and 6 for unemployment. In fact, love affairs have turned out to be third biggest killers after family problems and illness. This is well reflected in the fact that as many as 135 **suicides** fall in the age group of 0-29.

The data shows that 89 people commit **suicide** every day due to family problems while 72 end their lives because of illness. Cancer has turned out to be the biggest reason for which most suffering from the illness commit **suicide**, followed by paralysis and AIDS.

According to the data, in 2013, 781 people committed **suicide** due to cancer while 724 took their lives due to pa

ralysis. AIDS, despite being the deadliest disease, pushed only 590 people to **suicide**. It fared better in terms of percentage increase in comparison to 2012. While paralysis **suicides** grew by 35.1% and cancer **suicides** recorded an increase of 33%, AIDS **suicides** clocked only 12.4% rise.

Illness was the biggest reason driving people to **suicides** in Punjab with 35% of all **suicides** in the state falling in such category. Notably, Punjab has been severely affected by cancer and drug abuse in the recent past. The data show that as many as 86 people died due to heart attacks and epileptic fits in the country .

Kerala and Puducherry were on top of the heap in the category of **suicides** due to family problems with over 50% of all **suicides** attributed to this reason.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); CANCER (90%); POVERTY & HOMELESSNESS (90%); FAMILY (89%); DISEASES & DISORDERS (89%); DEMOGRAPHIC GROUPS (77%); HEART DISEASE (70%); EPILEPSY (66%); SUBSTANCE ABUSE (50%)

**STATE:** PUDUCHERRY, INDIA (50%)

**COUNTRY:** INDIA (79%)

**LOAD-DATE:** July 16, 2014

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St. George & Sutherland Shire Leader

**June** 5, 2014 Thursday

First Edition

**Surviving suicide**

**SECTION:** NEWS; Pg. 7

**LENGTH:** 304 words

Surviving **suicide**

The Leader (May 29) had two items on the important issue of youth **suicide.** What is of real concern to me is that I never hear calls for survivors of **suicide** to join those wanting to educate and dissuade people from committing **suicide.**

I am a cancer survivor and that is highly respected in the community. Yet I am also a "**suicide** survivor" and writing as such, I am not game to put my name to this letter.

Over and over I have confronted the severe torment of **suicide.** I have been hospitalised repeatedly in order to keep me safe in this world when I want to be gone, so that the suffering in my mind can stop. I hope and I plead with God not to be condemned.

I respectfully suggest that if we want the community, especially our young people, to learn more about what leads to **suicide;** what it may be like to be suicidal and considerations of ways to deter **suicide;** people working in this area need to look to those who have endured skirmishes with desperate yearnings to be dead.

I recommend that "**suicide** presentations" include either in person or in writing or at least in preparation, an account from a "**suicide** survivor", whom you believe has insight into their life-and-death battles.

To begin with, people need to stop referring to **suicide** as doing "something silly" or "being selfish". We do not use these terms for those who die from other severe illnesses.

It may be necessary to confront the "copycat" element of **suicide, if suicide** is spoken about openly and this would need to be done in a careful way.

Remember, if you want to find out about what it is like to give birth to a baby, you would not rely on a male obstetrician for your information; you would ask a mother. If you want to work in the field of **suicide** prevention, learn from those who are serious "**suicide** survivors".

name supplied, Jannali

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (90%); CHILDREN'S HEALTH (89%); MENTAL ILLNESS (78%); PREVENTION & WELLNESS (72%); CANCER (72%); PREGNANCY & CHILDBIRTH (67%); OBSTETRICS & GYNECOLOGY (62%)

**LOAD-DATE:** June 4, 2014

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Central Coast Express Advocate (Australia)

**March** 28, 2014 Friday

CentralCoast Edition

**There is always help at hand**

**BYLINE:** Denice Barnes

**SECTION:** NEWS; Pg. 7

**LENGTH:** 384 words

Central Coast **suicide** prevention awareness programs will be highlighted in an effort to curb an alarming spike in the number of **suicide** deaths over the past 12 months.

Figures from the Gosford Coronial Court show there were 43 **suicide** deaths last year, a significant increase on preceding years. St Vincent de Paul Society's Mental Health Project director Katie Sewell said she and GPs like Dr Lyndon Bauer from Ourimbah were concerned about the spike.

"In the late 1990s **suicide** rates were even higher, -exceeding 50 a year in some years, and a multi-strategic response coincided with a fall in the number of **suicide** deaths in the past decade," Ms Sewell said.

In recognition of the high **suicide** rates on the coast in the late '90s, Premier Bob Carr launched the **Suicide** Safety Network and both Dr Bauer and Ms Sewell believe the efforts and awareness that developed from this has been responsible for the lower rates seen in more recent years.

"We have to keep a close on those numbers and -remind everyone to be aware there are a lot of services," Dr Bauer said.

Ms Sewell agreed.

"Hopefully, an increase in prevention awareness can again reduce **suicide** death rates on the Central Coast," she said.

Dr Bauer reminded people of the importance of taking warning signs of suicidal thoughts seriously and help those people find their way to one of the many support services on the coast.

Lifeline: 131 114, Kids Help Line 1800 551 800, Mensline Australia on 1300 789 978, Relationships Australia 1300 364 277, **Suicide** Call Back Service 1300 659 467 the NSW Mental Health Line 1800 011 511.

Check for the warning signs Attempted **suicide** is the biggest warning sign for possible future **suicide** death. **Suicide** attempts are roughly equal between men and women, but **suicide** deaths are much higher in males, with four or more males for every one female.

Men often choose more -violent ways to attempt **suicide** and are less likely to -access support services.

Common factors in the 43 **suicide** deaths on the coast last year included males -between 45 and 65, relationship and family issues, previous **suicide** attempts, **suicide** act discussed with someone, -depression, financial problems, disability, physical or mental illness.The 2013 coronial data also showed more adults were using social media to express distress before death.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** Central Coast

**SUBJECT:** SUICIDE (94%); DEATHS & DEATH RATES (91%); PREVENTION & WELLNESS (90%); MENTAL ILLNESS (89%); MENTAL HEALTH (78%); DEPRESSION (78%); FAMILY (71%)

**STATE:** NEW SOUTH WALES, AUSTRALIA (79%)

**COUNTRY:** AUSTRALIA (92%)

**LOAD-DATE:** March 26, 2014

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Central Coast Express Advocate (Australia)

**March** 28, 2014 Friday

CentralCoastNorth Edition

**There is always help at hand**

**BYLINE:** Denice Barnes

**SECTION:** NEWS; Pg. 7

**LENGTH:** 384 words

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** Central Coast

**SUBJECT:** SUICIDE (94%); DEATHS & DEATH RATES (91%); PREVENTION & WELLNESS (90%); MENTAL ILLNESS (89%); MENTAL HEALTH (78%); DEPRESSION (78%); FAMILY (71%)

**STATE:** NEW SOUTH WALES, AUSTRALIA (79%)

**COUNTRY:** AUSTRALIA (92%)

**LOAD-DATE:** March 27, 2014

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Sentinel & Enterprise (Fitchburg, Massachusetts)

**September** 10, 2012 Monday

**World Suicide Prevention Day raises awareness of social impact**

**BYLINE:** Sentinel & Enterprise

**SECTION:** COLUMNISTS; Lifestyle

**LENGTH:** 614 words

DEAR ANNIE: On September 10th, people throughout the world will be observing World **Suicide** Prevention Day, an annual event co-sponsored by the International Association for **Suicide** Prevention (IASP) and the World Health Organization (WHO).

**Suicide** is one of the leading causes of death in the world. Approximately one million people worldwide die by **suicide** each year. This corresponds to one every 40 seconds. The number of lives lost each year through **suicide** exceeds the number of deaths due to homicide and war combined. These figures do not include **suicide** attempts, which may be up to 20 times the number of deaths.

The economic costs associated with self-inflicted death or injuries are estimated to be in the billions of dollars a year. The psychological and social impact of **suicide** on the family and community is staggering.

There is good news, though. Organizations across the globe such as ours are making advances in **suicide** prevention research, understanding and outreach. Despite the complexity of this phenomenon, **suicide** can be prevented. There are many crisis centers throughout the world that offer support by phone, email, forums and chat.

**Suicide** prevention organizations, locally and across the world, are joining IASP in encouraging people to "light a candle near a window at 8 p.m." on World **Suicide** Prevention Day -- Monday, Sept. 10 -- to show support for **suicide** prevention, to remember a lost loved one and for the survivors of **suicide**.

Please ask your readers for their kind support in lighting a candle and, if they are in distress, to call a helpline or crisis center. This information can be found on our website atwww.iasp.info . Thank you. -- Lanny Berman, Ph.D., ABPP, President, International Association for **Suicide** Prevention

DEAR DR. BERMAN: We appreciate the opportunity to tell our readers about World **Suicide** Prevention Day. We hope they will light a candle near a window (although please not near flammable drapes or blinds) and remember those who have died. We also hope those in need will check your website.

DEAR ANNIE: I have been invited to the wedding of my co-worker's daughter, whom I have never met. My co-worker has made it quite clear that he is expecting us to attend. At his first daughter's wedding, he invited 20 co-workers and only one showed up. He was very upset.

Am I obligated to attend his daughter's wedding? -- RSVP

DEAR RSVP: You are not obligated to attend, although you might want to weigh that choice against Monday's reaction at the office. While we don't care for co-workers who pressure others to attend their personal events, consider whether he wants your presence or your presents. If you would feel more comfortable, send a small gift with your regrets.

DEAR ANNIE: I was in a similar situation as "In the Middle." My grandmother also made me feel second best, and I often received gifts that were not age appropriate. Your suggestion that Mom stay out of it and let the now-adult granddaughter thank Grandma for any gifts and share what she chooses is sound advice. That is what my mother and I have been doing.

I would like to mention another possibility. Perhaps the grandmother's upbringing and culture could be playing a part in her behavior toward the granddaughter, since it did in my case. In some cultures, the older generation is still having a difficult time making the transition from their traditional ideas. In realizing this, I have become more understanding about my grandmother's behavior and react with more compassion. She's trying her best. -- Been There, Too

Email your questions toanniesmailbox@comcast.net , or write to Annie's Mailbox, c/o Creators Syndicate, 737 3rd Street, Hermosa Beach, CA 90254.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PUBLIC HEALTH ADMINISTRATION (90%); PREVENTION & WELLNESS (90%); DEATHS & DEATH RATES (90%); ASSOCIATIONS & ORGANIZATIONS (90%); DEATHS (90%); WEDDINGS & ENGAGEMENTS (85%); ADVICE COLUMNS (79%); SPONSORSHIP (78%); WOUNDS & INJURIES (77%); UNITED NATIONS INSTITUTIONS (72%); HOMICIDE (72%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (84%)

**LOAD-DATE:** September 10, 2012

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Newcastle Star

**July** 10, 2012

**Suicide talk still taboo**

**BYLINE:** By MARK CONNORS

**SECTION:** NEWS - GENERAL

**LENGTH:** 250 words

CHANGES in media guidelines on the reporting of **suicide** have had little effect at a grassroots level, according to one of the Hunter's leading **suicide** experts.

Late last year the Australian Press Council released new guidelines acknowledging the reporting of **suicide** could be of public benefit.

But Lifeline Newcastle and Hunter **suicide** prevention manager Kate Munro said the media and the community still had a fear of talking about **suicide**.

The Hunter, northern and mid-west regions of NSW saw a spike of suspected **suicides** at the end of last year.

There were 53 reported cases during the Christmas period, compared to 29 for the same period in 2010.

Ms Munro said talking about **suicide** was important for prevention.

"We are not very compassionate with our behaviour," she said.

"**Suicide** is seen as a selfish act, but that's built on a myth."

She said **suicide** prevention strategies aimed to break down communication barriers and talk safely about **suicide**.

"When someone has a heart attack, most people would help by calling 000 and giving CPR. Here at Lifeline, we train people in giving verbal CPR."

Suspected **suicides** are often linked to relationship breakdowns, social isolation and financial hardship.

Ms Munro said people who had thoughts of **suicide** often felt they were a burden on their family or the community.

"I can't save every single person that has thoughts of **suicide**. But that motivates me to connect with as many people as I can," she said.

?? Lifeline's 24-hour crisis telephone line is 13 11 14.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (76%); CHRISTMAS (55%)

**STATE:** NEW SOUTH WALES, AUSTRALIA (77%)

**COUNTRY:** AUSTRALIA (91%)

**LOAD-DATE:** July 10, 2012

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Kerryman (Ireland)

**October** 5, 2011

**Suicide alertness advice for everyone with SAFEtalk**

**SECTION:**

**LENGTH:** 285 words

SafeTALK aims to increase awareness of self harm and **suicide**. Most people with thoughts of **suicide** invite help to stay safe. Alert helpers are trained to know how to use these opportunities to support that desire for safety. A SafeTALK trained helper will become better able to: move beyond common tendencies to miss, dismiss or avoid **suicide**; identify people who have thoughts of **suicide**; apply the TALK steps: Tell, Ask, Listen and KeepSafe; to connect a person with **suicide** thoughts to **suicide** first aid, intervention caregivers.

**Suicide** is one of the three leading causes of death worldwide for people between 15 and 45 years of age, according to the World Health Organisation. Ireland is little different. Last year, 527 deaths by **suicide** were recorded and most were males in that same age group.

"There must be raised public awareness too of the reality of **suicide** and that means talking about it more often and more openly," said Cathy O'Sullivan, Nurse Practice Development Co-ordinator for the Kerry Mental Health Service.

The SafeTALK training package involves powerful video clips, illustrating both nonalert and alert responses to **suicide**.

"This short training provides all members of the community to be aware that **suicide** exists in our community and provides them with the opportunity up skill themselves to be **suicide** alert helpers and it provides participants with the skills and tools to save lives," said Ms. O'Sullivan.

Anyone concerned about **suicide** should contact the emergency services at: 999 or 112; Samaritans at: 1850 609090, 1Life at: 18002471000 or HSE helpline at 1800 742645.

Pre booking is essential for attending SafeTALK. To book your place you're advised to phone 087 7553066.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); DEATHS (78%); FIRST AID (77%); MENTAL HEALTH (73%); PUBLIC HEALTH ADMINISTRATION (70%); DEMOGRAPHIC GROUPS (69%); HEALTH DEPARTMENTS (69%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (55%)

**COUNTRY:** IRELAND (70%)

**LOAD-DATE:** October 5, 2011

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Guelph Mercury (Ontario, Canada)

**September** 16, 2011 Friday

Final Edition

**Suicide prevention event had noticeable absences**

**BYLINE:** Ross Irvine

**SECTION:** EDITORIAL; Pg. A10

**LENGTH:** 295 words

Abandoning someone who is suicidal is not a good thing. Yet, that seems to have happened at the World **Suicide** Prevention Day ceremony in Guelph on Saturday.

Guelph supposedly has well regarded mental health and addiction facilities, services and professionals, but this was not evident at the ceremony. None of the communitys leading services - including Trellis Mental Health Services and Guelph General Hospital, which are on the front lines when it comes to dealing with **suicide** - participated in the event.

The ceremony was designed to bring discussion of **suicide** into the open and, hopefully, help prevent future **suicides**. But this citys major players in **suicide** prevention and treatment were not there. They gave up a perfect opportunity to demonstrate their commitment to **suicide** prevention and their support of those who struggle with suicidal thoughts, who have attempted **suicide**, or who carry the scars of a loved one who has died by **suicide**. Quite simply, the citys leading mental health services abandoned some of the communitys most vulnerable people.

The **Suicide** Resource Group of Wellington-Dufferin and Torchlight Distress Centre did a wonderful job organizing the **suicide** prevention day event in Guelph. It was a simple but sincere and moving ceremony that evoked both sad and cherished memories. More importantly, it promised hope for the future of **suicide** prevention. These groups understand the importance of talking about **suicide**. Others could learn from their example.

An estimated 15 Guelph residents will commit **suicide** in the next 12 months. With a provincial election underway, we must make sure they get the care and services they need. Ask the candidates to make improved mental health a priority issue that crosses party lines.

|Ross Irvine

Guelph

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); MENTAL HEALTH (91%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); EDITORIALS & OPINIONS (90%); DEATHS (78%); VULNERABLE HEALTH POPULATIONS (77%); MENTAL HEALTH PRACTICE (77%); SUBSTANCE ABUSE FACILITIES (77%); CAMPAIGNS & ELECTIONS (69%); ELECTIONS (64%)

**LOAD-DATE:** September 16, 2011

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InsideHalton

**September** 9, 2011 Friday

Final Edition

**Live4Life: Concert for a Cause aims to raise suicide awareness**

**SECTION:** NEWS; Pg. 1

**LENGTH:** 381 words

Concerned citizens and local musicians are banding together this Saturday to Live4Life: Concert for a Cause - a series of concerts in four Halton venues.

This Saturday is World **Suicide** Prevention Day and Halton Region, along with the Halton **Suicide** Prevention Coalition (HSPC), wants to raise awareness of how real the issue of **suicide** is in Halton and to encourage those thinking about **suicide** to reach out for help and not keep silent.

The HSPC is taking a new approach this year to reach out to the community with the first Live4Life: Concert for a Cause event.

The concert brings local bands together this Saturday in four venues across Halton: Burlington, Oakville and Acton. The artists and Coalition members hope to educate the public about **suicide** prevention and to destigmatize **suicide** in Halton.

"We know that keeping silent about **suicide** is detrimental to our community. The stigma around **suicide** often keeps people with suicidal thoughts from openly talking with family and friends and from seeking help and support," Dr. Bob Nosal, Halton Medical Officer of Health said.

"It is also one of the biggest barriers in the grief process for survivors of **suicide**. I believe this concert is a wonderful way to help break that silence.

**Suicide** is a real issue in Halton Region. According to local statistics:

- each month, on average, more than two **suicide** deaths occur in Halton.

- Halton Regional Police receives nearly one call per day related to **suicide**.

- more than 420 people end up in Halton Region hospitals each year from attempted **suicides**.

"Halton Region is a caring, compassionate community, and the volunteers of the Halton **Suicide** Prevention Coalition exemplify community coming together to make a difference, and hopefully save someone's life," said Halton Regional Chair, Gary Carr.

Visit <a href="http://www.live4life.ca" target="\_blank">www.live4life.ca for concert event times and locations, or for more information.

To find out more about the HSPC, and how to get help, visit <a href="http://www.suicidepreventionhalton.ca" target="\_blank">www.suicidepreventionhalton.ca .

For services available to those struggling with depression or mental health issues, contact Halton Region or visit <a href="http://www.halton.ca/mentalhealth" target="\_blank">www.halton.ca/mentalhealth .

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Article

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (89%); MUSIC (78%); MUSIC GROUPS & ARTISTS (78%); SINGERS & MUSICIANS (78%); HEALTH DEPARTMENTS (67%)

**LOAD-DATE:** September 10, 2011

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Oakville Beaver

**September** 9, 2011 Friday

Final Edition

**Live4Life: Concert for a Cause aims to raise suicide awareness**

**SECTION:** NEWS; Pg. 1

**LENGTH:** 381 words

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**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Article

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (89%); MUSIC (78%); MUSIC GROUPS & ARTISTS (78%); SINGERS & MUSICIANS (78%); HEALTH DEPARTMENTS (67%)

**LOAD-DATE:** September 10, 2011

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Sunday Independent (Ireland)

**June** 13, 2010

**Media watchdog rejects coroner claim of suicide cover-up**

**SECTION:** NATIONAL NEWS

**LENGTH:** 630 words

A call by a coroner that the media end what he termed the "evasion" and "cover-up" of **suicide** has been challenged by Headline -- the agency which monitors journalism related to **suicide** and mental health.

Coroner John Cannon made his comments at an inquest into the death of a South African man who took his own life in Co Donegal last year.

Mr Cannon described **suicide** as a tragic phenomenon that mainly affected young men and suggested that **suicide** was becoming prominent in Ireland because deaths had not been given precedence in the traditional media.

According to the charity 3Ts (Turn the Tide of **Suicide**), more than 600 people in Ireland die by **suicide** each year with one in six **suicides** committed by males under 25, and almost one in four by men aged under 35.

Last month the Irish Property Council reported that 29 **suicides** could be directly linked to the property and construction industry crisis.But according to Mr Cannon, who is coroner in Letterkenny, Co Donegal, deaths in road accidents are routinely given national news coverage -- often making the headlines.

"However, coverage of deaths by **suicide**, which have equally high numbers of fatalities, seems to be best left unwritten," Mr Cannon said.

He added that reports on road crashes may have a beneficial effect by alerting people to the fatal dangers of speed, drink and careless driving.

"However, it appears that coverage of **suicide** fatalities is believed to have the opposite effect -- lest it should encourage emulation. I know there are still observable elements of social stigma surrounding the reporting of **suicide** deaths and, quite possibly, this is primarily the single reason why **suicide** is not given the same prominence."

He added that when **suicide** deaths were covered in the media, they were often vague and the reader was given "a hint", such as the use of the word "tragic", without any reason being offered.

"To me, it comes across that the lack of an explanation is in itself the explanation," Mr Cannon said. He added that in any case, details of **suicides** were often made public through new electronic communications.

He said he recently attended a coroners' conference at which the media coverage of **suicide** was discussed. "It was felt the media ought to chart a sensible and realistic course, from the past traditions of evading or cover-up, to a new mode of acceptable reporting in a way that does justice to the social realities involved, without exploiting human grief in such sensitive cases."

However, following Mr Cannon's comments, Jane Arigho from Headline -- the National Media Monitoring Programme for Mental Health and **Suicide** -- said she did not agree there was a "cover-up".

"While Headline agrees that the media 'ought to chart a sensible and realistic course' when reporting on **suicide**, it does not support the suggestion by Mr Cannon that there is a 'cover-up' by the media in the reporting of **suicide**."

She said the organisation had witnessed a steady increase in the reporting of **suicide** in recent years, recording around 7,000 articles that referred to **suicide** in 2009.

"While there is evidence to suggest that certain types of reporting can contribute to **suicide** contagion -- often referred to as copycat **suicide** -- this is in relation to particularly irresponsible types of reporting, such as the provision of explicit details of **suicide** method, inappropriate photography and sensational reporting," Ms Arigho said.

"However, once care is taken when reporting on **suicide**, the threat of contagion no longer exists. For example, reference can be given to an overdose but not to the specific type and number of tablets used. Similarly, saying someone hanged themselves is acceptable but the method or material used in hanging and ligatures should not be included," she added.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); INVESTIGATIONS (90%); JOURNALISM (90%); CORONERS COURTS & OFFICES (90%); FREEDOM OF PRESS (90%); MENTAL HEALTH (78%); NEWS REPORTING (78%); MEN (77%); CHARITIES (70%); TRAFFIC ACCIDENTS (67%); CONSTRUCTION (67%)

**COUNTRY:** IRELAND (90%)

**LOAD-DATE:** June 13, 2010

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BBC Monitoring South Asia - Political

Supplied by BBC Worldwide Monitoring

**November** 2, 2009 Monday

**Afghan TV programme debates latest US, Pakistani moves against Taleban**

**LENGTH:** 1160 words

Excerpts from report by state-owned National Afghanistan TV on 30 October

[Announcer] Greetings. Recent events, including the terrorist attacks in both Kabul and Peshawar, the prolonged visit of US Secretary of State Hillary Clinton to Pakistan, and the Pakistani Army's offensive in Waziristan, indicate that a new chapter has been opened in the war against terrorism. Our programme discusses these issues. The programme guests are Kabul University lecturers Zia Rafat and Nasrollah Stanakzai and lawmaker Sayed Alemi Balkhi. [passage omitted on pleasantries]

[Announcer to Rafat] Are the terrorist attacks against the United Nations guesthouse in Kabul and a bazaar in Peshawar in reaction to the Waziristan operation? Is the military offensive in Waziristan serious or an operation in name only, just like previous such operations in the region?

[Rafat] The two **suicide** operations pursued different objectives. The **suicide** operation in Kabul sought to intimidate the United Nations, which is organizing the election in Afghanistan. By attacking the UN guesthouse, the Taleban sought to send out a message to the UN that the Taleban are able to carry out **suicide** operations against the UN staff anywhere in Afghanistan. The **suicide** operation in Peshawar happened in the wake of Hillary Clinton's visit to Pakistan. The Peshawar attack was designed to send a message that the Taleban can carry out attacks anywhere in Pakistan and to embarrass the Pakistani military, which has been fighting the Taleban recently. The Peshawar attack, nevertheless, caused heavy civilian casualties, which is often the case in **suicide** attacks.

[Announcer to Rafat] Nevertheless, there is a difference between the **suicide** attacks in Pakistan and the **suicide** attacks in Afghanistan. The **suicide** attacks in Afghanistan have always targeted specific objectives, be they military or political objectives or the foreign forces or offices. The **suicide** attacks in Afghanistan have never been without specific targets. However, in Pakistan, many times **suicide** operations have taken place in areas without specific targets. What is the reason for the distinction? Are there different forces that organize attacks in the two countries?

[Rafat] In both Afghanistan and Pakistan, the security personnel, as well as the civilians, have been targeted by **suicide** operations. It is very difficult to judge whether the **suicide** operations are all organized by a centralized command structure or by different elements within what we term as Taleban and terrorist forces. In his recent Id message, Mullah Omar instructed his followers to avoid civilian casualties in **suicide** operations. However, despite that message, civilians have fallen victim to **suicide** operations. This indicates that either Mullah Omar's message was a public relations initiative aimed at influencing public opinion, or there are other hands that organize **suicide** operations. What is clear, though, is that what we know as the Taleban and terrorist forces are not a monolithic force; rather, there are many different constituent parts to these forces with different policies and even ideological differences between them.

[Announcer to Balkhi] [passage omitted insisting that the **suicide** attacks in Afghanistan have specific military and official targets, while the **suicide** attack in Peshawar was against a common bazaar packed with women, children, and other civilians]

The Pakistan media also divides the Taleban between Afghan Taleban and Pakistani Taleban. The Pakistani media generally say that the Pakistani Taleban are fighting against the Pakistani military, but the Afghan Taleban do not want to fight against the Pakistani military. It is also believed that the Pakistani Taleban are close to Al-Qa'idah. Hence, when the Pakistani military moves against Al-Qa'idah, the Pakistani Taleban fight against the Pakistani military in defence of Al-Qa'idah. Does this mean that there are rifts between the Afghan Taleban and Al-Qa'idah?

[Balkhi] [passage omitted]

I think it is unrealistic to distinguish between the Afghan and Pakistani Taleban. The Taleban as a whole pursue a grand strategy in the regions. They want to establish their authority in parts of Pakistan and Afghanistan under the leadership of Al-Qa'idah. [passage omitted on lengthy discourse alleging that Al-Qa'idah was created jointly by the United States, Britain, some Arab countries, and Pakistan. He suggests that the United States knows about the whereabouts of the Al-Qa'idah leadership, but does not want to eliminate it. He suggests that Pakistani security forces may have carried out the terrorist attack in Peshawar that caused over 100 civilian casualties to demonstrate to Secretary Clinton that Pakistan is the victim of terrorism. He alleges that the transfer of Taleban to northern Afghanistan by coalition helicopters is a strategy of the coalition to draw Russia into the war against the Taleban]

[Announcer to Stanakzai] How serious is the Pakistani military's offensive against the Taleban in Waziristan?

[Stanakzai] I believe that the Waziristan offensive is not serious. The Pakistani military launched the Waziristan offensive to attract US and western assistance. As such, I think the Pakistanis will prolong the conflict so as to gain as much US and western assistance as possible. [passage omitted on lengthy discourse alleging that the coalition is pushing the Afghan conflict into Central Asia and Iran as part of rivalries between the West, Russia, China, and Iran]

[Announcer to Rafat] Mention has been made here of the policies to push the conflict into Central Asia, China, and Iran. Hence, there are doubts about the genuineness of the war on terrorism, because the war seems to pursue other objectives in the region. There was also a reference here to efforts to draw Russia into the war in Afghanistan. Will Russia's involvement in the war in Afghanistan be in accordance with its own arrangements or the arrangements made for it by the coalition?

[Rafat] [passage omitted on theory that an imminent threat of terrorism in Central Asia from the Afghan side will prompt the Central Asian governments to seek help from Russia. He maintains that the Russian help will not be sufficient to counter the threat of Al-Qa'idah, which will in turn prompt the Central Asian leaders to seek help from the United States. He argues that, since the United States enjoys superior military and economic resources compared to Russia, it will dominate the fight of the joint coalition of Central Asia, Russia and the West against terrorism. In this way, he maintains that the United States will extend its influence in Central Asia near the Chinese and Russian borders. He suggests that the United States is pushing the conflict into northern Afghanistan so as to extend its influence into Central Asia]

[passage omitted on announcer and programme participants discussing above theme]

Source: National Afghanistan TV, Kabul, in Pashto 1630 gmt 30 Oct 09

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Transcript

**SUBJECT:** TALIBAN (92%); TERRORISM (90%); UNITED NATIONS INSTITUTIONS (90%); TERRORIST ATTACKS (90%); INTERNATIONAL RELATIONS (90%); WAR & CONFLICT (90%); US PRESIDENTIAL CANDIDATES 2008 (90%); TERRORIST ORGANIZATIONS (89%); STATE DEPARTMENTS & FOREIGN SERVICES (89%); SUICIDE BOMBINGS (89%); SUICIDE (88%); WAR ON TERROR (78%); ARMIES (78%); TELEVISION PROGRAMMING (76%); DEATHS (73%); RELIGION (60%)

**ORGANIZATION:** UNITED NATIONS (94%)

**PERSON:** HILLARY RODHAM CLINTON (91%)

**CITY:** KABUL, AFGHANISTAN (94%)

**COUNTRY:** AFGHANISTAN (98%); PAKISTAN (94%); UNITED STATES (92%)

**LOAD-DATE:** November 3, 2009

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The Herald (Glasgow)

**April** 20, 2009 Monday

Final Edition

**The legalisation of assisted suicide would give rise to dangerous consequences for society**

**SECTION:** FEATURES; Pg. 14

**LENGTH:** 467 words

THE proposal to legalise assisted **suicide**, being presented by Margo MacDonald, the independent MSP, would have farreaching consequences on the manner in which **suicide**, of any kind, would begin to be perceived in Scotland.

Until now, the attempted **suicide** of an individual, such as a young person, is never seen as something to be encouraged in society. Instead, a lot of concern is usually raised as to the individual's state of mind and the fact that he or she may need psychological assistance, support and counselling. In other words, it would be ethically very wrong to help someone commit **suicide** in these circumstances.

In Scotland, around two people kill themselves every day and the **suicide** rate is generally higher than in other parts of the UK. Because of this, the Scottish Government launched the Choose Life programme in 2002, which is a 10-year strategy and action plan to try to prevent and reduce the high rate of **suicide**.

On the Choose Life website it is indicated that, in Scotland, **suicide** is one of the main causes of death among young people. It also emphasises that every life lost to **suicide** is a tragedy - whatever the person's age - representing a lost life, a lost mother or father, brother, sister, son or daughter, and a wound that does not easily heal in those who are left behind.

Moreover, most people who attempt **suicide** do not want to die; they want to end the pain they are suffering. In the light of this, if assisted **suicide** was ever decriminalised in Scotland, even though physical suffering can be adequately addressed through palliative care, a very real danger would exist that the **suicide** of individuals, such as healthy young persons, would also begin to be considered as acceptable to society. And this would happen at the very time the government is trying to reduce the very high **suicide** rates in Scotland.

Indeed, there is a very real risk that the legalisation of assisted **suicide** would completely undermine any attempt in Scotland to reduce the number of **suicides** which may become an acceptable exit in the face of depression or hardships.

Moreover, we should remember that as soon as a second person is consciously involved in the **suicide** of a person, and that this is accepted by society, it is then society as a whole that gives its consent to this **suicide**. This would give rise to very dangerous consequences concerning the manner in which the whole of society would consider the value, meaning and worth of a human life.

Encouraging any person to commit **suicide** is highly irresponsible and unacceptable. Because of this, assisting any person to commit **suicide** would put extremely vulnerable persons at risk and should not be possible in Scotland.

Dr Calum MacKellar, Director of Research, Scottish Council on Human Bioethics, 15 Morningside Road, Edinburgh.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** GH

**SUBJECT:** SUICIDE (97%); ASSISTED SUICIDE (91%); DEATH & DYING (90%); ETHICS (89%); TEEN SUICIDE (89%); DECRIMINALIZATION (89%); BIOETHICS (70%); PALLIATIVE CARE (64%)

**CITY:** EDINBURGH, SCOTLAND (58%)

**COUNTRY:** SCOTLAND (92%); UNITED KINGDOM (78%)

**LOAD-DATE:** April 20, 2009

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Times Colonist (Victoria, British Columbia)

**October** 16, 2005 Sunday

Final Edition

**Study finds depression, suicide tied to epilepsy**

**BYLINE:** Charlie Fidelman, CanWest News Service

**SECTION:** LIFE; Pg. A13

**LENGTH:** 449 words

**DATELINE:** MONTREAL

MONTREAL -- Neuroscientists have found a surprising link between depression, **suicide** and epilepsy.

The same brain dysfunction underlying epilepsy may also determine whether people are at risk for **suicide**, lead researcher Dale Hesdorffer of Columbia University in New York explained Tuesday in a study published online in the journal Annals of Neurology. "For reasons that are not understood, depression both increases the risk for developing epilepsy and is also common among people with epilepsy who experience many seizures," Hesdorffer said.

Hesdorffer's team looked at data from 324 people in Iceland with epilepsy and 647 without the disorder.

It's a common assumption that difficulties living with epilepsy could provoke depression, and in some cases, an increased risk of **suicide**. But researchers were surprised to find people with epilepsy are four times more likely to have attempted **suicide** before ever having a seizure, even after other factors were taken into account like drinking alcohol, having depression, age and gender.

The study confirmed what scientists have known for a while -- that people with major depression are nearly twice as likely to develop epilepsy as those without depression.

"But what has never been shown before is that **suicide** attempt is associated with an increased risk for developing epilepsy," Hesdorffer said. "This may, in part, clarify the increased risk for completed **suicide** observed in people with epilepsy."

That's because attempted **suicide** is a known risk for further attempts, "some of which will unfortunately result in completed **suicide**," she added.

While the study results suggest a common brain dysfunction might be responsible for epilepsy and suicidal behaviour, findings also point to different mechanisms behind depression and **suicide**.

The current study did not address those mechanisms. That's the next step, Hesdorffer said.

McGill University professor Gustavo Tureki, director of the McGill group for **suicide** studies at the Douglas Hospital, which is researching the biological factors of **suicide**, called the study an important step forward.

"Depression and **suicide** often go together," Tureki said. But the Iceland study suggests that the association between epilepsy and **suicide** is not through major depression, Tureki said.

"The higher prevalence of **suicide** among epileptics was independent of the fact that they were also more likely to be depressed," Tureki said.

Study results suggest clinicians need to ask epileptic patients about previous **suicide** attempts, experts said.

"Professionals involved in **suicide** prevention should be aware of this information," said Louis Lemay, director of the Quebec Association for the Prevention of **Suicide**.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); EPILEPSY (94%); RESEARCH REPORTS (92%); DEPRESSION (90%); NEUROSCIENCE (90%); BRAIN (89%); MENTAL ILLNESS (78%); PREVENTION & WELLNESS (75%); DEATHS (73%); COLLEGE & UNIVERSITY PROFESSORS (72%); ASSOCIATIONS & ORGANIZATIONS (67%); ALCOHOLIC BEVERAGES (53%)

**ORGANIZATION:** COLUMBIA UNIVERSITY (84%)

**CITY:** MONTREAL, QC, CANADA (89%)

**STATE:** QUEBEC, CANADA (89%); NEW YORK, USA (88%)

**COUNTRY:** CANADA (89%); UNITED STATES (88%); ICELAND (71%)

**LOAD-DATE:** October 16, 2005

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The Star Phoenix (Saskatoon, Saskatchewan)

**October** 12, 2005 Wednesday

Final Edition

**Study finds depression, suicide, epilepsy links: Suicide attempts four times more likely in those with epilepsy**

**BYLINE:** Charlie Fidelman, CanWest News Service

**SECTION:** NEWS; Pg. C4

**LENGTH:** 451 words

**DATELINE:** MONTREAL

MONTREAL -- Neuroscientists have found a surprising link between depression, **suicide** and epilepsy.

The same brain dysfunction underlying epilepsy may also determine whether people are at risk for **suicide**, lead researcher Dale Hesdorffer of Columbia University in New York explained Tuesday in a study published online in the journal Annals of Neurology. "For reasons that are not understood, depression both increases the risk for developing epilepsy and is also common among people with epilepsy who experience many seizures," Hesdorffer said.

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The study confirmed what scientists have known for a while -- that people with major depression are nearly twice as likely to develop epilepsy as those without depression.

"But what has never been shown before is that **suicide** attempt is associated with an increased risk for developing epilepsy," Hesdorffer said. "This may, in part, clarify the increased risk for completed **suicide** observed in people with epilepsy."

That's because attempted **suicide** is a known risk for further attempts, "some of which will unfortunately result in completed **suicide**," she added.

While the study results suggests a common brain dysfunction might be responsible for epilepsy and suicidal behavior, findings also point to different mechanisms behind depression and **suicide**.

The current study did not address those mechanisms. That's the next step, Hesdorffer said.

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(Montreal Gazette)

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); EPILEPSY (94%); RESEARCH REPORTS (92%); DEPRESSION (90%); NEUROSCIENCE (90%); BRAIN (89%); MENTAL ILLNESS (78%); PREVENTION & WELLNESS (75%); DEATHS (73%); COLLEGE & UNIVERSITY PROFESSORS (72%); ASSOCIATIONS & ORGANIZATIONS (67%); ALCOHOLIC BEVERAGES (53%)

**ORGANIZATION:** COLUMBIA UNIVERSITY (84%)

**CITY:** MONTREAL, QC, CANADA (89%)

**STATE:** QUEBEC, CANADA (89%); NEW YORK, USA (88%)

**COUNTRY:** CANADA (89%); UNITED STATES (88%); ICELAND (71%)

**LOAD-DATE:** October 12, 2005

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Windsor Star (Ontario)

**October** 12, 2005 Wednesday

Final Edition

**Brain disorders may be linked: Study says epilepsy, suicide and depression could be connected in signficant ways**

**BYLINE:** Charlie Fidelman, CanWest News Service

**SECTION:** NEWS; Pg. D9

**LENGTH:** 448 words

**DATELINE:** MONTREAL

MONTREAL - Neuroscientists have found a surprising link between depression, **suicide** and epilepsy.

The same brain dysfunction underlying epilepsy may also determine whether people are at risk for **suicide**, lead researcher Dale Hesdorffer of Columbia University in New York explained Tuesday in a study published online in the journal Annals of Neurology.

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While the study results suggests a common brain dysfunction might be responsible for epilepsy and suicidal behavior, findings also point to different mechanisms behind depression and **suicide**.

The current study did not address those mechanisms. That's the next step, Hesdorffer said.

McGill University professor Gustavo Tureki, director of the McGill group for **suicide** studies at the Douglas Hospital, which is researching the biological factors of **suicide**, called the study an important step forward.

"Depression and **suicide** often go together," Tureki said. But the Iceland study suggests that the association between epilepsy and **suicide** is not through major depression, Tureki said.

"The higher prevalence of **suicide** among epileptics was independent of the fact that they were also more likely to be depressed," Tureki said.

Study results suggest clinicians need ask epileptic patients about previous **suicide** attempts, experts said.

"Professionals involved in **suicide** prevention should be aware of this information," said Louis Lemay, director of the Quebec Association for the Prevention of **Suicide**.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); EPILEPSY (94%); RESEARCH REPORTS (92%); DISEASES & DISORDERS (90%); BRAIN (90%); DEPRESSION (90%); NEUROSCIENCE (90%); NEUROLOGICAL DISORDERS & INJURIES (90%); MENTAL ILLNESS (78%); PREVENTION & WELLNESS (75%); DEATHS (73%); COLLEGE & UNIVERSITY PROFESSORS (72%); ASSOCIATIONS & ORGANIZATIONS (67%); ALCOHOLIC BEVERAGES (53%)

**ORGANIZATION:** COLUMBIA UNIVERSITY (84%)

**CITY:** MONTREAL, QC, CANADA (89%)

**STATE:** QUEBEC, CANADA (89%); NEW YORK, USA (88%)

**COUNTRY:** CANADA (89%); UNITED STATES (88%); ICELAND (71%)

**LOAD-DATE:** October 12, 2005

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Herald Sun (Melbourne, Australia)

**August** 20, 2005 Saturday

**SUICIDE CASES HARD TO PROVE**

**BYLINE:** RUSSELL ROBINSON

**SECTION:** NEWS; Pg. 2

**LENGTH:** 177 words

UNDER Victorian laws the act of **suicide** and attempted **suicide** are no longer crimes.

But it is a crime to aid or abet someone to commit **suicide** or incite them to do so.

Aiding and abetting involves helping in the **suicide**.

The act of incitement includes requesting, proposing, advising, encouraging or authorising someone to commit **suicide**.

But it is not enough to prove that someone actively encouraged or advised someone else to commit **suicide** to prove the offence.

Legal observers told the Herald Sun yesterday the prosecution needed to show the **suicide** or attempted **suicide** was a direct result of the incitement.

A jury must be convinced beyond reasonable doubt that what the accused said or did caused the victim to commit **suicide**.

If it can be shown that the victim intended committing **suicide** all along, or there were other influences on him or her, that link can be broken.

One leading barrister said crimes of that nature often involved few if any independent witnesses or hard evidence.

"That makes a prosecution difficult," he said.

**SUBJECT:** SUICIDE (96%); CRIMINAL OFFENSES (90%); WITNESSES (86%);

**STATE:** VICTORIA, AUSTRALIA (58%);

**COUNTRY:** AUSTRALIA (59%);

**LOAD-DATE:** August 19, 2005

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** DHS

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The Jerusalem Post

**July** 25, 2001, Wednesday

**Study: Women attempt more men more successful at suicide**

**BYLINE:** Judy Siegel

**SECTION:** NEWS; Pg. 5

**LENGTH:** 446 words

Men are much more successful at committing **suicide** than women while women are more likely to attempt it according to new Health Ministry statistics.

According to ministry estimates about 350 people committed **suicide** each year from 1998 to 2000. Of these 22 percent were aged 15 to 24 and 85% of them males. While the ministry received reports of 1 540 people attempting **suicide** during each of these years the actual figure could be between 3 500 and 4 0 because some attempts are covered up or unreported.

"Because of the lack of data it's impossible to fully assess this phenomenon said Stein. While **suicide** rates among young Israeli Jews is declining somewhat, it is still higher than it was during the early '90s. **Suicide** rates are increasing among young Israeli Arabs and nearing the rates of their Jewish counterparts.

Females constitute 70% of **suicide** attempts in the 15- 24-year-old age group, but this rate drops as women get older. People 15 to 24 constitute 35% of those who attempt **suicide**. Since only 18% of the population is 15 to 24, the rates of **suicide** and **suicide** attempt are disproportionate, and this age group can be considered high-risk.

The ministry noted that Israel ranks only 26th among 30 Western countries in **suicide** rates, and that the number of **suicides** per 100,000 residents even seems to be declining somewhat. But there is under-reporting of **suicides** and especially of attempts, said statistician Nehama Stein, because autopsies are rare and because people who try to kill themselves often hide it, explaining away the injury as the result of an accident, or avoid going to a hospital emergency room.

Moreover, reporting practices by emergency room staffers are not uniform. The hospitals don't all take care to fill out forms properly so important information needed to identify high-risk groups is absent Stein said.

Thus the ministry estimates that the number of **suicide** attempts is twice the figure actually reported, and the number of **suicides** a third higher than reported figures. The ministry receives data on **suicide** and attempts from emergency rooms, the Central Bureau of Statistics, and the L. Greenberg Institute for Forensic Medicine at Abu Kabir.

Chief psychologist Dalia Gilboa said the ministry is trying to encourage hospitals to accurately report **suicide** and attempted-**suicide** cases, and to pay particular attention to high-risk groups. Special effort will be made to identify young people considering **suicide**.

The ministry's statistical report will be published (for the first time but in Hebrew only) on its Web site (www.health.gov.il http: / www.health.gov.il) within a few days.

**GEOGRAPHIC:** ISRAEL (92%);

**COUNTRY:** ISRAEL (92%);

**SUBJECT:** Suicide. Statistics. Women. SUICIDE (94%); HEALTH STATISTICS AGENCIES (90%); TEEN SUICIDE (90%); DEMOGRAPHIC GROUPS (90%); HEALTH DEPARTMENTS (89%); HEALTH CARE POLICY (89%); EMERGENCY ROOMS (88%); WOUNDS & INJURIES (78%); STATISTICAL METHOD (78%); AUTOPSIES (78%); STATISTICS (78%); JEWS & JUDAISM (74%); DEATHS (73%); FORENSICS (64%); PSYCHOLOGY (60%); WEB SITES (50%);

**LOAD-DATE:** July 27, 2001

**LANGUAGE:** ENGLISH

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The Washington Post

**May** 09, 1995, Tuesday, Final Edition

**The Cutting Edge; News and Notes**

**BYLINE:** Don Colburn

**SECTION:** HEALTH; Pg. Z05; THE CUTTING EDGE

**LENGTH:** 332 words

SHARP RISE REPORTED IN YOUTH **SUICIDES**

The rate at which teenagers and adolescents kill themselves has soared since 1980, according to a report from the Centers for Disease Control and Prevention.

The increases were sharpest for young black males; the **suicide** rate quadrupled among those aged 10 to 14. In the early-twenties age category, in which there was an overall slight decline, black males were the only group to go against the trend of declining **suicide** rates. The increase in the **suicide** rate was also very steep for white females aged 10 to 14.

Between 1980 and 1992, **suicide** rates rose 28 percent among Americans 15 to 19, and 120 percent among those aged 10 to 14, the CDC said. The **suicide** rate fell 7 percent among Americans aged 20 to 24.

"Although **suicide** among children is a rare event," the report concluded, "the dramatic increase in the **suicide** rate among persons aged 10 to 14 years underscores the urgent need for intensifying efforts to prevent **suicide**" in that age group.

Noting that the causes of **suicide** are "multiple and complex," the CDC said possible factors in the increased rate among young people include substance abuse, mental illness, family disruption, severe stress in school or social life, rapid social change and "increased access to firearms by the at-risk population."

Of the **suicides** among people under 25, nearly two-thirds (65 percent) were committed with guns. Hanging was the second most common method, and poisoning ranked third. Firearm-related **suicides** accounted for most of the increase in the **suicide** rate for teenagers between 1980 and 1992, the CDC reported.

After reviewing programs throughout the nation, the CDC said it has identified strategies for preventing youth **suicide**. These include training teachers and school officials to identify young people at highest risk for suicidal thoughts and attempts, educating young persons about **suicide**, and setting up referral programs and **suicide** crisis hot lines.

**COUNTRY:** UNITED STATES (90%);

**COMPANY:** centers for disease control and prevention CENTERS FOR DISEASE CONTROL & PREVENTION (93%);

**ORGANIZATION:** centers for disease control and prevention CENTERS FOR DISEASE CONTROL & PREVENTION (93%);

**GEOGRAPHIC:** UNITED STATES (70%); NORTH AMERICA (70%);

**SUBJECT:** NATIONAL NEWS; Suicide; Teenagers (Age 13-20) SUICIDE (97%); EPIDEMIOLOGY & PUBLIC HEALTH (90%); ADOLESCENCE (90%); TRENDS (78%); GUN CONTROL (77%); MENTAL ILLNESS (73%); SUBSTANCE ABUSE (72%); EDUCATION (70%); FIREARMS (70%); TEACHERS (50%);

**LOAD-DATE:** May 09, 1995

**LANGUAGE:** ENGLISH

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Australian Doctor

**November** 19, 2010

**BYLINE:** By Sarah Colyer

**SECTION:**

**LENGTH:** 370 words

BMJ People with acne are more likely to attempt **suicide** during and after a course of isotretinoin, a study finds, but researchers say the drug is rarely to blame.

In a retrospective study of isotretinoin-treated patients who had attempted **suicide**, researchers found the risk of **suicide** began to climb before treatment began.

Writing in the BMJ (online), they said this suggested **suicide** risk was related to acne itself rather than treatment with isotretinoin (Roaccutane, Oratane).

Furthermore, patients who made **suicide** attempts before treatment "did not seem to have this behaviour reinforced by treatment with isotretinoin", the large Swedish study found.

By contrast, patients who made their first **suicide** attempt after commencing treatment were twice as likely to make further attempts as those who made their first attempt before commencing treatment.

This led the authors to conclude that people with severe acne but a history of **suicide** should not be denied isotretinoin treatment.

Of 5756 patients treated with isotretinoin between 1980-89, 128 attempted **suicide** within the next 20 years and 24 died by **suicide**, the study found.

Comparing this with the expected background **suicide** rate, the authors said 2300 new prescriptions of isotretinoin would need to be written to provoke one additional **suicide** attempt, and more than double that for a repeated **suicide** attempt.

The increased risk was apparent up to six months after the end of treatment, the study found.

However, three years after treatment had stopped, the rate of attempted **suicides** among patients was lower than before treatment, and similar to the background population rate.

The authors therefore suggested that for some patients, treatment with isotretinoin "may attenuate **suicide** behaviour".

"For certain vulnerable patients however, isotretinoin may trigger such [suicidal] behaviour," they said.

Until further data became available, they recommended close monitoring of the mental status of acne patients, regardless of whether they were taking isotretinoin.

A spokeswoman for Roaccutane manufacturer, Roche, said the company would continue to monitor the drug's safety, adding it had been prescribed worldwide to more than 16 million patients.

BMJ 2010; online.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** AD

**SUBJECT:** SUICIDE (93%); RESEARCH (91%); ACNE (90%); RESEARCH REPORTS (90%); SKIN DISORDERS (78%); PRESCRIPTION DRUGS (78%); MENTAL ILLNESS (78%); DRUG SAFETY (73%)

**LOAD-DATE:** November 16, 2010

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The Bismarck Tribune

**September** 10, 2012 Monday

**SECTION:** DAKOTA WIRE; Pg. 1B

**LENGTH:** 631 words

Dear Annie: Today, people throughout the world will be observing World **Suicide** Prevention Day, an annual event co-sponsored by the International Association for **Suicide** Prevention (IASP) and the World Health Organization (WHO).

**Suicide** is one of the leading causes of death in the world. Approximately one million people worldwide die by **suicide** each year. This corresponds to one every 40 seconds. The number of lives lost each year through **suicide** exceeds the number of deaths due to homicide and war combined. These figures do not include **suicide** attempts, which may be up to 20 times the number of deaths.

The economic costs associated with self-inflicted death or injuries are estimated to be in the billions of dollars a year. The psychological and social impact of **suicide** on the family and community is staggering.

There is good news, though. Organizations across the globe such as ours are making advances in **suicide** prevention research, understanding and outreach. Despite the complexity of this phenomenon, **suicide** can be prevented. There are many crisis centers throughout the world that offer support by phone, email, forums and chat.

**Suicide** prevention organizations, locally and across the world, are joining IASP in encouraging people to "light a candle near a window at 8:00 p.m." on World **Suicide** Prevention Day - Monday, Sept. 10 - to show support for **suicide** prevention, to remember a lost loved one and for the survivors of **suicide**.

Please ask your readers for their kind support in lighting a candle and, if they are in distress, to call a helpline or crisis center. This information can be found on our website at www.iasp.info. Thank you. - Lanny Berman, Ph.D., ABPP, President, International Association for **Suicide** Prevention

Dear Dr. Berman: We appreciate the opportunity to tell our readers about World **Suicide** Prevention Day. We hope they will light a candle near a window (although please not near flammable drapes or blinds) and remember those who have died. We also hope those in need will check your website.

Obliged to attend?

Dear Annie: I have been invited to the wedding of my co-worker's daughter, whom I have never met. My co-worker has made it quite clear that he is expecting us to attend. At his first daughter's wedding, he invited 20 co-workers and only one showed up. He was very upset.

Am I obligated to attend his daughter's wedding? - RSVP

Dear RSVP: You are not obligated to attend, although you might want to weigh that choice against Monday's reaction at the office. While we don't care for co-workers who pressure others to attend their personal events, consider whether he wants your presence or your presents. If you would feel more comfortable, send a small gift with your regrets.

Stuck in the middle

Dear Annie: I was in a similar situation as "In the Middle." My grandmother also made me feel second best, and I often received gifts that were not age appropriate. Your suggestion that Mom stay out of it and let the now-adult granddaughter thank Grandma for any gifts and share what she chooses is sound advice. That is what my mother and I have been doing.

I would like to mention another possibility. Perhaps the grandmother's upbringing and culture could be playing a part in her behavior toward the granddaughter, since it did in my case. In some cultures, the older generation is still having a difficult time making the transition from their traditional ideas. In realizing this, I have become more understanding about my grandmother's behavior and react with more compassion. She's trying her best. - Been There, Too

(Annie's Mailbox is written by Kathy Mitchell and Marcy Sugar, longtime editors of the Ann Landers column. Email questions to anniesmailbox@comcast.net or write to Annie's Mailbox, P.O. Box 118190, Chicago, Ill. 60611.)

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); ASSOCIATIONS & ORGANIZATIONS (91%); PUBLIC HEALTH ADMINISTRATION (90%); PREVENTION & WELLNESS (90%); DEATHS & DEATH RATES (90%); DEATHS (90%); WEDDINGS & ENGAGEMENTS (85%); ADVICE COLUMNS (79%); SPONSORSHIP (78%); WOUNDS & INJURIES (77%); UNITED NATIONS INSTITUTIONS (77%); HOMICIDE (72%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (90%)

**LOAD-DATE:** September 10, 2012

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The Denver Post

**October** 21, 2011 Friday

FINAL EDITION

**Colorado ranks above nation in suicidal thoughts**

**BYLINE:** Electa Draper The Denver Post

**SECTION:** DENVER & THE WEST; Pg. B-01

**LENGTH:** 312 words

A national survey on suicidal thoughts and behaviors in adults made in 2008 and 2009 found wide variations by region, with, generally, more Westerners and Midwesterners contemplating **suicide** than did Southerners or people in the Northeast.

The report, released Thursday by the Centers for Disease Control and Prevention, is the first to look at suicidal thoughts, plans and attempts - rather than completed **suicides** - on a state-by-state basis.

About 4.6 percent of adult Coloradans gave serious thought to **suicide** in the previous year, compared with the national average of 3.7 percent. Utah had the highest rate of thoughts of **suicide** - 6.8 percent. Rhode Island was at the top for planning a **suicide** and attempted **suicides** even while reporting one of the lowest successful **suicide** rates in the nation.

Overall, about 1 percent of American adults went so far as to make **suicide** plans, compared with 1.4 percent of Coloradans.

About one-half percent - or about 1 million Americans - attempted **suicide**.

The research, gathered through the National Survey on Drug Use and Health, can be used by states to identify and improve their most effective **suicide**-prevention strategies, the CDC report stated.

There are several theories as to why there are differences between the areas where a lot of people contemplate **suicide** and the areas where successful **suicide** is most common.

Demographics could be part of the answer. Women and young adults are more likely to think about **suicide** while older men are more likely to succeed. The availability of guns or access to emergency health care could also affect the rates.

In the U.S., 36,035 people died in 2008 as a result of **suicide**, the report said. About 666,000 visited hospital emergency departments for nonfatal, self-inflicted injuries.

The Associated Press contributed to this report.

Electa Draper: 303-954-1276

or edraper@denverpost.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); POLLS & SURVEYS (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (77%); US FEDERAL GOVERNMENT (77%); PUBLIC HEALTH ADMINISTRATION (77%); HEALTH DEPARTMENTS (77%); EPIDEMIOLOGY (72%); WOUNDS & INJURIES (72%); DISEASES & DISORDERS (72%); EMERGENCY ROOMS (64%)

**COMPANY:** ASSOCIATED PRESS (53%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (58%)

**INDUSTRY:** SIC7383 NEWS SYNDICATES (53%)

**CITY:** DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (94%); UTAH, USA (79%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** October 21, 2011

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Las Cruces Sun-News (New Mexico)

**November** 19, 2008 Wednesday

**Recognizing the Warning Signs of Suicide and Depression**

**BYLINE:** Sun-News report

**SECTION:** HEALTHY LIVING

**LENGTH:** 809 words

Depression carries a high risk of **suicide**. Anybody who expresses suicidal thoughts or intentions should be taken very seriously. Do not hesitate to call your local **suicide** hotline immediately. Call 1-800-**SUICIDE** (800-784-2433) or 1-800-273-TALK (800-273-8255)

If you or someone you love has clinical depression, it's important to recognize the warning signs of **suicide**. **Suicide** prevention is highly possible. And there are signs to look for that say someone may be contemplating a **suicide** attempt.

The best way to prevent **suicide** with clinical depression is to know the risk factors for **suicide** and to recognize the warning signs of **suicide**. Take these signs seriously. Know how to respond to them. It could save someone's life.

**Suicide** is a potentially preventable public health problem. It accounts for more than 1 percent of all deaths in the U.S. each year. In 2001, **suicide** was the 11th leading cause of death in the U.S.

Among young people age 15 to 24, **suicide** is the third most common cause of death. Four times as many men die by **suicide** as women. And 73 percent of all **suicide** deaths are white males.

Risk factors for thoughts of **suicide** can vary with age, gender, and ethnic group. And risk factors often occur in combinations.

More than 90 percent of people who die by **suicide** have clinical depression or another diagnosable mental disorder. Many times, people who die by **suicide** have a substance abuse problem. Often they have that problem in combination with other mental disorders.

Adverse or traumatic life events in combination with other risk factors, such as clinical depression, may lead to **suicide**. But **suicide** and suicidal behavior are never normal responses to stress.

Other risk factors for **suicide** include:

One or more prior **suicide** attempts

Family history of mental disorder or substance abuse

Family history of **suicide**

Family violence

Physical or sexual abuse

Keeping firearms in the home

Incarceration

Exposure to the suicidal behavior of others

Warning signs that someone may be thinking about or planning to commit **suicide** include:

Always talking or thinking about death

Clinical depression deep sadness, loss of interest, trouble sleeping and eating - that gets worse

Having a "death wish," tempting fate by taking risks that could lead to death such as driving fast or running red lights

Losing interest in things one used to care about

Making comments about being hopeless, helpless, or worthless

Putting affairs in order, tying up loose ends, changing a will

Saying things like "It would be better if I wasn't here," or "I want out."

Sudden, unexpected switch from being very sad to being very calm or appearing to be happy

Talking about **suicide** or killing one's self

Visiting or calling people to say good-bye

Be especially concerned if a person is exhibiting any of these warning signs and has attempted **suicide** in the past. According to the American Foundation for **Suicide** Prevention, between 20 percent and 50 percent of people who commit **suicide** have had a previous attempt.

What should you do if someone has signs of **suicide** and clinical depression?

First, if someone you know appears to be depressed and is contemplating **suicide**, take that person seriously. Listen to what he or she is saying. Take the initiative to ask that person what he or she is planning. But don't attempt to argue him or her out of committing **suicide**. Rather, let the person know that you care and understand and are listening. Avoid statements like: "You have so much to live for."

If someone you know appears to be depressed and talks about **suicide**, makes a suicidal gesture, or attempts **suicide**, take it as a serious emergency. Listen to the person, but don't try to argue with him or her. Seek immediate help from a health care professional.

Depressed people are often suicidal. It is a key symptom of the disease. Some studies show that the neurotransmitter serotonin plays a central role in the neurobiology of **suicide**. Researchers have found lower levels of serotonin in the brainstem and cerebrospinal fluid of suicidal individuals.

In addition, suicidal behavior sometimes runs in families. Remember, any talk of **suicide** is always an emergency. Have the person talk with a health care professional immediately.

Sources of help for **suicide** and depression

Encourage the person to seek the help of a mental health professional. Because the person probably doesn't think it's possible to be helped, you'll probably have to be persistent and go with that person.

If your loved one appears to be in imminent danger of committing **suicide**, do not leave him or her alone. Remove any weapons or drugs he or she could use. Accompany him or her to the nearest emergency room.

During treatment, be supportive. Help the person remember to take antidepressant medications and to continue any other therapy that's been prescribed.

Source: www.webmd.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DEPRESSION (91%); MENTAL ILLNESS (91%); TEEN SUICIDE (90%); DEATHS & DEATH RATES (90%); DEATHS (90%); FAMILY (88%); DOMESTIC VIOLENCE (77%); PREVENTION & WELLNESS (76%); SUBSTANCE ABUSE (76%); MEN (73%); DISEASES & DISORDERS (73%); PUBLIC HEALTH ADMINISTRATION (69%); DEMOGRAPHIC GROUPS (66%); SEX OFFENSES (61%); ETHNICITY (50%); ETHNIC GROUPS (50%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** November 18, 2008

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Deseret Morning News (Salt Lake City)

**April** 23, 2006 Sunday

**Myth or fact?**

**BYLINE:** Dennis Romboy and Lucinda Dillon Kinkead Deseret Morning News

**LENGTH:** 763 words

Myths about teenage **suicide** get in the way of effective prevention programs, according to University of Utah researchers.

"**Suicide**, by its nature, is a complex problem," they wrote. "Many myths have developed about individuals who complete **suicide**, **suicide** risk factors, current prevention programs and the treatment of at-risk youth."

Misconceptions are found among parents, health professionals, school administrators, government officials and the media.

Researchers Michelle Moskos, Intermountain Injury Control Research Center; Jennifer Achilles, U. School of Medicine; and Doug Gray, U. Department of Psychiatry, conducted the study to separate fact from fiction and to offer recommendations for future prevention programs.

Their conclusions include the following:

Myth: **Suicide** is caused by family and social stress such as loss, rejection or discipline.

Fact: Those events are common in a teenager's life, and **suicide** is a rare outcome.

People often attribute **suicide** to breaking up with a boyfriend or girlfriend, arguments with parents or disciplinary action.

Teenagers who kill themselves do have more stress and family dysfunction, but at least 90 percent have a mental illness. Furthermore, mental illness runs in families.

**Suicide** "is caused" by an interplay of biological, psychological, environmental and social factors, according to the study.

Myth: **Suicide** attempters and completers are the same.

Fact: Males are four times as likely to die from **suicide**, but females are more likely to attempt it.

Current **suicide** prevention efforts do not focus on high-risk groups, the study shows. School programs that consist of a brief, one-time lecture are not effective. Females use crisis hotlines more than males, thus having little effect on those most at risk.

According to the Centers for Disease Control and Prevention, reduced access to guns may be one of the "most promising underused strategies" in **suicide** prevention.

"Unfortunately, a recent study demonstrated that only 25 percent of gun owners remove firearms from their home when repeatedly asked to do so by their teenager's mental health provider."

Myth: Current prevention programs work.

Fact: School education programs, teen **suicide** hotlines and efforts to limit firearms access have not significantly lowered teen **suicide** rates.

The majority of teens who kill themselves have never made a prior attempt, the researchers wrote. And boys are more likely than girls to die from **suicide** because they use lethal means such as guns. That and cultural influences that make it more acceptable for males to take their lives account for their higher **suicide** rates.

Myth: **Suicide** is not inherited.

Fact: Genetics has a critical role in mental illness and **suicide**. Some families have increased risk for depression over generations, while others have increased risk for depression and **suicide**. Future prevention programs need to focus on predispositions to **suicide**, the researchers say.

Myth: Teen **suicide** represents treatment failure.

Fact: Studies indicate few **suicide** completers were in treatment at the time of their deaths.

Government data showed that 1 percent of teenagers who took their lives were in public mental health treatment and 3 percent had psychotropic drugs in their systems.

The leveling off of youth **suicide** coincides with increased use of antidepressants and mood stabilizers. There is no proof of a causal link, but other known risk factor such as divorce or substance abuse were unchanged.

"Parents identified the stigma of mental illness and the denial of mental illness as the most significant barrier between teen **suicide** completers and treatment."

Myth: Teenagers have the highest **suicide** rate.

Fact: Elderly white males have always had the highest rate, but adolescent rates more than tripled between the 1960s and 1990s.

**Suicide** is one of the leading causes of death for teenagers. In addition, cluster **suicides** occur predominantly with teens. The researchers found that a lack of appropriate treatment or compliance with treatment for mental illness leads to **suicide** rather than the illness alone.

Moskos, Achilles and Gray say the six myths they identified show better research is needed to combat the high teenage **suicide** rate, and that too often **suicide** prevention programs aren't designed, implemented and evaluated with appropriate supporting research.

Psychiatric illnesses are often viewed differently from other medical problems. Public awareness, researchers said, could close the gap between the perception of mental and physical illness as separate issues. E-mail: lucy@desnews.com; romboy@desnews.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); TEEN SUICIDE (91%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); DISEASES & DISORDERS (89%); DEPRESSION (89%); RESEARCH REPORTS (89%); ADOLESCENTS (89%); FAMILY (89%); MENTAL HEALTH (78%); RESEARCH INSTITUTES (78%); PSYCHIATRY (78%); PSYCHOLOGY (78%); DEATHS (78%); WOUNDS & INJURIES (76%); HEALTH DEPARTMENTS (76%); GUN CONTROL (76%); EDUCATIONAL INSTITUTION EMPLOYEES (73%); HEALTH CARE (71%); PUBLIC HEALTH ADMINISTRATION (71%); EDUCATION ADMINISTRATION (71%); MENTAL HEALTH PRACTICE (67%)

**ORGANIZATION:** UNIVERSITY OF UTAH (84%)

**LOAD-DATE:** April 23, 2006

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Daily Regional Times

**December** 6, 2014 Saturday

**World experiences one millions suicides every year: Dr Darya Khan**

**SECTION:** Vol. VIII No. 693

**LENGTH:** 761 words

**Suicide** is a global issue and a leading cause of death in the world claiming lives of around one million people every year. **Suicide** is a multidimensional disorder, which results from a complex interaction of biological, genetic, psychological and environmental factors, said eminent psychiatric of Sir Cowasji Jehangir (S.C.J.) Institute of Psychiatry, Hyderabad Dr. Darya Khan Laghari, Thursday. In a country like Pakistan where growing economic instability especially poverty has forced people to sell their children and body organs, he said the reasons behind increasing rate of **suicides** is understandable.

Dr. Darya Khan Laghari, said that some psychology experts also agree with the fact that majority of the **suicides** are usually linked to economic difficulties but there are other reasons behind committing of **suicides** and these reasons can be depressive disorders, unemployment, domestic violence, parental separation, growing economic instability, child abuse, bullying, rising inflation and loss of social cohesion which force a person to end his or her life or release them from the pain they are suffering from. Besides economic instability the factors of **suicides** in Pakistan by certain analysis and surveys conducted by people are psychiatric disorders, marital status (being married), unemployment and negative and stressful life events, he said.

Dr. Laghari, said that Pakistan has witnessed a series of **suicide** bombings in recent years. In **suicide** bombing a **suicide** bomber blows himself, also causing an immense and fatal destruction in the areas around it, he said. He added that **suicide** bombing is also one of the reasons that enable a person to commit **suicide** and end his life through such a sinful way. He said that these are some instances, which appear through media as many cases of **suicides** in Pakistan are not reported. In recent years, psychiatrist said that Pakistan has witnessed a drastic increase in the number of **suicides** but the basic thing is that it does not collect national **suicide** statistics nor report them to WHO (World Health Organization) so due to that it has become very difficult to compile global **suicide** statistics and thus made the planning of prevention programmes, almost impossible.

He said that the facts showed that **suicide** has not only become a major health problem in Pakistan, but that there are no official statistics and national rates are unknown. The other reason to support this aspect is also that when a person attempts **suicide** his or her family usually tries to cover this act and claims this incident as merely an incident thus it is becoming difficult for Pakistan to compile national **suicide** statistics and report them to the WHO, he said. He said that **suicide** has become quite a delicate and multifaceted problem in Pakistan but rates of men are consistently higher than women and men outnumber women by 2:1 and there are more single then married men.

He said that the surveys and analysis showed that **suicide** has become more common in youth than in adult in many countries and Pakistan is one of them. **Suicide** rates among youth are increasing due to unemployment, pressure of work and studies, depression, anxiety and increasing poverty, he said. Dr. Darya Khan Laghari further elaborated that Pakistan's population is 162 million and it is ranked as the 6th most populous country in the world. The official unemployment stands at 12 percent of the eligible workforce and health spending is only 0.7 percent of the national annual budget, he said and added that Pakistan is also a Muslim country and according to Islam **suicide** is considered forbidden and prohibited. Islam is the only religion that has a clear scriptural ban on **suicide**, so, it has an independent effect on lowering **suicide** rates but still many people commit **suicide** everyday in Pakistan.

According to World Health Organisation (WHO) statistics, he said that more than a million people commit **suicide** each year worldwide, while the **suicide** attempt is successful 1020 times. He said that **suicide** and depression are linked to each other as more than 80 percent of people who commit **suicide** suffer from depression. He said studies suggest that lifetime risk of **suicide** in people with depression was 15 percent, with alcoholism 715 percent and with schizophrenia, 410 percent. However, a substantial proportion of people who commit **suicide** die without having seen a mental health professional, he said and added that detection, and referral and management of psychiatric disorders in primary care was an important step in **suicide** prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** DEATHS & DEATH RATES (90%); PSYCHIATRY (90%); DEATHS (90%); SUICIDE (90%); DISEASES & DISORDERS (90%); SUICIDE BOMBINGS (90%); BOMBINGS (90%); MENTAL ILLNESS (90%); TEEN SUICIDE (89%); DEPRESSION (79%); PUBLIC HEALTH ADMINISTRATION (78%); POLLS & SURVEYS (78%); PSYCHOLOGY (77%); CHILD ABUSE (76%); UNITED NATIONS INSTITUTIONS (76%); INFLATION (76%); ECONOMIC NEWS (76%); MARRIAGE (76%); STATISTICS (75%); HEALTH DEPARTMENTS (72%); PHYSICIANS & SURGEONS (72%); POVERTY & HOMELESSNESS (71%); DOMESTIC VIOLENCE (68%); ASSOCIATIONS & ORGANIZATIONS (50%)

**CITY:** HYDERABAD

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** July 24, 2015

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US Official News

**November** 21, 2014 Friday

**Colorado: Colorado's suicide rate sixth highest in the nation**

**LENGTH:** 343 words

**DATELINE:** Denver

Department of Public health and environmental, The State of Colorado has issued the following news release:

Colorado continues to have one of the highest **suicide** rates in the nation, but a new state commission has begun to tackle the problem.

The state Legislature created the **Suicide** Prevention Commission to identify statewide priorities and partnerships in **suicide** prevention. Commissioners from across Colorado met for the first time Oct. 17. They began developing strategies and identified their first priority: working with Colorado Crisis Support Services to make sure patients admitted to emergency rooms because of **suicide** attempts receive care and support after discharge.

"We are at a tipping point of change around **suicide** prevention in Colorado," said Sally Spencer-Thomas, CEO & co-founder of the Carson J Spencer Foundation, and a commissioner. "New and needed voices are stepping in to elevate the conversation and make **suicide** prevention a health and safety priority."

In 2013, 1,004 Coloradans died by **suicide**. That's down from the state's peak of 1,053 in 2012, but still represents the second-highest number of **suicides** in Colorado history. State **suicide** rates have been climbing for more than a decade, and Colorado ranks sixth in the nation for deaths by **suicide**.

"For too long, **suicide** has devastated Colorado families," said Jarrod Hindman, director of the Office of **Suicide** Prevention at the state health department and co-chair of the commission. "We need to put our best minds to work making sure Coloradans battling depression or contemplating **suicide** have the resources they need to stay alive."

To learn more about statewide and local **suicide** prevention programs and events, as well as resources in your area, visit www.coosp.org. If you or someone you know is in crisis, please contact the **Suicide** Prevention Lifeline - 1.800.273.TALK (8255). Help is available 24 hours a day, seven days a week.

In case of any query regarding this article or other content needs please contact: editorial@plusmediasolutions.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** SUICIDE (93%); HEALTH DEPARTMENTS (90%); US STATE GOVERNMENT (90%); PREVENTION & WELLNESS (90%); PUBLIC HEALTH ADMINISTRATION (79%); LEGISLATIVE BODIES (78%); DEATHS (78%); DEPRESSION (73%); EMERGENCY ROOMS (70%) National

**CITY:** DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (96%)

**COUNTRY:** UNITED STATES (96%)

**LOAD-DATE:** November 21, 2014

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St. George & Sutherland Shire Leader

**June** 5, 2014 Thursday

First Edition

**Suicide survivors can help others**

**SECTION:** NEWS; Pg. 7

**LENGTH:** 308 words

**Suicide** survivors can help others

The Leader (May 27) had an item on the important issue of youth **suicide.** What is of real concern to me, is, that I never hear calls for survivors of **suicide** to join those wanting to educate and dissuade people from committing **suicide.**

I am a cancer survivor and that is highly respected in the community. Yet, I am also a "**suicide** survivor", and writing as such, I am not game to put my name to this letter.

Over and over I have confronted the severe torment of **suicide.** I have been hospitalised repeatedly in order to keep me safe in this world, when I want to be gone, so that the suffering in my mind can stop - I hope, and I plead with God not to be condemned.

I respectfully suggest that if we want the community, especially our young people, to learn more about what leads to **suicide;** what it may be like to be suicidal; and considerations of ways to deter **suicide;** people working in this area need to look to those who have endured skirmishes with desperate yearnings to be dead. I recommend that "**suicide** presentations" include either in person, or in writing, or at least in preparation, an account from a "**suicide** survivor", whom you believe has insight into their life and death battles.

To begin with, people need to stop referring to **suicide** as doing "something silly" or "being selfish".

do not use these terms for those who die from other severe illnesses. It may be necessary to confront the "copycat" element of **suicide, if suicide** is spoken about openly, and this would need to be done in a careful way.

Remember, if you want to find out about what it is like to give birth to a baby, you would not rely on a male obstetrician for your information; you would ask a mother. If you want to work in the field of **suicide** prevention, learn from those who are serious "**suicide** survivors".

name supplied, Jannali

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (90%); CHILDREN'S HEALTH (89%); MENTAL ILLNESS (79%); PREVENTION & WELLNESS (71%); CANCER (71%); PREGNANCY & CHILDBIRTH (67%); OBSTETRICS & GYNECOLOGY (62%)

**LOAD-DATE:** June 4, 2014

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Sunday Tribune (South Africa)

**February** 16, 2014

E1 Edition

**Victims who ended it**

**SECTION:** NEWS; Pg. 12

**LENGTH:** 431 words

Twenty-one people attempted or committed **suicide** over a six-week period in the Verulam area. Eleven succeeded. These are their stories.

Brenda Saligram

Age: Mid-40s (Exact age unknown)

Sex: Female

Marital status: Married

Occupation: Police captain

Method of **suicide**: A gun shot to the head

Alleged cause: Domestic dispute

Candice Jugganath

Age: 28

Sex: Female

Marital status: Married

Occupation: Housewife

Method of **suicide**: A gun shot to the head

Alleged cause. Depression

Loveshni Munsamy

Age: 22

Sex: Female

Marital status: Unmarried

Occupation: Student

Method of **suicide**: Victim shot herself in the head in the changeroom of a local tennis court.

Alleged cause: Family dispute

Krishenlal Rughoo

Age: Unknown

Sex: Male

Marital status: Married

Occupation: Businessman

Method of **suicide**: A gunshot to the head.

Alleged cause: Domestic dispute

Keveshin Reddy

Age: 24

Sex: Male

Marital status: Unmarried

Occupation: Manager at a McDonald's outlet

Method of **suicide**: The victim shot himself in the head.

Alleged cause: Relationship problems. Following his death, his girlfriend also committed **suicide**

Ronald Moodley

Age: 52

Sex: Male

Marital status: Married

Occupation: Businessman

Method of **suicide**: He hanged himself outside his garage.

Alleged cause: Unknown

Azima Shaikh

Age: 32

Sex: Female

Marital status: Married

Occupation: Housewife

Method of **suicide**: Hanged herself.

Alleged cause of **suicide**: |Domestic problems

Preshanta Gounden

Age: 21

Sex: Female

Marital status: Unmarried

Occupation: Student

Method of **suicide**: Overdosed on anti-depressants

Alleged cause: Relationship problems

Name unknown

Age: 48

Sex: Male

Marital status: Married

Occupation: Unknown

Method of **suicide**: Hanging

Alleged cause: Unknown

Name unknown

Age: 30

Sex: Female

Marital status: Married

Occupation: Housewife

Method of **suicide**: Hanging.

Alleged cause: Marital problems

Name Unknown

Age: 18

Sex: Male

Marital status: Unmarried

Occupation: Student

Method of **suicide**: Victim hanged himself inside the temple at his home.

Alleged cause: Unknown

Attempted **suicides**

Balram said they have also attended to more than 10 attempted **suicide** cases in recent weeks.

The names of the victims could not be divulged to the public.

Here are some of their stories:

Victim one

Age: 35

Sex: Female

Method of attempted **suicide**: Overdose

Alleged reason: Medication dependency

Victim two

Age: 17

Sex: Female

Method of attempted **suicide**: Detergents.

Alleged reason: Unknown

Victim three

Age: 25

Sex: Female

Method of attempted **suicide**: Overdosed on 90 tablets.

Alleged reason: Her brother's death

Victim four

Age: 36

Sex: Female

Method of attempted **suicide**: Tried to cut herself all over her body.

Alleged reason: Domestic problems

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** NT

**SUBJECT:** SUICIDE (95%); SHOOTINGS (90%); DOMESTIC VIOLENCE (90%); DOMESTIC OFFENSES (90%); ANTIDEPRESSANTS (78%); DEPRESSION (78%); CENTRAL NERVOUS SYSTEM DRUGS (71%) SundayTribune.News

**LOAD-DATE:** February 16, 2014

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India Pharma News

**May** 2, 2013 Thursday 6:30 AM EST

**CDC Finds Suicide Rates Among Middle-Aged Adults Increased from 1999-2010**

**LENGTH:** 692 words

New Delhi, May 2 -- **Suicide** deaths have surpassed deaths from motor vehicle crashes in recent years in the United States. In 2010 there were 33,687 deaths from motor vehicle crashes and 38,364 **suicides**. **Suicide** rates among middle-aged Americans have risen substantially since 1999, according to a report in today's CDC journal, Morbidity and Mortality Weekly Report.

"**Suicide** is a tragedy that is far too common," said CDC Director Tom Frieden, M.D., M.P.H. "The stories we hear of those who are impacted by **suicide** are very difficult. This report highlights the need to expand our knowledge of risk factors so we can build on prevention programs that prevent **suicide**."

CDC investigated **suicide** trends among U.S. adults aged 35 to 64 by sex and other demographic characteristics, state of residence, and mechanism of injury from 1999 to 2010, using data available through CDC's Web-based Injury Statistics Query and Reporting System (WISQARS). Annual **suicide** rates for this age group increased 28 percent over this period (from 13.7 **suicides** per 100,000 people in 1999 to 17.6 per 100,000 in 2010), with particularly high increases among non-Hispanic whites and American Indians and /Alaska Natives. Increases in **suicide** rates among males and females were also observed from **suicides** involving hanging/suffocation, poisoning, and firearms. The **suicide** rates for those aged 10 to 34 and those aged 65 years and older did not change significantly during this period, the report said.

**Suicide** rates among those aged 35 to 64 increased in all states with statistically significant increases occurring in 39 states.

"The findings in this report suggest it is important for **suicide** prevention strategies to address the types of stressors that middle-aged Americans might be facing and that can contribute to **suicide** risk," said Linda C. Degutis, Dr.P.H., M.S.N., director of CDC's National Center for Injury Prevention and Control.

Key findings:

\* **Suicide** rates among those 35 to 64 years old increased 28 percent (32 percent for women, 27 percent for men).

\* The greatest increases in **suicide** rates were among people aged 50 to 54 years (48 percent) and 55 to 59 years (49 percent).

\* Among racial/ethnic groups, the greatest increases in **suicide** rates were among white non-Hispanics (40 percent) and American Indian and Alaska Natives (65 percent).

\* **Suicide** rates increased 23 percent or more across all four major regions of the United States.

\* **Suicide** rates increased 81 percent for hanging/suffocation, compared to 14 percent for firearm and 24 percent for poisoning.

\* Firearm and hanging/suffocation were the most common **suicide** mechanisms for middle-aged men. Poisoning and firearm were the most common mechanisms for middle-aged women.

Most **suicide** research and prevention efforts have focused historically on youth and the elderly. This report's findings suggest that efforts should also address the needs of middle-aged persons.

**Suicide** prevention strategies involve enhancing social support and community connectedness, improving access to mental health and preventive services, and reducing the stigma and barriers associated with seeking help. Other prevention strategies include programs to help those at increased risk of **suicide**, such as those struggling with financial challenges, job loss, intimate partner problems or violence, stress of caregiving for children and aging parents, substance abuse, and serious or chronic health problems.

The full report is available at http://www.cdc.gov/mmwr.

CDC's Injury Center works to prevent violence, injuries, **suicide**, and their adverse health consequences. For more information about **suicide** prevention activities and research, please visit http://www.cdc.gov/violenceprevention/**suicide**.

For additional information on the Surgeon General's National Strategy for **Suicide** Prevention, please see http://www.surgeongeneral.gov/library/reports/national-strategy-**suicide**-preventionExternal Web Site Icon.

If you or someone you know is experiencing suicidal thoughts, contact the National **Suicide** Prevention Line at 1-800-273-TALK (8255) and visit online at http://www.suicidepreventionlifeline.orgExternal Web Site Icon.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Web Publication

**SUBJECT:** SUICIDE (96%); TRAFFIC ACCIDENTS (90%); MIDDLE AGED PERSONS (90%); INVESTIGATIONS (89%); POISONINGS (89%); DEATHS (89%); WOUNDS & INJURIES (89%); PREVENTION & WELLNESS (88%); DEMOGRAPHIC GROUPS (88%); MEN (88%); CAUCASIAN AMERICANS (78%); STATISTICAL METHOD (77%); TRENDS (77%); STATISTICS (77%); NATIVE AMERICANS (74%); ETHNIC GROUPS (73%); WOMEN (73%); FIREARMS (69%); ETHNICITY (68%); POPULATION & DEMOGRAPHICS (68%)

**CITY:** NEW DELHI, INDIA (89%)

**COUNTRY:** UNITED STATES (95%); INDIA (89%)

**LOAD-DATE:** May 3, 2013

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My Republica

**November** 25, 2012 Sunday

**Halt the march**

**LENGTH:** 589 words

**DATELINE:** Nepal

Nepal, Nov. 25 -- Not just infectious diseases cause epidemics. Even catchy ideas and behaviors do, sometimes to devastating effects. In his bestselling book The Tipping Point, Malcolm Gladwell discusses the harrowing trend of teen **suicide** in the South Pacific islands of Micronesia. In the 1970's and 1980's, the teen **suicide** rate of Micronesia was ten times higher than the world average. "Teenagers were literally being infected with the **suicide** bug," writes Gladwell in his official blog, "and one after another they were killing themselves in exactly the same way under exactly the same circumstances." The spread of teen **suicide** in Micronesia was a case of transmission of a destructive behavior on a mass scale. This is the reason that recent government data on **suicide** rates in Nepal is so alarming.

There were 348 reported cases of **suicide** in Nepal in 2011; 44 percent of the victims were from 15-29 age group and 29 percent from 30-44 age group. Hanging and poisoning were reported as the most common methods of ending one's life. If past studies of socio-cultural trends like the one on teen **suicide** in Micronesia are any guide, as Nepalis witness a growing number of their brethren cut their own lives short, still more Nepalis, particularly those belonging to the vulnerable age groups, are likely to see themselves capable of taking the drastic step. If the number of **suicide** cases keeps increasing, there could come a point at which even otherwise normal people might consider **suicide** a viable option to deal with life's hardships.

According to the Department of Health Services' Family Health Division, 78 percent of **suicide** cases in Nepal are caused by psychological or mental trauma. In Nepal's case, psychological traumas are mostly related to poverty, health concerns, gender-based violence and financial problems. The danger is that continued prevalence of these risk factors in conjunction with uninformed (even glamorized) reporting of **suicides**, could accelerate the march to the tipping point.

As it is, the situation is already troubling. Between July 2010 and June 2011, 262 **suicide** cases were registered in Kathmandu alone. These figures do not include **suicide** attempts: for every fatal **suicide** attempt, there are 20 unsuccessful ones. Parsing of **suicide** cases in Nepal reveals that women and adolescents are at an elevated risk of committing **suicide**, not surprising in a still highly patriarchal society with fast changing family values and social ties.

Although **suicide** rates are increasing, it remains underreported, which might not be a bad thing. Results from past social science experiments-controlling for other factors, the higher the number of uninformed reporting of **suicide** cases, the greater the number of **suicides**-suggest **suicides** need to be reported with caution. Strained family and social ties in a rapidly urbanizing Nepal coupled with its prolonged political instability and growing joblessness are making Nepalis increasingly vulnerable to **suicide**. The danger is that once the level of **suicide** hits a certain level (the tipping point), it might spiral out of control. It is thus important to try to nip the problem in the bud. The message going out to those suffering from elevated stress levels has to be that there are ways to successfully cope with life's hardships and if needed, help is available Published by HT Syndication with permission from Republica. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** TEEN SUICIDE (93%); SUICIDE (93%); ADOLESCENTS (92%); EPIDEMICS (90%); DISEASES & DISORDERS (90%); TRENDS (90%); DEMOGRAPHIC GROUPS (88%); PSYCHOLOGY (88%); PUBLIC HEALTH ADMINISTRATION (78%); INFECTIOUS DISEASE (78%); MENTAL ILLNESS (78%); DISEASE REPORTING (78%); HEALTH DEPARTMENTS (73%); BESTSELLERS (73%); ISLANDS & REEFS (72%); FAMILY (71%); SCIENCE NEWS (66%); SCIENCE & TECHNOLOGY (66%); HUMANITIES & SOCIAL SCIENCE (66%); POVERTY & HOMELESSNESS (64%); URBANIZATION (63%)

**CITY:** KATHMANDU, NEPAL (59%)

**STATE:** PACIFIC OCEAN (90%)

**COUNTRY:** NEPAL (96%); MICRONESIA, FEDERATED STATES OF (93%); MICRONESIA (90%)

**LOAD-DATE:** November 24, 2012

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Irish Daily Mail

**October** 15, 2012 Monday

Edition 1;

Ireland

**Suicide helpers can get 14 years' jail**

**SECTION:** NEWS; Pg. 6

**LENGTH:** 189 words

ASSISTED **suicide** and euthanasia are both illegal in Ireland and the UK and carry severe custodial sentences.

Euthanasia - from the Greek for 'good death' - is any action of a third party to deliberately end an individual's life.

Providing any guidance, information or medication is viewed as aiding in euthanasia.

Assisted **suicide** is when an individual takes their own life with the help of another.

Both euthanasia and assisted **suicide** are illegal in Ireland under the Criminal Law (**Suicide**) Act 1993 and in the UK under the **Suicide** Act 1961.

Assisting **suicide** carries a sentence of up to 14 years in both countries.

The only four places that openly and legally authorise forms of assisted **suicide** are the US state of Oregon, Switzerland, Belgium and the Netherlands.

Some countries allow only for physician-assisted **suicide**, while others are more liberal and allow for patient **suicide** also.

Dignitas is a Swiss organisation which facilitates assisted **suicide** and has been used by Irish people in the past.

However, terminally ill people who travel to Dignitas from Ireland and the UK have to be well enough to perform the final act themselves.

**GRAPHIC:** Suicide victim: Early photo of Anne Veasey who took a lethal overdose

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** DML

**SUBJECT:** SUICIDE (96%); ASSISTED SUICIDE (93%); DEATH & DYING (93%); SENTENCING (90%); JAIL SENTENCING (78%); CRIMINAL LAW (70%)

**STATE:** OREGON, USA (75%)

**COUNTRY:** IRELAND (90%); UNITED KINGDOM (90%); UNITED STATES (75%); BELGIUM (67%); NETHERLANDS (53%)

**REGION:** Ireland

**LOAD-DATE:** October 15, 2012

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The Bismarck Tribune

**September** 10, 2012 Monday

**SECTION:** DAKOTA WIRE; Pg. 1B

**LENGTH:** 631 words

Dear Annie: Today, people throughout the world will be observing World **Suicide** Prevention Day, an annual event co-sponsored by the International Association for **Suicide** Prevention (IASP) and the World Health Organization (WHO).

**Suicide** is one of the leading causes of death in the world. Approximately one million people worldwide die by **suicide** each year. This corresponds to one every 40 seconds. The number of lives lost each year through **suicide** exceeds the number of deaths due to homicide and war combined. These figures do not include **suicide** attempts, which may be up to 20 times the number of deaths.

The economic costs associated with self-inflicted death or injuries are estimated to be in the billions of dollars a year. The psychological and social impact of **suicide** on the family and community is staggering.

There is good news, though. Organizations across the globe such as ours are making advances in **suicide** prevention research, understanding and outreach. Despite the complexity of this phenomenon, **suicide** can be prevented. There are many crisis centers throughout the world that offer support by phone, email, forums and chat.

**Suicide** prevention organizations, locally and across the world, are joining IASP in encouraging people to "light a candle near a window at 8:00 p.m." on World **Suicide** Prevention Day - Monday, Sept. 10 - to show support for **suicide** prevention, to remember a lost loved one and for the survivors of **suicide**.

Please ask your readers for their kind support in lighting a candle and, if they are in distress, to call a helpline or crisis center. This information can be found on our website at www.iasp.info. Thank you. - Lanny Berman, Ph.D., ABPP, President, International Association for **Suicide** Prevention

Dear Dr. Berman: We appreciate the opportunity to tell our readers about World **Suicide** Prevention Day. We hope they will light a candle near a window (although please not near flammable drapes or blinds) and remember those who have died. We also hope those in need will check your website.

Obliged to attend?

Dear Annie: I have been invited to the wedding of my co-worker's daughter, whom I have never met. My co-worker has made it quite clear that he is expecting us to attend. At his first daughter's wedding, he invited 20 co-workers and only one showed up. He was very upset.

Am I obligated to attend his daughter's wedding? - RSVP

Dear RSVP: You are not obligated to attend, although you might want to weigh that choice against Monday's reaction at the office. While we don't care for co-workers who pressure others to attend their personal events, consider whether he wants your presence or your presents. If you would feel more comfortable, send a small gift with your regrets.

Stuck in the middle

Dear Annie: I was in a similar situation as "In the Middle." My grandmother also made me feel second best, and I often received gifts that were not age appropriate. Your suggestion that Mom stay out of it and let the now-adult granddaughter thank Grandma for any gifts and share what she chooses is sound advice. That is what my mother and I have been doing.

I would like to mention another possibility. Perhaps the grandmother's upbringing and culture could be playing a part in her behavior toward the granddaughter, since it did in my case. In some cultures, the older generation is still having a difficult time making the transition from their traditional ideas. In realizing this, I have become more understanding about my grandmother's behavior and react with more compassion. She's trying her best. - Been There, Too

(Annie's Mailbox is written by Kathy Mitchell and Marcy Sugar, longtime editors of the Ann Landers column. Email questions to anniesmailbox@comcast.net or write to Annie's Mailbox, P.O. Box 118190, Chicago, Ill. 60611.)

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); ASSOCIATIONS & ORGANIZATIONS (91%); PUBLIC HEALTH ADMINISTRATION (90%); PREVENTION & WELLNESS (90%); DEATHS & DEATH RATES (90%); DEATHS (90%); WEDDINGS & ENGAGEMENTS (85%); ADVICE COLUMNS (79%); SPONSORSHIP (78%); WOUNDS & INJURIES (77%); UNITED NATIONS INSTITUTIONS (77%); HOMICIDE (72%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (90%)

**LOAD-DATE:** September 10, 2012

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THE KOREA HERALD

**September** 9, 2012 Sunday

**Calls for action to tackle Korea‚[#x20ac][TM]s suicide rate**

**LENGTH:** 314 words

As Korea continues its battle against rising **suicide** rates, organizations and civic groups planned a wide range of activities and events for Monday to mark World **Suicide** Prevention Day here.

While **suicide** rates have decreased in many developed nations since 1995, the rate has increased rapidly in Korea.

In 2010 alone, more than 15,500 people in Korea committed **suicide**. This amounts to about 28.4 deaths by **suicide** for every 100,000 people, or 42 deaths every day ‚[#x20ac]o the highest rate among the OECD countries, followed by an average of 19.8 people in Hungary and 19.7 in Japan, according to recent OECD data.

Participants walk in front of a panel written on with words of consolation during an event held at the Gyeonggi Provincial Government office to promote **suicide** prevention on Friday. (Yonhap News)

Campaigners note that **suicide** is often linked with depression, and early detection by families and health professionals is key to preventing people from taking their own lives.

"It's time to recognize that **suicide** is not a personal matter, but a social problem," said an official from the Korean Association for **Suicide** Prevention, calling on the government to introduce measures to tackle the rising **suicide** rate.

Park Jong-ik, head of the Korea **Suicide** Prevention Center, said that the Korean government's annual spending of 2 billion won ($1.7 million) on **suicide** prevention is relatively low, compared to that of Japan's roughly $250 million.

Park told Yonhap News agency that "the government should prioritize it among other polices, and not only inject the money but introduce all necessary measures to reduce the **suicide** rate."

World **Suicide** Prevention Day, which falls on Sept. 10 every year, is co-organized by the World Health Organization and the International Association for **Suicide** Prevention to promote worldwide commitment and action to prevent **suicides**.

By Oh Kyu-wook (

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); CIVIC & SOCIAL ORGANIZATIONS (90%); HEALTH DEPARTMENTS (72%); REGIONAL & LOCAL GOVERNMENTS (68%); PUBLIC HEALTH ADMINISTRATION (50%); UNITED NATIONS INSTITUTIONS (50%)

**ORGANIZATION:** ORGANISATION FOR ECONOMIC CO-OPERATION & DEVELOPMENT (83%)

**COUNTRY:** NORTHERN ASIA (98%); JAPAN (91%); HUNGARY (79%)

**LOAD-DATE:** September 9, 2012

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Early Times (India)

**March** 21, 2012 Wednesday

**Suicide among youth rising alarmingly in J&K**

**LENGTH:** 515 words

**DATELINE:** JAMMU

JAMMU, March 21 -- The **suicide** rate seems to be consistently on the rise in Jammu region. Despite the efforts of various organizations to check this trend, **suicides** in the state, even within 3 months records total number of people 22, who attempted **suicide** and 212 people consumed posing substance. Surprisingly, most of these cases involve youngsters in the age group of 17 to 28 years.

The data of Government Medical College, report of deaths and **suicides** across state.

In Jammu province reported road accidents 5 to 10 case people a day, It is shocking that the number of **suicides** between January to 21March, have registered 234 cases of poison and alcohol and 29 people due to this 22 people attempted **suicide** and 10 died.

Youth in the age group of 17-28 are found most likely to take their own lives, though teenagers as young as 13 years old have also committed **suicide** over the last two decades. The recorded 248 **suicides** in 2010, in 2011, over 1000 **suicides** cases were registered. Most of people say in urban areas, hanging, jumping into rivers and consuming poison are some of the most common methods. In villages pesticides are often used. Women commonly set themselves ablaze during **suicide** attempts.

Amongst teenagers, poor impulse control, examination stress, love affairs and parental pressures are found to be prominent reasons for **suicides**.

Meanwhile unemployment and financial stress has become a major cause of **suicides** among the youth in Jammu and Kashmir, with Jammu region leading the state in number people committing **suicide**. Concerned with the increasing number of **suicide** cases in the state, Ministry of Health and Family Welfare, Government of India will be providing assistance of Rs 8.50 crore to the state government for up gradation of academic, clinical and diagnostic facilities at the Psychiatric Hospitals in Srinagar and Jammu.

"From the medical point of view, the reason to increased mental health problems which include depression, post-traumatic stress disorders, anxiety related disorders arisen due to the stress among the youth", says the government data.

Though the data released by the state government says that the overall tendency of **suicides** among the youth has not increased in past two years (2008 and 2009. But the year 2008, 122 youth committed **suicide** while as in 2009, 118 youth committed **suicide** across the state.

"In other districts of Jammu region number of people committing **suicide** is more than the Kashmir valley, which is matter of concern for the government", says the government document.

"The reasons behind **suicide** are mainly unemployment, financial stress, high expectations of parents from their children in examination, incompatibility in relations between married couples and other social factors", says the data.

According to Minister for Health Sham Lal Sharma, "Many NGOs including "Doctors without Borders" are offering free consultations and counseling, various seminars and symposia are being conducted by Government and semi-government agencies to educate the people". Published by HT Syndication with permission from Early Times.

For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (92%); ADOLESCENTS (90%); TRENDS (90%); CHILDREN (89%); HEALTH DEPARTMENTS (89%); POST TRAUMATIC STRESS DISORDER (89%); REGIONAL & LOCAL GOVERNMENTS (89%); RELIEF ORGANIZATIONS (89%); MENTAL ILLNESS (89%); ASSOCIATIONS & ORGANIZATIONS (89%); MENTAL HEALTH (78%); DEPRESSION (78%); NONGOVERNMENTAL ORGANIZATIONS (78%); DEMOGRAPHIC GROUPS (76%); CONFERENCES & CONVENTIONS (74%); MEDICAL EDUCATION (72%); GRADUATE & PROFESSIONAL SCHOOLS (71%); MEDICAL CHARITIES (71%); ANXIETY DISORDERS (70%); HEALTH CARE POLICY (69%); INTERNATIONAL ASSISTANCE (68%); PSYCHIATRIC HOSPITALS (68%); PUBLIC HEALTH ADMINISTRATION (65%); MARRIAGE (64%); PHYSICIANS & SURGEONS (64%)

**STATE:** JAMMU & KASHMIR, INDIA (96%); KASHMIR (92%)

**COUNTRY:** INDIA (96%); ASIA (92%)

**LOAD-DATE:** March 22, 2012

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The Balochistan Times (AsiaNet)

**February** 3, 2012 Friday

**Better mental health services reduce suicide rates**

**SECTION:** Vol. XXXVI No. 34

**LENGTH:** 505 words

An association between improvements in mental health services and reduction in **suicide** rates has been established in a recent study.

Using nine national recommendations for safer services made by the National Confidential Inquiry, researchers compared the rates of **suicide** in NHS Mental Health Trusts before and after the recommendations were adopted.

They compared **suicide** rates in Trusts that adopted few of the recommendations with those that adopted many.

The study showed that Trusts that implemented between seven and nine of the key recommendations had lower **suicide** rates than those that implemented six or fewer.

Recommendations that produced the biggest drop in **suicide** rates, when implemented, were the introduction of 24-hour crisis teams, policies for drug and alcohol misuse, and multi-disciplinary reviews after a **suicide**.

The study also shows that the growing use of the recommendations is linked to a reduction in **suicides** in specific patient groups.

A reduction in in-patient **suicides** was associated with the removal of ligature points in hospitals.

A reduction in **suicides** among patients with a history of missed contact with services was associated with assertive outreach services, designed to keep in touch with them after they left hospital.

Trusts that did not implement the recommendations saw little reduction in **suicide** rates.

The National Confidential Inquiry has been collecting and studying data on **suicides** by people in contact with mental health services in the UK since 1997. This study focused on the 12,881 **suicides** in 91 mental health services in England and Wales between 1997 and 2006. This represents 26% of all **suicides** in England and Wales during this time.

Nav Kapur, Professor of Psychiatry and Population Health said: "These are really important findings for **suicide** research and mental health services internationally. No other studies have been able to show what impact specific mental health service improvements have on **suicide** rates.

"For most of the nine recommendations, services that implemented them had a decreased **suicide** rate after implementation. The results show that NHS services and mental health professionals are likely to have contributed to the prevention of **suicide** and the saving of lives."

Professor Louis Appleby, Director of the National Confidential Inquiry, said: "The community care reforms of the last decade seem to have had a positive impact on patient **suicide** - providing more intensive support to the most vulnerable patients appears to have improved their survival."

Dr Peter Byrne, Associate Registrar at the Royal College of Psychiatrists, said: "We welcome this excellent study showing how local implementation of comprehensive mental health services reduces the number of people who die by **suicide**. It proves the value of investing in safe psychiatric wards, close follow-up of discharged patients and specialized teams. In these difficult financial times, it is wrong to cut back on these essential mental health services when we need them the most."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL HEALTH (93%); MENTAL HEALTH PRACTICE (93%); DEATHS (90%); NATIONAL HEALTH INSURANCE (89%); PSYCHIATRY (89%); ASSOCIATIONS & ORGANIZATIONS (89%); VULNERABLE HEALTH POPULATIONS (78%); PSYCHIATRIC HOSPITALS (78%); HOSPITALS (73%); PHYSICIANS & SURGEONS (69%); COLLEGE & UNIVERSITY PROFESSORS (69%)

**COMPANY:** NATIONAL SUPER SERVICE CO (90%); NATIONAL LATEX PRODUCTS CO (90%)

**INDUSTRY:** NAICS333318 OTHER COMMERCIAL & SERVICE INDUSTRY MACHINERY MANUFACTURING (90%); SIC3589 SERVICE INDUSTRY MACHINERY, NEC (90%); SIC3069 FABRICATED RUBBER PRODUCTS, NEC (90%)

**CITY:** ISLAMABAD, PAKISTAN (59%) ISLAMABAD

**COUNTRY:** ENGLAND (90%); UNITED KINGDOM (86%); PAKISTAN (79%); WALES (69%) Pakistan

**LOAD-DATE:** February 3, 2012

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DNA

**December** 20, 2011 Tuesday

**Suicides alarming, but preventable**

**BYLINE:** DNA Correspondent

**LENGTH:** 377 words

**Suicide** is not just a mental health problem affecting a few individuals anymore. Over the years, as more and more people take this extreme step, it has become a public health issue in India.

Keeping this in mind, the department of psychiatry, National Institute of Mental Health and Neurosciences (Nimhans), launched a **suicide** intervention and prevention workshop on Monday. It was attended by psychiatrists, psychologists and counsellors.

Launching the initiative, Dr Satish Chandra, director and vice-chancellor, Nimhans, said the **suicide** rate in India is rising steadily. The rate of **suicides** in India which was 10.5 per 1,00,000 population in 2006 has gone up to 12.

"**Suicide** is one of the serious concerns for over few decades now and doctors at Nimhans are working at various aspects of **suicide** prevention. While **suicide** is common among urban and rural population across all age groups, Bangalore has emerged as the **suicide** capital of the country," he said.

It was high time to look into different attributing factors like globalisation, changing family values and stress level in individuals and deal with them, he said.

"**Suicide** prevention can be done when various gatekeepers of the society collectively take up the responsibility. Not just psychiatrists, panchayat leaders, religious leaders, media, general physicians, police, teachers, educational institutes and counsellors too have a role to play in preventing **suicides** in society," said Dr Shekhar Sheshadri, consultant psychiatrist, Nimhans.

Doctors from all specialties have an important role to play since certain chronic medical illnesses often trigger **suicides**, Dr Satish said. Dr Lakshmi Vijayakumar, consultant psychiatrist, Sneha, Chennai, and honorary associate professor, University of Melbourne, said: "**Suicide** prevention can be avoided as recent studies reveal that only 50% to 60% of the population committing **suicide** has mental health disorder. **Suicides** in the remaining per cent of population can easily be avoided as they are due to momentary pressure, social scenario etc."

There was a notion that **suicide** could not be prevented, said Dr Vijayakumar.

However, Norway, the UK and Sweden have shown decline in **suicide** rates over the years with the help of **suicide** prevention programmes.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**LOAD-DATE:** December 20, 2011

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Roscommon Herald

**November** 15, 2011

**Number of deaths by suicide above average**

**SECTION:** IRISH NEWS

**LENGTH:** 273 words

A NEWreport reveals a rise in the number of deaths by **suicide** nationally since 2008 and also shows that the number of deaths by **suicide** in County Roscommon was above the national average between 2004-2008.

The report by the National Office for **Suicide** Prevention (NOSP) revealed an increase in the number of deaths by **suicide** nationally since 2008.

According to official data, 506 people died by **suicide** in 2008 while provisional data now suggested that this number had increased to 527 in 2009 and may have fallen off to 486 in 2010. The report, however, suggested that the official data may show an even higher rate of **suicide** in both years.

An analysis of official data from 2004 to 2008 also showed that counties Cavan and Leitrim had the highest rate of **suicide** in the country at between 17-18 **suicides** per 100,000 population. During that period close to 2,400 people died by **suicide** in Ireland.

In County Roscommon the report found that 39 people died by **suicide** between 2004-2008 and that the number of deaths by **suicide** per 100,000 population (13.3) was above the national average (11.3) in the county.

Nationally the report revealed a rise in **suicides** in the middle age groups, both men and women, which the NOSP said was particularly worrying and attributed to stress and pressure on individuals due to the economic downturn.

The NOSP also found an increase in the number of people self harming with data recording close to 12,000 presentations of self harm to hospitals across the country in 2010.

The report also detailed the range of measures and initiatives being taken throughout the country to offer assistance to people in crisis.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); DEATHS & DEATH RATES (90%); ECONOMIC DECLINE (75%); DEMOGRAPHIC GROUPS (73%); PREVENTION & WELLNESS (72%); ECONOMIC CONDITIONS (64%); ECONOMIC NEWS (50%); HOSPITALS (50%)

**COUNTRY:** IRELAND (94%)

**LOAD-DATE:** November 23, 2011

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The Denver Post

**October** 21, 2011 Friday

FINAL EDITION

**Colorado ranks above nation in suicidal thoughts**

**BYLINE:** Electa Draper The Denver Post

**SECTION:** DENVER & THE WEST; Pg. B-01

**LENGTH:** 312 words

A national survey on suicidal thoughts and behaviors in adults made in 2008 and 2009 found wide variations by region, with, generally, more Westerners and Midwesterners contemplating **suicide** than did Southerners or people in the Northeast.

The report, released Thursday by the Centers for Disease Control and Prevention, is the first to look at suicidal thoughts, plans and attempts - rather than completed **suicides** - on a state-by-state basis.

About 4.6 percent of adult Coloradans gave serious thought to **suicide** in the previous year, compared with the national average of 3.7 percent. Utah had the highest rate of thoughts of **suicide** - 6.8 percent. Rhode Island was at the top for planning a **suicide** and attempted **suicides** even while reporting one of the lowest successful **suicide** rates in the nation.

Overall, about 1 percent of American adults went so far as to make **suicide** plans, compared with 1.4 percent of Coloradans.

About one-half percent - or about 1 million Americans - attempted **suicide**.

The research, gathered through the National Survey on Drug Use and Health, can be used by states to identify and improve their most effective **suicide**-prevention strategies, the CDC report stated.

There are several theories as to why there are differences between the areas where a lot of people contemplate **suicide** and the areas where successful **suicide** is most common.

Demographics could be part of the answer. Women and young adults are more likely to think about **suicide** while older men are more likely to succeed. The availability of guns or access to emergency health care could also affect the rates.

In the U.S., 36,035 people died in 2008 as a result of **suicide**, the report said. About 666,000 visited hospital emergency departments for nonfatal, self-inflicted injuries.

The Associated Press contributed to this report.

Electa Draper: 303-954-1276

or edraper@denverpost.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); POLLS & SURVEYS (90%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (77%); US FEDERAL GOVERNMENT (77%); PUBLIC HEALTH ADMINISTRATION (77%); HEALTH DEPARTMENTS (77%); EPIDEMIOLOGY (72%); WOUNDS & INJURIES (72%); DISEASES & DISORDERS (72%); EMERGENCY ROOMS (64%)

**COMPANY:** ASSOCIATED PRESS (53%)

**ORGANIZATION:** CENTERS FOR DISEASE CONTROL & PREVENTION (58%)

**INDUSTRY:** SIC7383 NEWS SYNDICATES (53%)

**CITY:** DENVER, CO, USA (79%)

**STATE:** COLORADO, USA (94%); UTAH, USA (79%)

**COUNTRY:** UNITED STATES (94%)

**LOAD-DATE:** October 21, 2011

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The Nation (AsiaNet)

**September** 10, 2009 Thursday

**Suicides on the rise; hit 8,000 mark**

**BYLINE:**  OUR STAFF REPORTER

**LENGTH:** 467 words

**Suicides** are steadily rising in Pakistan, with an estimated 6,000 to 8,000 **suicides** per year, according to a study at Aga Khan University (AKU). Almost 34 per cent of the population, mostly under 30 years of age, suffer from common mental disorders and more than 90 per cent of **suicides** can be linked to depression. These views were expressed by Dr Murad Moosa Khan, Chair and Professor, Department of Psychiatry, AKU, on the occasion of World **Suicide** Prevention Day, held on September 10 every year, organised by the International Association for **Suicide** Prevention (IASP), in collaboration with the World Health Organization (WHO).

He says WHO has estimated globally that there is one **suicide** death every two minutes.

Talking about Pakistan, he said, "In Muslim countries, where **suicide** rates are generally seem to be lower, Pakistan stands as an anomaly. Growing socio-economic crisis, civil unrest and other social burdens have worsened the situation."

Government's inability to resolve these issues increases frustration, which converts to depression, he adds. One of the factors in **suicide** is hopelessness. The more depressed you are the more hopeless you become. The unsuccessful **suicide** attempts also have a psychological, social and economic cost.

WHO estimates that the cost of attempted **suicides**, in terms of loss of productivity and health and social care, is billions of dollars per year. These attempts require medical treatment, and in many cases, render the main breadwinners incapable of earning a living, further burdening family income. "**Suicide** results from several factors, including mental illness, poverty, substance abuse, social isolation, losses, relationship difficulties and workplace problems. To be effective, **suicide** prevention needs an approach that acknowledges the multiple causes of suicidal behaviour," said Dr Khan.

There is need for an immediate mental health intervention in Pakistan, he said, adding, "We need to reduce access to commonly used methods of **suicide**, which in Pakistan include pesticides or poisons." He said, "We also need to train government lady health workers to identify and report potential **suicide** cases as a pre-emptive measure. We need to spread education and awareness in communities and give support to people who have attempted **suicides** or have been affected by family members who have died from **suicide**. The media can also play an extensive and very important role in helping us spread this awareness."

To understand the scope of the problem in Pakistan and to discuss the socio-economic, legal and other aspects of **suicide**, the **Suicide** Prevention and Research Interest Group (SPRInG) at the University is organising a seminar and workshop on **Suicide**: Hidden Realities in Pakistan, to be held at the AKU Auditorium on Wednesday September 30.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); DEPRESSION (90%); DISEASES & DISORDERS (89%); MENTAL ILLNESS (89%); PREVENTION & WELLNESS (89%); ASSOCIATIONS & ORGANIZATIONS (89%); DEATHS (89%); MENTAL HEALTH (79%); MUSLIMS & ISLAM (78%); HEALTH DEPARTMENTS (77%); PSYCHIATRY (77%); PSYCHOLOGY (77%); UNITED NATIONS INSTITUTIONS (76%); ECONOMIC CRISIS (76%); COLLEGE & UNIVERSITY PROFESSORS (73%); MEDICAL TREATMENTS & PROCEDURES (72%); PUBLIC HEALTH ADMINISTRATION (70%); SUBSTANCE ABUSE (70%); RIOTS (68%)

**CITY:** KARACHI,PAKISTAN (78%) KARACHI

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** November 23, 2011

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The Sunday Telegraph (London)

**March** 22, 2009

**HISTORY;**

**Suicide in Nazi Germany;**

**By Christian Goeschel;**

**OXFORD, pounds 20, 247 pp;**

**Richard Overy on a fascinating examination of why suicide was so common under the Third Reich**

**BYLINE:** Richard Overy

**SECTION:** SEVEN; Pg. 34

**LENGTH:** 628 words

The issue of **suicide** in the Third Reich starts right at the top. When his New Order fell in ruins around him, Hitler killed himself, a fitting finale perhaps to a system that often seemed bent on self-destruction.

Then others followed - Goebbels (his wife and children, too), Himmler, Gˆring, and a host

of lesser National Socialist leaders. Even Rudolf Hess, locked away for life in 1946, managed to

kill himself in Spandau prison years later when

an old man.

This harvest of self-inflicted death was only the tip of the iceberg. In this fascinating if morbid book, Christian Goeschel offers a cool look at just why **suicide** was so common under Hitler. There was not, of course, one explanation but many. Goeschel is keen to distance his argument from the classic study of **suicide** by the French social scientist Emile Durkheim, who linked **suicide** with the crisis of values caused by the impact of modernity and soulless urbanism. Up until 1933 that may have been the case, he argues, with a spate of **suicides** following inflationary crisis and economic failure. But after 1933 the main explanation for a rising **suicide** rate was political.

The pressures took many forms. Goeschel shows that in the first wave of violence after 1933 many socialists and Jews took their own lives rather than face the thuggery and discrimination of the dictatorship. Some were helped on their way ('suicided' as Goeschel rather inelegantly puts it) by the SA bullies who rounded them up, but many were a genuine escape from what suddenly seemed an awful dead end. Jewish **suicides** remained high throughout the Third Reich, many a protest

against the anti-Semitism of the regime, others a way of achieving a dignified end, in which the individual, not the state, made the choice. Later, in the camps, attempted **suicide** was cruelly punished by the SS even days before victims were sent off to the gas chambers.

Other **suicides** were prompted by the draconian laws of the dictatorship. Individuals caught listening to the BBC during the war, or sleeping with foreign workers sometimes chose **suicide** over public shame or a prison sentence. Homosexuals committed **suicide** to avoid castration or a spell

in a camp, from which thousands never returned.

There was even a spate of military **suicides** as the war turned sour and soldiers sought the most desperate way out of their predicament. Still

other soldiers volunteered for what amounted to **suicide** missions, though Goeschel does not rate these as **suicides**.

Throughout the period there must also have been many 'regular' **suicides** - men or women desperate about relationships, **suicide** at the loss of a son in the war, **suicide** as a result of mental illness. Goeschel does not dwell on these much, but it is clear that not all **suicides** could be political, even if the individual chose to blame circumstances or the system in their **suicide** notes. There are also large questions about why **suicide** was so prevalent in Germany. Figures supplied in the book show that British people were far less prone to finishing themselves off, which suggests that there are deeper cultural and social explanations at work than merely a response to debt or terror.

Hitler led by example. It is tempting to say that he was always likely to kill himself. He tried to do so immediately after his failed Putsch in 1923 (a point that Goeschel might have made something of). His final death in the bunker was carefully prepared and his instructions obeyed to the letter. His was a coward's way out, leaving the German people to cope as best they might without their leader. But for thousands of others who killed themselves between 1933 and 1945 death simply seemed preferable to the squalid and vicious system they confronted.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); WORLD WAR II (89%); JEWS & JUDAISM (89%); HEADS OF STATE & GOVERNMENT (89%); ECONOMIC DECLINE (78%); ANTISEMITISM (78%); ECONOMIC CRISIS (73%); MENTAL ILLNESS (73%); HUMANITIES & SOCIAL SCIENCE (73%); JAIL SENTENCING (71%); SENTENCING (71%); RACISM & XENOPHOBIA (70%); DISCRIMINATION (70%); WAR & CONFLICT (68%); INFLATION (67%); ECONOMIC NEWS (67%); GAYS & LESBIANS (65%); ARMED FORCES (64%)

**COUNTRY:** GERMANY (74%); FRANCE (71%)

**LOAD-DATE:** March 23, 2009

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Las Cruces Sun-News (New Mexico)

**November** 19, 2008 Wednesday

**Recognizing the Warning Signs of Suicide and Depression**

**BYLINE:** Sun-News report

**SECTION:** HEALTHY LIVING

**LENGTH:** 809 words

Depression carries a high risk of **suicide**. Anybody who expresses suicidal thoughts or intentions should be taken very seriously. Do not hesitate to call your local **suicide** hotline immediately. Call 1-800-**SUICIDE** (800-784-2433) or 1-800-273-TALK (800-273-8255)

If you or someone you love has clinical depression, it's important to recognize the warning signs of **suicide**. **Suicide** prevention is highly possible. And there are signs to look for that say someone may be contemplating a **suicide** attempt.

The best way to prevent **suicide** with clinical depression is to know the risk factors for **suicide** and to recognize the warning signs of **suicide**. Take these signs seriously. Know how to respond to them. It could save someone's life.

**Suicide** is a potentially preventable public health problem. It accounts for more than 1 percent of all deaths in the U.S. each year. In 2001, **suicide** was the 11th leading cause of death in the U.S.

Among young people age 15 to 24, **suicide** is the third most common cause of death. Four times as many men die by **suicide** as women. And 73 percent of all **suicide** deaths are white males.

Risk factors for thoughts of **suicide** can vary with age, gender, and ethnic group. And risk factors often occur in combinations.

More than 90 percent of people who die by **suicide** have clinical depression or another diagnosable mental disorder. Many times, people who die by **suicide** have a substance abuse problem. Often they have that problem in combination with other mental disorders.

Adverse or traumatic life events in combination with other risk factors, such as clinical depression, may lead to **suicide**. But **suicide** and suicidal behavior are never normal responses to stress.

Other risk factors for **suicide** include:

One or more prior **suicide** attempts

Family history of mental disorder or substance abuse

Family history of **suicide**

Family violence

Physical or sexual abuse

Keeping firearms in the home

Incarceration

Exposure to the suicidal behavior of others

Warning signs that someone may be thinking about or planning to commit **suicide** include:

Always talking or thinking about death

Clinical depression deep sadness, loss of interest, trouble sleeping and eating - that gets worse

Having a "death wish," tempting fate by taking risks that could lead to death such as driving fast or running red lights

Losing interest in things one used to care about

Making comments about being hopeless, helpless, or worthless

Putting affairs in order, tying up loose ends, changing a will

Saying things like "It would be better if I wasn't here," or "I want out."

Sudden, unexpected switch from being very sad to being very calm or appearing to be happy

Talking about **suicide** or killing one's self

Visiting or calling people to say good-bye

Be especially concerned if a person is exhibiting any of these warning signs and has attempted **suicide** in the past. According to the American Foundation for **Suicide** Prevention, between 20 percent and 50 percent of people who commit **suicide** have had a previous attempt.

What should you do if someone has signs of **suicide** and clinical depression?

First, if someone you know appears to be depressed and is contemplating **suicide**, take that person seriously. Listen to what he or she is saying. Take the initiative to ask that person what he or she is planning. But don't attempt to argue him or her out of committing **suicide**. Rather, let the person know that you care and understand and are listening. Avoid statements like: "You have so much to live for."

If someone you know appears to be depressed and talks about **suicide**, makes a suicidal gesture, or attempts **suicide**, take it as a serious emergency. Listen to the person, but don't try to argue with him or her. Seek immediate help from a health care professional.

Depressed people are often suicidal. It is a key symptom of the disease. Some studies show that the neurotransmitter serotonin plays a central role in the neurobiology of **suicide**. Researchers have found lower levels of serotonin in the brainstem and cerebrospinal fluid of suicidal individuals.

In addition, suicidal behavior sometimes runs in families. Remember, any talk of **suicide** is always an emergency. Have the person talk with a health care professional immediately.

Sources of help for **suicide** and depression

Encourage the person to seek the help of a mental health professional. Because the person probably doesn't think it's possible to be helped, you'll probably have to be persistent and go with that person.

If your loved one appears to be in imminent danger of committing **suicide**, do not leave him or her alone. Remove any weapons or drugs he or she could use. Accompany him or her to the nearest emergency room.

During treatment, be supportive. Help the person remember to take antidepressant medications and to continue any other therapy that's been prescribed.

Source: www.webmd.com

**GRAPHIC:**

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DEPRESSION (91%); MENTAL ILLNESS (91%); TEEN SUICIDE (90%); DEATHS & DEATH RATES (90%); DEATHS (90%); FAMILY (88%); DOMESTIC VIOLENCE (77%); PREVENTION & WELLNESS (76%); SUBSTANCE ABUSE (76%); MEN (73%); DISEASES & DISORDERS (73%); PUBLIC HEALTH ADMINISTRATION (69%); DEMOGRAPHIC GROUPS (66%); SEX OFFENSES (61%); ETHNICITY (50%); ETHNIC GROUPS (50%)

**COUNTRY:** UNITED STATES (90%)

**LOAD-DATE:** November 18, 2008

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Fiji Times (Australia)

**October** 9, 2008 Thursday

1 Edition

**Fiji suicides rank world's third highest**

**SECTION:** LOCAL; Pg. 2

**LENGTH:** 262 words

**SUICIDE** is preventable and that is hope enough for us to do something, says Commissioner Western Joeli Rokovada.

He said the **suicide** rate among Indo-Fijian women is now the third highest in the world.

He, however, said that since 2001 the number of completed **suicide** decreased annually but there was still room for improvement. **Suicides**, he said, represent a huge and complex public health problem.

A full understanding of the problem demanded the recognition that many factors that come together when a person attempts of completes **suicide**, he added.

Mr Rokovada made the comments while celebrating World Mental Health Day in Ba yesterday.

"Without treatment, the consequences of mental health for individual and society are staggering," he said.

"From early childhood to late adulthood **suicide** is bound to rear its ugly head through difficult circumstances that we encounter in life. Annual statistics of fatal and non fatal **suicide** in Fiji have showed that it affects people as young as pre-schoolers to people over 65 years."

Mr Rokovada said learning the early warnings of **suicide** was one way of saving individuals and loved ones from **suicide**.

He said the Health Ministry was committed to lead and support the National Committee on the Prevention of **Suicide** (NCOPS) in all its activities.

He said they would step up efforts to implement the various strategies identified to prevent **suicide**.

"The national committee alone cannot tackle the high incidence of **suicide** therefore it is calling upon all stakeholders, including groups at all levels, to unite against **suicide**," he said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** FIJ

**SUBJECT:** SUICIDE (95%); HEALTH DEPARTMENTS (78%); DISEASES & DISORDERS (71%)

**COUNTRY:** FIJI (91%)

**LOAD-DATE:** October 8, 2008

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Deseret Morning News (Salt Lake City)

**April** 23, 2006 Sunday

**Myth or fact?**

**BYLINE:** Dennis Romboy and Lucinda Dillon Kinkead Deseret Morning News

**LENGTH:** 763 words

Myths about teenage **suicide** get in the way of effective prevention programs, according to University of Utah researchers.

"**Suicide**, by its nature, is a complex problem," they wrote. "Many myths have developed about individuals who complete **suicide**, **suicide** risk factors, current prevention programs and the treatment of at-risk youth."

Misconceptions are found among parents, health professionals, school administrators, government officials and the media.

Researchers Michelle Moskos, Intermountain Injury Control Research Center; Jennifer Achilles, U. School of Medicine; and Doug Gray, U. Department of Psychiatry, conducted the study to separate fact from fiction and to offer recommendations for future prevention programs.

Their conclusions include the following:

Myth: **Suicide** is caused by family and social stress such as loss, rejection or discipline.

Fact: Those events are common in a teenager's life, and **suicide** is a rare outcome.

People often attribute **suicide** to breaking up with a boyfriend or girlfriend, arguments with parents or disciplinary action.

Teenagers who kill themselves do have more stress and family dysfunction, but at least 90 percent have a mental illness. Furthermore, mental illness runs in families.

**Suicide** "is caused" by an interplay of biological, psychological, environmental and social factors, according to the study.

Myth: **Suicide** attempters and completers are the same.

Fact: Males are four times as likely to die from **suicide**, but females are more likely to attempt it.

Current **suicide** prevention efforts do not focus on high-risk groups, the study shows. School programs that consist of a brief, one-time lecture are not effective. Females use crisis hotlines more than males, thus having little effect on those most at risk.

According to the Centers for Disease Control and Prevention, reduced access to guns may be one of the "most promising underused strategies" in **suicide** prevention.

"Unfortunately, a recent study demonstrated that only 25 percent of gun owners remove firearms from their home when repeatedly asked to do so by their teenager's mental health provider."

Myth: Current prevention programs work.

Fact: School education programs, teen **suicide** hotlines and efforts to limit firearms access have not significantly lowered teen **suicide** rates.

The majority of teens who kill themselves have never made a prior attempt, the researchers wrote. And boys are more likely than girls to die from **suicide** because they use lethal means such as guns. That and cultural influences that make it more acceptable for males to take their lives account for their higher **suicide** rates.

Myth: **Suicide** is not inherited.

Fact: Genetics has a critical role in mental illness and **suicide**. Some families have increased risk for depression over generations, while others have increased risk for depression and **suicide**. Future prevention programs need to focus on predispositions to **suicide**, the researchers say.

Myth: Teen **suicide** represents treatment failure.

Fact: Studies indicate few **suicide** completers were in treatment at the time of their deaths.

Government data showed that 1 percent of teenagers who took their lives were in public mental health treatment and 3 percent had psychotropic drugs in their systems.

The leveling off of youth **suicide** coincides with increased use of antidepressants and mood stabilizers. There is no proof of a causal link, but other known risk factor such as divorce or substance abuse were unchanged.

"Parents identified the stigma of mental illness and the denial of mental illness as the most significant barrier between teen **suicide** completers and treatment."

Myth: Teenagers have the highest **suicide** rate.

Fact: Elderly white males have always had the highest rate, but adolescent rates more than tripled between the 1960s and 1990s.

**Suicide** is one of the leading causes of death for teenagers. In addition, cluster **suicides** occur predominantly with teens. The researchers found that a lack of appropriate treatment or compliance with treatment for mental illness leads to **suicide** rather than the illness alone.

Moskos, Achilles and Gray say the six myths they identified show better research is needed to combat the high teenage **suicide** rate, and that too often **suicide** prevention programs aren't designed, implemented and evaluated with appropriate supporting research.

Psychiatric illnesses are often viewed differently from other medical problems. Public awareness, researchers said, could close the gap between the perception of mental and physical illness as separate issues. E-mail: lucy@desnews.com; romboy@desnews.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); TEEN SUICIDE (91%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); DISEASES & DISORDERS (89%); DEPRESSION (89%); RESEARCH REPORTS (89%); ADOLESCENTS (89%); FAMILY (89%); MENTAL HEALTH (78%); RESEARCH INSTITUTES (78%); PSYCHIATRY (78%); PSYCHOLOGY (78%); DEATHS (78%); WOUNDS & INJURIES (76%); HEALTH DEPARTMENTS (76%); GUN CONTROL (76%); EDUCATIONAL INSTITUTION EMPLOYEES (73%); HEALTH CARE (71%); PUBLIC HEALTH ADMINISTRATION (71%); EDUCATION ADMINISTRATION (71%); MENTAL HEALTH PRACTICE (67%)

**ORGANIZATION:** UNIVERSITY OF UTAH (84%)

**LOAD-DATE:** April 23, 2006

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The Nelson Mail (New Zealand)

**February** 21, 2006 Tuesday

**Female suicide rate up by 25pc**

**SECTION:** NEWS; Pg. 2

**LENGTH:** 538 words

By Naomi Mitchell and NZPA

Grim new **suicide** figures show a rocketing rate of female **suicides** and reveal Nelson Marlborough has one of the highest **suicide** rates in the country.

The latest national **suicide** figures released yesterday by Associate Health Minister Jim Anderton show Nelson Marlborough has the fifth highest rate of **suicide** in the country with 14.3 **suicides** per 100,000 people.

Hawke's Bay had the highest **suicide** rate during the 2001 - 2003 period with 18 **suicides** per 100,000 people, and Auckland had the lowest with eight **suicides** per 100,000 people.

Nelson Marlborough also had the eighth highest rate of hospitalisations from intentional self harm.

Nationally, the figures show a 25 percent increase in female **suicides** in one year - a phenomenon **suicide** experts put down to women behaving more like men.

**Suicide** Prevention Information New Zealand director Merryn Statham said the figures were ``awful''.

``It's a complete tragedy for all of the families in those communities. Any increase is an indication of the distress felt in families.''

However, Ms Statham was one of several experts who was not surprised by the increase in **suicide** amongst women.

``Many of the young women who are experiencing significant difficulty in their lives are adopting more masculine behaviours.'' She said some females were adopting more lethal methods in attempting **suicide**, which might have partly caused the increase.

More lethal methods included hanging and **suicides** involving firearms.

There was no single factor behind the increases, she said.

Canterbury **Suicide** Project director Dr Annette Beautrais had also noticed some women were adopting historically masculine tendencies.

``Young females are becoming much more like males in many ways. If they move to more lethal methods, then it is likely a bigger proportion of them will die,'' she said.

by Associate Health Minister Jim Anderton. In total, 515 people died by **suicide** - up almost 10 percent on 2002.

Men's figures continued to be high, with 374 deaths - up 24 on 2002.

The figures have sparked calls for more up-to-date information on **suicide**, and the rate at which it is killing people.

Dr Beautrais said she was ``disappointed'' by the overall figures.

``We had a steady decline from 1996, so (going by that) we would have expected to see a reduction - instead we saw a rise of 50. We hope this is an aberration.''

Dr Beautrais said better follow-up care for those who had attempted **suicide** was needed to help stem the increase.

Maori men continued to have a high rate of **suicide**, with 20.4 deaths per 100,000 people, compared with 15.6 deaths for non-Maori men.

While the statistics were concerning, long-term trends indicated that **suicide** rates were levelling off, Mr Anderton said.

``We need to maintain our focus on finding out as much as we can about what causes **suicide** and what is effective in helping to prevent it.''

Mr Anderton said there were several initiatives under way to help prevent **suicides**, but acknowledged that the reasons people took their own life were often very complex.

The Government has set aside $10.3 million for **suicide** prevention spending between 2005 and 2009. A further $6 million would be spent on the National Depression Initiative in the same period.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PUBLIC HEALTH ADMINISTRATION (89%); DEATHS & DEATH RATES (78%); DEATHS (78%); WOMEN (78%); TRENDS (74%); PREVENTION & WELLNESS (72%)

**CITY:** AUCKLAND, NEW ZEALAND (57%)

**COUNTRY:** NEW ZEALAND (79%)

**LOAD-DATE:** February 20, 2006

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The Press (Christchurch, New Zealand)

**December** 13, 2005 Tuesday

**Govt pledge on suicide**

**BYLINE:** ESPINER Colin

**SECTION:** NEWS; NATIONAL; Pg. 1

**LENGTH:** 663 words

The Government is pledging to act on a new study that has found **suicide** costs the country $1.4 billion a year.

Associate Health Minister Jim Anderton said yesterday that the "huge" cost to New Zealand of its **suicide** and attempted-**suicide** rates -- among the highest in the world -- was almost half as much as the bill for the nation's road toll.

In the latest figures available (2002), 460 New Zealanders killed themselves and 5095 attempted to take their own lives. That is higher than the number of people killed on the roads this year.

The Government yesterday released six reports on **suicide** that examined the cost and a range of possible social influences on **suicide**.

Anderton said the reports would be used by the Government as guidance on how to spend the $10.3 million earmarked for **suicide** prevention between 2005 and 2009.

He said there was no easy answer to **suicide** prevention.

"I'm not a psychiatrist, so I can't work out whether we have a gloomy propensity or not," Anderton said.

"But we do have to ask ourselves some questions. Do we always see things as glass half-empty rather than glass half-full? Do we celebrate success rather than anticipate failure? I think in many ways there are some cultural issues."

In the first attempt to put a dollar cost on the **suicide** rate, Wellington School of Medicine and Health Sciences economist Des O'Dea found the direct economic cost of **suicide** and attempted **suicide** to the workforce was $238.5m. He then used Land Transport Safety Authority figures for the statistical value of a life, which last year was $2.7m.

O'Dea put the non-economic cost per **suicide** at $2.4m and the direct economic cost at $448,000.

O'Dea found each attempted **suicide** cost society $32,000, adding up to a total cost of $1.38b in lives taken or attempts made.

Anderton said putting an economic cost on **suicide** allowed direct comparisons with road accidents for the first time.

"**Suicide** costs society dearly," he said. "While the direct economic costs of **suicide** are not insignificant, they are dwarfed by the intangible costs -- the loss to family and friends and the lost potential from lives cut prematurely short."

The other reports released by the Government collated research on **suicide** in New Zealand, concluding that social factors such as poverty, age and ethnicity have an influence on **suicide**.

The authors have urged caution over their findings, saying there are possible associations of some social indicators (for example, fluctuations in gross domestic product, unemployment rates) with **suicide** rates, but they were "not statistically significant".

Anderton said he was sure there was an association.

A study comparing youth **suicide** rates in New Zealand and Finland found that while both countries experienced a severe economic recession in the 1980s and early 1990s, only in New Zealand did youth **suicide** rates rise.

The study authors concluded that this was because Finland stepped up its welfare assistance during the recession, while New Zealand's was scaled back.

Another study found significant regional variation in **suicide** rates, with the highest being the West Coast (27.2 **suicides** per 100,000 people) and the lowest Taranaki (16.9).

Canterbury was fourth highest at 21.5, ahead of Auckland on 20 and Wellington on 18.9.

While some data pointed to the higher rates of **suicide** in rural areas, the reason for this could be greater access to **suicide** methods such as poisons and guns, the study said.

Maori **suicide** rates were similar to non-Maori until the mid-1990s, after which the Maori rate had risen.

The study noted there had been an "alarming increase" in the rate of **suicides** among 15 to 29-year-olds in the past 20 years, overtaking the 30-39 age group.

The reports are hamstrung by a lack of recent data, with most using 1999 figures because of a lag in coroner's statistics becoming available.

Machismo mask --D1

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CAPTION:

Lost life: Jeremy Lester, 23, of Christchurch, took his own life in October last year. Photo: Dean Kozanic

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (89%); HEALTH DEPARTMENTS (89%); RESEARCH REPORTS (89%); GROSS DOMESTIC PRODUCT (78%); ECONOMIC NEWS (78%); PUBLIC HEALTH ADMINISTRATION (78%); PREVENTION & WELLNESS (78%); STATISTICAL METHOD (77%); STATISTICS (77%); LABOR FORCE (75%); UNEMPLOYMENT RATES (72%); PHYSICIANS & SURGEONS (68%); ETHNICITY (63%); POVERTY & HOMELESSNESS (60%) SUICIDE; REPORTS; ECONOMICS; CENTRAL GOVERNMENT

**CITY:** WELLINGTON, NEW ZEALAND (73%)

**COUNTRY:** NEW ZEALAND (94%)

**LOAD-DATE:** December 13, 2005

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North Shore News (British Columbia)

**September** 8, 2004 Wednesday

Final Edition

**New crisis service offers immediate help**

**BYLINE:** North Shore News

**SECTION:** NEWS; Pg. 14

**LENGTH:** 415 words

This Friday, World **Suicide** Prevention Day, a network of crisis lines across British Columbia will be announcing a new 1-800-**SUICIDE** toll-free **suicide** prevention service.

The Distress Line Network of British Columbia (DLN), a partnership of independent crisis lines from across B.C., has initiated the new 1-800-**SUICIDE** service to help ensure **suicide**-related callers do not receive a busy signal when they call.

In a press release, Ian Ross, executive director of the Crisis Intervention and **Suicide** Prevention Centre of B.C. in Vancouver said the aim of the new service is that no **suicide**-related calls go unanswered.

He pointed out that callers to crisis lines need help immediately and the 1-800-**SUICIDE** prevention service will help ensure British Columbians receive the help they need when they call. He added that **suicide** is most often the result of pain, hopelessness and despair. If people are reaching out for help, it is important they connect with a human voice.

Anyone in B.C. who calls 1-800-**SUICIDE** will be connected to the nearest distress line in the network. If busy, the call will be redirected to the next available distress line partner. Calls will be answered by an experienced volunteer, trained in **suicide** risk assessment and supported by a team of professionals.

Currently, **suicide**-related calls represent between six and 10 per cent of all calls to crisis centres in British Columbia.

Linda Stanton, co-director of NEED Crisis and Information Line in Victoria stated in the release that the system will streamline **suicide** prevention and response in B.C.

It will not replace existing crisis lines; rather, it adds to the service continuum another access point for **suicide**-related calls. She said the DLN's goal is to enhance crisis intervention and **suicide** prevention services in B.C.

Funding for the 1-800-**SUICIDE** project was donated by the BC Hydro Employees' Community Services Fund (HYDRECS fund), the Vancouver Foundation and Telus.

The Distress Line Network of British Columbia is a partnership of independent crisis centres covering every health region in the province, working together to provide a seamless **suicide** response for British Columbians. Members include the Crisis Intervention & **Suicide** Prevention Centre of B.C.; the Crisis Prevention, Intervention & Information Centre for Northern B.C.; Kelowna Community Resources; Mission Community Services; and NEED Crisis & Information Line. Each Distress Line is certified by the American Association of Suicidology.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (75%); DEATHS (73%); VOLUNTEERS (72%); EXECUTIVES (70%)

**CITY:** VANCOUVER, BC, CANADA (73%)

**STATE:** BRITISH COLUMBIA, CANADA (91%)

**COUNTRY:** CANADA (91%); UNITED KINGDOM (58%)

**LOAD-DATE:** February 14, 2006

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South China Morning Post

**September** 10, 2003

**Suicide prevention gets boost; Four civic groups agree to co-ordinate efforts and raise public awareness**

**BYLINE:** Stella Lee

**SECTION:** NEWS; Pg. 4

**LENGTH:** 353 words

Four civic groups yesterday joined hands to fight **suicide** as part of a global initiative to mark the first World **Suicide** Prevention Day today.

Hong Kong's **suicide** rate reached a record high last year with 16.4 of every 100,000 people dying by their own hand. This exceeded the global average of 14.5 **suicides** per 100,000.

An agreement to step up co-operation to devise measures to curb **suicides** was signed by the heads of the Samaritan Befrienders Hong Kong, the Samaritans Multi-Lingual **Suicide** Prevention Service, the **Suicide** Prevention Services and the Hong Kong Jockey Club Centre for **Suicide** Research and Prevention of the Hong Kong University.

The agreement is part of a global initiative to fight **suicide** - currently the 13th leading cause of death worldwide - led by the World Health Organisation (WHO) and the International Association for **Suicide** Prevention.

The WHO and the association have designated today World **Suicide** Prevention Day.

According to the WHO, about 815,000 people killed themselves worldwide in 2000 - one death every 40 seconds.

Representatives from Hong Kong will join delegates from more than 30 countries in Stockholm today to discuss the growing problem.

Speaking from Sweden yesterday, **suicide** prevention association president Diego De Leo said the **suicide** rate worldwide was worrying and he hoped they could help save more lives by strengthening international co-operation.

The agreement signed by the four local groups yesterday included plans to meet every three months to co-ordinate efforts to raise community awareness and provide more training opportunities for general practitioners, medical health workers, teachers and parents.

Paul Yip Siu-fai, director of the Hong Kong University's centre for **suicide** research and prevention, attributed the surge in local **suicides** partly to the economic downturn, pointing out that an increasing number of middle-aged people were killing themselves.

He said about 40 per cent of last year's **suicides** occurred among people aged from 30 to 49 years old, twice the proportion seen in 1997.

**CITY:** STOCKHOLM, SWEDEN (68%);

**COMPANY:** SUICIDE PREVENTION SERVICES (92%); WORLD HEALTH ORGANIZATION (90%); WORLD HEALTH ORGANIZATION (90%);

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (90%); WORLD HEALTH ORGANIZATION (90%);

**GEOGRAPHIC:** HONG KONG (95%); SWEDEN (68%); STOCKHOLM, SWEDEN (68%);

**COUNTRY:** HONG KONG (95%); SWEDEN (68%);

**SUBJECT:** SUICIDE (97%); PREVENTION & WELLNESS (90%); CIVIC & SOCIAL ORGANIZATIONS (90%); DEATHS (78%); DEATHS & DEATH RATES (77%); PUBLIC HEALTH ADMINISTRATION (75%); RESEARCH INSTITUTES (74%); EDUCATIONAL INSTITUTION EMPLOYEES (74%); ECONOMIC DECLINE (72%); PHYSICIANS & SURGEONS (71%); ECONOMIC CONDITIONS (71%); MULTILINGUALISM (70%); HEALTH DEPARTMENTS (68%); MIDDLE AGED PERSONS (64%); ECONOMIC NEWS (50%); ASSOCIATIONS & ORGANIZATIONS (90%);

**LOAD-DATE:** September 10, 2003

**LANGUAGE:** ENGLISH

**PUB-TYPE:** Newspaper

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New Straits Times (Malaysia)

**February** 24, 2003, Monday

**Death by imitating**

**BYLINE:** By Sarah Sabaratnam

**SECTION:** People; Pg. 9

**LENGTH:** 816 words

IN 1999, a news report in a British paper described how two men died after

drinking the contents of a bottle they thought was cherry brandy. In fact

it contained anti-freeze which is lethal.

Following this report, it was found that there was an increased number

of attempts to commit **suicide** by drinking anti-freeze - an unusual method

of taking one's life.

These and other such stories, have led Kathryn Williams and Keith Hawton

of the Centre for **Suicide** Research at Oxford University, to conclude that

media coverage of **suicides** lead to actual incidents of **suicide.**

In their study Suicidal Behaviour and the Media they found that the

number of people who took their own lives increased after dramatic reports

of **suicide** in the media, particularly of celebrities and teenagers.

The study drew on research literature on **suicides** from 26 countries,

going back 150 years.

In Asian countries such as Malaysia and India where there are no studies

on **suicide,** the researchers communicated with local academics and

psychologists to complete their report.

Media influences **suicide** particularly if the news coverage is given

prominence, is repeated, or describes in detail the method of **suicide.**

Although media reports (do not directly) cause **suicide,** they can and do

lead to imitative suicidal behaviour by those who have suicidal

tendencies.

It was found that responsible reporting of **suicide,** helped reduce such

incidences. In contrast, where newspapers specify the method of **suicide,**

there was an increased usage of that method in at least 21 of 30 reports.

Ten out of 13 studies conducted in the United States, showed a link

between television news reports and suicidal behaviour in the community.

Soap operas and television documentaries were also found to have an

effect.

For instance in Austria, a documentary on the stress train drivers face

worrying about potential **suicides,** saw an increase in the number of people

throwing themselves in front of trains in the one week following the

story.

The study also found that whether a news report on **suicide** led to

imitative suicidal behaviour depends on its content and presentation.

Influential aspects include whether the method of **suicide** is described,

the amount of publicity the **suicide** receives, how much the media

sensationalises the story, whether the **suicide** victim is a celebrity or an

ordinary person, if pictures are used, whether the story is real or

fictional and the way in which **suicide** is portrayed.

Stories about real **suicides** were over four times more likely to find an

imitative effect compared to fictional presentations.

Stories that are given prominence, and are repetitive demonstrated

significantly greater increases in the American **suicide** rates with each

additional day that a **suicide** story was published.

Six studies in Japan demonstrated that wide coverage over multiple media

on the **suicide** of a school student and pop singer, influenced an increase

in the rate of **suicide** in the country.

Some audiences were found to be more vulnerable than others to

imitation.

The likelihood of this appears to be enhanced when the audience can

identify with the **suicide** victim in some way.

On the other hand, the study found that changes to the way **suicide** news

is reported can help prevent people taking their own lives.

For instance, when the media in Vienna and Toronto voluntarily refrained

from reporting subway **suicides,** the number of such **suicides** dropped

dramatically.

Highlighting risk factors (not all **suicide** attempts are successful and

some people end up paralysed) and sources of help showed in one case study

to have had a positive and preventive effect.

Advertising crisis lines at the end of a **suicide** story can encourage

those with suicidal thoughts and tendencies to seek help.

The media should refrain from naming products used to poison oneself,

and from detailing the method used, as this is absolutely dangerous.

News reporters should also, when investigating a **suicide,** ask the right

questions, like: "did the victim have a history of psychological

problems?" They should also try interviewing a psychiatrist for his view

on the **suicide.**

Often, the media do not provide significant background information on

the reasons for **suicide.** Instead simplistic, single reasons (which are

really triggers rather than reasons) like "she had recently broken up with

her boyfriend" are given.

This sort of reporting ignores findings that 90 per cent of **suicide**

victims are said to have a history of psychiatric problems.

Also, there are many complex factors that influence people to commit

**suicide.** Hawton believes that reporting with greater awareness can

actually help save lives.

The writer attended a workshop on Media and **Suicide** organised by

Befrienders, Malaysia.

The writer can be contacted at sarah\_s@nstp.com.my

**SUBJECT:** SUICIDE (95%); TEEN SUICIDE (90%); CELEBRITIES (89%); TELEVISION PROGRAMMING (89%); TELEVISION NEWS SHOWS (78%); RESEARCH INSTITUTES (78%); DOCUMENTARY FILMS (77%); STUDENTS & STUDENT LIFE (75%); PSYCHOLOGY (75%); NEWS REPORTING (75%); TELEVISION DRAMAS (74%); TELEVISION MOVIES & MINISERIES (69%); TELEVISION INDUSTRY (64%); SINGERS & MUSICIANS (63%); TRAINS (62%);

**COUNTRY:** MALAYSIA (79%); JAPAN (76%); ASIA (71%); UNITED STATES (68%); AUSTRIA (53%);

**COMPANY:** OXFORD UNIVERSITY PRESS (57%);

**LOAD-DATE:** February 24, 2003

**LANGUAGE:** ENGLISH

**GRAPHIC:** (STF) - A systematic review of research literature on suicides worldwidehas shown that media portrayal of suicides may lead to imitativebehaviour. SARAH SABARATNAM writes. Mental anguish: Suicide is a complex issue and news stories should notoversimplify them.

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The Age (Melbourne, Australia)

**May** 1, 1997 Thursday

Late Edition

**Potential youth suicides hard to detect: research**

**BYLINE:** TANIA EWING

**SECTION:** NEWS; Pg. 6

**LENGTH:** 358 words

A Victorian study has found that it is almost impossible to detect young people most at risk of successfully committing **suicide** because so few characteristics were common to all cases.

One of the few clues to successful **suicides**, particularly by young males, is that almost 90 per cent did not seek help - a finding that offers little hope for the taskforce that has been set up to determine risk factors and to develop prevention strategies.

More than 100 Victorians under the age of 25 commit **suicide** every year.

The report, which was presented to the taskforce last month, recommends a community awareness campaign, similar to the Transport Accident Commission advertisements, to encourage parents to adopt a sympathetic approach and to teach young people to seek help from families, friends and doctors.

Associate Professor John Tiller, from the University of Melbourne's department of psychiatry, said: "It is very difficult to predict who will commit **suicide** and when. And it is almost impossible to identify the individual who will **suicide**."

The report's findings dispel commonly held beliefs that **suicide** is higher among the unemployed, homeless or drug and alcohol-users.

The study, to be published later this year, looked at 148 youth **suicides**, from coroner's reports, and 206 attempted **suicides**, from hospital records. It found that unemployment was mentioned as a reason for **suicide** in less than 5 per cent of cases.

Mr Tiller said the most common method of **suicide** is hanging or carbon monoxide poisoning - accounting for 55 per cent of deaths. Firearms accounted for 20 per cent of deaths.

The 1993-94 study found that more than half of the young people who committed **suicide** lived at home and most did not use excessive amounts of alcohol or drugs.

WHY IT'S HARD TO HEAD OFF YOUTH **SUICIDES**

\* Almost 90 per cent of those who committed **suicide** did not seek help first.

\* Fewer than half of those were homeless.

\* A history of physical or sexual abuse was common among those who attempted **suicide**, but was not characteristic of successful **suicides**.

\* Young male **suicides** were not precipitated by an event such as a broken relationship or an arguement.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); DEATHS & DEATH RATES (89%); POISONINGS (78%); CARBON MONOXIDE (78%); RESEARCH REPORTS (78%); CORONERS COURTS & OFFICES (78%); MEN (77%); FAMILY (74%); PSYCHIATRY (69%); ENVIRONMENTAL ILLNESS (50%) Health/Death/Suicides; Population Groups/Age Groups/Youth; Statistics; Report

**CITY:** MELBOURNE, AUSTRALIA (73%)

**STATE:** VICTORIA, AUSTRALIA (90%)

**COUNTRY:** AUSTRALIA (90%)

**REGION:** Australia; Vic

**LOAD-DATE:** July 25, 2007

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The Advertiser

**May** 16, 1990 Wednesday

**'Alarming' rise in male suicide attempt figures**

**SOURCE:** aap

**LENGTH:** 269 words

PERTH: Attempted **suicides** among Australian men rose an alarming 70 per cent in 15 years, latest figures from South Australia and WA indicate.

Professor Robert Kosky, of the Adelaide Children's Hospital, said the figures showed **suicide** attempts no longer were behavior associated with young women.

He said recent figures from Perth showed that the overall **suicide** rate for men had risen above the rate for women and was now 1.3 to one.

There was a great increase in attempted **suicides** among men aged 40 to 45 years, he said, and figures showed similar attempted **suicide** rates among men in Adelaide in 1986-1987.

Professor Kosky also criticised the official South Australian attempted **suicide** figures.

He said they recorded only about 30 per cent of attempted **suicide** cases admitted to hospital, adding that hospital clerks were instructed in 1988 not to record attempted **suicides** unless hospital registrars indicated there was an intent to **suicide**.

Professor Kosky said he believed alcohol and changes to family structures were behind the higher rate of men attempting **suicide**.

He said that in 1971-72, 185 Perth men in every 100,000 were treated in hospitals after attempted **suicides**.

About 200 women in every 100,000 living in Perth were treated after an attempted **suicide** over the same period.

But Professor Kosky said that in 1986-87 the rate of attempted **suicides** among Perth men had jumped nearly 70 per cent. The rate among women increased only slightly.

Professor Kosky said three main factors led to attempted **suicide**: depressive illness, chronic family problems and alcohol.

**SUBJECT:** SUICIDE (93%); MEN (91%); MEN'S HEALTH (90%); WOMEN (90%); FAMILY (77%); CHILDREN'S HOSPITALS (77%); DEPRESSION (73%);

**PERSON:** ROBERT KOSKY (92%);

**CITY:** PERTH, AUSTRALIA (92%); ADELAIDE, AUSTRALIA (88%);

**STATE:** SOUTH AUSTRALIA, AUSTRALIA (88%);

**COUNTRY:** AUSTRALIA (91%);

**LOAD-DATE:** September 24, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** ADV

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The Advertiser

**May** 16, 1990 Wednesday

**'Alarming' rise in male suicide attempt figures**

**SOURCE:** aap

**LENGTH:** 269 words

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**PERSON:** ROBERT KOSKY (92%);

**CITY:** PERTH, AUSTRALIA (92%); ADELAIDE, AUSTRALIA (88%);

**STATE:** SOUTH AUSTRALIA, AUSTRALIA (88%);

**COUNTRY:** AUSTRALIA (91%);

**LOAD-DATE:** September 24, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** ADV

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PANAPRESS - Pan African News Agency

**September** 4, 2014 Thursday

**Switzerland: WHO calls for coordinated action to reduce suicides worldwide**

**LENGTH:** 569 words

Geneva, Switzerland (PANA) - The World Health Organization (WHO) has called for a coordinated action to reduce **suicides** worldwide, with more than 800,000 people dying by **suicide** every year - around one person every 40 seconds.

PANA reported that the call was contained in a statement issued Thursday to announce the WHO's first global report on **suicide** prevention, published the same day.

It said some 75% of **suicides** occur in low- and middle-income countries, and that pesticide poisoning, hanging and firearms are among the most common methods of **suicide** globally.

According to the report, evidence from Australia, Canada, Japan, New Zealand, the United States and a number of European countries reveals that limiting access to these means can help prevent people dying by **suicide**.

Another key to reducing deaths by **suicide** is a commitment by national governments to the establishment and implementation of a coordinated plan of action. Currently, only 28 countries are known to have national **suicide** prevention strategies.

Other effective measures of reducing **suicide** deaths include responsible reporting of **suicide** in the media, such as avoiding language that sensationalises **suicide** and avoiding explicit description of methods used, and early identification and management of mental and substance use disorders in communities and by health workers in particular.

Follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted **suicide**, together with provision of community support, are essential, because people who have already attempted **suicide** are at the greatest risk of trying again.

The WHO reports said **suicide** occurs all over the world and can take place at almost any age.

Globally, **suicide** rates are highest in people aged 70 years and over. In some countries, however, the highest rates are found among the young. Notably, **suicide** is the second leading cause of death in 15-29 year-olds globally.

"This report is a call for action to address a large public health problem which has been shrouded in taboo for far too long" said WHO Director-General Margaret Chan.

The report also said generally, more men die by **suicide** than women. In richer countries, three times as many men die by **suicide** than women. Men aged 50 years and over are particularly vulnerable.

In low- and middle-income countries, young adults and elderly women have higher rates of **suicide** than their counterparts in high-income countries. Women over 70 years old are more than twice as likely to die by **suicide** than women aged 15-29 years.

WHO recommends countries involve a range of government departments in developing a comprehensive coordinated response, saying high-level commitment is needed not just within the health sector, but also within education, employment, social welfare and judicial departments.

"This report, the first WHO publication of its kind, presents a comprehensive overview of **suicide**, **suicide** attempts and successful **suicide** prevention efforts worldwide. We know what works. Now is the time to act," said Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse at WHO.

The report's launch comes just a week before World **Suicide** Prevention Day, observed on 10 Sept. every year, to provide an opportunity for joint action to raise awareness about **suicide** and **suicide** prevention around the world.

-0- PANA SEG 4Sept2014

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Web Publication

**JOURNAL-CODE:** 1390

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); PUBLIC HEALTH ADMINISTRATION (89%); HEALTH DEPARTMENTS (89%); WOMEN (89%); ASSOCIATIONS & ORGANIZATIONS (89%); MEN (78%); DISEASES & DISORDERS (78%); UNITED NATIONS INSTITUTIONS (78%); DEATHS & DEATH RATES (77%); ADULTS (77%); DEATHS (77%); LOW INCOME PERSONS (76%); WEALTHY PEOPLE (75%); POISONINGS (73%); ENVIRONMENTAL ILLNESS (70%); SENIOR CITIZENS (68%); NEWS REPORTING (67%); HEALTH CARE (66%); PESTICIDES (55%)

**PERSON:** MARGARET CHAN (58%)

**CITY:** GENEVA, SWITZERLAND (92%)

**COUNTRY:** AUSTRALIA & NEW ZEALAND (92%); SWITZERLAND (92%); JAPAN (79%); NEW ZEALAND (79%); AUSTRALIA (79%); CANADA (79%); UNITED STATES (79%); EUROPE (79%)

**LOAD-DATE:** September 4, 2014

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Florida Times-Union (Jacksonville)

**October** 10, 2014 Friday

**Walk brings suicide out of the dark;**

**In Jacksonville, it has become eighth-leading cause of death**

**BYLINE:** Meredith Rutland

**SECTION:** Pg. B-1

**LENGTH:** 343 words

About eight people a day die from **suicide** in Florida.

A national anti-**suicide** group is taking a stand - or, rather, a walk - to remind Jacksonville that number is too high, but there are ways to help bring that count to zero.

The Jacksonville Out of the Darkness walk will begin at The Jacksonville Landing at 7:30 a.m. on Saturday.

The walk, which ends around noon, will support that American Foundation for **Suicide** Prevention by supporting local and national **suicide** prevention and awareness programs, according to an organization press release.

Those who walk are asked to pledge a fundraising goal, but participants can fulfill their donation pledge until Dec. 31.

Participants can register online at outofthedarkness.org or in person on the day of the walk.

Nationwide, about 700,000 people will attempt **suicide** each year, and about 38,000 people will die from **suicide**.

In Florida, 39,000 people attempt **suicide** a year, and about 2,800 people die a year, according to the Florida **Suicide** Prevention Coalition.

In Duval County, 14.5 deaths are due to **suicide** each year per 100,000 people, according to Northeast Florida Counts. There are 20.3 deaths a year in Nassau County, 23.1 deaths a year in Baker County, 16.2 deaths a year in Clay County and 18.2 deaths a year in St. Johns.

**Suicide** is the eighth-leading cause of death in Jacksonville, the ninth-leading cause of death in Florida and the 10th-leading cause of death in the U.S., said Liz Colavecchio, chairwoman of the American Foundation for **Suicide** Prevention's First Coast Chapter.

Despite the troubling statistics, an important goal of the walk is to stress that **suicide** can be prevented.

"The walk also is a call to action that more must be done to prevent **suicide**, nationally and in communities across the country," said Robert Gebbia, executive director for the American Foundation for **Suicide** Prevention, in a statement.

If you or someone you know is having thoughts of **suicide**, you can find someone to talk with at the National **Suicide** Prevention Lifeline, (800) 273-8255.

Meredith Rutland: (904) 359-4161

**GRAPHIC:** Photo

Provided by American Foundation for Suicide Prevention More than 300 people attended the Out of the Darkness Community Walk in 2013. This year's walk begins at 7:30 a.m. Saturday at The Jacksonville Landing.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); DEATHS & DEATH RATES (90%); DEATHS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); PREVENTION & WELLNESS (89%); FUNDRAISING (76%)

**CITY:** JACKSONVILLE, FL, USA (94%)

**STATE:** FLORIDA, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** October 24, 2014

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Topeka Capital-Journal (Kansas)

**May** 7, 2014 Wednesday

**Take note of these risk factors for suicide**

**LENGTH:** 318 words

Dear Doctor K: My husband suffers from severe depression, and I am worried he might take his own life. How do I know if my fears are warranted?

Dear Reader: Most people who commit **suicide** are depressed. But most people who are depressed don't commit **suicide**. We can't predict who will commit **suicide**, but experts observe that certain factors increase a person's risk of **suicide**.

Family history. People with a close blood relative who has committed or attempted **suicide** have a much higher than average risk of **suicide**. The risk of **suicide** also is higher if close relatives have had a history of any type of mental illness or violent acts.

Access to guns. Having a gun in the home makes **suicide** more likely.

Substance abuse. Alcohol or drug use can erase inhibitions and anxiety that might help keep **suicide** at bay.

Previous attempts. People who have attempted **suicide** are more likely to commit **suicide** than those who haven't tried it before.

A significant life change. A change in a person's life also can abruptly increase their risk of **suicide**. For example:

- A significant loss, such as the death of a spouse or loss of a job.

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Setting affairs in order. Finally, there is a warning sign that is paradoxical and dangerously misleading. Has your husband recently sorted out his finances, given away mementos, or called or visited loved ones? Along with these activities, has he seemed calmer and happier lately?

Of course, you want your husband to be happy. But if he seems suddenly happier and is doing things that people do as they approach the end of their life, be really worried. Rather than being a sign of returning health, his happiness may indicate that he is at peace - after having made a final decision.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); ADVICE COLUMNS (90%); DISEASES & DISORDERS (90%); DEPRESSION (90%); MENTAL ILLNESS (78%); SUBSTANCE ABUSE (69%); ALCOHOL ABUSE & ADDICTION (54%)

**LOAD-DATE:** May 7, 2014

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St. Petersburg Times (Florida)

**December** 11, 1988, Sunday, City Edition

**Allow dignity in one's death**

**BYLINE:** DEREK HUMPHRY

**SECTION:** PERSPECTIVE; Pg. 4D

**LENGTH:** 634 words

The Hemlock Society is dedicated to the view that there are at least two forms of **suicide.** One is emotional **suicide** (or irrational self-murder) in all its complexities. Let me emphasize that the Hemlock Society view on that form of **suicide** is to prevent it where you can. We do not encourage **suicide** for reasons of poor mental health or unhappiness.

We say that there is a second form of **suicide:** justifiable **suicide.**

That is, rational and planned self-deliverance; put another way, this is auto-euthanasia.

What the Hemlock Society and its supporters are talking about is auto-euthanasia. But we also have to face up to the fact it is called **suicide** by law. (**Suicide** is not a crime in the English-speaking world, neither is attempted **suicide,** but assistance in **suicide** for any reason remains a crime. Even if the helper is acting from the best motives, it remains a crime in the Anglo-American world.) **Suicide** for the following reasons can be justified ethically by the average Hemlock Society supporter: Advanced terminal illness that is causing unbearable suffering to the individual. This is the most common reason for self-deliverance.

Grave physical handicap, which is so restricting that the individual cannot, even after due consideration and training, tolerate such a limited existence. This is fairly rare as a reason for **suicide.**

What are the ethical parameters for auto-euthanasia? The person should: Be a mature adult.

Have clearly made a considered decision.

Have already sought medical help.

Inform the treating physician and take his response into account.

Have made a will disposing of his worldly effects.

Plan the exit from this life without involving others in criminal liability.

Leave a note saying exactly why he or she is self-destructing.

Having considered the logic in favor of auto-euthanasia, the person should also address the countervailing arguments: Should the person go into a hospice? Put bluntly, hospices make the best of a bad job, and they do so with great skill and love. The euthanasia movement supports their work. Not everyone wants that form of treatment, and hospice care cannot make dying into a beautiful experience although it tries hard to do so. A hospice really means appropriate medicine and care, which everybody deserves.

Another consideration is the question: Does suffering ennoble? Is suffering a part of life and a preparation for death? Our response here is that if that is your firm belief, then you are not a candidate for voluntary euthanasia.

Another consideration is whether, by checking out before the Grim Reaper calls, you are depriving yourself of a valuable period of life and also depriving your family and friends of your love and companionship? Practitioners of active voluntary euthanasia almost always wait until a late stage in the dying process; some even wait too long and go into a coma and are frustrated in self-deliverance.

From my years in the Hemlock Society, hearing the feedback of hundreds, maybe thousands, of cases, I can assure you that most believers in euthanasia do enjoy life, love living, and their feeling of the sanctity of life is as strong as anybody's.

Yet they are willing, if their dying is distressing to them, to forgo a few weeks of the end and leave under their own control.

**ORGANIZATION:** COMPASSION & CHOICES (94%); COMPASSION & CHOICES (94%);

**COUNTRY:** NORTH AMERICA (79%); UNITED STATES (79%);

**STATE:** FLORIDA, USA (76%);

**COMPANY:** COMPASSION & CHOICES (94%); COMPASSION & CHOICES (94%);

**SUBJECT:** ; death ethic article SUICIDE (94%); MURDER (90%); ETHICS (90%); ASSISTED SUICIDE (90%); EDITORIALS & OPINIONS (90%); DEATH & DYING (89%); HOSPICE (89%); DEATHS (78%); MENTAL HEALTH (78%); DISEASES & DISORDERS (66%); PHYSICIANS & SURGEONS (65%); WILLS (63%);

**LOAD-DATE:** November 12, 1992

**LANGUAGE:** ENGLISH

Times Publishing Company

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Florida Times-Union (Jacksonville)

**October** 10, 2014 Friday

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**BYLINE:** Meredith Rutland

**SECTION:** Pg. B-1

**LENGTH:** 343 words

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**CITY:** JACKSONVILLE, FL, USA (94%)

**STATE:** FLORIDA, USA (95%)

**COUNTRY:** UNITED STATES (95%)

**LOAD-DATE:** October 24, 2014

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Guardian Weekly

**September** 12, 2014 Friday

**Guardian Weekly: WHO urges drive to cut suicide rate**

**BYLINE:** Sarah Boseley

**SECTION:** Pg. 8

**LENGTH:** 253 words

One person in the world dies by **suicide** every 40 seconds, according to the first comprehensive report on the issue from the World Health Organisation, which talks of a massive toll of tragic and preventable deaths.

**Suicide** rates vary enormously between countries - influenced by the cultural, social, religious and economic environments in which people live, and sometimes want to stop living. Some of the worst-affected countries have more than 40 times more **suicides** than the least-affected areas.

Overall, the Geneva-based UN body estimates that there are at least 800,000 **suicides** a year. But many countries do not collect good data, there is huge stigma and in a few nations **suicide** is still illegal, so it is highly likely the numbers are an underestimate. Criminalising **suicide** does not prevent it; India, where it is illegal, has one of the higher **suicide** rates in the world at almost 21 deaths per 100,000 people against a global average of 11.

**Suicide** is the second leading cause of death among people aged 15-29, but **suicide** rates rise in people older than 50. It is more common in men than women, though the disparity is greater in rich countries than poorer ones. Three-quarters of **suicides** occur in low- and middle-income countries, with higher numbers in central and eastern Europe and in Asia.

The WHO wants all countries to have a national **suicide** prevention strategy, which must include reducing access to the means of **suicide.** Only 28 countries say that they have a national **suicide** prevention strategy.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); DEATHS & DEATH RATES (90%); PUBLIC HEALTH ADMINISTRATION (90%); PREVENTION & WELLNESS (89%); DEATHS (78%); ASSOCIATIONS & ORGANIZATIONS (73%); RELIGION (57%); ECONOMIC CONDITIONS (57%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (92%)

**COUNTRY:** ASIA (79%); EUROPE (79%); CENTRAL EUROPE (56%); EASTERN EUROPE (51%)

**LOAD-DATE:** September 12, 2014

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Edmonton Journal (Alberta)

**August** 16, 2014 Saturday

Early Edition

**Let's start talking about suicide; And don't be afraid to ask the tough question**

**BYLINE:** Ione Challborn, Edmonton Journal

**SECTION:** IDEAS; Ione Challborn; Pg. A23

**LENGTH:** 720 words

I, like countless others, was deeply saddened to learn of the Aug. 11 **suicide** of the beloved actor and comedian, Robin Williams.

His **suicide** has moved us to feel, reflect, write and talk about the tragedy of **suicide**. As too many of us know, **suicide** is not only a risk factor for those who are rich and famous. **Suicide** touches us in our own homes, workplaces and communities.

The Alberta Centre for Injury Control and Research reports that more than 500 people in Alberta die by **suicide** each year. This number is more than the number of deaths by motor vehicle accidents and homicides combined. Over 75 per cent of **suicide** deaths are male and 69 per cent of men who kill themselves are between the ages of 30 and 69.

It is important that each and every one of us take responsibility to educate ourselves about mental health, depression, **suicide**, the myths and facts of **suicide** and resources in our community.

In 2013, The Centre for **Suicide** Prevention published a **suicide** prevention primer that helps us understand those myths and facts.

For example, are you afraid to ask someone directly if they are thinking about **suicide**, fearing that it will influence or cause a **suicide** to occur?

In fact, talking about **suicide** to someone who may be suicidal reduces the risk of a **suicide** attempt.

How do we know when to start a conversation about **suicide**? IS PATH WARM is a mnemonic developed by the American Association of Suicidology that helps us remember suicidal warning signs: IS (ideation, substance abuse) PATH (purposelessness, anxiety, trapped, hopelessness) WARM (withdrawal, anger, recklessness, mood changes).

Canadian Mental Health Association - Edmonton Region offers the internationally accredited ASSIST (Applied **Suicide** Intervention Skills Training) and Mental Health First Aid, a program of the Mental Health Association of Canada.

People in distress can call Edmonton's Distress Line at 780-482-HELP.

**Suicide** is non-discriminatory; there is no 'type' to die by **suicide**. Anyone can experience depression or a series of events and experiences that lead to feelings of hopelessness and despair.

Social isolation, being the target of homophobia and transphobia, bullying, marginalization and a lack of acceptance for our very natures are risk factors for some groups. The Alberta Teachers' Association (the provincial Healthy Minds Bright Futures partnership with CMHA) and the Society for Safe and Caring Schools Communities are addressing these issues within school communities.

World **Suicide** Prevention Day is Sept. 10. A group of aligned community organizations is working together to plan **suicide** awareness and prevention during Lift the Silence **Suicide** Awareness Week (Sept. 8-12) in Edmonton. Everyone is welcome to attend and join the conversation.

It is impossible to measure the human cost of **suicide**; the pain and suffering of those who die by **suicide**, the measure of grief of those who have lost a loved one to **suicide**, or the lives which have been changed by not having the nurturing, mentorship, mothering or fathering of someone who has died by **suicide**.

Economists have measured that the material costs of **suicide** and self-inflicted injuries are $3.36 billion in Alberta alone.

There are many reasons that people don't reach out for help. Sometimes they do, and we don't see the signs or may be afraid to talk about it because we don't know what to do. Sometimes the stigma of mental illness stops people from reaching out or seeing how serious a situation is. People may be afraid of losing a job if they talk about their depression at work. People may go to hospital and there is no psychiatrist or hospital bed for them.

We do a lot for **suicide** prevention in our community and province, but our efforts are fragmented. If we want to significantly change the **suicide** rate in our community we need: Open and easy access to free mental health services, including early depression screening and treatment; To limit access to lethal means; Education, including technical training for clinicians and service providers as well as public awareness campaigns; A champion and leader to co-ordinate, facilitate and support a provincial response to **suicide**.

We can each make a difference. Know the signs, start the conversation and reach out.

Ione Challborn, Executive Director, Canadian Mental Health Association - Edmonton Region

**GRAPHIC:** Nick Ut, The Associated Press; Media and onlookers gather at a makeshift memorial at the Hollywood Walk of Fame star of actor-comedian Robin Williams.;

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Column

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); ACTORS & ACTRESSES (90%); DEATHS & DEATH RATES (90%); VOLUNTARY HEALTH ORGANIZATIONS (89%); MENTAL HEALTH (89%); PREVENTION & WELLNESS (89%); ASSOCIATIONS & ORGANIZATIONS (89%); WOUNDS & INJURIES (76%); MEN (74%); ASSISTED SUICIDE (73%); RESEARCH INSTITUTES (71%); HOMICIDE (70%); SUBSTANCE ABUSE (67%); GENDER & SEX DISCRIMINATION (66%); ACCREDITATION (63%); GAYS & LESBIANS (61%); TRAFFIC ACCIDENTS (55%)

**PERSON:** ROBIN WILLIAMS (93%)

**STATE:** ALBERTA, CANADA (90%)

**COUNTRY:** CANADA (93%); UNITED STATES (79%)

**LOAD-DATE:** August 16, 2014

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Topeka Capital-Journal (Kansas)

**May** 7, 2014 Wednesday

**Take note of these risk factors for suicide**

**LENGTH:** 318 words

Dear Doctor K: My husband suffers from severe depression, and I am worried he might take his own life. How do I know if my fears are warranted?

Dear Reader: Most people who commit **suicide** are depressed. But most people who are depressed don't commit **suicide**. We can't predict who will commit **suicide**, but experts observe that certain factors increase a person's risk of **suicide**.

Family history. People with a close blood relative who has committed or attempted **suicide** have a much higher than average risk of **suicide**. The risk of **suicide** also is higher if close relatives have had a history of any type of mental illness or violent acts.

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- A significant loss, such as the death of a spouse or loss of a job.

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Of course, you want your husband to be happy. But if he seems suddenly happier and is doing things that people do as they approach the end of their life, be really worried. Rather than being a sign of returning health, his happiness may indicate that he is at peace - after having made a final decision.

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**LOAD-DATE:** May 7, 2014

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Northern Daily Leader

**October** 26, 2013 Saturday

**NEW England and North West communities grappling with**

**SECTION:** EARLY GENERAL NEWS; Pg. 41

**LENGTH:** 170 words

NEW England and North West communities grappling with the issue of **suicide** have been given a helping hand with the release of a new resource outlining a raft of **suicide** prevention strategies.

Mental Health Minister Kevin Humphries this week launched Communities Matter: A toolkit for community-driven **suicide** prevention, which supports people living in small communities to work together to combat **suicide**, as well as break the stigma surrounding **suicide** by encouraging people to reach out to one another.

"There would be few people in regional NSW that haven't been touched by **suicide** or attempted **suicide** in some way," Mr Humphries said.

"Like many people who have lived in regional communities all their life, I know too many families who have tragically lost loved ones to **suicide**."

"With 550 lives lost to **suicide** in NSW every year it is important to break the stigma surrounding **suicide** and to help small communities to both work to prevent acts of self-harm and **suicide**, as well as deal with the impacts when they occur."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (88%)

**LOAD-DATE:** October 25, 2013

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The Examiner Newspaper

**September** 9, 2011 Friday

**Education the key to suicide prevention**

**BYLINE:** Zona Black

**SECTION:** Pg. 300

**LENGTH:** 351 words

Tomorrow is World **Suicide** Prevention Day. To coincide with the day, **Suicide** Prevention Australia will launch a range of activities and resources. These resources will aim to educate Australians to look out for each other and be aware of the signs of mental illness and **suicide**, and how they could potentially save a life.

Available for free, they will further encourage people Australia-wide to discuss mental illness and **suicide** prevention while removing the stigma of **suicide**. Chairman of **Suicide** Prevention Australia Michael Dudley said that the resources were developed to get people talking to each other and raising awareness about **suicide** prevention. ``The resources approach **suicide** not as a forbidden or taboo topic; they are colourful, informative and provide potentially life-saving information in a clear and concise way," Dr Dudley said. **Suicide** Prevention Australia chief executive Ryan McGlaughlin reiterated Dr Dudley's notions, and added that many Australians want to learn how to talk about **suicide** so that they can help to prevent it. ``They want to be empowered with tools to be able to help when they see someone in need," he said. ``We are hoping with the knowledge and discussions which may come about from these resources, we will challenge the taboo of **suicide** and the stereotypes surrounding mental illness. ``We are encouraging people to open up and ask for help when they need it \_ to do this we need people to be understanding and supportive." All information and resources are available on **Suicide** Prevention Australia's World **Suicide** Prevention Day website \_ www.wspd.org.au The website also links to resources from SANE Australia, which is a national mental health charity, where users can find authoritative explanations for a range of mental health problems, including **suicide** prevention related issues. Both Dr Dudley and Mr McGlaughlin strongly encouraged all individuals, organisations and community groups to get involved in downloading the resources, getting to know the signs, as well as where and how to get help. \_ Information courtesy of www.suicidepreventionaust.org

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL ILLNESS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (89%); VOLUNTARY HEALTH ORGANIZATIONS (78%); MENTAL HEALTH (78%); CIVIC & SOCIAL ORGANIZATIONS (78%); MEDICAL CHARITIES (72%); EXECUTIVES (54%)

**COUNTRY:** AUSTRALIA (92%)

**LOAD-DATE:** November 4, 2011

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New Indian Express

**August** 28, 2011 Sunday

**The suicide bomber: A bloody history**

**LENGTH:** 484 words

**DATELINE:** India

India, Aug. 28 -- The mention of the term **suicide** bomber often brings to mind the image of flag-swathed Japanese fighter pilots taking their ritual oath before boarding their fighter planes during World War II. They were called Kamikaze, a Japanese word that means 'divine wind'. They weren't the first, however. Long before the Kamikazes began crashing their planes into enemy warships, the phenomenon of **suicide** attack was introduced in the 17th century by the Dutch army while fighting Koxinga's forces.

In modern times, **suicide** bombings have become more a weapon of terror than heroism in the battlefield. The Liberation Tigers of Tamil Eelam (LTTE) were the first guerrilla force to have adopted the tactic of **suicide** attacks, with the so called Black Tigers. India lost a prime minister to a **suicide** attack carried out by the LTTE. There has hardly been any region in this world which has not been hit by **suicide** bombings. Israel has also been particularly prone to **suicide** bombings, carried out by the members of PFLP (Popular Front for the Liberation of Palestine). It has been reported that between 2000 and 2006, PFLP received more applications for **suicide** bombers than it needed. The Chechen rebels have used **suicide** attacks on several occasions in their conflict against the Russian government.

At present, the Taliban and al-Qaeda are the terrorist groups that have repeatedly resorted to **suicide** attacks to create havoc; 9/11 was their most terrible attack ever, one that has certainly changed the history of the world.

Robert Pape, director of the Chicago Project on **Suicide** Terrorism, believes that most **suicide** attacks in recent times have the same specific strategic goal: to cause an occupying state to withdraw forces from a disputed territory. Islamic terrorist organisations propagate that if a fighter becomes a **suicide** attacker then he/she will earn a place in heaven. According to a report compiled by the Chicago Project on **Suicide** Terrorism, most of the **suicide** attacks in the last decade have either been launched by Islamic terror groups or been staged in Muslim majority nations. The tag for carrying out the largest number of **suicide** attacks still stays with LTTE, even though they were militarily wiped out two years ago.

Afghanistan and Pakistan have mostly been at the receiving end of **suicide** attacks in recent times. Pakistan has had around 30 **suicide** attacks till now in 2011, most recent being the bombing of a mosque in the town of Jamrud that claimed 48 lives. What shocked the whole world is that the attacks took place in the holy month of Ramadan. On August 19, a **suicide** attack was carried out at the compound of the British council in Kabul, Afghanistan, as well. Published by HT Syndication with permission from New Indian Express. For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE BOMBINGS (97%); TERRORIST ORGANIZATIONS (93%); BOMBINGS (91%); PALESTINE LIBERATION ORGANIZATION (90%); TERRORISM (90%); LIBERATION TIGERS OF TAMIL EELAM (90%); WORLD WAR II (90%); REBELLIONS & INSURGENCIES (90%); TERRORIST ATTACKS (90%); AIRCRAFT PILOTS (90%); WAR & CONFLICT (90%); MUSLIMS & ISLAM (89%); RELIGION (89%); TALIBAN (78%); AL-QAEDA (75%); MILITARY VESSELS (71%); PRIME MINISTERS (68%); RAMADAN (67%); ASSOCIATIONS & ORGANIZATIONS (67%)

**CITY:** KABUL, AFGHANISTAN (79%)

**COUNTRY:** INDIA (94%); AFGHANISTAN (93%); PAKISTAN (92%); PALESTINIAN TERRITORY, OCCUPIED (79%); RUSSIAN FEDERATION (79%); ISRAEL (79%); NETHERLANDS (72%)

**LOAD-DATE:** August 27, 2011

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The Gazette (Montreal)

**February** 1, 2010 Monday

Final Edition

**Quebec's suicide rate has fallen; Prevention programs have helped, but this province still leads Canada**

**BYLINE:** MARIAN SCOTT, The Gazette

**SECTION:** NEWS; Pg. A7

**LENGTH:** 557 words

Among Canadian provinces, Quebec is dead last in the fight against **suicide**.

But a 32-per-cent drop in the **suicide** rate in the past decade provides tangible evidence that prevention programs are working.

That is the major conclusion of a public-health study on **suicide** unveiled yesterday at a news conference to kick off **Suicide** Prevention Week.

"Twenty years ago, hardly anyone dared mention the word **suicide**," said Bruno Marchand, director of the

Association quÈbÈcoise de prÈvention du **suicide**.

"But keeping a lid on the problem didn't help."

Increased public awareness is one reason why the **suicide** rate among Quebec youths age 15 to 19 dropped by an average of 12 per cent each year from 1999 to 2008, Marchand said.

The province now has 33 **suicide**-prevention centres, compared to just five or six 20 years ago, he noted.

Youth centres have become active in **suicide** prevention and many schools have programs to help students cope with the aftermath of a **suicide**.

In 2008, 1,103 people took their own lives in Quebec, compared to 1,620 in 1999, according to the study on **suicide** from 1981 to 2008 by the Institut national de santÈ publique du QuÈbec.

While the drop is significant, Quebec still has one of the highest **suicide** rates in the world, with 14.2 deaths by **suicide** per 100,000 people.

Men account for more than three-quarters of all **suicides**.

**Suicide** was the cause of two per cent of deaths in Quebec from 2005 to 2007. It represented 3.3 per cent of men's deaths during that period and one per cent of women's deaths.

Montreal has the highest **suicide** rate of any major Canadian city. In 2008, 199 people died by their own hand in the city.

But the problem is even worse in Quebec's remote regions. The GaspÈ and Magdalen Islands have the dubious distinction of leading the province in **suicides**, with 21.3 **suicides** per 100,000, followed closely by the North Shore, central Quebec and Abitibi regions.

Isolation, lack of job opportunities and reduced access to social services all contribute to the higher **suicide** rate in rural areas, said association president Julie Campbell.

"It's easier in Montreal and Quebec City to get to the resources than in the regions," she said.

As to why **suicide** is more prevalent in Quebec than other provinces, Campbell suggested that the national question is a factor. "We are little bit less solid in our identity than people in the other provinces," she said.

"We are not a country. We are searching for our identity, our solidity."

She added that the fact that religion no longer plays a major role in Quebec society has contributed to the loss of a sense of community. Strong social ties and a sense of belonging are key to **suicide** prevention, she said.

Marchand noted that the province's higher **suicide** rate could be partly because Quebec keeps track of **suicides** better than other provinces.

Men between age 35 and 49 are at highest risk for **suicide**.

From 2005 to 2007, **suicide** accounted for 22 per cent of deaths among Quebec males age 15 to 34, 32 per cent of deaths among men from 20 to 34 and 20 per cent among men from 35 to 49.

mascot@thegazette.canwest.com

You can call **Suicide** Action Montreal's 24-hour help line at 514-723-4000. From outside Montreal, call 1-866-APPELLE (1-866-277-3553).

For information on **suicide** prevention or how to make a donation, please visit

suicideactionmontreal.org/index.php?page=home

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** STATISTICS

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (91%); TEEN SUICIDE (90%); ASSOCIATIONS & ORGANIZATIONS (89%); DEATHS & DEATH RATES (78%); DEATHS (78%); MEN (77%); YOUTH CLUBS & ACTIVITIES (76%); STUDENTS & STUDENT LIFE (74%); RURAL COMMUNITIES (67%) SUICIDE; CANADA; QUEBEC

**CITY:** MONTREAL, QC, CANADA (92%)

**STATE:** QUEBEC, CANADA (92%)

**COUNTRY:** CANADA (94%)

**LOAD-DATE:** February 1, 2010

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The West Briton

**September** 10, 2009

**Suicide figures shock after NHS launches new initiative;**

**Cornwall and the Isles if Scilly show a higher suicide rate than the national average.**

**SECTION:** Pg. 2

**LENGTH:** 429 words

The figures were revealed as NHS Cornwall and Isles of Scilly launches a new strategy to try and reduce the number of people who die from **suicide**.

Between 60 and 70 people a year take their own lives in Cornwall and Isles of Scilly.

The **Suicide** Prevention Strategy brings together people and professionals from very different organisations including: mental health practitioners; people who use the mental health service; social care; education; the police; the criminal justice system; housing support and the drug and alcohol team.

This recognises the fact that **suicide** and its prevention is a difficult and emotive issue requiring the input of a wide range of independent and public services.

The strategy has six goals:

? to reduce the incidence of **suicide** in high risk groups eg people who have used the mental health service; people who have self harmed; young men and the over 75s

? To promote mental health and wellbeing amongst the population of Cornwall and Scilly

? To reduce the availability of **suicide** methods; especially in hospital and custody settings and through identifying and taking preventive action at **suicide** hot spots

? To promote the responsible reporting of **suicides** in the media

? To promote research on **suicide** and its prevention

? To monitor progress towards **suicide** reduction targets.

Training is also seen as a priority and three specialist Applied **Suicide** Intervention Skills Training (ASIST) courses have already been held in Cornwall.

ASIST is seen as "**suicide** first aid" and enables community based care workers to recognise the often subtle signs that a person may be considering **suicide** and support them through that crisis.

Until now, people working in the community have not necessarily had the sort of training that front line health professionals get yet they may be in contact with people who are considering **suicide**. Demand for spaces has been high and more training is planned.

Evidence

Dr Quinn Scobie, a consultant psychiatrist and chair of the **Suicide** Prevention Steering Group said: "We have been working to reduce the number of **suicides** in Cornwall and Scilly and evidence suggests that rates are falling.

"However, the economic downturn presents us with new challenges as worries about money and job security are running high."

A new fact sheet, Feeling the Pinch, which gives details of agencies which can help during stressful times, is set to be released in Cornwall tomorrow.

To get a copy contact Anthony Ball at NHS Cornwall and Isles of Scilly on 01209 886564 or 07833 402167.

Alternatively e-mail Anthony.ball@ciospct.cornwall.nhs.uk

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** 61

**SUBJECT:** SUICIDE (96%); MENTAL HEALTH (90%); PREVENTION & WELLNESS (89%); MENTAL HEALTH PRACTICE (76%); RESIDENTIAL CARE (76%); PSYCHIATRY (76%); ASSOCIATIONS & ORGANIZATIONS (76%); PERSONAL DEBT (74%); ECONOMIC DECLINE (74%); PHYSICIANS & SURGEONS (68%); NEWS REPORTING (66%); ECONOMIC CONDITIONS (64%); ECONOMIC NEWS (50%) News; Health; Public Health

**LOAD-DATE:** September 11, 2009

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North Shore Times (Friday) (Australia)

**September** 12, 2008 Friday

1 - MB Edition

**Aid to living with hope**

**SECTION:** Pg. 12

**LENGTH:** 262 words

THE Salvation Army shocked by new figures showing an Australian life is lost to **suicide** every five hours is launching a Hope For Life program and three major initiatives aimed at reducing **suicide**.

The programs are aimed at training people in **suicide** prevention as well as helping those bereaved through **suicide**.

Research shows that people who have lost a loved one by **suicide** are at a higher risk of **suicide** themselves.

The Salvos, who set up the world's first anti-**suicide** bureau in 1907, are launching the National Hope Line for bereaved people and two online training programs to provide people with education and awareness in **suicide** prevention and support.

``There are too many myths about **suicide**,'' a spokesman for the Salvos said.

``It's a myth to think only experts can prevent it. It's a myth to think people who talk about **suicide** won't do it. It's a myth to think you cannot stop **suicide** happening. It's a myth to think confronting people about **suicide** may increase the risk. It's a myth to think suicidal people want to die. Many in fact want to live a better and happier life what they are saying is that they need help and relief from the intense emotional pain they are experiencing.''

The Living Hope online program is for people who work with the bereaved through **suicide**. The other online training program is for members of the public so they can learn to spot warning signs that someone around them may be in trouble.

For more information, seesuicideprevention .salvos.org.au. People who have been bereaved should call 1300 467 354 to speak with a counsellor.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** NSS

**SUBJECT:** SUICIDE (92%); DEATHS (78%); WEB BASED TRAINING (77%); RELIEF ORGANIZATIONS (74%); PREVENTION & WELLNESS (77%)

**ORGANIZATION:** THE SALVATION ARMY (91%)

**LOAD-DATE:** September 12, 2008

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Manly Daily (Australia)

**September** 6, 2008 Saturday

1 - MB Edition

**Salvos aim to reduce suicide rate**

**SECTION:** Pg. 11

**LENGTH:** 274 words

THE Salvation Army shocked by new figures showing one Australian life is being lost to **suicide** every five hours is launching a new Hope For Life program and three major initiatives aimed at reducing **suicide** in

the community.

The programs are aimed at

both training people in **suicide** prevention and helping those bereaved through **suicide**.

Research shows that people who have lost a loved one by **suicide** are at a higher risk of **suicide** themselves.

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``There are too many myths about **suicide**,'' a Salvos spokesman said.

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``Many in fact want to live a better and happier life what they are saying is that they need help and relief from the intense emotional pain they are experiencing.''

The Living Hope online program is for people who work with the bereaved through **suicide**.

The other online training program is for members of the public so they can potentially learn to spot warning signs that someone around them may be in trouble.

For more information about the online training programs, visit www.suicideprevention.salvos.org.au. People who have been bereaved should call 1300 467 354 to speak with an expert counsellor.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** MAN

**SUBJECT:** SUICIDE (94%); WEB BASED TRAINING (90%); DEATHS (78%); RELIEF ORGANIZATIONS (74%); PREVENTION & WELLNESS (77%)

**ORGANIZATION:** THE SALVATION ARMY (91%)

**LOAD-DATE:** September 8, 2008

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The Toronto Star

**September** 29, 2007 Saturday

**Suicide is never just another story**

**SECTION:** EDITORIAL; Pg. AA06

**LENGTH:** 722 words

More than five times as many Canadians took their own lives in 2005 as were killed by others.

Though **suicide** claims more lives than homicide in Canada every year, newspapers seldom report on the deaths of those who kill themselves. Death by **suicide** is a story that generally remains hidden in the darkness of our private grief unless it involves a public figure, occurs in a public place or involves murder-**suicide**.

For many years, the Star's policy on **suicides** has been to not tell you that a death was a **suicide** unless there is some overriding public interest in doing so.

That policy is now under review, as part of an overall look at our ethics policies, with some making a case that the media should bring **suicide** out of the shadows more often to create greater understanding of its tragic toll and perhaps, destigmatize it.

That may be so in some cases, though I have grave concerns that more **suicide** reports would lead to intruding on the privacy of grieving families.

Far more important than the question of whether we should report more on **suicide** is the critical matter of how we write about it when we do. Journalists must always exercise great caution in covering **suicide**, understanding that it's caused by the complex interaction of many factors that most always include mental illness.

We also need to take responsibility for the reality that the way we portray **suicide** could influence copycat **suicides**, what social scientists call "**suicide** contagion." Numerous studies have concluded that **suicides** increase with media reports of **suicide**.

No less an authority than the World Health Organization weighed in on this in 2003 when it issued media guidelines for reporting on **suicide**.

The WHO tells us that stories about **suicide** should take great care not to sensationalize **suicide** or romanticize those who kill themselves. We should not portray **suicide** as a noble deed or as an understandable response to life's inevitable heartbreak.

As well, **suicide** reports must not seek to provide simplistic explanations for why someone took their own life.

The WHO also advises against publishing **suicide** notes or specifying details of the **suicide** method used. That means that in writing about **suicide**, we sometimes might have to downplay the dramatic elements that can make for effective storytelling in other news reports.

The Star's front-page story last week of the murder-**suicide** of Sarah Grupstein, 84, who had diabetes and heart disease, and her son Percy Stein, 66, who suffered from terminal cancer and shot his mother before killing himself, raised alarms for reader Peter Hall, a clinical psychologist and University of Waterloo professor.

Hall, who emailed us to warn of the risk of "the contagion effect" of **suicide** reports, said he didn't think our coverage crossed the line of responsible reporting, but "it did come close."

I agree with that assessment, but I think that this sad story about the desperate pain of a terminally ill man and his ailing mother is one that needed to be told. And much thought went into our coverage; though we reported on the **suicide** note left by Stein, reporter Tracy Huffman took great care not to include many troubling details from that note.

A commendable second-day story provided necessary context to this tragedy in addressing the issue of community services for seniors who are ill and alone.

Star City Editor Lynn McAuley is well aware that we must hold ourselves to a high standard when writing about **suicide**.

"We understand the enormous responsibility we have in covering **suicides** and are selective and sensitive to each and every incident," she said. "It is never our intention to sensationalize, glorify or romanticize **suicide** and, for the most part, we hold true to that rule."

McAuley, quite rightly, also favours more coverage that focuses on prevention of **suicide**, both in communicating how to identify individuals at risk and in looking for systemic problems that can allow those at risk to go unnoticed.

Whether we report on **suicide** more often is a matter of ongoing debate and I'd be interested in learning your views on that. What's not debatable is that responsible coverage of **suicide** demands caution, context and compassion, as well as deep understanding that **suicide** is never just another story, but the end of a troubled life in the most tragic way possible.

publiced @ thestar.ca

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** COLUMN

**PUBLICATION-TYPE:** NEWSPAPER

**SUBJECT:** SUICIDE (93%); EDITORIALS & OPINIONS (90%); MURDER (89%); DISEASES & DISORDERS (86%); MENTAL ILLNESS (78%); HOMICIDE (78%); JOURNALISM (77%); NEWS REPORTING (77%); WRITERS (77%); ETHICS (75%); FAMILY (72%); PSYCHOLOGY (70%); CANCER (70%); HEART DISEASE (65%); PUBLIC HEALTH ADMINISTRATION (65%); HEALTH DEPARTMENTS (65%); UNITED NATIONS INSTITUTIONS (64%); HUMANITIES & SOCIAL SCIENCE (64%); DIABETES (60%); COLLEGE & UNIVERSITY PROFESSORS (50%); ASSOCIATIONS & ORGANIZATIONS (50%)

**COUNTRY:** CANADA (94%)

**LOAD-DATE:** September 29, 2007

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The Irish Times

**April** 20, 2007 Friday

**Responsible coverage of suicide by media urged**

**BYLINE:** Carl O'Brien, Social Affairs Correspondent

**SECTION:** IRELAND; Other Stories; Pg. 10

**LENGTH:** 374 words

A new media-monitoring programme aimed at promoting responsible and accurate coverage of mental health and **suicide** was launched yesterday.

Headline, which has been established by the Health Service Executive (HSE), is a website which contains information on mental health and **suicide**, along with reporting guidelines agreed by the National Union of Journalists and health authorities.

It also plans to highlight examples of positive and negative coverage of **suicide** in the media, while the public will be able to comment on media coverage of issues relating to mental health.

The guidelines on the website encourage journalists to avoid going into technical detail over the methods used by a person to take their own life; listing details or further sources of information and advice when covering **suicide**; not romanticising or glorifying **suicide**; and avoiding simplistic explanations for **suicide**.

They also suggest avoiding phrases such as a "successful" **suicide** attempt or the use of terms such as "to commit **suicide**" and "**suicide** victim". Instead, they encourage the use of phrases such as "a completed **suicide**" or to "die by **suicide**".

International research suggests that while the media can play a powerful role in informing the public about **suicide**, some types of portrayal can act as a catalyst to influence the behaviour of people at risk.

For example, in the week following an episode of Casualty on BBC - which included a storyline about a paracetamol overdose - rates of self-poisoning in the UK increased by 175 per cent.

On the other hand, studies show that positive portrayal of **suicide** in the media can have striking results.

For example, a study following the death of Nirvana lead singer Kurt Cobain found there was no overall increase in **suicide** rates in his hometown of Seattle, largely as a result of a close collaboration between media and authorities to ensure appropriate reporting took place.

Headline will be managed by Schizophrenia Ireland and represents the interests of seven mental health-related voluntary organisations including Aware, the eating disorders association Bodywhys, the mental health group Grow, the Irish Advocacy Network, Mental Health Ireland and the Samaritans.

For further information, visit www.headline.ie

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); MENTAL HEALTH (90%); JOURNALISM (90%); DEATHS (78%); MENTAL ILLNESS (78%); HEALTH DEPARTMENTS (73%); VOLUNTEERS (72%); PUBLIC HEALTH ADMINISTRATION (72%); CONSUMER HEALTH INFORMATION (72%); ASSOCIATIONS & ORGANIZATIONS (66%); EATING DISORDERS (50%); SINGERS & MUSICIANS (50%)

**COUNTRY:** IRELAND (85%); UNITED KINGDOM (74%)

**LOAD-DATE:** April 20, 2007

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Birmingham Post

**February** 9, 1999, Tuesday

**ASPECTS: THE STATISTICS THAT TELL A CHILLING STORY**

**SECTION:** Pg. 11

**LENGTH:** 216 words

Figures released by The Samaritans, which supports people in crisis, and Relate, the charity which offers relationship counselling, show:

Nearly three quarters of attempted **suicides** - 74 per cent - are because of relationship problems.

n In the past, women made up the majority of attempted **suicide** cases where relationship difficulties were cited as a major factor. But now 50 per cent of men who attempt **suicide** report difficulties with their partner.

n Most people who attempt **suicide** are single, and people who are divorced or separated are more likely to attempt **suicide** than people in stable relationships.

n Around one in 100 people who unsuccessfully try to kill themselves will die by **suicide** within a year of the attempt.

n The group at highest risk of **suicide** is young women aged between 15 and 19 years old.

n **Suicide** attempts by young men aged 15 to 24 have nearly tripled, rising by 194 per cent since the mid 1980s.

n The majority of people attempting **suicide,** 68 per cent are under 35 years old.

n There are two **suicides** a day among young people and a **suicide** every 70 minutes across the whole of the UK.

n **Suicide** accounts for 20 per cent of deaths in the 15 to 24 years age group compared to one per cent across the whole UK population.

**GEOGRAPHIC:** UNITED KINGDOM (65%);

**COUNTRY:** UNITED KINGDOM (65%);

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); DEATHS & DEATH RATES (77%); DEMOGRAPHIC GROUPS (77%); WOMEN (77%); MEN (76%);

**LOAD-DATE:** February 9, 1999

**LANGUAGE:** ENGLISH

**PUB-TYPE:** PAPER

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St. Petersburg Times (Florida)

**December** 11, 1988, Sunday, City Edition

**Allow dignity in one's death**

**BYLINE:** DEREK HUMPHRY

**SECTION:** PERSPECTIVE; Pg. 4D

**LENGTH:** 634 words

The Hemlock Society is dedicated to the view that there are at least two forms of **suicide.** One is emotional **suicide** (or irrational self-murder) in all its complexities. Let me emphasize that the Hemlock Society view on that form of **suicide** is to prevent it where you can. We do not encourage **suicide** for reasons of poor mental health or unhappiness.

We say that there is a second form of **suicide:** justifiable **suicide.**

That is, rational and planned self-deliverance; put another way, this is auto-euthanasia.

What the Hemlock Society and its supporters are talking about is auto-euthanasia. But we also have to face up to the fact it is called **suicide** by law. (**Suicide** is not a crime in the English-speaking world, neither is attempted **suicide,** but assistance in **suicide** for any reason remains a crime. Even if the helper is acting from the best motives, it remains a crime in the Anglo-American world.) **Suicide** for the following reasons can be justified ethically by the average Hemlock Society supporter: Advanced terminal illness that is causing unbearable suffering to the individual. This is the most common reason for self-deliverance.

Grave physical handicap, which is so restricting that the individual cannot, even after due consideration and training, tolerate such a limited existence. This is fairly rare as a reason for **suicide.**

What are the ethical parameters for auto-euthanasia? The person should: Be a mature adult.

Have clearly made a considered decision.

Have already sought medical help.

Inform the treating physician and take his response into account.

Have made a will disposing of his worldly effects.

Plan the exit from this life without involving others in criminal liability.

Leave a note saying exactly why he or she is self-destructing.

Having considered the logic in favor of auto-euthanasia, the person should also address the countervailing arguments: Should the person go into a hospice? Put bluntly, hospices make the best of a bad job, and they do so with great skill and love. The euthanasia movement supports their work. Not everyone wants that form of treatment, and hospice care cannot make dying into a beautiful experience although it tries hard to do so. A hospice really means appropriate medicine and care, which everybody deserves.

Another consideration is the question: Does suffering ennoble? Is suffering a part of life and a preparation for death? Our response here is that if that is your firm belief, then you are not a candidate for voluntary euthanasia.

Another consideration is whether, by checking out before the Grim Reaper calls, you are depriving yourself of a valuable period of life and also depriving your family and friends of your love and companionship? Practitioners of active voluntary euthanasia almost always wait until a late stage in the dying process; some even wait too long and go into a coma and are frustrated in self-deliverance.

From my years in the Hemlock Society, hearing the feedback of hundreds, maybe thousands, of cases, I can assure you that most believers in euthanasia do enjoy life, love living, and their feeling of the sanctity of life is as strong as anybody's.

Yet they are willing, if their dying is distressing to them, to forgo a few weeks of the end and leave under their own control.

**ORGANIZATION:** COMPASSION & CHOICES (94%); COMPASSION & CHOICES (94%);

**COUNTRY:** NORTH AMERICA (79%); UNITED STATES (79%);

**STATE:** FLORIDA, USA (76%);

**COMPANY:** COMPASSION & CHOICES (94%); COMPASSION & CHOICES (94%);

**SUBJECT:** ; death ethic article SUICIDE (94%); MURDER (90%); ETHICS (90%); ASSISTED SUICIDE (90%); EDITORIALS & OPINIONS (90%); DEATH & DYING (89%); HOSPICE (89%); DEATHS (78%); MENTAL HEALTH (78%); DISEASES & DISORDERS (66%); PHYSICIANS & SURGEONS (65%); WILLS (63%);

**LOAD-DATE:** November 12, 1992

**LANGUAGE:** ENGLISH

Times Publishing Company

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Herald

**December** 11, 1987 Friday

**Noose takes life, fire the identity**

**BYLINE:** WILSON P

**LENGTH:** 808 words

BURIED among Tokyo's latest government statistics is an alarming suggestion that increasing numbers of Japanese may be setting fire to themselves.

According to the National Fire Defence Board, 1986 saw a 22.2 per cent increase in the number of people committing **suicide** with fire.

Listed under "Deaths by Fire" were 804 victims last year compared with 658 in 1985.

Are Japanese setting fire to themselves like the self-immolating Buddhist monks of the Vietnam war era? There was one notable incident last November in which seven women doused themselves in kerosene and burned themselves after their sect "guru" died.

But the new fire board statistics do not indicate a rise in self-immolation. Rather, a general rise in the number of Japanese **suicides** and a cultural quirk about **suicide** "with" fire instead of "by" fire.

**Suicide** with fire - when a person kills themselves by any method after setting fire to their home or valuables - is also related to the most tragic form of Japanese **suicide**, that in which a person first kills his or her young children.

The killing of young before **suicide** is a horrifying but age-old Japanese practice. It is widely believed that, in a society which emphasises the family unit and has little sense of community welfare services, surviving children would face miserable lives without their parents.

Hence, a mother killing herself in protest at her husband's adultery might first kill the kids.

This is recognised by Japanese courts to the extent that the mother who first killed her children would not be charged with murder.

The whole act is seen as a failed joint **suicide**, and even American courts have used this cultural interpretation when dealing with such Japanese family tragedies in the United States.

Multiple **suicides** are relatively common in Japan, where 490 of last year's 25,524 listed **suicides** were classified as group **suicides**.

Those figures do not include the child victims of family **suicides** and unwilling adult partners in multiple **suicides**.

The Japanese language has terms for all **suicides**. The "shinju" or group-double **suicides** include: "boshi shinju" involving a mother and children, "oyako shinju" when both parents **suicide** and take some of their children, and "ikka shinju" or **suicide** of the whole family."Shudan jisatsu" are group **suicides** other than a family.

According to Professor Kenji Tamura, of Toyo University's sociology department, the important thing is to distinguish the difference between "shoshin jisatsu" or self-immolation, and "hoka jisatsu" which means **suicide** "with" fire.

Immolation as a means of **suicide** is not that popular in Japan, he says.

"Hanging is most popular and jumping is also very big. In recent years city people have also been using drugs and gas.

"These latter methods could be a sign of people who are not fully committed to the idea of **suicide**, and who hope to be found before they die." Guns are not used in **suicide** as often as in Australia, largely because Japan's tougher gun laws make them harder to come by.

The big cultural cliche of Japanese seppuku or harakiri, ritual disembowelment is almost non-existent.In feudal days, samurai men were trained to take this honorable but extremely uncomfortable path to the next world if necesary, while women were more likely to cut their own throats.

Since World War 2, there have been only two or three cases of seppuku, with the most recent the 1970 and 1975 **suicides** of two extremist authors.

The kamikaze pilots of the Pacific war also helped to embed **suicide** into foreign stereotypes of Japanese behavior.

Japanese **suicide** rates are high compared to Australia's, but certainly not the highest in the world.

Japan's **suicide** rate in 1986 was 21 out of 100,000 people, compared with 11 in Australia (1984 figures), 12.1 in the US, 0.2 in Egypt and 44.9 in Hungary (all 1980 figures).

Prof. Tamura argues that the Japanese **suicide** practices of killing young children and using fire both result from the Japanese sense of self or identity.

"Japanese people identify very strongly with the home and children, which form an unusually central part of the Japanese self-image," he said.

The Japanese home is extremely private, akin to a Westerner's bedroom.

FRIENDS are rarely invited into a Japanese home, partly as a result of simple logistics - most Japanese have tiny homes - and partly because of the very personal view of the home.

The Japanese have one word "jibun" to mean one's self and another "bunshin" to cover "one's other self", which can equally mean one's home or one's children.

"So when people want to destroy themselves they might also kill their children or destroy their home," Prof. Tamura said.

"There is also a general Japanese belief in an after-life and fire is a traditional tool of purification."

END OF STORY

**SUBJECT:** SUICIDE (91%); STATISTICS (90%); CHILDREN (90%); MURDER (89%); FAMILY (89%); ARSON (89%); LANGUAGE & LANGUAGES (73%); RELIGION (71%); BUDDHISTS & BUDDHISM (71%); SOCIOLOGY (68%); HUMANITIES & SOCIAL SCIENCE (66%); COLLEGE & UNIVERSITY PROFESSORS (60%); VIETNAM WAR (56%); CLERGY & RELIGIOUS (56%);

**PERSON:** SIR GEORGE YOUNG (55%);

**CITY:** TOKYO, JAPAN (90%);

**COUNTRY:** UNITED STATES (92%); JAPAN (91%);

**LOAD-DATE:** September 19, 2003

**LANGUAGE:** ENGLISH

**JOURNAL-CODE:** DHD

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San Mateo County Times (San Mateo, CA)

**February** 22, 2003 Saturday

**Is the media contributing to suicides on Caltrain tracks?;**

**One Caltrain official believes suicide victims are imitating what they read in the newspaper**

**BYLINE:** By Justin Jouvenal, STAFF WRITER

**SECTION:** FRONT PAGE

**LENGTH:** 692 words

Is the media contributing to Caltrain **suicides**?

After a recent spate of people taking their lives in front of speeding trains on Caltrain tracks, one prominent rail safety official said he is convinced that newspaper and TV coverage is spurring copycat **suicides**.

"The media's job is to report, no question about it," said Art Lloyd, president of the state chapter of Operation Lifesaver and a member of Caltrain's board of directors. "But part of the **suicide** problem is people looking in the newspaper and thinking 'This is a good way to take my life.'"

The link between media coverage and **suicide** is a thorny question with no clear-cut answer, but one Caltrain officials have often grappled with as they seek to stop **suicides** that have claimed the lives of 118 people since 1992.

Lloyd calls the phenomenon the "Golden Gate Syndrome," after heavy media coverage of jumpers from the Golden Gate Bridge, he believes, drew other people to take their lives in the same way.

Lloyd said he would not tell the media how to cover Caltrain **suicides**, but said press accounts of deaths are often too sensational. Many other Caltrain officials don't see a link between media coverage and **suicide**.

"[**Suicide** victims] are already in a certain state of mind," said Mike Nevin, a County Supervisor and a Caltrain board member. "I don't see how what's printed in the newspaper really affects that."

But at least one study shows coverage of **suicide** by a prominent newspaper or television news may have the effect of increasing **suicide** among readers or viewers, especially when **suicide** stories are frequent and prominently played.

In 1994, an Austrian research team found **suicides** and attempted **suicides** in front of the Vienna subway dropped by 80 percent in the six months after reporters began covering the **suicides** less extensively and dramatically.

The total number of **suicides** in Vienna also dropped as well.

Local newspapers defended their coverage of Caltrain **suicides**.

"Caltrain is a form of public transportation that people take, so they need to know about **suicides**," said Jamie Casini, mid-County editor for The Independent. "I just feel that a person that is going to commit **suicide** is very depressed ... they are going to commit **suicide** anyway regardless of newspaper coverage."

Eve Meyer, executive director of the San Francisco **Suicide** Prevention, said there are steps newspapers can take steps to present a balanced picture of **suicides**.

"Stories should be written matter-of-factly," Meyer said. "They should also not make the **suicide** seem inevitable, mysterious or magnetic in any way."

Caltrain officials said they would never ask the media to stop covering **suicides**, even though since the 1980s most media outlets have curtailed their coverage of people jumping off the Golden Gate Bridge.

"It's not an apple to apple comparison," said Rita Haskin, chief communications officer for Caltrain. "When someone commits **suicide** in front of Caltrain, it affects hundreds of riders and can close streets. A Caltrain **suicide** has an impact beyond someone just jumping off the Golden Gate Bridge."

But Caltrain officials have undertaken a vigorous campaign to curb images of unsafe use of the rails in the media. Caltrain officials wrote to Macy's a few years ago when the department store ran a clothing add featuring people walking on train tracks.

They have also written letters to The Times and San Francisco Chronicle, when similar pictures have appeared in those newspapers.

In recent years, Caltrain officials have taken a number of steps to curb **suicides**, including fencing in sections of track and posting hundreds of signs that have **suicide** prevention hotline phone numbers along the rails and in stations.

So far, there have been six deaths on the rails this year, including five **suicides**. The County Coroner has not made a ruling on the sixth death.

" When someone commits **suicide** in front of Caltrain, it affects hundreds of riders and can close streets. A Caltrain **suicide** has an impact beyond someone just jumping off the Golden Gate Bridge."

Rita Haskin

CHIEF COMMUNICATIONS OFFICER FOR CALTRAIN

**SUBJECT:** SUICIDE (92%); RAIL TRANSPORTATION (90%); NEWS REPORTING (78%); TELEVISION INDUSTRY (77%); COUNTY GOVERNMENT (77%); TELEVISION NEWS SHOWS (77%); TELEVISION PROGRAMMING (77%); PUBLIC TRANSPORTATION (73%); RAIL TRANSPORTATION SAFETY (73%); BOARDS OF DIRECTORS (71%); EXECUTIVES (71%);

**COMPANY:** MEDIA EDGE (58%);

**PERSON:** ART LLOYD (56%);

**CITY:** VIENNA, AUSTRIA (90%); SAN FRANCISCO, CA, USA (79%);

**STATE:** CALIFORNIA, USA (79%);

**COUNTRY:** AUSTRIA (90%); UNITED STATES (79%); CENTRAL EUROPE (53%);

**LOAD-DATE:** June 17, 2003

**LANGUAGE:** ENGLISH

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Contra Costa Times (California)

**May** 28, 2000 Sunday FINAL EDITION

**GROUPS SEEK TO CUT GUN SUICIDES;**

**THE NATIONAL RIFLE ASSOCIATION DENIES THAT FIREARMS ARE RESPONSIBLE FOR THE INCREASE**

**OTHERS SAY THE TWO ARE DIRECTLY RELATED**

**BYLINE:** Eunice Moscoso

**SECTION:** NEWS; Pg. A07

**LENGTH:** 681 words

WASHINGTON Gun control advocates talk about "the gun show loophole" and "child safety locks." People who support owning firearms talk about "our constitutional rights" and "self-defense." But one word is rarely mentioned in the gun debate: **suicide**.

This, despite the fact that more people in the United States die from **suicides** than homicides, and most **suicides** are committed with a

gun.

When groups pushing for gun control quote numbers for "violent gun deaths," they include **suicides**, which often account for more than half of the total.

When the National League of Cities erected a "Wall of Gun Deaths" at the Million Mom March this month, 658 of the names on it were **suicide** victims.

"If you have a gun in the home, the risk of **suicide** is five times higher," said Kimberly Mariani, a spokeswoman for Handgun Control Inc., the leading gun control advocacy organization.

The group says reducing the number of guns will help reduce **suicides**. They cite studies showing that many **suicides** are the result of impulsive behavior and that the increased rate of youth **suicide** over the past four decades is largely related to the use of guns.

According to the Centers for Disease Control and Prevention, the **suicide** rate for people 15 to 19 years old increased 11 percent from 1980 to 1997, and most of that increase is due to gun **suicides**.

In 1997, 1,135 teens in that

age group committed **suicide** with a gun.

Over all age groups, guns were involved in 17,566 of the 30,535 **suicides** that year, the CDC reported.

The National Rifle Association denies that guns are responsible for **suicides**.

The group says firearms are "merely implements utilized to accomplish the act, implements for which others would be substituted if firearms were not available."

The NRA also contends that availability of guns in a city or country does not translate into a high rate of **suicide**.

A cause-and-effect relationship between guns and **suicide** rates is hard to establish.

For example, in the District of Columbia, the **suicide** rate is lower than in any state, while the gun homicide rate is high.

The low **suicide** rate is likely a consequence of the racial makeup of the district, which is mostly black. In 1997, white males accounted for 72 percent of all **suicides**, and whites as a group accounted for 90 percent, according to the CDC.

International comparisons are of little help, because reporting methods vary among countries, as do cultural and religious attitudes toward **suicide**.

According to a recent report from the World Health Organization, the **suicide** rate in Israel is low 8.2 per 100,000 in 1996 compared with a U.S. rate of 19.3 even though many households have guns because of compulsory military duty for men and women.

But in the United Kingdom, where gun control laws are strict, the 1997 **suicide** rate is also lower than in the United States, 11 per 100,000.

Many counselors and doctors strongly support gun control as a method of reducing **suicides**.

Alan Berman, executive director of the American Association of Suicidology, said that the probability of death in a gun **suicide** attempt is 92 percent, much higher than with other methods.

"Unfortunately, it's lethal in a moment of despair," he said. "It doesn't give the person a chance to change their mind."

Firearm safety is one of the goals of the Washington-based nonprofit association that promotes research and public education about **suicide** and training for crisis volunteers.

Berman advocates several gun control proposals, including child trigger locks, part of a juvenile crime package that is stuck in Congress.

The Senate last year passed a crime bill that would require the locks, require buyers at gun shows to undergo background checks, and ban importing large-capacity ammunition clips. The bill would also prohibit juveniles with serious criminal records from possessing guns for life.

A similar House bill did not include the gun provisions, and a compromise between the two versions has eluded negotiators, with the gun show language being the biggest sticking point.

**SUBJECT:** GUN CONTROL (93%); SUICIDE (92%); FIREARMS (91%); SHOOTINGS (90%); TEEN SUICIDE (90%); DEMOGRAPHIC GROUPS (87%); CHILDREN'S HEALTH (78%); CHILDREN (78%); ADOLESCENTS (77%); US FEDERAL GOVERNMENT (76%); HOMICIDE (76%); CRIME RATES (76%); PUBLIC HEALTH ADMINISTRATION (72%); EPIDEMIOLOGY (72%); VIOLENT CRIME STATISTICS (71%); CITY LIFE (70%); CITIES (70%); DISEASES & DISORDERS (65%); RELIGION (50%); UNITED NATIONS INSTITUTIONS (50%); ASSOCIATIONS & ORGANIZATIONS (90%);

**ORGANIZATION:** NATIONAL RIFLE ASSOCIATION OF AMERICA (84%); NATIONAL LEAGUE OF CITIES (57%); NATIONAL LEAGUE OF CITIES (57%); BRADY CENTER TO PREVENT GUN VIOLENCE (56%); BRADY CENTER TO PREVENT GUN VIOLENCE (56%); CENTERS FOR DISEASE CONTROL & PREVENTION (55%);

**STATE:** DISTRICT OF COLUMBIA, USA (79%);

**COUNTRY:** UNITED STATES (94%); ISRAEL (79%); UNITED KINGDOM (79%);

**LOAD-DATE:** January 30, 2002

**LANGUAGE:** ENGLISH

**GRAPHIC:** Cox News Service

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The New Nation (Bangladesh)

**September** 12, 2014 Friday

**Suicide: A mental health disorder**

**LENGTH:** 505 words

**DATELINE:** Dhaka

Dhaka, Sept. 12 -- The World **Suicide** Prevention Day, which is held on the 10th of September and is recognized by the World Health Organization (WHO), is organized by the International Association for **Suicide** Prevention (IASP).The World **Suicide** Prevention Day this year also marks the release of the World **Suicide** Report (WSR) by the WHO. The report describes the current situation of **suicide** and suggests steps to prevent them.The theme for this year's World **Suicide** Prevention Day is '**Suicide** Prevention: One World Connected.'

This theme brings about the importance of remaining connected with individuals who may be vulnerable to **suicide**. Some important steps that can be taken at different levels in accordance with this theme are:o As an individual, you can stay connected with those who are socially isolated. If you just extend a hand of friendship, you may be actually saving a life. After all, everybody wants to be loved! We often feel that we don't have enough time for ourselves, and therefore cannot spare time for others. Just try out spending a few minutes a day with someone who needs company, and you will find that it makes you much happier as well.o If someone even jokingly suggests **suicide**, make sure that you connect the person with a counsellor. You may never know how serious the statement is!o As mentioned above, people with mental health problems like depression may be unable to take steps to prevent themselves from committing **suicide**. It is therefore necessary that they are connected with the right doctors and are treated correctly. Unfortunately, treatment for mental health problems is still beyond the reach of a large population of the world.o It is also important that organizations working toward **suicide** prevention should coordinate their activities so that the final impact on **suicide** prevention is much more than the individual effects. It has also been suggested that inputs from relatives of individuals who have committed **suicide** could also be useful.A recent news report labelled India as the **suicide** capital of the world, with 2.8 lakh cases in the year 2012. **Suicide** is a major cause of deaths in the young, productive population of the world. To worsen the issue, the number of people who attempt **suicide** is far more than the ones who succeed.Why would a person want to take his/her life while most of us cling on to it? Among the important causes for **suicide** especially in the Western World are mental health problems like depression and alcoholism-related conditions. Individuals suffering from these conditions are vulnerable to **suicide** and may not be able to reason out with themselves. In India, family problems and illnesses have been listed as the most common causes of **suicide** in 2012. Thus, it is necessary to reach out to such individuals and treat them before it is too late.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); MENTAL HEALTH (90%); ASSOCIATIONS & ORGANIZATIONS (90%); MENTAL ILLNESS (90%); POPULATION SIZE (89%); DISEASES & DISORDERS (89%); DEPRESSION (89%); PUBLIC HEALTH ADMINISTRATION (78%); HEALTH DEPARTMENTS (78%); UNITED NATIONS INSTITUTIONS (78%); FAMILY (73%); SUBSTANCE ABUSE (73%); ALCOHOL ABUSE & ADDICTION (50%)

**COUNTRY:** INDIA (90%)

**LOAD-DATE:** September 15, 2014

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Right Vision News

**September** 11, 2014 Thursday

**Pakistan: Institute of Psychiatry to organise awareness session today**

**LENGTH:** 754 words

**DATELINE:** ISLAMABAD

ISLAMABAD, Sept. 11 -- The Institute of Psychiatry and WHO Collaborating Centre at Benazir Bhutto Hospital will organise an awareness seminar at the BBH today (Wednesday) in connection with World **Suicide** Prevention Day, which is being observed around the globe on September 10.

The day brings together individuals and organisations with an interest in **suicide** prevention and mobilises efforts to save the lives lost to **suicides**. In 2014, the theme of World **Suicide** Prevention Day is '**Suicide** Prevention: One World Connected', which reflects the need for cooperation among countries at several levels to combat **suicide**.

He said the Institute of Psychiatry and WHO collaborating Centre at the BBH have planned to highlight issues related to the phenomenon of **suicides** in a seminar titled 'Awareness Session for World **Suicide** Prevention Day'.

He said two of the most eminent mental health professionals of the country, Professor Malik H Mubashar (former vice chancellor of the University of Health Sciences and ex-principal of the Rawalpindi Medical College) and Professor Mowadat Hussain Rana (dean of psychiatry, College of Physicians and Surgeons) will speak on the occasion.

He said the session will highlight social, psychological and cultural factors that can lead a person to suicidal behaviour. The seminar will help raise awareness about **suicide** as public health issue and emphasise on the need for the policy-makers and the government to give it the utmost priority.

To a query, Dr. Minhas said the issue has emerged as a great problem during last few years around the globe. The World Health Organisation published its first global report on **suicides** this year titled 'Preventing **Suicide**: A Global Imperative' that presents a comprehensive overview of **suicides**, **suicide** attempts and **suicide** prevention efforts worldwide, he added.

He said the report identifies evidence-based approaches to policymaking and programme development on **suicide** prevention that can be adapted to different settings. The report also provides a global knowledge based on **suicide** and **suicide** attempts as well as actionable steps for countries based on their current resources and context to move forward in **suicide** prevention.

Giving details, Dr. Minhas said the figures presented in the report paint an alarming picture. There are 1.5 million violent deaths every year in the world, of which 800,000 are **suicides**. This means that one person commits **suicide** every 40 seconds. **Suicide** is responsible for more deaths than wars, conflicts and natural catastrophes, he said.

Talking of the trend, he said men are almost twice as likely as women to take their own lives. The **suicide** rates are highest in people over the age of 70 but in some countries, the highest rates are found among the young and **suicide** is now the second leading cause of death among 15-29 year-old persons. The report dispels the general misconception that **suicide** is a problem mostly found in rich countries as, in fact, 75 per cent of **suicides** occur in low and middle-income countries, said Professor Minhas.

He said the statistics from Pakistan tell a similar story. As many as 13,377 people committed **suicide** in the year 2012. Among these 7,085 were males while 6,291 were females. The highest rates of **suicide** were seen in the elderly followed by young adults like the global trend.

He added a national **suicide** prevention strategy is required to systematically deal with this issue. "A range of prevention strategies such as surveillance, means restriction, media guidelines, stigma reduction, raising of public awareness as well as training for health workers need to be employed." To a query, Professor Minhas said the risk factors associated with the health system and society at large include difficulties in accessing health care, easy availability of the means for **suicide**, inappropriate media reporting that sensationalizes **suicide** and stigma against people who seek help for suicidal behaviours, or for mental health and substance abuse problems.

He said the WHO report says that one strategy that can reduce **suicides** is to enact policies that restrict people's access to the most common methods of **suicide**. The other important initiative should be to make health care and social care systems much more responsive to people who are at high risk of **suicide**, said Dr. Minhas

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); PREVENTION & WELLNESS (90%); PSYCHIATRY (90%); PUBLIC HEALTH ADMINISTRATION (89%); DEATHS & DEATH RATES (89%); DEATHS (89%); MENTAL HEALTH (78%); PSYCHOLOGY (78%); MENTAL HEALTH PRACTICE (73%); COLLEGE & UNIVERSITY PROFESSORS (73%); ASSOCIATIONS & ORGANIZATIONS (72%); MEDICAL EDUCATION (70%); HEALTH DEPARTMENTS (68%); GRADUATE & PROFESSIONAL SCHOOLS (67%)

**PERSON:** BENAZIR BHUTTO (73%)

**CITY:** ISLAMABAD, PAKISTAN (89%)

**COUNTRY:** PAKISTAN (92%)

**LOAD-DATE:** September 11, 2014

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Sunday Nation (Kenya)

**August** 31, 2014

**WARAH: Modern lifestyles, family break-ups leading to depression and suicides**

**BYLINE:** RASNA WARAH -1

**LENGTH:** 702 words

The death of actor Robin Williams is a stark reminder that neither wealth nor fame is sufficient to deter people from killing themselves. Williams's **suicide** has also highlighted the issue of depression, not just among famous people, but also among ordinary folk.

World Health Organisation estimates indicate that **suicide** is common in both rich and poor countries. Every year, some 800,000 people around the world kill themselves. Greenland had the highest **suicide** rate in 2011 (83 **suicides** per 100,000 people), followed by Lithuania, South Korea, Guyana and Kazakhstan.

Caribbean countries such as Haiti tend to have fewer **suicides**, while Asian and northern and eastern European countries tend to have higher rates. In 1995, more young people died of **suicide** in the US than of cancer, stroke, pneumonia and heart disease combined.

Statistics on Kenya are hard to come by, but evidence suggests that **suicides** are on the rise, particularly among youth. Globally, **suicide** is among the top three causes of death among youth aged between 15 and 44. Generally, **suicide** rates among males are higher than among females.

Researchers say that rising **suicide** rates and cases of depression, particularly among youth, could be attributed to a variety of factors, including the breakdown of the traditional family, and the resulting loneliness and alienation aggravated by modern lifestyles and technological advances that have reduced the need for personal social contact.

However, not all people who are severely depressed commit or contemplate **suicide**; nor are those who commit **suicide** depressed.

RATIONAL REASONS

Author Andrew Solomon, who dissects depression and **suicide** in his book, The Noonday Demon, and who has suffered from depression for several years, says that **suicide** is sometimes prompted by a sudden painful external event, such as the loss of a loved one. Other people kill themselves because of what they believe are totally "rational" reasons, such as when a terminal or debilitating illness strikes and when the prospect of living is more daunting than that of dying.

Some people are more prone to **suicide** than others. Personality, genetics, childhood experiences and substance abuse seem to play a role in determining who will kill him or herself and who will not. A link between alcoholism and **suicide** has also been made.

Highly successful and talented people also seem prone to **suicide**, says Solomon, because they tend to set very high standards for themselves and are often disappointed even in their greatest achievements. Excessive self-examination among artists and other creative people may lead to **suicide**. Writers and poets are particularly vulnerable, as are highly successful businessmen, scientists and composers.

In Kenya, not much attention is paid to **suicide** and depression, partly because of the stigma attached to them, and also because both are considered afflictions of the rich. In a country where people are dying from preventable diseases such as malaria and Aids, it may seem specious to focus on mental illnesses.

However, in a country where there are very few psychologists and psychiatrists and limited options for affordable counselling, it is possible that we are looking at a public health crisis that we are not even aware of.

The rising incidence of people taking their own lives and the lives of their family members may be an indicator that the mental health of the nation is in a precarious state.

\* \* \*

The police killing of the African-American teenager Michael Brown, and the subsequent anti-racism riots in the United States, has brought home the fact that racism there has not been suppressed even under a black President.

However, what do you call the racism of blacks against fellow blacks? At the Coast, I have often witnessed Kenyan women married to white men adopting the worst racist attitudes towards fellow Kenyans.

Women who grew up in poverty look down on their poverty-stricken brethren and often treat them with contempt. It is a case of the oppressed adopting the attitudes of the oppressor, which ultimately is a victory for the oppressor. Franz Fanon's Black Skins, White Masks should be required reading in our schools.

rasna.warah@gmail.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** 1383

**SUBJECT:** SUICIDE (94%); TEEN SUICIDE (90%); DEPRESSION (90%); DISEASES & DISORDERS (89%); WRITERS (86%); WEALTHY PEOPLE (78%); CELEBRITIES (78%); DEATHS (78%); ARTISTS & PERFORMERS (78%); FAMILY (77%); MENTAL ILLNESS (77%); MALARIA (75%); CANCER (74%); STROKES (72%); PUBLIC HEALTH ADMINISTRATION (72%); HEALTH DEPARTMENTS (72%); PNEUMONIA (72%); RESPIRATORY DISEASE (70%); HEART DISEASE (68%); POETRY (64%); ALCOHOL ABUSE & ADDICTION (61%); SUBSTANCE ABUSE (61%); MUSIC COMPOSITION (60%); ASSOCIATIONS & ORGANIZATIONS (57%)

**PERSON:** ROBIN WILLIAMS (92%)

**COUNTRY:** KENYA (87%); KAZAKHSTAN (79%); HAITI (79%); CARIBBEAN ISLANDS (79%); UNITED STATES (79%); EUROPE (79%); GUYANA (77%); EASTERN EUROPE (57%); LITHUANIA (57%)

**LOAD-DATE:** August 31, 2014

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The Times of India (TOI)

**July** 2, 2014 Wednesday

**2013 records 15 suicides every hour in India**

**BYLINE:** Deeptiman Tiwary

**SECTION:** INDIA

**LENGTH:** 367 words

NEW DELHI: As many as 15 **suicides** took place every hour during 2013 in India with **suicides** due to illegitimate pregnancies showing a sharp rise of 64.5%. The latest data from National Crime Records Bureau (NCRB) for 2013 show that more than one lakh people (1,34,799) took their lives for various reasons ranging from family problems to illness during the year.

According to the data, Tamil Nadu (12.3%), Maharashtra (12.3%), Andhra Pradesh (10.8%), West Bengal (9.7%) and Karnataka (8.4%) together contributed 53.5% of total **suicide** victims. 'Family problems' (24.0%) and 'Illness' (19.6%) continue to be the greatest killers accounting for 43.6% of all **suicides**, according to the data.

It also seems to suggest senior citizens are most depressed in Tamil Nadu, Kerala, Maharashtra and Andhra Pradesh where 54.9% of **suicide** victims were in the age group 60 years and above. Nearly 70.8% of the **suicide** victims were married men while 66.6% were married women. Students constituted 6.2% of the total **suicide** victims while one in every six victims was a housewife.

That financial problems are big reason for people committing **suicide** is reflected in the fact that 38.0% of **suicide** victims were 'self-employed' while only 7.2% were 'un-employed'.

Hanging continues to be the preferred way to commit **suicide** with 39.8% of all victims dying by 'hanging' as against 27.9% consuming poison and 7.4% self-immolating.

If data for past three years is taken into account, hanging seems to be growing in popularity while poison is declining. The data shows during last three years hanging claimed 33.2% of **suicide** victims in 2011, 37% in 2012 and 39.8% in 2013. Poisoning on the other hand claimed 32% victims in 2011, 29.1% in 2012 and 27.9% in 2013. Among 53 mega cities, Bengaluru (2,033), Chennai (2,450), Delhi (1,753) and Mumbai (1,322) together have reported almost 35.5% of the total **suicides** reported from mega 53 cities.

The pattern of **suicides** reported from 53 cities showed that 'hanging' (58.4%), 'poisoning' (15.0%) and 'fire/self-immolation' (9.5%) were the prominent means adopted by the **suicide** victims in the cities. The **suicide** rate in cities (13.3) was higher as compared to all-India **suicide** rate (11.0).

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); POISONINGS (89%); CITY LIFE (77%); FAMILY (76%); MARRIAGE (76%); DEMOGRAPHIC GROUPS (68%); SENIOR CITIZENS (53%)

**CITY:** NEW DELHI, INDIA (89%); MUMBAI, MAHARASHTRA, INDIA (73%); BANGALORE, KARNATAKA, INDIA (73%); DELHI, INDIA (59%); CHENNAI, TAMIL NADU, INDIA (58%)

**STATE:** TAMIL NADU, INDIA (93%); MAHARASHTRA, INDIA (92%); ANDHRA PRADESH, INDIA (92%); KARNATAKA, INDIA (79%); WEST BENGAL, INDIA (79%); KERALA, INDIA (79%)

**COUNTRY:** INDIA (99%)

**LOAD-DATE:** July 2, 2014

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National Post (f/k/a The Financial Post) (Canada)

**March** 13, 2014 Thursday

All\_but\_Toronto Edition

**Suicide as rational choice debated; Journal article**

**BYLINE:** Sharon Kirkey, Postmedia News

**SECTION:** CANADA; Pg. A5

**LENGTH:** 416 words

Can **suicide** ever be a rational choice?

More than two-thirds of all **suicides** are driven by a mentally disordered mind, experts say. But a provocative new article published this week in the Canadian Journal of Psychiatry asks can **suicide** ever be rational - a decision made under free will, in the absence of any diagnosable mental illness and with full appreciation for the potential consequences?

"Designating **suicide** as an undesirable event that should never occur raises the debate of who is responsible for one's life and runs the risk of erroneously attributing blame for **suicide**," University of Toronto psychiatry resident Angela Ho writes.

In cases where people are of full mind and mental capacity, "there is much debate about whether **suicide** can ever be rational," Dr. Ho writes.

Society's "overarching desire" is to prevent death by **suicide**, she said.

But the view that death is "the greatest of harms" potentially overlooks the possibility that intolerable psychological suffering may be equally harmful, she said.

No one can predict with any certainty someone will commit **suicide**, Dr. Ho said. Still, the responsibility for preventing **suicide** tends to fall on the treating doctor, she said. Patient **suicides** are among the most frequent malpractice claims against psychiatrists.

"Physicians are often expected to predict and prevent **suicide**, and then if it occurs, they may be blamed," Dr. Ho said.

But that attitude ignores the complexity of **suicide**, she said.

Most guidelines for managing people with suicidal thoughts are based on the premise that depression, substance abuse or other forms of mental illness drive **suicide**.

Little is said about the concept of rational **suicide** - managing cases of suicidal thinking in people who are mentally stable, and who therefore should be able to make rational decisions, Dr. Ho writes.

"People may have difficulties coping with life," Dr. Ho said in an interview. "Maybe they don't have a lot of support or healthy ways of dealing with their emotions. Sometimes people feel overwhelmed and feel like **suicide** is the only answer."

Clearer guidance for doctors is needed on how best to approach these cases, she said.

It's an issue that raises tension between individual rights and a doctor's human instincts and ethical duty to protect life, she said.

That tension is being played out in the euthanasia debate.

Dr. Ho said there is growing interest whether unbearable suffering from psychological pain may be the same as suffering associated with terminal illness.

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); PSYCHIATRY (90%); PSYCHOLOGY (89%); DISEASES & DISORDERS (89%); MENTAL ILLNESS (89%); MENTAL HEALTH (78%); DEPRESSION (78%); ETHICS (77%); MENTAL HEALTH PRACTICE (76%); PHYSICIANS & SURGEONS (74%); INTERVIEWS (72%); PHYSICIAN FELLOWSHIPS & RESIDENCIES (72%); INTELLIGENCE & COGNITION (71%); PROFESSIONAL NEGLIGENCE (69%); SUBSTANCE ABUSE (66%)

**CITY:** TORONTO, ON, CANADA (73%)

**STATE:** ONTARIO, CANADA (73%)

**COUNTRY:** CANADA (90%)

**LOAD-DATE:** March 13, 2014

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Ottawa Citizen

**December** 7, 2013 Saturday

Early Edition

**Suicide prevention programs announced; Glebe, West Carleton high schools taking part in the plans**

**BYLINE:** Elizabeth Payne, Ottawa Citizen

**SECTION:** CITY; Pg. E6

**LENGTH:** 497 words

**Suicide** attempts among students are something all high schools deal with, says the principal of an Ottawa school that will be part of a pilot project to train teachers, students and parents in **suicide** prevention.

"There are always attempted **suicides** at every school," said France Thibault, principal of Glebe Collegiate Institute, one of two high schools taking part in the program. "We feel very blessed with the supports that we have that we can say in spite of the number of attempts ... the numbers (of youth **suicides**) are limited across the city."

Schools are increasingly becoming key to **suicide** prevention, something the program announced Friday will address. Funded with a $183,000 grant from the Trillium Foundation, the program will support **suicide** prevention education and training programs for staff, students and parents at Glebe Collegiate and West Carleton Secondary School.

"You can't have too much training," said Thibault. "We live in a world where young people suffer from a great deal of anxiety. Their parents are highly concerned, their teachers are very concerned. We all want to know that we can do the most for those children."

The program is a response to growing concern about youth **suicide** in light of the high-profile **suicides** of Ottawa teenagers Daron Richardson and Jamie Hubley in recent years. It was announced as part of the release Friday of the Community **Suicide** Prevention Network's 2013 report to the community.

The **suicide** prevention network was formed as a response to heightened awareness and concern about youth **suicide** and mental health issues. It brings together key community organizations to develop **suicide** prevention and intervention strategies.

Although youth **suicides** represent 10 per cent of about 60 **suicides** in Ottawa every year, suicidal thoughts, anxiety and mental health concerns among youth are skyrocketing. According to the Champlain LHIN, about 9,200 youth in the region had suicidal thoughts in the past 12 months. And the Children's Hospital of Eastern Ontario is seeing unprecedented demand for mental health services.

"The more we bring programs such as this one into our schools, the more we de-stigmatize the issues or concerns so people don't have to feel that they are alone," said Reg Lavergne, principal at West Carleton.

The training, he said, insures there are many eyes watching students.

Lavergne said he recently told his students to remember that they are not alone, adding. "When you see someone who might feel alone, or who might be entering into crisis, you need to reach out. It's not that we have all the answers, but we need to find the people that can help."

Enabling schools to have a greater capacity to support suicidal youth "should be a top priority in all our communities," said Sandra Lalonde of the Ontario Trillium Foundation.

"This will not only address this issue, but it will change the social norms around help-seeking behaviour that often discourages youth from speaking out."

epayne@ottawacitizen.com

**GRAPHIC:** Chris Mikula, Ottawa Citizen; Joanne Lowe of the Youth Services Bureau speaks at the Community Suicide Prevention Network's annual report to the community on Friday.;

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); TEEN SUICIDE (92%); STUDENTS & STUDENT LIFE (92%); HIGH SCHOOLS (92%); SCHOOL PRINCIPALS (90%); SECONDARY SCHOOLS (90%); PRIMARY & SECONDARY SCHOOL TEACHERS (90%); EDUCATION ADMINISTRATION (90%); TEACHING & TEACHERS (90%); EDUCATION SYSTEMS & INSTITUTIONS (90%); TEACHER EDUCATION (90%); EDUCATIONAL INSTITUTION EMPLOYEES (90%); CHILDREN (89%); MENTAL HEALTH (89%); PRIMARY & SECONDARY EDUCATION (89%); CHILDREN'S HEALTH (89%); PREVENTION & WELLNESS (89%); ADOLESCENTS (79%); DEATHS (79%); SCIENCE FUNDING (74%); EMPLOYEE TRAINING (72%); CHILDREN'S HOSPITALS (66%); MENTAL HEALTH PRACTICE (64%); ASSOCIATIONS & ORGANIZATIONS (64%)

**CITY:** OTTAWA, ON, CANADA (94%)

**STATE:** ONTARIO, CANADA (94%)

**COUNTRY:** CANADA (94%)

**LOAD-DATE:** December 7, 2013

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Daily Regional Times

**November** 6, 2013 Wednesday

**Suicide cases are rising globally: Dr Darya Khan Laghari**

**SECTION:** Vol. VIII No. 305

**LENGTH:** 450 words

**Suicide** is a global issue and leading cause of death in the world claiming live of around one million people every year in the world, eminent psychiatric of Sir Cowasji Jehangir Institute of Psychiatry (S.C.J) Hyderabad Dr. Darya Khan Laghari informed this while talking to reporter that **suicide** is a multi-dimensional disorder which results from a complex interaction of biological, genetic, psychological and environmental factors.

In a country like Pakistan where growing economic instability especially poverty has forced people to sell their children and body organs, he said that the reasons behind increasing rate of **suicides** can be understandable.

Dr. Darya Khan Laghari, said that some psychology experts also agreed with the fact that majority of the **suicides** are usually linked to economic difficulties but there are other reasons also behind **suicides** and these reasons can be depressive disorders, unemployment, domestic violence, parental separation, growing economic instability, child abuse, bullying, rising inflation and loss of social cohesion which force a person to end his or her life or release them from the pain they are suffering from.

In recent years, the psychiatric said that Pakistan has witnessed a drastic increase in the number of **suicides** but the basic thing is that no national data on **suicide** is available.

He said that the surveys and analysis revealed that **suicide** rate has become more common in youth then in adult in many countries and Pakistan is one of them. **Suicide** rates among youth are increasing due to unemployment, pressure of work and studies, depression, anxiety and increasing poverty, he said.

Dr. Darya Khan informed that there were no official statistics for **suicide** in Pakistan; however, there are compelling evidence that the **suicide** ratio has gradually been increasing in Pakistan over the last few years; he said and added that the upward trend has been very dramatic with almost 3,000 cases of **suicide** being reported in 2009. Even this is considered to be an underestimation, as it is well known that in many developing countries **suicide** tends to be grossly under-reported, he added.

He said that **suicide** and depression are linked to each other as more than 80 percent of people who commit **suicide** suffered from depression. He said studies suggest that lifetime risk of **suicide** in people with depression was 15 percent, with alcoholism 7-15 percent and with schizophrenia, 4-10 percent.

However, a substantial proportion of people who commit **suicide** die without having seen a mental health professional, he said and added that detection, and referral and management of psychiatric disorders in primary care was an important step in **suicide** prevention.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); TEEN SUICIDE (90%); PSYCHIATRY (90%); DISEASES & DISORDERS (89%); DEPRESSION (89%); MENTAL ILLNESS (89%); DEATHS & DEATH RATES (89%); DEATHS (89%); MENTAL HEALTH (79%); PSYCHOLOGY (78%); INFLATION (76%); ECONOMIC NEWS (76%); TRENDS (76%); POVERTY & HOMELESSNESS (75%); CHILD ABUSE (75%); STATISTICS (75%); MENTAL HEALTH PRACTICE (73%); PREVENTION & WELLNESS (73%); DEVELOPING COUNTRIES (71%); ALCOHOL ABUSE & ADDICTION (68%); SUBSTANCE ABUSE (68%); EVIDENCE (66%); DOMESTIC VIOLENCE (53%)

**CITY:** HYDERABAD

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** November 6, 2013

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**CITY:** HYDERABAD

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** November 6, 2013

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Daily Regional Times

**November** 1, 2013 Friday

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**SECTION:** Vol. VIII No. 300

**LENGTH:** 454 words

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**CITY:** HYDERABAD

**COUNTRY:** PAKISTAN (94%) Pakistan

**LOAD-DATE:** November 1, 2013

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North West Star

**July** 25, 2013 Thursday

**Working to new suicide prevention plan**

**SECTION:** P5; Pg. 5

**LENGTH:** 281 words

WHILE Mount Isa's Queensland Health team will not be strongly represented at the National **Suicide** Prevention Conference, which is on in Melbourne this week, the city's mental health agencies said there was plenty being done for the cause locally.

North West Hospital and Health Service acting executive director of mental health Sandra Kennedy said the service had a new **suicide** prevention plan following the start of a new financial year and funding to complete programs with the mining industry.

"Early identification is the key to **suicide** prevention and wile service and agencies responsible for mental health or social and emotional wellbeing work tirelessly, it is often at crisis point that people present," she said.

"If community awareness and knowledge of how to respond is continuous and embedded, the idea is that we will impact on **suicide** rates and suicidal behavious."

She said an example of the idea was the SafeTALK training initiative, funded by Glencore Xstrata, which will allow people from the community to be trained in **suicide** awareness and spread the word through the city.

"While no-one from our organisation is attending the **suicide** prevention conference this week, there is a plan to attend the World **Suicide** Prevention Conference in September with the potential to present an update in **suicide** prevention practices and initiatives in the North West," Ms Kennedy said.

"Together (with the Australian Institute of **Suicide** Prevention) we are looking at research that will hopefully result in a best practice guideline for **suicide** prevention in general rather than **suicide** prevention initiatives that occur in response to clusters of **suicides** or suddent spikes in **suicides**."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); MENTAL HEALTH (90%); HEALTH DEPARTMENTS (90%); PREVENTION & WELLNESS (90%); DEATHS (78%); PUBLIC HEALTH ADMINISTRATION (77%); ASSOCIATIONS & ORGANIZATIONS (77%); BEST PRACTICES (72%); MINES & MINING (56%)

**CITY:** MELBOURNE, AUSTRALIA (73%)

**STATE:** QUEENSLAND, AUSTRALIA (88%)

**COUNTRY:** AUSTRALIA (88%)

**LOAD-DATE:** July 24, 2013

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North West Star

**July** 25, 2013 Thursday

**Working to new suicide prevention plan**

**SECTION:** P5; Pg. 5

**LENGTH:** 281 words

WHILE Mount Isa's Queensland Health team will not be strongly represented at the National **Suicide** Prevention Conference, which is on in Melbourne this week, the city's mental health agencies said there was plenty being done for the cause locally.

North West Hospital and Health Service acting executive director of mental health Sandra Kennedy said the service had a new **suicide** prevention plan following the start of a new financial year and funding to complete programs with the mining industry.

"Early identification is the key to **suicide** prevention and wile service and agencies responsible for mental health or social and emotional wellbeing work tirelessly, it is often at crisis point that people present," she said.

"If community awareness and knowledge of how to respond is continuous and embedded, the idea is that we will impact on **suicide** rates and suicidal behavious."

She said an example of the idea was the SafeTALK training initiative, funded by Glencore Xstrata, which will allow people from the community to be trained in **suicide** awareness and spread the word through the city.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); MENTAL HEALTH (90%); HEALTH DEPARTMENTS (90%); PREVENTION & WELLNESS (90%); DEATHS (78%); PUBLIC HEALTH ADMINISTRATION (77%); ASSOCIATIONS & ORGANIZATIONS (77%); BEST PRACTICES (72%); MINES & MINING (56%)

**CITY:** MELBOURNE, AUSTRALIA (73%)

**STATE:** QUEENSLAND, AUSTRALIA (88%)

**COUNTRY:** AUSTRALIA (88%)

**LOAD-DATE:** July 24, 2013

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The Express Tribune

**May** 3, 2013 Friday

**Exploring the 'enigma' of suicide**

**LENGTH:** 712 words

Despite the morbid nature of the subject, Dr Murad Moosa Khan's talk on 'The Enigma of **Suicide'** drew a surprisingly large and diverse audience at T2F on Wednesday.

Dr Khan, trained as a psychiatrist at Kings College, London, started off the talk by telling the story of a 12-year-old boy who committed **suicide** in Abbottabad on May 29, 2012. The boy left a note telling his mother that he hated his school's hostel and advised her to not send his siblings there. Dr Khan stressed that this case was important because **suicide** is highly unusual among 12 year olds. Dr Khan felt that the **suicide** could have been prevented if programmes providing psychological counselling had been in place at the school.

"The word **suicide** has its roots in the Latin word, 'suicidum', with 'sui' standing for oneself and cidium for 'killing'," said Dr Khan, adding that the act was something extremely personal. "It is not a disease," he clarified. He said a number of factors have to come together at a particular point in a person's life to set him or her on a suicidal path way. "A number of eminent intellectuals, including artist Van Gogh, novelists Virginia Woolf and Earnest Hemingway, actress Marilyn Munroe and singer Kurt Cobain, committed **suicide**."

**Suicide** through the ages

"**Suicides** have happened throughout history and the act crosses national, provincial and ethnic boundaries," said Dr Khan. He went on to speak how perceptions about **suicide** have evolved over the years. "**Suicide** was banned in Roman times and Christianity severely condemned it," he said, adding that the attitudes towards **suicide** began to change in the Middle Ages. He pointed out that it was only in recent times that societies had matured enough to realise that **suicide** was a multi-faceted problem influenced by numerous social and cultural factors.

A range of perspectives

Dr Khan pointed out that evolutionary psychology also explores how an organism develops the ability to harm itself. "The philosophical perspective states that people become more inclined towards **suicide** when they began to question the 'why' of their existence." He then quoted eminent psychologist Thomas Joiner who hypothesised that people develop suicidal tendencies when they begin to feel they are a burden on others.

Dr Khan stressed that in addition to feeling like a burden, a person must also have a sense of fearlessness. "He must be brave enough and believe that he can kill himself." He also mentioned that the 'public health perspective' on **suicide** had become increasingly important in recent years.

Types of **suicide**

"Rational **suicide**, mass **suicide**, **suicide** bombing and cultural **suicide** are among some of the types." Dr Khan explained that 'rational **suicide'** was a form of **suicide** in which a person, who doesn't suffer from any illness or suffering, decides to end his life.

He added that 'suttee' a form of **suicide** in which a woman stepped on the funeral pyre after her husband's death was an outlawed form of **suicide** which continues to be practiced in parts of India.

**Suicide** across national, religious boundaries

"About one million people take their own lives each year," said Dr Khan. He added that the figure translated into 90 deaths per hour.

He pointed out that Russia and the Central Asian states had the highest rates of **suicide**. "Pakistan is, unfortunately, included in the countries that do not collect data on **suicide**."

Dr Khan also mentioned that Muslims had the lowest rate of **suicide** among religions. "Islam has a deterrent effect on **suicide**," he said, adding that atheists world over had the highest rate of **suicide**. "So it is good to believe in God, no matter which one you wish to believe in."

He also pointed out that the ratio of male to female **suicide** victims is 3:1. "More women attempt to kill themselves than men. But men are more successful in taking their own lives."

He pointed out that women were more resilient and had a stronger support system of friends of family than men. "Statistics reveal that **suicide** rates are highest in the upper-most and lowest classes," said Dr Khan, adding that if anyone attempted **suicide** once, they were 10 to 20 per cent more likely to try it again.

He also showed a newspaper clipping which stated that the cost of a **suicide** bomber in Pakistan was between $6,000 and $30,000.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); PSYCHOLOGY (89%); MENTAL HEALTH PRACTICE (89%); MENTAL ILLNESS (89%); ARTISTS & PERFORMERS (77%); SUICIDE BOMBINGS (73%); PHYSICIANS & SURGEONS (73%); NOVELS & SHORT STORIES (72%); WRITERS (72%); FICTION LITERATURE (72%); BOMBINGS (68%); CHRISTIANS & CHRISTIANITY (68%); RELIGION (50%)

**CITY:** KARACHI,PAKISTAN (59%) KARACHI

**COUNTRY:** PAKISTAN (78%) Pakistan

**LOAD-DATE:** May 3, 2013

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Corkman (Ireland)

**March** 21, 2013

Edition 3;

National Edition

**Ballyhoura assist suicide awareness**

**SECTION:** FEATURES; Pg. 23

**LENGTH:** 354 words

FOUNDER member of Charleville **Suicide** Awareness Project Margaret O'Callaghan has added her voice to those looking for the retention of Ballyhoura Development Ltd to deliver development supports to local communities.

Ms O'Callaghan, whose son died by **suicide** in 1996, has campaigned to raise the issue of **suicide** within the local community and was prominent in the setting up of the **Suicide** Awareness Project in Charleville, for which she acknowledges the great help she got from the local office of Ballyhoura Development Ltd.

"I met the Development Officer David O'Grady and he agreed to help me and this led to the formation of Charleville **Suicide** Awareness Project in 2008, the aim of which was to develop and implement a community approach to address the issue of **suicide** in the Charleville community. It would also act as a resource to raise awareness of **suicide** and develop initiatives to support **suicide** prevention, intervention and postvention in partnership with local communities and support agencies," she said.

"Ballyhoura Development Ltd has done a lot for Charleville **Suicide** Awareness Project, such as arranging for the Safe Talk courses which attracted 450 people, while another 350 people have completed the Assist course and a peer support training course has also been completed," said Ms O'Callaghan.

The members of Charleville **Suicide** Awareness Project will release 200 white balloons and 50 Chinese lanterns on 10th September, which is National **Suicide** Awareness Day, in memory of those who have died by **suicide**. They have also produced wallet-sized cards containing a list of emergency numbers and A4 cards for display in premises.

Ms O'Callaghan emphasises that they would not have those services in place were it not for the support of Ballyhoura Development Ltd. "Charleville needs the services of Ballyhoura Development Ltd. It is a small town with not a lot of services for people, especially the youth of the community, and Ballyhoura does a lot for us and it would be a shame to see this service go. I am extremely worried what the affect of losing such a service would do to our community," she said.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** CMN

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (89%); ASSISTED SUICIDE (78%); DEATHS (78%); PREVENTION & WELLNESS (68%)

**REGION:** National Edition

**LOAD-DATE:** May 17, 2013

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The Irish Times

**October** 26, 2012 Friday

**Coalition has 'done nothing' to tackle suicide**

**BYLINE:** JASON KENNEDY

**SECTION:** IRELAND; Other stories; Pg. 7

**LENGTH:** 326 words

THE HEAD OF an Irish **suicide** prevention agency claims the Government has worse than failed when it comes to tackling mental health and **suicide** issues.

Although Taoiseach Enda Kenny has promised to make mental health and **suicide** prevention a priority, little has been done to address the issue, according to the chairman of Turn the Tide of **Suicide**, Noel Smyth.

They have worse than failed when it comes to dealing with mental health. They have totally reneged on their promise. We have met with all the relevant ministers over the years. Going away and doing nothing seems to be part of their course, he said.

They talk to you, wring their hands and say everything they will do. Then they do nothing.

They absolutely have to take notice and deliver the message they promised. The reality is that if we do not change our ways, we will lose more young people. We can t just treat this like just another problem.

Mr Smyth said that one of the only ways to tackle **suicide** would be the development of a **suicide** prevention authority, much like the Road Safety Authority, as three times more people die from **suicide** than on Irish roads.

A dedicated **Suicide** Prevention Authority with the autonomy to address this issue is the only solution. The aim of our campaign is to highlight just how big the problem of **suicide** is in Ireland and to create a groundswell of public support for change, he said.

Turn the Tide of **Suicide**, which receives no Government funding,launched its campaign to boost **suicide** awareness among young men in Ireland this week. The campaign includes a video of people observing **suicide**-related photos across Dublin.

The videos were produced to bring a new sense of awareness to **suicide** figures that may not be known. The campaign includes posters depicting Government reluctance to tackle the **suicide** issue and a petition. So far, reaction to the campaign has been positive. The campaign is new, but we have received positive feedback so far.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (93%); TEEN SUICIDE (90%); MENTAL HEALTH (90%); PREVENTION & WELLNESS (90%); ROAD TRANSPORTATION SAFETY (78%)

**PERSON:** ENDA KENNY (88%)

**CITY:** DUBLIN, IRELAND (58%)

**COUNTRY:** IRELAND (93%)

**LOAD-DATE:** October 25, 2012

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The West Australian (Perth)

**October** 17, 2012 Wednesday

First Edition

**SECTION:** HEA; Pg. 3

**LENGTH:** 439 words

**Why? This is THE biggest question**

**following a suicide.**

**Suicide** is about not being able to cope with the unbearable emotional pain that a person is experiencing, maybe for some time. While it is important to remember that **suicide** cuts across all social and professional strata, there are certain factors which increase the risk, including gender (four times as many men complete **suicide** but more women attempt), living in a rural area (isolation and access to means), alcohol and drug abuse, bullying, self-harm and imprisonment. There is usually no single cause and therefore no single solution.

**If we talk about suicide are we likely to**

**put the thought into their head?**

Research shows that if someone is not thinking about **suicide** then we will not put the idea into their head. The positive effect of asking someone if they are thinking of **suicide** is that it will open up a channel of communication and give the person permission to talk if they wish. Imagine if someone is about to take the biggest decision of their life, and someone asks them the question the result is relief.

**There seem to be a lot of suicides in young people who**

**have been using social media networking sites does this contribute to suicide?**

The consequences of bullying online are well documented and can result in **suicide**. The other worrying factor is that young people build an online shrine to friends who have killed themselves. They do not make the connection that death is final and some of the comments left on personal pages such as Miss you, See you soon, Can't wait to see you in heaven confirm this. Usually, friends leave very moving messages, and for some young people, this may result in them thinking Maybe if I

kill myself, all my friends will write nice things about me.

This glamorising of **suicide**

can lead to copycat **suicides** or contagion.

**Does self-harm lead to suicide?**

Self-harm is a factor which can increase your risk of **suicide**. The main aim of self-harm is, like **suicide**, to release the unbearable emotional pain. When people self-harm, they can be trying to express complicated or hidden feelings, trying to tell you that they need support, proving to themselves that they are not invisible, feeling in control and feeling that they are alive. Not all people who self-harm are seeking to kill themselves sometimes **suicide** is an accident. Self-harm is sometimes known as a compromise between life and **suicide** and can actually be a protective factor against **suicide**. It is however, a warning sign, that someone

is not travelling well and is in need of

appropriate help.

*Source: Sally Hedderwick, community engagement manager, Lifeline WA*

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (91%); TEEN SUICIDE (78%); DEATHS (78%); CYBERBULLYING (75%); RURAL COMMUNITIES (71%); INTERNET SOCIAL NETWORKING (71%); SOCIAL MEDIA (66%); ALCOHOL ABUSE & ADDICTION (56%)

**LOAD-DATE:** October 16, 2012

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Right Vision News

**February** 4, 2012 Saturday

**Pakistan: Better mental health services reduce suicide rates**

**LENGTH:** 518 words

**DATELINE:** ISLAMABAD

ISLAMABAD, Feb. 4 -- An association between improvements in mental health services and reduction in **suicide** rates has been established in a recent study.

Using nine national recommendations for safer services made by the National Confidential Inquiry, researchers compared the rates of **suicide** in NHS Mental Health Trusts before and after the recommendations were adopted.

They compared **suicide** rates in Trusts that adopted few of the recommendations with those that adopted many.

The study showed that Trusts that implemented between seven and nine of the key recommendations had lower **suicide** rates than those that implemented six or fewer.

Recommendations that produced the biggest drop in **suicide** rates, when implemented, were the introduction of 24-hour crisis teams, policies for drug and alcohol misuse, and multi-disciplinary reviews after a **suicide**.

The study also shows that the growing use of the recommendations is linked to a reduction in **suicides** in specific patient groups.

A reduction in in-patient **suicides** was associated with the removal of ligature points in hospitals.

A reduction in **suicides** among patients with a history of missed contact with services was associated with assertive outreach services, designed to keep in touch with them after they left hospital.

Trusts that did not implement the recommendations saw little reduction in **suicide** rates.

The National Confidential Inquiry has been collecting and studying data on **suicides** by people in contact with mental health services in the UK since 1997. This study focused on the 12,881 **suicides** in 91 mental health services in England and Wales between 1997 and 2006. This represents 26% of all **suicides** in England and Wales during this time.

Nav Kapur, Professor of Psychiatry and Population Health said: "These are really important findings for **suicide** research and mental health services internationally. No other studies have been able to show what impact specific mental health service improvements have on **suicide** rates.

"For most of the nine recommendations, services that implemented them had a decreased **suicide** rate after implementation. The results show that NHS services and mental health professionals are likely to have contributed to the prevention of **suicide** and the saving of lives."

Professor Louis Appleby, Director of the National Confidential Inquiry, said: "The community care reforms of the last decade seem to have had a positive impact on patient **suicide** - providing more intensive support to the most vulnerable patients appears to have improved their survival."

Dr Peter Byrne, Associate Registrar at the Royal College of Psychiatrists, said: "We welcome this excellent study showing how local implementation of comprehensive mental health services reduces the number of people who die by **suicide**. It proves the value of investing in safe psychiatric wards, close follow-up of discharged patients and specialized teams. In these difficult financial times, it is wrong to cut back on these essential mental health services when we need them the most. Published by HT Syndication with permission from Right Vision News.

For any query with respect to this article or any other content requirement, please contact Editor at htsyndication@hindustantimes.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); MENTAL HEALTH (92%); MENTAL HEALTH PRACTICE (92%); DEATHS (90%); NATIONAL HEALTH INSURANCE (89%); PSYCHIATRY (89%); ASSOCIATIONS & ORGANIZATIONS (89%); VULNERABLE HEALTH POPULATIONS (78%); PSYCHIATRIC HOSPITALS (78%); HOSPITALS (73%); MEDIA SYNDICATION (73%); PHYSICIANS & SURGEONS (69%); COLLEGE & UNIVERSITY PROFESSORS (68%)

**COMPANY:** NATIONAL SUPER SERVICE CO (90%); NATIONAL LATEX PRODUCTS CO (90%)

**INDUSTRY:** NAICS333318 OTHER COMMERCIAL & SERVICE INDUSTRY MACHINERY MANUFACTURING (90%); SIC3589 SERVICE INDUSTRY MACHINERY, NEC (90%); SIC3069 FABRICATED RUBBER PRODUCTS, NEC (90%)

**CITY:** ISLAMABAD, PAKISTAN (89%)

**COUNTRY:** ENGLAND (90%); PAKISTAN (90%); UNITED KINGDOM (86%); WALES (69%)

**LOAD-DATE:** April 24, 2012

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Wauchope Gazette

**October** 27, 2011 Thursday

**ACCORDING to recent figures for every 4**

**SECTION:** EARLY GENERAL NEWS; Pg. 5

**LENGTH:** 227 words

ACCORDING to recent figures for every 4 older people thinking about **suicide**, one of them will act on their thoughts and take their own life. Think about what this means. If your (four) grandparents where considering **suicide** as an option, statistically one of them would act on those thoughts. To combat the threat of **suicide** Lifeline is presenting safeTALK. This half-day talk aims to increase **suicide** alertness. Lee-Ann Foord, Life Matters co-ordinator for Lifeline Mid Coast, said the more people we have trained in being alert to **suicide**, the more lives we can save. "This program alerts community members to signs that a person may be considering **suicide**," she said. "It acknowledges that while most people at risk of **suicide** signal their distress and invite help, these intervention opportunities are often overlooked. Participants learn to recognise when someone may have thoughts of **suicide** and to respond in ways that link them with further **suicide** intervention help." safeTALK raises awareness and contributes to a **suicide** safer community. **Suicide** alert community members are better prepared to become a vital link in connecting persons at risk with further help. safeTALK will be held at Lifeline, Sherwood Road Port Macquarie on Wednesday November 2 from 9am - 12.30pm. Cost $35. For bookings and information please phone the Lifeline office 6581-2800.

**GRAPHIC:** Life Matters ... Lee-Ann Foord Life Matters Coordinator for Lifeline Mid Coast.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); SENIOR CITIZENS (78%)

**LOAD-DATE:** November 4, 2011

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Indian Express

**October** 16, 2011 Sunday

**The dark side of Bangalore Shining: It's No.1 in suicides in country**

**BYLINE:** Saritha Rai

**LENGTH:** 426 words

**DATELINE:** Bangalore

Earlier this week, Baldev 'Baldy' Singh, 58, a distinguished test pilot and a director with Hindustan Aeronautics Limited, hanged himself on the outskirts of Bangalore. A few weeks ago, a 24-year old MBA student, Malini Murmu, killed herself in her IIM-Bangalore hostel. Both cases made national headlines.

But in Bangalore, hundreds of lesser-known **suicide** cases are catalogued in police records. According to the National Crime Records Bureau's (NCRB) chief statistical officer Akhilesh Kumar, for many years Bangalore has been India's number one city in **suicides**. The data for 2010, as yet unreleased, reinforces that India's Silicon City is also its **Suicide** Capital.

In 2009, Bangalore recorded 2,167 **suicides** versus 1,051 in teeming Mumbai, and 1,215 in the more-populous Delhi city. Data published by the NCRB shows that Bangalore is also number one in **suicide** rate (**suicides** per 100,000 population), a trend that the big city shares with smaller towns like Jabalpur, Rajkot and Coimbatore.

Dr N Satish Chandra, the director of NIMHANS, blames it on rapid socio-cultural changes in the face of furious development. Bangalore is a city of wannabe achievers who want the maximum, he says. "It is a city where failure is not an option."

Every Tuesday afternoon, counsellor Anita Gracias becomes "Anu" and works the **suicide** helpline at SAHAI. "Bangalore has a large population pouring in from every remote corner to study and work. They ask, 'Who do I trust?' Where can I make a genuine friend?'." Many callers at the helpline, she adds, dial in to ask about the most painless form of **suicide**.

Bangalore is the country's third most-populous city alright. But it is also India's loneliest city, says Gracias.

Dr Mohan Isaac has extensively studied the **suicide** trend in Bangalore. Now at the School of Psychiatry and Clinical Neurosciences at the University of Western Australia, he points to the data from Bangalore and Kolkata. During the past few years, Bangalore has seen more than 2,000 **suicides** annually, a rate of 38 per lakh population. Kolkata's annual number of **suicides** during this time was around 200. Slow-to-modernise Kolkata has retained the lowest **suicide** rate amongst 35 Indian cities, says Dr Isaac.

Silicon City as '**Suicide** Capital'

\* As per National Crime Records Bureau, Bangalore India's No. 1 city in **suicides**

\* Its **suicide** rate (**suicides** per 100,000 population) is also highest in country

\* It accounts for about 16% of all **suicides** in India's 30 biggest cities

\* Most of the **suicides** are by those in their prime - between the ages of 16 and 40

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); TRENDS (89%); EXECUTIVES (73%); BUSINESS EDUCATION (72%); DEATHS (71%); PSYCHIATRY (67%); NEUROSCIENCE (50%)

**COMPANY:** HINDUSTAN AERONAUTICS LTD (91%)

**INDUSTRY:** SIC3721 AIRCRAFT (91%)

**CITY:** KOLKATA, INDIA (90%); MUMBAI, INDIA (57%); DELHI, INDIA (57%); BANGALORE, KARNATAKA, INDIA (94%); KOLKATA, WEST BENGAL, INDIA (90%); MUMBAI, MAHARASHTRA, INDIA (57%)

**STATE:** KARNATAKA, INDIA (94%); WEST BENGAL, INDIA (90%); GUJARAT, INDIA (57%); MAHARASHTRA, INDIA (57%)

**COUNTRY:** INDIA (94%); AUSTRALIA (79%)

**LOAD-DATE:** October 16, 2011

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Daily News (South Africa)

**September** 06, 2011 Tuesday

E3 Edition

**Suicide stats 'alarming';**

**Constitutes third largest cause of unnatural deaths in SA**

**BYLINE:**  SHERLISSA PETERS and SAPA

**SECTION:** NEWS; Pg. 5

**LENGTH:** 633 words

SOUTH African **suicide** statistics in general are alarming. This was the conclusion of Professor Lourens Schlebusch, an expert on stress and **suicide**, after conducting research on **suicide** in the country.

Schlebusch says that about 6 000 to 8 000 people commit **suicide** in South Africa every year, making **suicide** the third greatest cause of unnatural death in the country after homicide and unintentional causes.

He says that about one third of all patients admitted to hospital after attempted **suicide** are children or teenagers.

And he says that fatal **suicides** are only part of the story: for every fatal **suicide** there are at least 20 attempted **suicides**.

According to the World Health Organisation (WHO), about one million people worldwide die from **suicide** every year and predictions are that by 2020, this figure is likely to escalate to approximately 1.53 million people per annum.

According to Schlebusch, recent research in the country shows that on average, **suicide** accounts for 9.5 percent of non-natural deaths in young people and 11 percent in adults. The finding that younger and younger people are committing **suicide** raises concern.

"Ten years ago, the elderly were most at risk of committing **suicide**. Nowadays, younger people are committing or attempting **suicide**," said Schlebusch.

There has been a shift in suicidal behaviour from the elderly to younger people in South Africa.

The average age for **suicide** is around 35 and almost one third of all non-fatal suicidal behaviours involve adolescents. The South African Depression and Anxiety Group's (Sadag) school-based teenage **suicide** prevention programme "**Suicide** Shouldn't be a Secret" - funded by Lotto - aims to reduce the high incidence of teenage **suicide** in South Africa.

"Teen **suicide** is a preventable tragedy and only through destigmatisation and education, through teaching peers and teachers to recognise warning signs and intervene, can we save lives," said Sadag's Cassey Chambers.

According to Schlebusch's research, **suicide** methods differ across socio-demographic groups.

Hanging accounts for between 34 percent and 43 percent of **suicides**, firearms for between 29 percent and 35 percent, ingestion of poison for between 9 percent and 14 percent, gassing for between 6 percent and 7 percent, burning for between 2 percent and 4 percent, and jumping from a height for between 2 percent and 4 percent.

Regarding non-fatal suicidal behaviour, the overall method of choice in 90 percent of cases is overdose: over-the-counter analgesics and prescription medications are commonly used, along with household utility products such as paraffin, pesticides and various poisons.

**Suicide** is generally thought to be mainly a female issue but, according to Sadag and Schlebusch, it is actually higher among males than females. "We are getting more and more calls from men who are depressed and stressed, often because of financial issues," said Chambers.

Men often show their stress by working too hard, drinking and engaging in extra-marital affairs - they display aggression rather than depression. Five times more men commit **suicide** than women.

Sadag also runs the country's only toll-free **suicide** crisis line - 0800 567 567 - open seven days a week from 8am to 8pm.

There is often a lack of awareness of the prevalence of suicidal behaviour. To raise awareness surrounding this issue, Sadag observes World **Suicide** Prevention Day on September 10.

As part of the day, the Durban North Crisis Team (supported by Sadag and the WHO) will be holding their fourth annual **Suicide** Remembrance Walk in Umhlanga.

The "Into the Light Walk" focuses public attention on understanding **suicide**, highlighting effective prevention activities and walking in memory of those lost to **suicide**.

The walk will take place at the CJ Saunders Park in Umhlanga on September 11 at 8.30am.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** ND

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); ADOLESCENTS (90%); MENTAL ILLNESS (90%); TEACHING & TEACHERS (89%); COLLEGE & UNIVERSITY PROFESSORS (78%); POISONINGS (78%); DEPRESSION (78%); CHILDREN (75%); PUBLIC HEALTH ADMINISTRATION (73%); HOMICIDE (71%); PREVENTION & WELLNESS (71%); HEALTH DEPARTMENTS (71%); DEMOGRAPHIC GROUPS (70%); LOTTERIES (69%); ASSOCIATIONS & ORGANIZATIONS (69%); ANALGESICS (60%); OVER-THE-COUNTER DRUGS (60%); PRESCRIPTION DRUGS (50%) News.SouthAfrica.KwaZuluNatal

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (83%)

**COUNTRY:** SOUTH AFRICA (94%)

**LOAD-DATE:** September 8, 2011

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Daily News (South Africa)

**September** 06, 2011 Tuesday

E2 Edition

**Suicide stats 'alarming';**

**Constitutes third largest cause of unnatural deaths in SA**

**BYLINE:**  SHERLISSA PETERS and SAPA

**SECTION:** NEWS; Pg. 5

**LENGTH:** 633 words

SOUTH African **suicide** statistics in general are alarming. This was the conclusion of Professor Lourens Schlebusch, an expert on stress and **suicide**, after conducting research on **suicide** in the country.

Schlebusch says that about 6 000 to 8 000 people commit **suicide** in South Africa every year, making **suicide** the third greatest cause of unnatural death in the country after homicide and unintentional causes.

He says that about one third of all patients admitted to hospital after attempted **suicide** are children or teenagers.

And he says that fatal **suicides** are only part of the story: for every fatal **suicide** there are at least 20 attempted **suicides**.

According to the World Health Organisation (WHO), about one million people worldwide die from **suicide** every year and predictions are that by 2020, this figure is likely to escalate to approximately 1.53 million people per annum.

According to Schlebusch, recent research in the country shows that on average, **suicide** accounts for 9.5 percent of non-natural deaths in young people and 11 percent in adults. The finding that younger and younger people are committing **suicide** raises concern.

"Ten years ago, the elderly were most at risk of committing **suicide**. Nowadays, younger people are committing or attempting **suicide**," said Schlebusch.

There has been a shift in suicidal behaviour from the elderly to younger people in South Africa.

The average age for **suicide** is around 35 and almost one third of all non-fatal suicidal behaviours involve adolescents. The South African Depression and Anxiety Group's (Sadag) school-based teenage **suicide** prevention programme "**Suicide** Shouldn't be a Secret" - funded by Lotto - aims to reduce the high incidence of teenage **suicide** in South Africa.

"Teen **suicide** is a preventable tragedy and only through destigmatisation and education, through teaching peers and teachers to recognise warning signs and intervene, can we save lives," said Sadag's Cassey Chambers.

According to Schlebusch's research, **suicide** methods differ across socio-demographic groups.

Hanging accounts for between 34 percent and 43 percent of **suicides**, firearms for between 29 percent and 35 percent, ingestion of poison for between 9 percent and 14 percent, gassing for between 6 percent and 7 percent, burning for between 2 percent and 4 percent, and jumping from a height for between 2 percent and 4 percent.

Regarding non-fatal suicidal behaviour, the overall method of choice in 90 percent of cases is overdose: over-the-counter analgesics and prescription medications are commonly used, along with household utility products such as paraffin, pesticides and various poisons.

**Suicide** is generally thought to be mainly a female issue but, according to Sadag and Schlebusch, it is actually higher among males than females. "We are getting more and more calls from men who are depressed and stressed, often because of financial issues," said Chambers.

Men often show their stress by working too hard, drinking and engaging in extra-marital affairs - they display aggression rather than depression. Five times more men commit **suicide** than women.

Sadag also runs the country's only toll-free **suicide** crisis line - 0800 567 567 - open seven days a week from 8am to 8pm.

There is often a lack of awareness of the prevalence of suicidal behaviour. To raise awareness surrounding this issue, Sadag observes World **Suicide** Prevention Day on September 10.

As part of the day, the Durban North Crisis Team (supported by Sadag and the WHO) will be holding their fourth annual **Suicide** Remembrance Walk in Umhlanga.

The "Into the Light Walk" focuses public attention on understanding **suicide**, highlighting effective prevention activities and walking in memory of those lost to **suicide**.

The walk will take place at the CJ Saunders Park in Umhlanga on September 11 at 8.30am.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** ND

**SUBJECT:** SUICIDE (96%); TEEN SUICIDE (90%); ADOLESCENTS (90%); MENTAL ILLNESS (90%); TEACHING & TEACHERS (89%); COLLEGE & UNIVERSITY PROFESSORS (78%); POISONINGS (78%); DEPRESSION (78%); CHILDREN (75%); PUBLIC HEALTH ADMINISTRATION (73%); HOMICIDE (71%); PREVENTION & WELLNESS (71%); HEALTH DEPARTMENTS (71%); DEMOGRAPHIC GROUPS (70%); LOTTERIES (69%); ASSOCIATIONS & ORGANIZATIONS (69%); ANALGESICS (60%); OVER-THE-COUNTER DRUGS (60%); PRESCRIPTION DRUGS (50%) News.SouthAfrica.KwaZuluNatal

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (83%)

**COUNTRY:** SOUTH AFRICA (94%)

**LOAD-DATE:** September 7, 2011

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Hervey Bay Observer (Queensland)

**June** 17, 2011

**Foundation set up to help save lives**

**SECTION:** Pg. 10

**LENGTH:** 312 words

LIFELINE has announced the creation of the Lifeline Foundation for **Suicide** Prevention aimed at building knowledge about how to reduce lives lost to **suicide** in Australia.

Lifeline's CEO, Dr Maggie Jamieson, said that Lifeline was unhappy that the **suicide** rate in Australia remained high compared to other preventable causes of death.

"As the leading charity for **suicide** prevention in Australia, we feel that more must be done to reduce deaths by **suicide** in this country," Dr Jamieson said.

"The 2010 Senate Inquiry into **Suicide** in Australia identified that extensive research and evaluation must be done so we can learn more about what works and why, in **suicide** prevention."

The Lifeline Foundation for **Suicide** Prevention will work with academic and clinical experts to harness their knowledge and better understand:

How to best reach out and make the offer of help to people who are feeling suicidal

How to equip people in the community to identify the signs of **suicide** earlier, and

How to best support those who are experiencing the loss of a loved one to **suicide**

"With one Australian dying by their own hand every four hours, and with someone attempting **suicide** every 15 minutes, we also need to work with all Australians to learn how to best reach people in crisis," Dr Jamieson said.

"One of the priorities of the Foundation will be to address the single greatest social need in **suicide** prevention - the four times higher rate of **suicide** amongst Aboriginal and Torres Strait Islander peoples."

"We believe the benefits of Lifeline's Foundation will have a far reaching impact at all levels of the Australian community. The knowledge gained by the Foundation will help us better reach out to suicidal people and build more resilient, **suicide** safer communities."

Lifeline is calling for corporate, philanthropic and individual donations to help support this vital initiative.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** FHB

**SUBJECT:** SUICIDE (96%); INVESTIGATIONS (90%); DEATHS (90%); CHARITIES (78%); PHILANTHROPY (78%); CORPORATE GIVING (73%)

**COUNTRY:** AUSTRALIA (95%)

**LOAD-DATE:** June 16, 2011

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Northern Territory News (Australia)

**September** 10, 2009 Thursday

1 - Edition

**Everybody's tragedy tragedy Everybody's**

**SECTION:** FEATURES; Pg. 27

**LENGTH:** 313 words

**SUICIDE** rates in the Northern Territory are more than double the national average.

Australian Bureau of Statistics figures also show males aged between 15 and 24 are most at risk.

Today is World **Suicide** Prevention Day and Territory health-care providers, the government and community welfare groups are urging Territorians to help abolish **suicide.**

**Suicide** is everyone's tragedy.

When someone takes their life, the devastating impact reaches far beyond the immediate family to schools, workplaces and the wider community.

World **Suicide** Prevention Day, initiated by the World Health Organisation, aims to bring the issues surrounding **suicide** to light.

**Suicide** is complex. There is no one reason why someone may choose to end his or her life.

Each **suicide** is different and can be triggered by a range of factors including relationship problems, drug and alcohol misuse, mental health problems, lack of employment, or problems with family and the law.

However it is important to remember that few people want their life to end, rather they want the pain and difficulties they are experiencing to stop.

Most people who plan to commit **suicide** do express signs of intent but these are often not recognised or understood.

Some behavioural warning signs may include:

\* Talking about **suicide**

\* Making a **suicide** plan

\* Self-harming or previous **suicide** attempt

\* Social withdrawal from family and friends

\* Giving away prized possessions

\* Uncharacteristic use of alcohol and drugs

\* Little interest in the future

\* Increase in risk-taking behaviour

\* Tidying or finalising affairs

\* A sense of hopelessness/helplessness

\* Giving up activities that were previously important

Spend time with the person and voice your concerns. Ask if they are thinking of **suicide.** This can be hard but you won't put the idea in a person's head by talking about it and it may be a relief for them to be able to express their feelings.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** NTN

**SUBJECT:** SUICIDE (97%); STATISTICS (90%); MENTAL ILLNESS (79%); HEALTH DEPARTMENTS (78%); HEALTH CARE (57%); PUBLIC HEALTH ADMINISTRATION (56%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (56%)

**STATE:** NORTHERN TERRITORY, AUSTRALIA (93%)

**COUNTRY:** AUSTRALIA (93%)

**LOAD-DATE:** September 9, 2009

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Blacktown Advocate (Australia)

**September** 10, 2008 Wednesday

1 - MB Edition

**Salvos offer hope to those affected by suicide plague**

**SECTION:** Pg. 32

**LENGTH:** 275 words

THE Salvation Army, shocked by new figures showing one Australian life is being lost to **suicide** every five hours, is launching a new Hope For Life program and three major initiatives aimed at reducing **suicide** in the community.

The programs are aimed at both training people in **suicide** prevention and helping those bereaved through **suicide**.

Research shows that people who have lost a loved one by **suicide** are at a higher risk of **suicide** themselves.

The Salvos, who set up the world's first anti-**suicide** bureau in 1907, are launching the National Hope Line for bereaved and two online training programs to provide people with education and awareness in **suicide** prevention and support.

"There are too many myths about **suicide**," a spokesman for the Salvos said.

"It's a myth to think only experts can prevent it. It's a myth to think people who talk about **suicide** won't do it. It's a myth to think you cannot stop **suicide** happening.

``It's a myth to think confronting people about **suicide** may increase the risk. It's a myth to think suicidal people want to die.

``Many in fact want to live a better and happier life. What they are saying is that they need help and relief from the intense emotional pain they are experiencing."

The Living Hope online program is for people who work with the bereaved through **suicide**.

The other online training program is for members of the public so they can learn to spot warning signs that someone around them may be in trouble.

\*People wanting more information about the new online training programs should go to suicideprevention.salvos.org.au. People who have been bereaved should call 1300 467 354 to speak with a counsellor.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** BAG

**SUBJECT:** SUICIDE (92%); WEB BASED TRAINING (90%); DEATHS (78%); RELIEF ORGANIZATIONS (74%); PREVENTION & WELLNESS (77%)

**ORGANIZATION:** THE SALVATION ARMY (91%)

**LOAD-DATE:** September 9, 2008

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Northern District Times (Australia)

**September** 10, 2008 Wednesday

1 - MB Edition

**Salvos build hope**

**SECTION:** Pg. 24

**LENGTH:** 276 words

THE Salvation Army - shocked by new figures showing one Australian life is being lost to **suicide** every five hours - is launching a new Hope For Life program and three major initiatives aimed at reducing **suicide** in the community.

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\* People wanting information about the online programs should go to suicideprevention.salvos

.org.au. People who have been bereaved should call 1300 467 354 to speak with a telephone counsellor.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** NDG

**SUBJECT:** SUICIDE (92%); DEATHS (78%); WEB BASED TRAINING (77%); RELIEF ORGANIZATIONS (74%); PREVENTION & WELLNESS (77%)

**ORGANIZATION:** THE SALVATION ARMY (91%)

**LOAD-DATE:** September 11, 2008

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Hill Shire Times (Australia)

**September** 9, 2008 Tuesday

1 - MB Edition

**Salvos act on suicide plague**

**SECTION:** Pg. 36

**LENGTH:** 274 words

THE Salvation Army shocked by new figures showing one Australian life is being lost to **suicide** every five hours is launching a new Hope For Life program and three major initiatives aimed at reducing **suicide** in the community.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** HSG

**SUBJECT:** SUICIDE (92%); WEB BASED TRAINING (90%); DEATHS (78%); RELIEF ORGANIZATIONS (74%); PREVENTION & WELLNESS (77%)

**ORGANIZATION:** THE SALVATION ARMY (91%)

**LOAD-DATE:** September 8, 2008

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The Irish Times

**August** 30, 2007 Thursday

**WHO man says suicides among the young rising**

**BYLINE:** Eithne Donnellan, Health Correspondent, in Killarney

**SECTION:** IRELAND; World conference on suicide; Pg. 8

**LENGTH:** 435 words

There are about one million deaths from **suicide** around the world every year with one person taking their own life every 45 seconds, the world congress of the International Association for **Suicide** Prevention heard yesterday.

Dr Jose Manoel Bertolote of the World Health Organisation told delegates attending the conference in Killarney that in addition to this there were between 10 and 40 million **suicide** attempts, or one **suicide** attempt every five seconds, across the globe.

"This is a serious public health problem as well as a tragedy for families," he said.

He added that traditionally **suicide**, which he described as a terrible plague, had been highest among the elderly but in many countries now like Ireland and New Zealand **suicide** rates peaked among younger age groups.

"We are witnessing a serious shift," he said.

He said the WHO was working with 25 countries to develop strategies for **suicide** prevention. "**Suicide** is a public health issue that can and should be prevented," he added. One of the main issues for many countries was having appropriate mental healthcare services, he said.

The conference heard details of how **suicide** trends vary across countries and Prof Michael Philips, executive director of the Beijing **Suicide** Research and Prevention Centre, told delegates that in China the **suicide** rate is twice that of Ireland and is far more common in rural than urban areas.

There are an estimated 287,000 **suicides** a year in China.

Furthermore, he said, research in China had found that about one-third of those who die by **suicide** and two-thirds of those who attempt **suicide** had no diagnosable mental illness.

This differed, he said, from in the west where "at least 95 per cent" of people who die by **suicide** have a diagnosable mental illness.

"A lot of the **suicides** in China are impulsive, a fight with the husband and you go home, you take pesticide and you're dead two hours later. So even thought they are very distraught and upset at the time, this is not what we in the professional world would consider mental illness.

"So the question is how do you deal with those. Then you go to think how can you decrease impulsiveness and change people's methods of coping with particular family stress because that's the major factor that's pushing people to these impulsive **suicides**."

He said different countries needed different strategies. "Every county has its specific problems.

"For example in Ireland the increase in alcohol use, particularly binge drinking, is a serious problem.

"The question is how do you address it. How can you change that. It's a complex problem," said Prof Philips.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PUBLIC HEALTH ADMINISTRATION (90%); CONFERENCES & CONVENTIONS (90%); PREVENTION & WELLNESS (90%); ASSOCIATIONS & ORGANIZATIONS (90%); DISEASES & DISORDERS (89%); MENTAL ILLNESS (89%); FAMILY (78%); SUBSTANCE ABUSE (77%); MENTAL HEALTH (73%); HEALTH DEPARTMENTS (72%); DEMOGRAPHIC GROUPS (69%); ALCOHOL ABUSE & ADDICTION (60%)

**ORGANIZATION:** WORLD HEALTH ORGANIZATION (90%)

**CITY:** BEIJING, CHINA (55%)

**STATE:** NORTH CENTRAL CHINA (55%)

**COUNTRY:** CHINA (94%); IRELAND (90%)

**LOAD-DATE:** August 30, 2007

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The Straits Times (Singapore)

**Suicide statistics**

**April** 4, 2004 Sunday

Around 300 to 400 **suicides** are committed in Singapore each year, which works out to one a day.

Females attempt **suicide** more often. But males use more violent methods to end their lives and are more likely to die. The gender ratio of those who take their own lives is about 1.7 men to one woman here.

Most prone to killing themselves are the Chinese (with a **suicide** rate of 12 per 100,000 people per year), followed by Indians (11.2) and Malays (2.2).

Financial problems accounted for about a third of Singapore male **suicides** and 12 per cent of female **suicides** between 2000 and 2002. These ranged from debts, losses, gambling, unpaid credit card bills and loan shark pressures.

Between 1995 and 2002, there were 79 gamblers here who commited **suicide**. Of these, 68 were men and 11 women. The majority, 76 per cent, were Chinese. There was only one case each for Malays, Indians and Japanese.

An overwhelming 70 per cent of Singaporeans who commit **suicide** jump to their death from high-rise buildings. The rest hang, gas, poison, burn or drown themselves.

Between 2000 and 2002, 29 Indian foreign workers here took their own lives. Another 30 Indonesian maids and six Filipino maids also committed **suicide** in the same time frame.

Overall, Singapore's rate of female **suicides** ranked 14th and male **suicides** 28th out of 50 countries ranked worldwide.

The most **suicide** prone countries in the world today are former Eastern bloc communist countries such as Hungary, Lithuania and Latvia, where hardship, instability and regime change have taken their toll.

In most Western countries, winter traditionally sees a lower rate of **suicide** and summer a higher rate. Singapore, which doesn't have seasons, seems to have no concrete **suicide** pattern. But popular days for **suicide** here are the second day of Chinese New Year, New Year's Day, Christmas, Labour Day and Deepavali.

Helplines

Samaritans of Singapore: 1800-221-4444 Kin of **suicide** victims can also attend SOS' Healing Bridge programme. The next meeting is on April 15, at 7.30pm, at SOS headquarters, Block 10, Cantonment Close, #01-01. Call Mei Lin on 6221-2122 for more information.

Care Corner Mandarin Counselling Centre helpline: 1800-353-5800 (10am to 10pm daily)

Family Service Centre: 1800-838-0100

SUICIDE (96%); MEN'S HEALTH (90%); MEN (90%); HOLIDAYS & OBSERVANCES (86%); CHINESE NEW YEAR (78%); PERSONAL DEBT (74%); DIWALI (70%); CHRISTMAS (63%); FAMILY SERVICES (61%); CREDIT CARDS (54%);

**SECTION:** Think

**LENGTH:** 379 words

**LOAD-DATE:** April 3, 2004

**LANGUAGE:** ENGLISH

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San Mateo County Times (San Mateo, CA)

**February** 22, 2003 Saturday

**Is the media contributing to suicides on Caltrain tracks?;**

**One Caltrain official believes suicide victims are imitating what they read in the newspaper**

**BYLINE:** By Justin Jouvenal, STAFF WRITER

**SECTION:** FRONT PAGE

**LENGTH:** 692 words

Is the media contributing to Caltrain **suicides**?

After a recent spate of people taking their lives in front of speeding trains on Caltrain tracks, one prominent rail safety official said he is convinced that newspaper and TV coverage is spurring copycat **suicides**.

"The media's job is to report, no question about it," said Art Lloyd, president of the state chapter of Operation Lifesaver and a member of Caltrain's board of directors. "But part of the **suicide** problem is people looking in the newspaper and thinking 'This is a good way to take my life.'"

The link between media coverage and **suicide** is a thorny question with no clear-cut answer, but one Caltrain officials have often grappled with as they seek to stop **suicides** that have claimed the lives of 118 people since 1992.

Lloyd calls the phenomenon the "Golden Gate Syndrome," after heavy media coverage of jumpers from the Golden Gate Bridge, he believes, drew other people to take their lives in the same way.

Lloyd said he would not tell the media how to cover Caltrain **suicides**, but said press accounts of deaths are often too sensational. Many other Caltrain officials don't see a link between media coverage and **suicide**.

"[**Suicide** victims] are already in a certain state of mind," said Mike Nevin, a County Supervisor and a Caltrain board member. "I don't see how what's printed in the newspaper really affects that."

But at least one study shows coverage of **suicide** by a prominent newspaper or television news may have the effect of increasing **suicide** among readers or viewers, especially when **suicide** stories are frequent and prominently played.

In 1994, an Austrian research team found **suicides** and attempted **suicides** in front of the Vienna subway dropped by 80 percent in the six months after reporters began covering the **suicides** less extensively and dramatically.

The total number of **suicides** in Vienna also dropped as well.

Local newspapers defended their coverage of Caltrain **suicides**.

"Caltrain is a form of public transportation that people take, so they need to know about **suicides**," said Jamie Casini, mid-County editor for The Independent. "I just feel that a person that is going to commit **suicide** is very depressed ... they are going to commit **suicide** anyway regardless of newspaper coverage."

Eve Meyer, executive director of the San Francisco **Suicide** Prevention, said there are steps newspapers can take steps to present a balanced picture of **suicides**.

"Stories should be written matter-of-factly," Meyer said. "They should also not make the **suicide** seem inevitable, mysterious or magnetic in any way."

Caltrain officials said they would never ask the media to stop covering **suicides**, even though since the 1980s most media outlets have curtailed their coverage of people jumping off the Golden Gate Bridge.

"It's not an apple to apple comparison," said Rita Haskin, chief communications officer for Caltrain. "When someone commits **suicide** in front of Caltrain, it affects hundreds of riders and can close streets. A Caltrain **suicide** has an impact beyond someone just jumping off the Golden Gate Bridge."

But Caltrain officials have undertaken a vigorous campaign to curb images of unsafe use of the rails in the media. Caltrain officials wrote to Macy's a few years ago when the department store ran a clothing add featuring people walking on train tracks.

They have also written letters to The Times and San Francisco Chronicle, when similar pictures have appeared in those newspapers.

In recent years, Caltrain officials have taken a number of steps to curb **suicides**, including fencing in sections of track and posting hundreds of signs that have **suicide** prevention hotline phone numbers along the rails and in stations.

So far, there have been six deaths on the rails this year, including five **suicides**. The County Coroner has not made a ruling on the sixth death.

" When someone commits **suicide** in front of Caltrain, it affects hundreds of riders and can close streets. A Caltrain **suicide** has an impact beyond someone just jumping off the Golden Gate Bridge."

Rita Haskin

CHIEF COMMUNICATIONS OFFICER FOR CALTRAIN

**SUBJECT:** SUICIDE (92%); RAIL TRANSPORTATION (90%); NEWS REPORTING (78%); TELEVISION INDUSTRY (77%); COUNTY GOVERNMENT (77%); TELEVISION NEWS SHOWS (77%); TELEVISION PROGRAMMING (77%); PUBLIC TRANSPORTATION (73%); RAIL TRANSPORTATION SAFETY (73%); BOARDS OF DIRECTORS (71%); EXECUTIVES (71%);

**COMPANY:** MEDIA EDGE (58%);

**PERSON:** ART LLOYD (56%);

**CITY:** VIENNA, AUSTRIA (90%); SAN FRANCISCO, CA, USA (79%);

**STATE:** CALIFORNIA, USA (79%);

**COUNTRY:** AUSTRIA (90%); UNITED STATES (79%); CENTRAL EUROPE (53%);

**LOAD-DATE:** June 17, 2003

**LANGUAGE:** ENGLISH

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Korea Times

**December** 15, 2000, Friday

**Police Probing Internet 'Suicide Site' in Connection with Deaths**

**LENGTH:** 302 words

The police are investigating the deaths of two college students who allegedly committed **suicide** Thursday after visiting an Internet site which advocates **suicide,** local police said.

A spokesman for Kangnung Police Station said two college students were found dead in a motel room, apparently after drinking poison around 1 a.m.

The police rushed to the scene after another college student, identified only as Kim, 26, informed them of the incident. Kim said he was with the two students at the time of their alleged **suicides.**

Kim called the police while returning to Seoul, where he attends college, after witnessing the **suicides.**

He was quoted as saying, "I met them through an Internet **suicide** site.

Everybody else just talked about committing **suicide.** They actually did it."

"I felt so afraid that I ran away," he said.

Although Kim made the call anonymously, the police were able to track him down by tracing his call.

The initial police investigation revealed that the three arrived in Kangnung in Kim's car Wednesday night and drank together at a pub before entering the motel.

One of the two alleged **suicides** had spent time in a psychiatric hospital after attempting to commit **suicide** in September and the other was under pressure to repay credit card debts incurred through gambling on horse- races, the police said.

To get to the bottom of the case, the police are attempting to persuade the informant to give further testimony voluntarily.

If the deaths were indeed **suicides,** it will be the country's first case of **suicide** actually being influenced by an Internet **suicide** site, although it is not yet clear which site the two students used.

Police are concerned about the possibility of copycat **suicides,** as there are a variety of **suicide** sites available on the Internet.

**SUBJECT:** SUICIDE (96%); STUDENTS & STUDENT LIFE (92%); CRIMINAL INVESTIGATIONS (92%); LAW ENFORCEMENT (90%); INVESTIGATIONS (90%); POLICE FORCES (90%); INTERNET & WWW (78%); PERSONAL DEBT (73%); CREDIT CARDS (51%); HOTELS & MOTELS (77%);

**COUNTRY:** SOUTH KOREA (78%);

**CITY:** SEOUL, SOUTH KOREA (54%);

**LOAD-DATE:** December 18, 2000

**LANGUAGE:** ENGLISH

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Contra Costa Times (California)

**May** 28, 2000 Sunday FINAL EDITION

**GROUPS SEEK TO CUT GUN SUICIDES;**

**THE NATIONAL RIFLE ASSOCIATION DENIES THAT FIREARMS ARE RESPONSIBLE FOR THE INCREASE**

**OTHERS SAY THE TWO ARE DIRECTLY RELATED**

**BYLINE:** Eunice Moscoso

**SECTION:** NEWS; Pg. A07

**LENGTH:** 681 words

WASHINGTON Gun control advocates talk about "the gun show loophole" and "child safety locks." People who support owning firearms talk about "our constitutional rights" and "self-defense." But one word is rarely mentioned in the gun debate: **suicide**.

This, despite the fact that more people in the United States die from **suicides** than homicides, and most **suicides** are committed with a

gun.

When groups pushing for gun control quote numbers for "violent gun deaths," they include **suicides**, which often account for more than half of the total.

When the National League of Cities erected a "Wall of Gun Deaths" at the Million Mom March this month, 658 of the names on it were **suicide** victims.

"If you have a gun in the home, the risk of **suicide** is five times higher," said Kimberly Mariani, a spokeswoman for Handgun Control Inc., the leading gun control advocacy organization.

The group says reducing the number of guns will help reduce **suicides**. They cite studies showing that many **suicides** are the result of impulsive behavior and that the increased rate of youth **suicide** over the past four decades is largely related to the use of guns.

According to the Centers for Disease Control and Prevention, the **suicide** rate for people 15 to 19 years old increased 11 percent from 1980 to 1997, and most of that increase is due to gun **suicides**.

In 1997, 1,135 teens in that

age group committed **suicide** with a gun.

Over all age groups, guns were involved in 17,566 of the 30,535 **suicides** that year, the CDC reported.

The National Rifle Association denies that guns are responsible for **suicides**.

The group says firearms are "merely implements utilized to accomplish the act, implements for which others would be substituted if firearms were not available."

The NRA also contends that availability of guns in a city or country does not translate into a high rate of **suicide**.

A cause-and-effect relationship between guns and **suicide** rates is hard to establish.

For example, in the District of Columbia, the **suicide** rate is lower than in any state, while the gun homicide rate is high.

The low **suicide** rate is likely a consequence of the racial makeup of the district, which is mostly black. In 1997, white males accounted for 72 percent of all **suicides**, and whites as a group accounted for 90 percent, according to the CDC.

International comparisons are of little help, because reporting methods vary among countries, as do cultural and religious attitudes toward **suicide**.

According to a recent report from the World Health Organization, the **suicide** rate in Israel is low 8.2 per 100,000 in 1996 compared with a U.S. rate of 19.3 even though many households have guns because of compulsory military duty for men and women.

But in the United Kingdom, where gun control laws are strict, the 1997 **suicide** rate is also lower than in the United States, 11 per 100,000.

Many counselors and doctors strongly support gun control as a method of reducing **suicides**.

Alan Berman, executive director of the American Association of Suicidology, said that the probability of death in a gun **suicide** attempt is 92 percent, much higher than with other methods.

"Unfortunately, it's lethal in a moment of despair," he said. "It doesn't give the person a chance to change their mind."

Firearm safety is one of the goals of the Washington-based nonprofit association that promotes research and public education about **suicide** and training for crisis volunteers.

Berman advocates several gun control proposals, including child trigger locks, part of a juvenile crime package that is stuck in Congress.

The Senate last year passed a crime bill that would require the locks, require buyers at gun shows to undergo background checks, and ban importing large-capacity ammunition clips. The bill would also prohibit juveniles with serious criminal records from possessing guns for life.

A similar House bill did not include the gun provisions, and a compromise between the two versions has eluded negotiators, with the gun show language being the biggest sticking point.

**SUBJECT:** GUN CONTROL (93%); SUICIDE (92%); FIREARMS (91%); SHOOTINGS (90%); TEEN SUICIDE (90%); DEMOGRAPHIC GROUPS (87%); CHILDREN'S HEALTH (78%); CHILDREN (78%); ADOLESCENTS (77%); US FEDERAL GOVERNMENT (76%); HOMICIDE (76%); CRIME RATES (76%); PUBLIC HEALTH ADMINISTRATION (72%); EPIDEMIOLOGY (72%); VIOLENT CRIME STATISTICS (71%); CITY LIFE (70%); CITIES (70%); DISEASES & DISORDERS (65%); RELIGION (50%); UNITED NATIONS INSTITUTIONS (50%); ASSOCIATIONS & ORGANIZATIONS (90%);

**ORGANIZATION:** NATIONAL RIFLE ASSOCIATION OF AMERICA (84%); NATIONAL LEAGUE OF CITIES (57%); NATIONAL LEAGUE OF CITIES (57%); BRADY CENTER TO PREVENT GUN VIOLENCE (56%); BRADY CENTER TO PREVENT GUN VIOLENCE (56%); CENTERS FOR DISEASE CONTROL & PREVENTION (55%);

**STATE:** DISTRICT OF COLUMBIA, USA (79%);

**COUNTRY:** UNITED STATES (94%); ISRAEL (79%); UNITED KINGDOM (79%);

**LOAD-DATE:** January 30, 2002

**LANGUAGE:** ENGLISH

**GRAPHIC:** Cox News Service

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The Age (Melbourne, Australia)

**March** 30, 2000 Thursday

State Edition

**Male teenage suicide rate doubles over two decades**

**BYLINE:** KERRY TAYLOR

**SECTION:** NEWS; Pg. 2

**LENGTH:** 344 words

CANBERRA

Australians are killing themselves at a younger age, with male teenage **suicide** rates doubling over the past two decades.

Australian Bureau of Statistics figures released yesterday show 2683 people committed **suicide** in 1998, a slight fall on 1997 figures but still the second highest number since statistics were first recorded in 1921.

Overall **suicide** rates have remained relatively static since 1921, accounting for about 1-2 per cent of deaths, the report said.

The biggest increase in deaths from **suicide** occurred in the 15 to 24 age group. In 1921, **suicide** deaths accounted for only 3 per cent of male fatalities in this age group, but increased to 27 per cent by 1998.

The report said the rise was partly the result of declining death rates from car accidents and cancer.

**Suicide** deaths in this age group have more than doubled since 1976-80 when it accounted for just under 12 per cent of male deaths.

"The rising trend in **suicide** death rates among the young, and particularly among males, began in the 1960s and gathered momentum in the 1980s," the report said.

Female **suicides** in this age group also increased substantially as a proportion of all causes of death from 1921 to 1998, rising from 1.3 per cent to 16 per cent.

In 1921, people older than 65 had the highest rate of death by **suicide**. By the 1960s it shifted to the 50 to 54 age group and by 1996 those in the 25 to 29 age group had the highest **suicide** rate.

**Suicide** rates peaked in the Depression and fell during World War II, rising again in 1963 when it accounted for 17.5 deaths per 100,000 people.

Although male **suicide** rates have always been significantly higher than female rates, the ratio has varied from a high of five male **suicide** deaths for every female **suicide** in 1921, to a low of two-to-one in 1966.

**Suicide** has remained a largely male tragedy. Unmarried and divorced people and those living in rural areas are more likely to die from **suicide** than people who are married and living in the city.

In 1998, the Northern Territory recorded the highest death rate from **suicide** (21 per 100,000).

**GRAPHIC:** Graph: Suicide death rates, Source: ABS

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (98%); DEATHS & DEATH RATES (92%); STATISTICS (90%); DEATHS (90%); MEN (89%); TRENDS (78%); TRAFFIC ACCIDENTS (70%); CITIES (50%); CITY LIFE (50%); RURAL COMMUNITIES (50%)

**CITY:** CANBERRA, AUSTRALIA (89%); MELBOURNE, AUSTRALIA (58%)

**STATE:** VICTORIA, AUSTRALIA (79%); AUSTRALIAN CAPITAL TERRITORY (74%); NORTHERN TERRITORY, AUSTRALIA (58%)

**COUNTRY:** AUSTRALIA (90%)

**LOAD-DATE:** July 24, 2007

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Sydney Morning Herald (Australia)

**July** 27, 1994 Wednesday

Late Edition

**RURAL SUICIDES RISE WITH MISFORTUNE ON THE LAND**

**BYLINE:** MALCOLM KNOX

**SECTION:** NEWS AND FEATURES; Pg. 8

**LENGTH:** 492 words

Hard times are driving increasing numbers of NSW farmers to **suicide** and the real incidence of rural **suicide** may be much higher than has been reported, a State parliamentary inquiry heard yesterday.

A "wall of silence" surrounds rural **suicide**, and many reported car accidents are disguised **suicides**, a farmers' representative told the inquiry.

The Upper House Committee on Social Issues was also told that while NSW ranks highly in **suicide** preventative care, awareness of suicidal tendencies remains low among rural communities.

The acting chief executive of the NSW Farmers' Association, Mr Terry Ryan, said **suicide** trends were "always related to the economic fortunes of farmers"

Since the 1960s, when NSW farms began disappearing at the rate of five to eight a week, the rate of **suicide** among young males in rural areas has risen by up to 10 times.

The largest increase has been among males aged from 15 to 19 in towns with fewer than 4,000 people, where the rate has risen from 3.6 **suicide** deaths per 100,000 people in the mid-60s to 31.6 per 100,000 in 1991.

The latest Australian Bureau of Statistics figures do not cover the present drought, but Mr Ryan said **suicides** followed economic fortunes, even on a year-by-year basis.

"There has been a drop-off in the number of reported **suicides** after a good crop last year, but things are worse this year and we expect an increase again early next year, when farmers' bills are due," he said.

Rural **suicide** was underreported, because there was "a wall of silence when discussion of **suicide** came in".

Mr Ryan said the social stigma of **suicide** for rural families caused suicidal men to drive their cars deliberately into trees or oncoming trucks.The director of mental health with the NSW Department of Health, Dr Noel Wilton, said NSW ranked highest among Australian States in caring for suicidal patients in rural areas, but a lack of community awareness obstructed successful **suicide** prevention.

"Breaking down the stigma of **suicide** means reducing discrimination against people with mental illness," Dr Wilton said. Eighty-five per cent of **suicide** victims were found to have a pre-existing mental disorder.

Dr Wilton said another effective method of reducing **suicide** was limiting access to the means to commit **suicide**.

He listed firearms, car exhaust fumes with a high carbon monoxide content and barbiturates among the reducible means.

Firearms, while on the decline as a factor in the overall **suicide** toll, were still commonly used in rural **suicide**.

Dr Wilton recommended tighter gun registration and storage laws.

The State president of the Sporting Shooters' Association, Mr Roy Smith, rejected calls for tighter gun controls.

Mr Smith told the committee gun-owners were not over-represented in **suicides**, and the registration of all firearms was neither possible nor desirable.

"NSW gun laws are already very onerous, and making them tighter would discourage owners from coming forward and registering them," he said.

**GRAPHIC:** GRAPH: YOUNG MALES - THE TOLL

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (90%); INVESTIGATIONS (90%); RURAL COMMUNITIES (89%); MENTAL ILLNESS (89%); ASSOCIATIONS & ORGANIZATIONS (89%); GUN CONTROL (86%); FIREARMS (84%); FARMERS & RANCHERS (78%); DEATHS (78%); TRENDS (78%); STATISTICS (78%); VEHICLE EMISSIONS (77%); SOCIETAL ISSUES (76%); PUBLIC HEALTH ADMINISTRATION (76%); PREVENTION & WELLNESS (76%); MENTAL HEALTH (73%); TRAFFIC ACCIDENTS (72%); HEALTH DEPARTMENTS (71%); EXECUTIVES (70%); CARBON MONOXIDE (60%); DISCRIMINATION (50%) Inquiries

**STATE:** NEW SOUTH WALES, AUSTRALIA (91%)

**COUNTRY:** AUSTRALIA (91%)

**LOAD-DATE:** July 23, 2007

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Health Service Journal (HSJ)

**September** 10, 2012 Monday

**Suicide prevention funding pledged**

**LENGTH:** 524 words

The government has promised to pump £1.5m into research exploring how to prevent **suicides** among those most at risk of taking their own lives.

The pledge comes as ministers unveiled a new **suicide** prevention strategy that is aiming to cut the **suicide** rate and provide more support to bereaved families

Funding will be used to look at how **suicides** can be reduced among people with a history of self-harm.

Researchers will also focus on cutting **suicides** among children and young people and exploring how and why suicidal people use the internet.

Launching the new strategy to coincide with World **Suicide** Prevention Day, care services minister Norman Lamb said: "One death to **suicide** is one too many - we want to make **suicide** prevention everyone's business.

"Over the last 10 years there has been real progress in reducing the **suicide** rate, but it is still the case that someone takes their own life every two hours in England.

"We want to reduce **suicides** by better supporting those most at risk and providing information for those affected by a loved one's **suicide**."

Around 4,200 people in England took their own lives in 2010 and **suicide** continues to be a public health issue - especially in the current period of economic uncertainty, the Department of Health said.

The **suicide** rate is highest amongst men aged between 35-49, while men are three times more likely than women to take their own life, according to statistics.

The new strategy, which is being backed by charity the Samaritans, is the first in more than 10 years.

Under the fresh approach, the government will work with the UK Council for Child Internet Safety to help parents ensure their children are not accessing harmful **suicide**-related websites.

It will also aim to reduce opportunities for **suicide** by ensuring prisons and mental health facilities keep people safer.

Improved support for high-risk groups - such as those with mental health problems and people who self-harm - and well as those bereaved or affected by **suicide** will also be offered.

Chair of the National **Suicide** Prevention Strategy Advisory Group, Louis Appleby said: "**Suicide** does not have one cause - many factors combine to produce an individual tragedy.

"Prevention too must be broad - communities, families and front-line services all have a vital role.

"The new strategy will renew the drive to lower the **suicide** rate in England."

Around 50 national organisations from the voluntary, statutory and private sectors have also agreed to work together to tackle **suicide** by sharing best practice and providing support to those in need.

Simon Lawton-Smith, head of policy at the Mental Health Foundation, said: "We welcome this new strategy. It provides continuing momentum to the good work done over the past decade in reducing the number of people who take their own lives each year.

"However, there are still over five and a half thousand **suicides** each year in the UK, with over 4,000 of these occurring in England alone. More worryingly, the recent decrease in the **suicide** rate seems to have halted. It is therefore even more important that **suicide** prevention remains a high priority in a time of continued economic uncertainty."

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Magazine

**JOURNAL-CODE:** Health Service Journal

**SUBJECT:** SUICIDE (97%); TEEN SUICIDE (90%); PREVENTION & WELLNESS (90%); CHILDREN (89%); MENTAL HEALTH (89%); FAMILY (89%); PUBLIC HEALTH ADMINISTRATION (78%); MENTAL ILLNESS (78%); HEALTH DEPARTMENTS (77%); BEST PRACTICES (77%); STATISTICS (72%); MEN (70%); INTERNET & WWW (70%); ASSOCIATIONS & ORGANIZATIONS (69%)

**COUNTRY:** ENGLAND (93%); UNITED KINGDOM (79%)

**LOAD-DATE:** September 10, 2012

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Wauchope Gazette

**October** 27, 2011 Thursday

**ACCORDING to recent figures for every 4**

**SECTION:** EARLY GENERAL NEWS; Pg. 5

**LENGTH:** 227 words

ACCORDING to recent figures for every 4 older people thinking about **suicide**, one of them will act on their thoughts and take their own life. Think about what this means. If your (four) grandparents where considering **suicide** as an option, statistically one of them would act on those thoughts. To combat the threat of **suicide** Lifeline is presenting safeTALK. This half-day talk aims to increase **suicide** alertness. Lee-Ann Foord, Life Matters co-ordinator for Lifeline Mid Coast, said the more people we have trained in being alert to **suicide**, the more lives we can save. "This program alerts community members to signs that a person may be considering **suicide**," she said. "It acknowledges that while most people at risk of **suicide** signal their distress and invite help, these intervention opportunities are often overlooked. Participants learn to recognise when someone may have thoughts of **suicide** and to respond in ways that link them with further **suicide** intervention help." safeTALK raises awareness and contributes to a **suicide** safer community. **Suicide** alert community members are better prepared to become a vital link in connecting persons at risk with further help. safeTALK will be held at Lifeline, Sherwood Road Port Macquarie on Wednesday November 2 from 9am - 12.30pm. Cost $35. For bookings and information please phone the Lifeline office 6581-2800.

**GRAPHIC:** Life Matters ... Lee-Ann Foord Life Matters Coordinator for Lifeline Mid Coast.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (92%); SENIOR CITIZENS (78%)

**LOAD-DATE:** November 4, 2011

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The Times of India (TOI)

**November** 30, 2014 Sunday

**Suicides among men surge by 29% in city within one year**

**BYLINE:** Nishikant Karlikar

**SECTION:** NAVI MUMBAI

**LENGTH:** 364 words

Navi Mumbai: Data from the Criminal Investigation Department (CID) revealed that the number of men committing **suicides** within the Navi Mumbai police commissionerate has gone up by almost 29% in the one-year period between 2012 and 2013.

Interestingly, out of the total number of **suicides**, males top the chart. In 2013, out of a total of 258 **suicides**, 174 were committed by men, which is about 67% of the total **suicides** in the year.

The figures also show that there has been an overall increase in the number of **suicides** in Navi Mumbai compared to the previous year. The CID data reveals that in 2012, 217 people had committed **suicide**, out of which 135 were men and 82 were women.

Among the total number of **suicides** in the state, Mumbai is at top with 1,322 **suicides**, followed by Pune (880), Jalgaon (790), Pune Rural (673) and Thane (653). The data also reveals that the least number of **suicides** were recorded in the smaller towns like Sindhudurg (117), Gondia (147) and Washim (175).

A senior police officer told TOI that most of the people ended their lives by hanging themselves, jumping from high-rises, consuming poison, having an overdose of drugs, jumping in a water body and, in rare cases, by setting themselves on fire. Committing **suicide** by shooting themselves constituted the rarest of cases.

The police said that they were unable to attribute the rise in the total number of **suicides** to any one factor. However, going by the cases registered, the tendency to commit **suicide** was observed in people irrespective of socio-economic status. Some of the most common reasons were family problems, illness, depression, marital problems and peer pressure.

"Among youngsters, relationship issues and high stress as a result of growing educational expectations are considered as the main reasons behind the growing rate of **suicides**. In recent years, emotional issues or failed love affairs have been seen in many cases of **suicide**," said a senior police officer.

Men rank higher than women even in the entire state. The data stated that in 2013, 16,622 people committed **suicide** out of which 11,892 were men, which is roughly 71% of the total cases of **suicide**.

For Reprint Rights: timescontent.com

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MEN (90%); INVESTIGATIONS (90%); CRIMINAL INVESTIGATIONS (90%); LAW ENFORCEMENT (89%); DEPRESSION (78%); FAMILY (63%)

**CITY:** MUMBAI, MAHARASHTRA, INDIA (92%)

**STATE:** MAHARASHTRA, INDIA (92%)

**COUNTRY:** INDIA (92%)

**LOAD-DATE:** November 29, 2014

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BBC Monitoring Middle East - Political

Supplied by BBC Worldwide Monitoring

**October** 22, 2014 Wednesday

**Editorial comments on Sudan suicide rates**

**LENGTH:** 410 words

Text of editorial" **Suicides!**" in English by Sudanese government newspaper Sudan Vision website on 22 October

Last week the newspapers published several articles about Sudanese citizens who committed **suicide**. From those a news about a kid who hanged himself with his mother's scarf, the Ethiopian who was found hanged on a tree, a bride who was found floating on the Nile and the youngster who burnt himself after pouring benzene on his body. An official report issued by civil defence police revealed the pulling out of two to three corpses daily from the River Nile including several **suicide** cases. According a report from World Health Organizations (WHO) issued last month Sudan registered the highest record of **suicide** cases in the Arab World.

The report of World Health Organizations (WHO) on **suicide** prevention called for coordinated action to reduce **suicides** worldwide considering that more than 800 000 people die by **suicide** every year - around one person every 40 seconds. According to WHO report on **suicide** prevention, some 75 percent of **suicides** occur in low- and middle-income countries. Pesticide poisoning, hanging and firearms are among the most common methods of **suicide** globally. According to statistics **suicide** rate in Sudan is 11.5 against every 100 thousand persons which is very high. The question is do we have any institution that follow-up and monitors the **suicide** cases within the society?

Such official body is very important to determine the causes of each case individually for the purpose of study and analysis to come out with recommendations that lead to, at least, reducing the rate. Reducing access to means of **suicide** is one way to reduce deaths. Other effective measures include responsible reporting of **suicide** in the media, such as avoiding language that sensationalizes **suicide** and avoiding explicit description of methods used, and early identification and management of mental and substance use disorders in communities and by health workers in particular.

Follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted **suicide**, together with provision of community support, are essential, because people who have already attempted **suicide** are at the greatest risk of trying again. It is high time to take effective measures even just starting at local level as World Health Organizations (WHO) recommends.

Source: Sudan Vision website, Khartoum, in English 22 Oct 14

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Transcript

**SUBJECT:** SUICIDE (96%); EDITORIALS & OPINIONS (92%); ASSOCIATIONS & ORGANIZATIONS (89%); PREVENTION & WELLNESS (74%); POISONINGS (73%); NEWS REPORTING (73%); STATISTICS (67%); ENVIRONMENTAL ILLNESS (66%); PESTICIDES (52%)

**STATE:** NILE RIVER (88%)

**COUNTRY:** SUDAN (99%); ETHIOPIA (92%)

**LOAD-DATE:** October 22, 2014

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Daily Regional Times

**September** 12, 2014 Friday

**800,000 die by suicide globally every year: WHO's first report**

**SECTION:** Vol. VIII No. 611

**LENGTH:** 545 words

More than 800,000 people die by **suicide** every year - around one person every 40 seconds, according to WHO's first global report on **suicide** prevention, published today. Some 75% of **suicides** occur in low- and middle-income countries. Pesticide poisoning, hanging and firearms are among the most common methods of **suicide** globally. Evidence from Australia, Canada, Japan, New Zealand, the United States and a number of European countries reveals that limiting access to these means can help prevent people dying by **suicide**. Another key to reducing deaths by **suicide** is a commitment by national governments to the establishment and implementation of a coordinated plan of action. Currently, only 28 countries are known to have national **suicide** prevention strategies. **Suicide** occurs all over the world and can take place at almost any age. Globally, **suicide** rates are highest in people aged 70 years and over. In some countries, however, the highest rates are found among the young. Notably, **suicide** is the second leading cause of death in 15-29 year-olds globally.

"This report is a call for action to address a large public health problem which has been shrouded in taboo for far too long" said Dr Margaret Chan, Director-General of WHO. Generally, more men die by **suicide** than women. In richer countries, three times as many men die by **suicide** than women. Men aged 50 years and over are particularly vulnerable. In low- and middle-income countries, young adults and elderly women have higher rates of **suicide** than their counterparts in high-income countries. Women over 70 years old are more than twice as likely to die by **suicide** than women aged 15-29 years.

Reducing access to means of **suicide** is one way to reduce deaths. Other effective measures include responsible reporting of **suicide** in the media, such as avoiding language that sensationalizes **suicide** and avoiding explicit description of methods used, and early identification and management of mental and substance use disorders in communities and by health workers in particular. Follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted **suicide**, together with provision of community support, are essential, because people who have already attempted **suicide** are at the greatest risk of trying again.

"No matter where a country currently stands in **suicide** prevention", said Dr Alexandra Fleischmann, Scientist in the Department of Mental Health and Substance Abuse at WHO, "effective measures can be taken, even just starting at local level and on a small-scale". WHO recommends countries involve a range of government departments in developing a comprehensive coordinated response.

High-level commitment is needed not just within the health sector, but also within education, employment, social welfare and judicial departments. "This report, the first WHO publication of its kind, presents a comprehensive overview of **suicide**, **suicide** attempts and successful **suicide** prevention efforts worldwide. We know what works. Now is the time to act," said Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse at WHO. The report's launch comes just a week before World **Suicide** Prevention Day, observed on 10 September every year.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); TEEN SUICIDE (89%); DEATHS (89%); WOMEN (87%); PUBLIC HEALTH ADMINISTRATION (78%); DEATHS & DEATH RATES (78%); LOW INCOME PERSONS (77%); WEALTHY PEOPLE (77%); POISONINGS (73%); MENTAL HEALTH (73%); SENIOR CITIZENS (73%); SUBSTANCE ABUSE (72%); ENVIRONMENTAL ILLNESS (72%); MEN (71%); DISEASES & DISORDERS (71%); HEALTH DEPARTMENTS (71%); NEWS REPORTING (62%); HEALTH CARE (61%); PESTICIDES (57%)

**PERSON:** MARGARET CHAN (58%)

**CITY:** KARACHI

**COUNTRY:** AUSTRALIA & NEW ZEALAND (94%); JAPAN (92%); NEW ZEALAND (92%); AUSTRALIA (92%); CANADA (92%); UNITED STATES (92%); EUROPE (92%)

**LOAD-DATE:** September 12, 2014

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The Pioneer (India)

**September** 8, 2014 Monday

**Nothing personal about suicides**

**LENGTH:** 792 words

**DATELINE:** India

India, Sept. 8 -- Governments and communities must acknowledge that **suicide** is a major threat to public health. Fighting it requires a multi-sectoral and sensitive strategy

According to a new World Health Organisation report, India accounted for the highest estimated number of **suicides** in the world in 2012. Globally, **suicides** accounted for over 8,00 000 deaths that year and the estimated **suicide** rate is the highest in WHO's South-East Asia region which includes India.

As **suicide** is a sensitive issue - and even illegal in some countries - many cases go unreported. World **Suicide** Prevention Day, observed each year on 10 September is, therefore, a global opportunity to raise awareness and promote joint action to protect those who are vulnerable to **suicide**.

**Suicide** characteristics differ based on a country's economic status. The age-standardised rate of **suicide** is higher in high-income countries. However, given that a much larger proportion of the global population resides in the low and middle-income countries, the latter account for the bulk of deaths, with 75.5 per cent of all global **suicides** occurring in these countries. Thirty-nine per cent of the **suicides** in LMICs are reported from WHO's South-East Asia region, which has 11 countries and is home to a quarter of the global population.

Overall, more men commit **suicide** than women, but again there are variations based on the economic status of the country. In richer countries, three times more men commit **suicide** than women, but in LMICs this ratio is 1.5 men to each woman. In most countries, **suicide** rates are highest in people 70 years and over, but young people aged 15-29 are also particularly vulnerable.

Pesticide self-poisoning is the most common method of **suicide**, resulting in one third of all deaths, in LMICs. In high-income countries, hanging and firearms are more common methods.

The prevalence, characteristics and methods of suicidal behaviour vary widely between different communities, in different demographic groups and over time. Consequently, up-to-date surveillance of **suicides** and **suicide** attempts is an essential component of **suicide** prevention efforts. This task is much more difficult than it appears. Obtaining high-quality actionable data is difficult. Until this changes, and communities recognise **suicide** as a public health danger, we will be on the losing side of the fight to prevent **suicides**.

Governments play a pivotal role in this fight. The first step in this battle is to create a national strategy, stating a clear commitment to **suicide** prevention. Currently, only 28 countries have such a strategy. Ensuring collaboration between multiple stakeholders and sectors-public and private-is essential.

Countries must restrict access to the most common means of **suicide**. In India and Sri Lanka, restricting access to pesticides locally through locked storage facilities has been effective in lowering **suicide** rates. Evidence from Australia, Canada, New Zealand, the US and several European countries suggests that restricting access to firearms has been associated with a drop in firearm **suicide** rates.

Follow-up care for people who have attempted **suicide** is critical, as they are at great risk of trying again. Social support within communities can help protect the vulnerable by building up their coping skills and sense of connectedness.

Responsible media reporting has also been shown to decrease **suicide** rates. This includes educating the public about **suicide**, risk factors and where to seek help; avoiding sensationalism; and avoiding detailed descriptions of suicidal acts. Governments can help by releasing public service announcements that raise awareness, identifying and treating mental and substance-use disorders as early as possible, and ensuring those vulnerable to **suicide** receive the care they need before it is too late. Mental health and alcohol policies should be integrated into overall health-care services, and Governments should ensure sufficient funding to improve these services.

Worldwide, the prevention of **suicide** has not been adequately addressed due to lack of awareness. Only a few countries have included prevention of **suicide** among their priorities. It is clear that **suicide** prevention requires intervention from outside the health sector as well. It calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, for example education, labour, police, justice, religion, law, politics and the media.

(The author is Regional Director of World Health Organisation, South-East Asia Region)

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Alberni Valley Times (British Columbia)

**May** 12, 2014 Monday

Final Edition

**Become part of a suicide-safer community through safeTALK**

**SECTION:** REGION; Pg. A3

**LENGTH:** 287 words

If you are interested in becoming part of a **suicide**-safer community, a presentation by safeTALK will take place this week.

On Thursday, May 15, from 1 to 4:30 p.m., a presentation will take place at the Alberni Valley United Church, encouraging local residents to get involved.

safeTALK is a brief training which prepares participants to identify persons with suicidal thoughts and it connects them to **suicide** first-aid resources.

The group is for everyone who wants to help prevent **suicide**, including front-line workers, clergy, volunteers, parents, grandparents, youth over age 15, teachers, law enforcement officers and anyone who wants to help prevent **suicide**.

During training, participants learn how to provide practical help by learning and practicing basic TALK (Tell, Ask, Listen, and Keepsafe) steps that facilitate links with further **suicide** first aid help for persons with thoughts of **suicide**.

Once training is complete, participants can expect to leave more able to perform an important helping role for persons with thoughts of **suicide**.

Improved **suicide** alertness can be applied in many settings from family, friends, co-workers and in relationships.

**Suicide** alert community members are better prepared to become connect persons at risk with further help, which in turn contributes to a **suicide** safer community.

**Suicide** is a critical public and community health priority. In Canada, **suicide** rates among men are roughly four times higher for women and **suicide** is the second leading cause of death among youth, ages 15 to 24. It is also the leading cause of death for those between ages 25 and 49.

The training will be held at the Alberni Valley United Church, located at 3747 Church Street.

News@avtimes.net 250-723-8171

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** News

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (94%); TEEN SUICIDE (90%); CLERGY & RELIGIOUS (72%); RELIGION (72%); FIRST AID (71%); GRANDPARENTS (70%); LAW ENFORCEMENT (55%)

**COUNTRY:** CANADA (66%)

**LOAD-DATE:** May 12, 2014

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US Official News

**September** 11, 2013 Wednesday

**Hawaii: Fiji Police Ask Public For Help With Suicide Prevention**

**LENGTH:** 369 words

**DATELINE:** Honolulu

Pacific Islands Development, The State of Hawaii has issued the following news release:

The growing trend of **suicide** cases in Fiji is a reality which needs to be addressed, says Commissioner of Police Brigadier-General Ioane Naivalurua as World **Suicide** Prevention Day is acknowledged throughout the globe today.

Brig-Gen Naivalurua has challenged members of the community to step forward and assist police address this social problem.

He said public awareness campaigns such as World **Suicide** Prevention Day is being facilitated to prevent and reduce the number of **suicide** and attempted **suicide** incidents which the Fiji Police continues to be challenged with.

"We need to raise awareness that **suicide** is preventable, improve education about causes of **suicide**, decrease stigmatization, join hands and reach out to our fellow humans who may be emotionally distressed and need our help," Brig-Gen Naivalurua said.

"It's extremely worrying that most **suicide** cases arise from an issue that could have easily been resolved through dialogue."

The Commissioner is adamant that more proactive measures need to be adopted to prevent further loss of innocent lives.

"While today has been specifically set aside to raise awareness on the prevention of **suicides**, the issue at hand needs a more concerted and continuous approach and we can't afford to wait once a year and come up with solutions to this issue, particularly since the victims are getting younger and those deemed to be in their productive years," he said.

There have been 80 cases of **suicide** and 83 cases of attempted **suicide** reported from January to August this year compared to 81 cases of **suicide** and 91 cases of attempted **suicide** were reported for the same period last year.

"As Fijians we are always proud of the fact that we live in a communal society so it is sad to see people taking their own lives because they feel isolated to the point that they feel no one around them can help with their problems " he said.

"Police can't deal with this problem alone. We are requesting families to spend time with their loved ones, understand what they're going through, listen and be more understanding."

For further information please visit: http://pidp.eastwestcenter.org/

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newswire

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); TRENDS (89%); ASSOCIATIONS & ORGANIZATIONS (76%); ISLANDS & REEFS (74%) National

**CITY:** HONOLULU, HI, USA (79%)

**STATE:** HAWAII, USA (94%)

**COUNTRY:** UNITED STATES (94%); FIJI (94%)

**LOAD-DATE:** September 12, 2013

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Daily Mirror (Sri Lanka)

**September** 10, 2013 Tuesday

**'ONLY 60 PSYCHIATRISTS FOR LANKAN PATIENTS**

**LENGTH:** 504 words

**DATELINE:** Sri Lanka

Sri Lanka, Sept. 10 -- Mental illness is a major health problem in Sri Lanka but there are only 60 psychiatrists to take care of Lankan patients while the required cadre is 2,100, a workshop was told.

The Director, Mental Health Dr. Rasanjalee Hettiarachchi told the seminar held yesterday at the Health Ministry auditorium to mark today's 'World **Suicide** Prevention Day' that there were psychological, biological, social, cultural and environmental factors that lead someone to commit **suicide**.

"Our duty is to prevent people vulnerable to committing **suicide**, to falling victims to these factors. The media has a big role to play in this endeavour by distancing the public from **suicide** mentality and refraining from highlighting information on **suicide**," she said.

The slogan of the World **Suicide** Prevention Day 2013 is 'Stigma: A major Barrier to **Suicide** Prevention'

"Despite the difficulty and complexity of fighting stigma, persons, organisations and governments committed to the dual goals of improving the quality of life of individuals suffering from mental illnesses and suicidal intentions and of reducing the huge burden of **suicide** in families and therefore, communities don't have an option. Unless stigma is confronted and challenged it will continue to be a major barrier to the treatment of mental illnesses and to the prevention of **suicide**," Dr. Hettiarachchi stressed.

World **Suicide** Prevention Day provides a special opportunity to refocus our collective energies on addressing this fundamental problem. Changing cultural attitudes about mental illness and suicidal behaviour requires a scientific awareness of the many forces that influence community norms, and the concerted effort of a wide range of community stakeholders over a prolonged period of time. "Lack of access to appropriate care is one of the factors that magnify the stigma associated with mental illness and with suicidal ideation and behaviour. This type of stigma which is deeply rooted in most societies can arise for different reason," she stressed.

Dr. Neil Fernando, Consultant Psychiatrist said **suicide** was one of the leading causes of death in the world, especially among young people. Nearly one million people worldwide die by **suicide** each year. This corresponds to one death by **suicide** every 40 seconds. The number of lives lost each year through **suicide** exceeds the number of deaths due to homicide and war combined. These staggering figures do not include nonfatal **suicide** attempts which occur much more frequently than deaths by **suicide**.

In a conciliatory note, Dr. Fernando said Sri Lanka had been able to bring down the incidences of **suicides** from a high ratio of 40/100,000 in the nineties to a low 11/100,000 right now. The target of the Health Ministry was to reduce this to a ration of 5/100,000 or less, Dr. Fernando added.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (97%); MENTAL ILLNESS (92%); PREVENTION & WELLNESS (90%); PSYCHIATRY (90%); MENTAL HEALTH PRACTICE (90%); PHYSICIANS & SURGEONS (90%); DISEASES & DISORDERS (90%); TEEN SUICIDE (89%); PSYCHOLOGY (78%); MENTAL HEALTH (78%); HEALTH DEPARTMENTS (78%); PUBLIC HEALTH ADMINISTRATION (77%); DEATHS (76%); MEDIA SYNDICATION (75%); DEATHS & DEATH RATES (66%); HOMICIDE (61%)

**COUNTRY:** SRI LANKA (96%)

**LOAD-DATE:** September 10, 2013

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Taranaki Daily News (New Zealand)

**August** 27, 2013 Tuesday

**Coroner calls for research into suicide rise in elderly Euthanasia falls into grey area**

**SECTION:** NEWS; NATIONAL; Pg. 4

**LENGTH:** 426 words

Men aged 85 years and older are committing **suicide** at a higher rate than any other age group, chief coroner Judge Neil MacLean said in releasing annual **suicide** statistics.

The line between euthanasia and **suicide** was grey and there needed to be more research into why and where older people were committing **suicide**, Judge MacLean said.

In the year to June, nine men aged 85 or older committed **suicide** at a rate of 31 per 100,000. Three women of the same age committed **suicide** at a rate of six per 100,000.

Judge MacLean said there needed to be more research into elderly people committing **suicide**.

"Is it in rest homes, in the community, in hospitals?" he said.

There was no information about the rate of people who may have died through euthanasia, he said.

Euthanasia is illegal in New Zealand.

"Euthanasia is **suicide**. We don't go into details about the euthanasia rate," he said.

The total number of **suicides** for any age group during the 2012-13 June year was 541, a decrease of six from last year, and two less than the average number of **suicides** during the past six years.

The group with the next-highest rate was 20- to 24-year-old men - 53 men in that category committed **suicide** last year.

There were the most female (153) and fewest male (388) **suicides** since records began in 2007.

Before 2012-13 the average male- to-female **suicide** ratio was about 3 to 1, while in the past year it was about 2.5 to 1, Judge MacLean said.

He also spoke about **suicide** numbers in Christchurch since the 2011 earthquake and said he hoped they would not "peak" next year in line with an international trend after natural disasters. International post-disaster research shows antisocial behaviour and **suicide** attempts peak in the third year of recovery.

In 2011-12, **suicides** in Christchurch dropped from 81 to 68 in the past year. In 2010-11, immediately after the earthquake, there were 67 **suicides** - a drop from the average of between 69 and 90 a year since 2007.

"We experienced an immediate drop in **suicides** in Christchurch post-quake but last year those numbers began creeping upwards. This trend has been observed elsewhere after a large-scale natural disaster," Judge MacLean said.

"Some say watch out for the trend . . . about three years out watch out - I hope not."

He said a "huge amount" of work was going on in Canterbury to research the phenomenon.

It was frustrating that New Zealand's **suicide** total remained "stubbornly consistent" with between 531 and 558 **suicides** a year, Judge MacLean said.

The rate put New Zealand at one of the highest levels in OECD countries. Fairfax NZ

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); MEN (90%); CORONERS COURTS & OFFICES (90%); DEMOGRAPHIC GROUPS (90%); TRENDS (89%); NATURAL DISASTERS (86%); AGING (78%); SENIOR CITIZENS (78%)

**CITY:** CHRISTCHURCH, NEW ZEALAND (87%)

**COUNTRY:** NEW ZEALAND (92%)

**LOAD-DATE:** August 26, 2013

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Himalayan Times

**September** 10, 2012 Monday

**Awareness works to prevent suicide: Medics**

**BYLINE:** HIMALAYAN NEWS SERVICE

**LENGTH:** 329 words

KATHMANDU: Medics today urged the government to raise awareness to prevent **suicide**.

Dr Saroj Ojha, associate professor at Tribhuvan University Teaching Hospital said joint effort is necessary to raise awareness to reduce the **suicide** rate.

At a programme to mark World **Suicide** Prevention Day, he said initiative should be taken by policy makers and the public to raise awareness that **suicide** is preventable and not a permanent solution to problems.

Every year on September 10, World **Suicide** Prevention Day is marked to promote worldwide commitment and action to prevent **suicide**. The **suicide** rate is still low in the country country but hospital-based data show that it is increasing, said Ojha.

The main factors behind **suicide** are mental health problems, relationships, and marriage and family issues. The Maternal Mortality and Morbidity Study 2008/2009 conducted by Family Health Division (FHD) of the Department of Health Services, on women of reproductive age (15-49) in eight districts, showed that of the 1,496 deaths recorded, **suicide** rather than maternity related issues, was the single leading cause of death, accounting for 16 per cent of deaths.

Although male **suicides** rate is higher, women are at greater risk owing to various cultural and social factors, said Ojha. He added that advocacy of prevention of suicidal behaviour, adequate treatment and follow-up care for people who attempt **suicide**, as well as responsible reporting of **suicide** in the media was very essential.

According to WHO, on average, almost 3,000 people commit **suicide** daily. Every year, almost one million people die of **suicide**; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years **suicide** rates have increased 60 per cent worldwide.

Dr Harihar Wasti, medico-legal expert at TUTH said depression, alcohol abuse, violence and education, social and cultural pressures, lack of emotional intelligence and gender based violence are the main reasons behind **suicide**.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (95%); DEATHS & DEATH RATES (90%); PREVENTION & WELLNESS (90%); TEACHING & TEACHERS (90%); MENTAL ILLNESS (90%); DEATHS (78%); COLLEGE & UNIVERSITY PROFESSORS (78%); MENTAL HEALTH (78%); DEPRESSION (78%); WOMEN'S HEALTH (75%); FAMILY (74%); PUBLIC HEALTH ADMINISTRATION (74%); MEN'S HEALTH (73%); SUBSTANCE ABUSE (72%); MEN (69%); HEALTH DEPARTMENTS (69%); INTELLIGENCE & COGNITION (69%); NEWS REPORTING (65%); ALCOHOL ABUSE & ADDICTION (50%)

**LOAD-DATE:** September 11, 2012

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Drogheda Independent (Ireland)

**September** 5, 2012

**Drive for suicide prevention**

**SECTION:** GENERAL NEWS

**LENGTH:** 413 words

DROGHEDA'S leading **suicide** prevention charity has a raft of events organised in and around the south Louth area for World **Suicide** Prevention Week from September 9 to 16.

SOSAD, which also has branches in Navan, Dundalk and Cavan, hopes to raise awareness during the week, which includes World **Suicide** Prevention Day on Monday, promoting worldwide commitment and action to prevent **suicides**.

During this week SOSAD will launch a new range of leaflets and booklets to help anyone affected or concerned by depression or **suicide** as well as a new booklet for those bereaved by **suicide**.

A road sign campaign will take place around the north east with the slogan 'Speak up, Reach out' in conjunction with the Samaritans.

SOSAD Ireland will also launch its updated website that week so please look it up at www.sosadireland.ie.

There will be a special candle vigil in Drogheda. It will take place in Drogheda next Monday in front of St Peter's Church, West Street, starting at 8pm with important contributions from the Mayor Paul Bell and Fr Iggy O'Donovan.

The AIB in Drogheda has kindly agreed to host a SOSAD **suicide** awareness and information stand in their bank for the whole of World **Suicide** Prevention Week.

Drogheda Youth Development will host a **suicide** information and awareness stand in their offices in Narrow West Street for the week, selling World **Suicide** Prevention badges and wristbands in a number of locations throughout Drogheda. Please buy one to show your support for **suicide** prevention.

The group will be organising Safetalk **suicide** awareness training in conjunction with the Health Promotion Unit of the HSE in the d hotel on Monday at 2pm.

A healing Mass for those suffering from depression will be held in Holy Family Church in Drogheda on Saturday, September 15, at 7.30pm.

On average, almost 3,000 people die by **suicide** every day throughout the world and for every person who completes a **suicide**, 20 or more may attempt to end their lives. In Ireland nearly two people die every day from **suicide** and thousands have lost someone they loved dearly.

Next week we will publish an article on **suicide** and depression in this newspaper to commemorate World **Suicide** Prevention Week and educate our community in **suicide** awareness as this is a proven way to reduce **suicide**.

The article will include lots of helpful advice and information that will appeal to all ages and we hope that you are able to join us for some of our events and help us in the fight against **suicide**.

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**SUBJECT:** SUICIDE (96%); PREVENTION & WELLNESS (90%); VOLUNTARY HEALTH ORGANIZATIONS (90%); TEEN SUICIDE (90%); DEPRESSION (89%); DEATHS (73%); NEW PRODUCTS (71%)

**COUNTRY:** IRELAND (74%)

**LOAD-DATE:** September 10, 2012

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