Suicide Prevention : A Debate on Interventions

We wish to highlight two articles in this issue on suicide. The article by Shakeri et al. reporting self immolation in western province of Kermanshah-Iran, and the article by Perez on suicide prevention through psycho-education strategies.

According to the data gathered on suicide in Iran in recent decades, the rates for suicide seem not to follow a simple pattern of distribution. The classical models of suicide dominates the epidemiological pattern of suicide in Iran, with lower prevalence compared to western countries (1-3). A critical epidemic pattern is well documented in a couple of neighboring provinces in central west of Iran, as well as in other patchy distributed areas with high prevalence in other parts of the country (4).

The epidemiologic pattern is further different from the classic model described for Western Europe and North American nations. It is well evidenced that while suicidal attempts remain more prevalent in women – up to three times than for men – the committed suicide rate is yet two times more prevalent among women in epidemic areas. The common methods for suicidal behavior have also been of major concern. A common denominator of methods in epidemic areas is their harshness, such as self-burning or self-immolation (5-8), or ingestion of non-poisonous, yet with high mortality outcome, such as ingestion of a bulk of chalk powder followed by drinking water (9). These specifications resemble the suicide pattern in Iran to the Chinese pattern, as described by Phillips et al. (10).

As public health professionals, we strongly believe that an effective approach to suicide has to consider public health methodologies, though appropriate methods remain a concern of debate (11). As the harshness of methods leave very narrow margins for improvement of emergency services, one would automatically switch to primary prevention of suicide in these areas. Based on logical analyses on data from high prevalence areas, a feasible intervention seems to be wide screening and treatment of depression among women (12). A sophisticated project built on this theoretical model is currently underway in an affected area. The facts and points raised in the article by Perez, seem to be quite helpful; they can be transmitted to the public as well as the screening teams, including the general physicians and nurses. The magnitude and severity of the problem in afflicted areas such as the case discussed in the article by Shakeri et al. brings the importance and complexity of the issue to closer attention.

Unusual patterns of suicidal behavior in high prevalence areas such as the ones described for Iran have their roots in cultural and social backgrounds. Therefore, it requires public education on suicide, along with interventions targeting the victims for promoting

suicide prevention programs in developing countries (13). Adjusted for socio-cultural variations, the effectiveness of different approaches to suicide prevention has to be further studied. Nonetheless, the article by Perez has the potential to serve as a guideline for systematic review of available knowledge on suicide prevention.

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