WEEKLY EPIDEMIOLOGICAL REPORT

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Suicide is Preventable– Part II

This is the second of a series of three articles on suicide prevention.

Most of the time, no single risk factor is sufficient to cause suicide. Usually, several risk factors act in combination to increase vulnerability to commit suicide. On the other hand risk factors act directly or indirectly. Indirectly they can increase a person's susceptibility for mental disorders like depression which can increase vulnerability for suicide. Therefore, fundamental concept of suicide prevention is identification of these risk factors and reducing the impact of them by implementing appropriate interventions. These interventions should aim at mitigating risk factors and enhancing protective factors. Protective factors increase resilience against suicide.

Preventive strategies

Preventive strategies can vary according to the type of population that they target and according to the risk factors which they address.

Universal preventive strategies target the entire population and address the risk factors in general. This includes strategies like increasing access to health care, promoting mental health, reducing harmful use of alcohol, limiting access to means of suicide and promoting responsible media reporting etc.

Selective preventive strategies are implemented for certain vulnerable groups like people who have undergone physical trauma, sexual abuse etc. These individuals may not be expressing suicidal behaviour in the current context. However, they are at increased risk as far as the biological, psychological and socio economic aspects are concerned. Concept of "gate keepers", utilization of help lines etc. are effective preventive strategies for them.

Indicated preventive strategies aim at individuals who are at particular risk of committing suicide i.e people who have already attempted or expressed suicidal behaviour. Following up of those leaving hospitals, increasing identification and management of mental and substance use disorders etc. come under this arm.

Apart from this, preventive strategies should also aim at enhancing protective factors.

Universal preventive strategies

Mental health policies

Establishment of a mental health policy in a country will allow for provision of integrated and responsive mental health services. In Sri Lanka also, the mental health policy was approved by the government in 2005. Basic objectives of this policy are to be an essential instrument to ensure clarity of vision and purpose in the improvement of the mental health and psychological well being of the citizens of Sri Lanka and to treat mental disorders in an efficient and holistic manner.

Reducing harmful use of alcohol

Harmful consumption of alcohol increases suicide vulnerability both directly as well as indirectly. (by increasing mental disorders like de-

Contents — *Page*

pression). Therefore, Policies to reduce harmful use of alcohol is important to prevent suicides on a larger scale. This strategy considers several aspects like leadership and commitment, health service's response, community action, drink– driving policies and counter measures, marketing of alcohol, pricing policies, reducing impact of illicit alcohol, monitoring and surveillance.

Improving access to health care

Improving access to health care especially regarding mental health and substance use disorders is important as a lot of patients tend to keep away from effective management due to associated stigma and discrimination. This includes several aspects like delivering clear messages to users on available services, using a language clearly understood by users and clearing pathways for patients through the system.

Restricting access to means of suicide

The other intervention which goes hand in hand with this is restricting access to means of suicide. This is particularly important in preventing impulsive suicides as it provides time and space to reconsider the decision. This strategy has to be implemented at both national level through laws and regulations and individual level through securing a risk free environment.

Pesticides account for nearly one third of suicides world wide and it is the commonest cause of suicide in Sri Lanka as well. Therefore, reducing access to pesticides is of critical importance. Availability of pesticides and harmful chemicals in the society can be effectively controlled through implementing and enforcing relevant conventions at national and international level. This includes restriction of pesticide importation and production and removal of locally problematic pesticides from agriculture practice. It is also important to improve awareness on safer storage and disposal of pesticides. Apart from that, improving the medical management of people who have ingested pesticides also has a significant importance.

Many people commit suicide by ingestion of pharmacological agents other than pesticides. Access to and availability of these pharmacological agents can be restricted through adhering to specific laws and regulations. Dispense of drugs over the counter should be minimized. Health care providers also have a critical role in this aspect. Restricting the amount of drugs dispensed to the minimum required amount, informing the patients and the family members about the possible risk associated with the particular drug, clearly indicating the required dosage and importance of full compliance as well as importance of safely disposing excess drugs are some of the measures that can be taken by the health care personnel.

In certain countries firearms are used abundantly to commit suicide. Laws and regulations restricting firearm ownership and tightening of rules on availability of firearms in households and procedure to obtain firearms are essential to prevent suicides in societies where firearms are a familiar element.

Responsibilities of media

Participation of mass media as well as other means of communication like internet and social media in suicide prevention is of utmost importance. Responsible media reporting of suicides has shown a significant reduction in suicide rates. Apart from this, media can also contribute to suicide prevention through improving awareness and knowledge on suicidal behaviour and related aspects.

Responsible media reporting of suicides includes several key actions. It is important to prevent the reports on suicides being prominent among other news items. In this, presenting news on suicides as the very first news item of the news bulletin and reporting suicides under the headlines are discouraged. Over sensationalization and glamorization of the news should be avoided as this can transfer the impression of suicide as an " adventurous approach" to solve problems. Such news should not include detailed description of the suicidal act. Appropriate language and expressions should be used in presenting the news. On the other hand, rather than using the news on a suicide as a way of popularizing their own television channels and news papers, this can be utilized as an opportunity to improve public awareness on suicides and how to seek help. Programmes and websites on promotion of mental health help to improve help seeking behaviour. Facilities for people who have successfully dealt with suicidal ideation to share their experience, will help other vulnerable individuals to improve their coping strategies.

Sources

National Council for Mental Health official website

Preventing suicide, A global imperative, WHO) available at *http://apps:who.int/iris/ bitstream/10665/131056/1/9789241564779_eng.pdf*

The Mental Health Policy of Sri Lanka available at *https://mhpolicy.files.wordpress.com/2011/05/mental-health-policy-sri-lanka.pdf*

Compiled by Dr. S.A.I.K. Sudasinghe of the Epidemiology Unit

to be continued….

Table 1: Selected notifiable diseases reported by Medical Officers of Health 03rd – 09th Sep 2016 (37th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	154	12859	2	129	0	9	1	47	0	33	15	203	0	7	3	35	0	0	1	345	1	43	0	0	63	88
Gampaha	64	5197	2	112	0	12	0	22	0	30	1	247	0	14	0	32	0	1	1	307	1	36	0	7	27	73
Kalutara	23	2733	2	81	0	8	0	29	0	29	5	352	0	7	1	23	0	0	2	210	2	68	0	0	50	79
Kandy	49	3270	2	131	0	15	1	19	0	33	2	102	5	79	1	44	0	0	1	169	0	34	0	8	87	100
Matale	21	797	1	48	0	1	0	11	0	4	2	75	0	19	0	15	0	1	0	28	1	49	0	17	54	92
NuwaraEliya	6	343	2	80	0	2	0	49	0	36	0	47	0	62	0	33	0	0	7	109	0	33	0	0	85	100
Galle	7	1655	1	114	0	8	0	7	0	8	2	211	4	92	1	9	0	0	2	236	0	33	0	3	40	80
Hambantota	6	624	1	51	0	1	0	3	3	57	0	91	0	52	3	74	0	0	1	179	0	14	1	250	50	100
Matara	29	956	1	100	0	13	1	7	0	38	3	146	1	42	2	29	0	0	2	146	0	19	2	162	94	100
Jaffna	33	1741	7	212	0	5	1	71	0	54	0	12	1	579	0	8	0	0	5	144	1	47	0	1	100	100
Kilinochchi	0	68	1	35	0	0	0	35	0	9	0	13	0	24	0	0	0	0	0	10	0	10	0	0	25	75
Mannar	1	108	0	26	0	4	0	20	0	9	0	9	0	38	0	0	0	0	0	7	0	1	0	0	80	100
Vavuniya	10	209	0	12	0	3	2	80	0	31	0	12	0	10	0	6	0	0	2	25	1	10	0	6	50	100
Mullaitivu	0	150	0	23	0	2	0	17	0	40	0	23	0	6	0	2	0	1	0	19	0	7	0	5	0	80
Batticaloa	7	433	1	239	0	3	0	41	0	91	0	38	0	5	0	10	0	0	2	82	0	12	0	1	50	93
Ampara	0	202	0	43	0	2	0	0	0	21	0	26	0	0	0	9	0	0	0	126	0	4	0	5	0	71
Trincomalee	6	346	0	49	0	2	0	11	0	24	0	28	0	23	1	33	0	1	1	128	0	11	0	5	33	67
Kurunegala	15	2015	1	250	0	11	1	3	0	13	1	126	1	36	0	19	0	2	6	265	0	47	4	75	55	93
Puttalam	6	892	2	69	0	4	0	6	0	0	0	36	0	61	0	2	0	1	1	68	2	45	0	3	71	86
Anuradhapura	6	555	1	73	0	3	0	5	0	26	3	246	0	25	0	15	0	0	0	193	1	35	2	186	37	79
Polonnaruwa	8	376	4	31	0	4	0	11	0	13	0	85	0	2	0	3	0	0	7	98	0	14	2	102	71	86
Badulla	13	628	1	99	0	13	0	8	0	24	1	109	3	85	1	102	0	0	2	187	3	162	0	3	41	94
Monaragala	2	318	0	59	0	1	0	3	0	10	0	154	1	103	2	116	0	2	1	56	0	18	0	33	55	91
Ratnapura	31	2367	2	287	0	29	1	25	0	23	6	433	0	31	6	131	0	0	0	169	1	114	0	1	39	78
Kegalle	8	1147	0	68	0	18	1	31	0	51	1	150	0	24	0	21	0	0	1	253	2	44	0	2	55	91
Kalmune	2	410	1	79	0	3	0	5	0	43	0	17	0	0	0	3	0	4	0	73	0	18	0	0	46	100
SRILANKA	507	40399	35	2500	0	176	9	566	3	750	42	2991	16	1426	21	774	0	13	45	3632	16	928	11	875	55	89

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 09th September, 2016 Total number of reporting units 339 Number of reporting units data provided for the current week: 306 C**-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

03rd – 09th Sep 2016 (37th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	01	00	00	01	01	51	54	-5.5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	00	02	01	00	01	00	00	00	04	06	289	278	+4.1%
Measles	01	00	00	00	00	01	00	00	00	02	48	320	2152	-85.1%
Rubella	00	00	00	00	00	00	00	00	00	00	00	07	08	-12.5%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	14	+43.1%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	15	07	-114.2%
Whooping Cough	00	00	01	00	00	00	00	00	00	01	01	52	63	-17.4%
Tuberculosis	74	04	17	12	00	15	10	03	00	135	149	6766	7056	-4.1%

Key to Table 1 & 2

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

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

Data Sources:

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

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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