SUICIDE PREVENTION IS WORKING

Although we still have a relatively high suicide rate compared to some developed countries, with 460 deaths a year, positive trends have developed over the last decade, which are not always picked up by the media, and some support agencies according to a leading researcher , Associate Professor Annette Beautrais.

These significant reductions in suicide rates from 1995 to 2002 (latest figures) have occurred because of strategic action based on robust research, the development of prevention and treatment strategies, and a focus particularly on youth suicide (15-24 years).

"It's totally incorrect and of concern to give the impression that we have disastrous suicide rates in this country, and that there's been no improvement over the last decade, " saysAssociate Professor Annette Beautrais from the Canterbury Suicide Project, Department of Psychological Medicine.

"Unfortunately this is still the impression that' s often portrayed by the media, and which the public may believe. This out-of-date perception about suicide rates is of concern to researchers and health professionals working in this sensitive area. International research confirms incorrect perceptions run the risk of normalising suicide and encouraging "copy-cat" behaviour amongst vulnerable members of the community."

The 'good news' is that in many age groups in New Zealand suicide rates have actually fallen significantly since 1995. For instance in one area often in the news, youth suicide between the ages of 15 and 24, there has been a decrease of 40%. The rate of male youth suicide has also seen a major decrease of 50% from 44 to 22 per 100,000.

It's the same story amongst older age groups as well. The suicide rate of 45-64 year olds has reduced by 21%, and for people 65 and older , it' s dropped by 50%.

"This is a very positive trend which needs to be understood by the public and media. Some of the likely reasons for these decreases are the availability and increased use of the newer and clinically safer antidepressants, increased professional awareness of the problem of suicide, and improved recognition, treatment and management of depression and suicide by the health community."

However, there are two age groups where rates have not changed and which are still of concern.

For both males and females in the 25-44 age group the rates are the same as 1995.

Secondly female youth suicide rates have not dropped the same as males, and remain in 2002 at 12 per 100,000.

"To make further progress we have to tar get these two groups, particularly males between 25 and 44 who have traditionally been resistant to seeking treatment for depression and other mental health problems. Similarly young women under 25 are making more fatal suicide attempts, behaving more like males, and using methods traditionally used by males. This could again push up the youth rate because females make twice as many attempts as males."

Associate Professor Beautrais hopes that the Ministry of Health's National Suicide Prevention Strategy, due to be released this year, will be resourced to give the direction needed for researchers, mental health professionals, support agencies and the media to help prevent these deaths, which still devastate hundreds of families every year .

HOW SHOULD DOCTORS DRESS?

A recent survey by Dr Marianne Lill and Associate Professor Tim Wilkinson looked at how hospital patients prefer doctors to dress and present themselves.

It seems most do not like doctors dressing too casually . Facial piercing, short tops, and earrings on men seemed to be definitely out of favour with the average hospital patient. The most preferred clothes are semiformal, with the addition of a smile! The next most popular are semiformal without a smile, followed by a white coat, formal suit, jeans and casual dress down the end of the list.

Most patients prefer to be called by their first name, to be introduced to the doctor by his/her full name and title, and to see a name badge worn on the doctor 's breast pocket. Older patients have more conservative preferences.

"It certainly seems that patients now prefer doctors to be a little less formal in their dress than they were in the past, but this does not extend to very informal dress such as piercings, " saysAssociate Professor Wilkinson.

The survey was carried out with 451 inpatient and outpatients at Christchurch Hospital, with a mean age of 55.9 years. The results have recently been published in the British Medical Journal. This research was funded by the Medical Council of N.Z.

Christchurch School of Medicine and Health Sciences

February 2006

Connecting with the Community

At the beginning of February , Professor Don Roberton, based in Dunedin, began as the University of Otago's Pro Vice-Chancellor for the Division of Health Sciences, and the Dean of the Faculty of Medicine. During the coming year the Dean's position at the Christchurch School of Medicine and Health Sciences will be advertised. With a relatively new Vice Chancellor, Professor David Skegg, a new Pro Vice-Chancellor of Health Sciences, and in due course a new Dean for Christchurch, we are anticipating that long-term planning for the Christchurch School will commence later in the year.

The School is also delighted with the appointment of Gordon Davies as the CEO for the Canterbury District Health Board. Strong links between the CDHB and the Christchurch School should help ensure that both organisations can work towards improving the health of the people of Canterbury.

In the New Year's Honours List it was great to see that Emeritus Professor Robin Fraser and Dr Lance Jennings received recognition for their many years of research into liver diseases and influenza. Both are members of the Pathology Department, which is also host to other leading research groups, including Professor Christine Winterbourn's Free Radical Research Group.

During 2005 the Christchurch School of Medicine and Health Sciences had 64 students complete their medical degrees (MB.,ChB), 78 completed a Postgraduate Certificate in Health Sciences,56 completed a Postgraduate Diploma in Health Sciences, 13 completed a Master of Health Sciences, six completed a PhD and one a Doctorate of Medicine.

Our medical students again did well in comparison with the Dunedin and Wellington students, gaining more than one third of the MB.,ChB degrees with distinction. This is a tribute to the work of the students and the teaching of our staff.

We look forward to another successful year in 2006, and to continuing to inform members of the public about health issues, including our Health Lecture Series which commences on March 1, the Mid-Winter Dialogues, and Research Open Day later in the year.

Professor Peter Joyce
Acting Dean

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DOMESTIC VIOLENCE AND MENTAL HEALTH

Latest research from the long-running Christchurch Health and Development Study (CHDS) calls into question conventional thinking about domestic violence between partners, and its effects on mental health.

The CHDS longitudinal study, headed by Professor David Fergusson from the Department of Psychological Medicine, is much cited by academic journals and quoted in the media on a wide range of health issues. It has been examining a wide range of such issues at regular intervals as they affect a cohort of 1265 children born in 1977.

This latest research, recently published in the Journal of Marriage and Family, surveyed 828 males and females at 25 years regarding violence between partners and its impact on their mental health. The violence recorded ranged from psychological abuse to serious physical attack.

“In broad terms the results provide a challenge to the dominant view that domestic violence is a ‘women’s issue’, and that it arises predominantly from assaults by males against females,” says Prof Fergusson. “In fact, what our findings suggest is that amongst young adults, men and women are equally violent towards partners, in terms of the range of acts of domestic violence examined in this study.”

The research shows the range of violence committed by men and women is similar, and that both men and women engage in serious physical attacks on their partners. The consequences of this domestic violence in terms of injury and psychological effects are also similar for both sexes.

The findings confirm other overseas studies that violent partnerships are more likely to be associated with psychosocial problems relating to childhood adversity , mental health disorders and other life course difficulties.

“Domestic violence tends to occur in those relationships which have a wider psychosocial history of disadvantage and difficulty,” says Professor Fergusson.

The research shows that domestic violence also has an impact on the mental health of those involved, even when other background factors, which might result in mental problems, are taken into account. With increasing exposure to violence there is a greater likelihood of mental health problems developing in both men and women.

Disorders such as depression, anxiety and suicide are between 1.5 and 11.9 times higher in those people who experience domestic violence than those who don’ t.

Professor Fergusson says this study suggests the need for a broadening of analysis of domestic violence away from focussing on male perpetrators and female victims, to examining violent couples who use aggression in their relationship.

“This points to family policies that encourage couples to work together to harmonise their relationships and to overcome the collective adversities they face.”

However, he says further research is required, with a larger sample of up to 10,000 people. One issue to clarify is why there is an absence of gender differences in mild to moderate assault, as in this study, whereas with incidents involving severe injury and death, males predominate as the perpetrators.

“We need to understand why studies of community samples such as the CHDS usually show an absence of gender differences in domestic violence, whereas other sources dealing with severe violence, such as Women’s Refuge or police complaints, report a predominance of male perpetrators. The best way of doing this is to study a large sample to examine the frequency of common couple violence involving mutual assaults and the frequency of more severe forms of domestic violence.” Prof Fergusson also points out that his research only applies to young people, and that domestic violence tends to decrease with age.

The research was funded by the Health Research Council, the National Child Health Research Foundation, the Canterbury Medical Research Foundation and the Lottery Grants Board.

Professor David Fergusson

canterbury medical research foundation

THE NET OF DISCOVERY

On the laboratory bench yellow solutions lie in a neat array in an oblong set of plastic dimples. Some of the yellows are dark, some very pale; or in between. The colour is indirectly due to a substance that some groups of cancer cells, more than others, have released. Some of the cells have been treated to see if their activity can be altered.

Over 150 years ago experimentalists determined that it was possible to work out how much of a coloured compound was present from the strength of the colour . And some others, in the process of making a penny or two, made a machine to do the measurements.

Thus, not only do the health researchers at the Christchurch School of Medicine and Health Sciences use the skills of surgeons, they also need to have clever input from a myriad of deceased foreigners, who constructed several generations of complicated electronic devices.

Just this month, a new microscope has been delivered to the School of Medicine. Once the packing bubbles are collected up and the buttons and knobs on the consoles are identified it will be able to use fluorescent molecules attached to enzymes to watch proteins move about the interior of a cell.

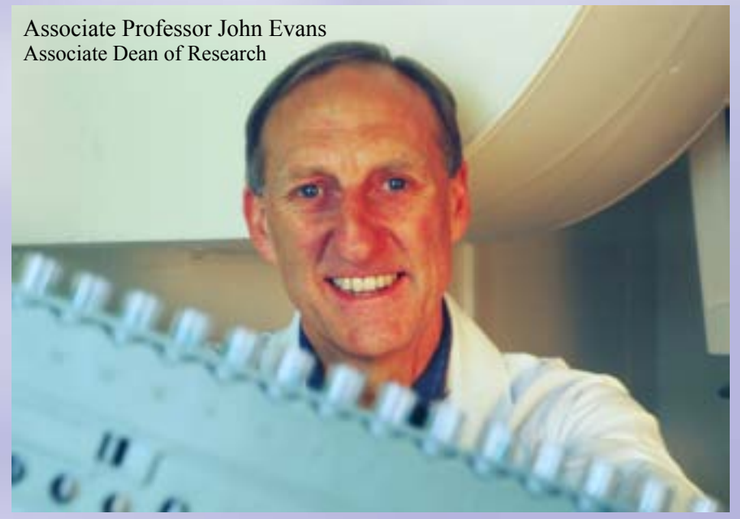
The microscope, a popular emblem of laboratories, has passed through many stages over the years. In the 14th century spectacles with magnifying lenses were introduced. Wearers of those dainty devices could see the world but not the future.

Almost three hundred years later combinations of lenses produced the compound microscope. But not predictable was our ability to scrutinise the activities of molecules and pores in the membranes around cells. One of the joys of science is pondering on the details of its exploits.

It can be fun, if a little pointless, to wonder about the gifts for our children, growing and ageing, that will be provided by discoveries being made in the School of Medicine. Of course what someone here in Christchurch deduces about the frantic factory of cellular activity will not be the whole story. Each major bolus of knowledge is made up of many parts, some from many years past, some of just a few weeks in age, from a variety of disciplines.

Science is a salad. Gathering the full complement of scientific olives, peppers and leaves of lettuce before a cure can be taken to the community usually takes a long time. It is a slow process and relies on many people being able to contribute from their gardens.

Then the world is able to incorporate research results obtained in Christchurch into the overall set of knowledge because the work is published in journals - magazines containing the results of scientists' experiments from around the world. So there are articles from NZ amongst those from France, or Italy, or USA, or Chile. Some journals are general and cover many scientific disciplines, others focus on one area such as endocrinology or hypertension or epidemiology.



Associate Professor John Evans
Associate Dean of Research

These journals publish only good investigations - those that have robust data and justifiable inferences. The quality is judged by other scientists, or peer reviewed, who know about the subject, and realise that the extra information will be appreciated. Then with that knowledge researchers, here and elsewhere too, can design the next experiment that will answer the next question that in turn will induce another furrowed brow and a querilous 'But how?'

Research, like the music of the wind, is never finished.