

Guest Editorial

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Suicide in the Pacific – A mental health epidemic

This issue of PHD carries the papers "Suicide in Samoa" by Terry Bourke and "Young Pacifican suicide attempts" by Jemaima Tiatia, et al on attempted suicide. Readers of PHD will remember that suicide as a theme appeared in the very first issue in 1994 with Hezel posing the question "What can we do to prevent Suicide in the Pacific?" In the September 1999 issue of PHD Vivili and others discussed suicide in Tonga. While Hezel and others have been working for many years in the United States Associated Pacific countries to try to understand the problem better and in doing so to prevent it from occurring, I am not certain much has happened south of the equator since 1994 to answer his question. These and other mental health articles in PHD underscore the importance of suicide in our part of the world – as a sociological, public health and mental health problem.

To put the magnitude of the problem in perspective, WHO states that each day more people die from suicide in the Western Pacific region (including the Pacific Islands) than from tuberculosis. While the increasing incidence of suicide in the Pacific likely constitutes an epidemic, the importance placed on suicide as a cause of death in the islands is not emphasized enough. In Fiji many more people die from suicide each year than from road traffic accidents and yet much more in terms of resources and effort is ploughed into the prevention of traffic accidents than in suicides.

Reports from throughout the Pacific indicate deaths from suicide are approaching epidemic proportions in different sectors of the populations of countries such as Samoa, Fiji and the US Associated Micronesian states. In New Zealand the Maori male suicide rate is 28% higher than the non-Maori male rate, while the Maori female rate is almost 60% higher than the non-Maori female rate. Rubinstein reports that suicide rates among Micronesian young men are 8 times higher than similar cohorts in the United States mainland. Similar trends are reported amongst Australian Aboriginal youth and their indigenous American, Alaskan, Canadian and Hawaiian contemporaries when compared to their

peers in the general population. It appears therefore to be part of a more global phenomenon. The Journal of the American Academy of Child and Adolescent Psychiatry said in 2000 that suicide among indigenous populations was becoming a significant problem globally, particularly in the Pacific. The paper noted that more research was needed. As such, papers such as those by Bourke and Tiatia in this issue are welcome in helping to shed more light on this tragic epidemic.

A cursory examination of statistics from different parts of the Pacific makes for sobering reading. Indo-Fijian and Samoan women have the highest suicide rates for females. The overall rates in the Federated States of Micronesia, Fiji, the Marshall Islands and Samoa are among the world's highest. In the FSM, Marshalls and Samoa many of the victims are young men between the ages of 15 and 24. Many choose to die by hanging or increasingly to drink the herbicide paraquat. Unlike the trend in other parts of the world there does not appear to be any antecedent mental health problems in these young persons who end their lives so violently, often after what are apparently minor arguments or disagreements with parents or other authority figures.

In the past, in most of our jurisdictions, suicide has not received the attention it deserves other than as a subject for the press to report on or as a medical statistic. Increasing awareness is welcome. Perhaps suicide forces humans to examine our inner selves and our inadequacies more thoroughly and more deeply and in doing so makes us feel uncomfortable and vulnerable?

No doubt families feel a deep sense of shame, shock and bewilderment when a loved one takes their own life, further perpetuating the code of

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silence. The smallness of our communities means many of us know of someone who has died by suicide and yet Pacific societies have not yet opened the healthy intellectual dialogue and debate on the subject that is necessary if we are to make a difference in the long term. Journals such as PHD are well placed to provide the forum for such discussions.

Agencies such as the Center for Disease Control tell us of the high rates of suicidal ideation and attempts reported by adolescents in surveys. How many of us, as adolescents, felt vulnerable enough at some stage to even contemplate self-harm? What makes an individual take the next serious and fatal step? Crocombe has said that a major factor in the aetiology of suicide in the Pacific is "the erosion of social structures and values leaving many young people marginalized and insecure." In New Zealand the Ministry of Pacific Island Affairs is working closely with other agencies to support community-based youth development initiatives

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aimed at suicide prevention. Risk factors that are being focussed on are social disadvantage and low socio-economic status, adverse and stressful life events, family adversity, dysfunction and disadvantage, significant mental health problems and substance abuse. The project addresses these risk factors by developing young peoples problem solving and interpersonal skills, healthy levels of self-esteem and cultural identity, and community participation and leadership.

Ultimately suicide must be accepted as a preventable cause of death, even if it is still largely not prevented at the moment. The antecedents of suicide in other countries may not be found in many of our young people, yet we must ask - have we looked hard enough? Is the Pacific so much of a Paradise that we delude ourselves by feeling the need to be happy and jolly all the time thus unable or not willing to

recognise psychological morbidity or its traits in our own cultural settings? Only by understanding the complex interplay of factors that leads an individual in the Pacific to commit suicide will we be able to mount prevention programmes that are likely to succeed. The sociological

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literature suggests that traditional models and theories about the causation of suicide such as those expounded by Durkheim may not now be applicable or even relevant to non-European communities. Clearly therefore much more research, including the formulation of our own methodolo-

gies, is needed and resources devoted to elucidating the problem.

In a world of competing demands we await champions who will bring the necessary effort and political will to bear to make this happen.



Tauivi Painting by Fatu Feu'u.