The suicide rate in Northern Ireland

DEAR SIRS

In his report on the 1987 annual meeting in Belfast (*Bulletin*, March 1988, **12**, 114–115), Geoffrey Wallis stated "the suicide rate went down in 1979 but has been rising since 1981".

In a paper which I presented at the meeting, entitled 'A comparative study of suicide in Northern Ireland and England and Wales since 1960', I pointed out that the suicide rate fell by 35% in 1970, the first full year of the civil disturbances, continued to fall until 1972 and then stabilised until 1976. Since then there has been a steady increase in the number of suicides in Northern Ireland and since 1983 the rate has, for the first time ever, approximated to that of England and Wales (in 1983 the suicide rate in Northern Ireland was 92.0 per million population and in England and Wales 86.7 per million population).

I postulated that the fall in the rate in the early 1970s was typical of a trend documented many times over the last 100 years in various war settings. Thus one explanation could be the development of elaborate social support systems, which gave help to those with depression and other psychological difficulties. The rise since 1976 could perhaps be seen as resulting from people becoming inured to 'an acceptable level of violence'; which has also tended to be largely directed towards specific target groups, such as members of the security forces, rather than the population as a whole, as was previously the case. The social support systems have gradually become rather less significant in people's lives and a 'normal' suicide pattern appears to have emerged.

Further research would need to examine the pattern of accidental deaths and 'open verdicts', as well as looking at the suicide rate among specific groups of individuals. However, the basic trend of a fall in the suicide rate in the early 1970s and a substantial increase since 1976, in parallel with a similar increase in England and Wales, seems likely to be confirmed.

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Activities of the College overseas: Overseas Desk

DEAR SIRS

I am delighted to hear that the College is thinking of setting up an 'Overseas Desk' (*Bulletin*, February 1988, **12**, 70) concerned with education, recognition of experience and training, manpower and professional training. These matters are important and worth pursuing but it is essential that the College sets certain priorities.

There are a number of psychiatric association meetings and conventions in North America and I doubt the need for the College to be very active in the areas of education, training, etc. here. What would be useful would be to have a meeting of the North American Chapter of the College along with a major annual meeting like that of the American Psychiatric Association, Canadian Psychiatric Association, etc., which is already occurring to some extent.

I feel that the College should concentrate its resources and energies more on the developing countries. In this regard I wholeheartedly support Dr Mubbashar's suggestions on how this can be arranged (*Bulletin*, February 1988). I feel the College should give top priority to education and research, training of residents, and linking up university departments of psychiatry in Britain and other developed countries with university departments in developing countries. The College could also facilitate exchange of visiting professors through endowments and pharmaceutical companies' support. A fund could be set up whereby distinguished clinicians/academicians could visit educational centres in developing countries (I believe the Royal College of Physicians and Surgeons of Canada has a travelling fellowship programme on these lines). Also, the same could be arranged for distinguished clinicians, academicians from developing countries.

I realise that the initiative for most of the above programmes should come from the members and fellows of the College in each country. It is also important that the above activities are conducted and promoted in a sensitive way which does not raise charges of 'Neo Colonisation'. The College however, is ideally placed to coordinate the various educational, training activities mentioned above.

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We are grateful to Dr Das for this helpful contribution towards the activities of the College overseas, and his letter will be discussed in detail. Certainly we would see the main educational impetus being towards developing countries, and his suggestions for this are excellent.

PROFESSOR ANDREW SIMS
Dean

Impact of low NHS funding on junior psychiatrists

DEAR SIRS

The Collegiate Trainees' Committee are concerned at the current low levels of NHS funding and the impact this may be having on junior psychiatrists training and practice.

As part of the College's information gathering exercise, I would be grateful if trainees could send me specific details of the effects of cut backs or chronic low funding in their District.

Potential problems include: difficulty in obtaining funding for study leave, effects on junior medical staff of reduced staffing in other disciplines, e.g. CPNs or day hospital nursing staff and delay by employing authorities in filling vacant posts.

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