UK for use in rapid tranquillisation. This may be the result of these trials being conducted in a different country. Organisational and cultural differences between countries can lead to legitimate variations in recommendations. It is evident that treatments used for rapid tranquillisation still do not have a clear evidence base and uncertainty is still prevalent.

This work now raises a question: is current practice ethical in the UK, without the support of evidence from a well-designed randomised controlled trial? A local survey conducted in 2010 highlighted high conformity with NICE guidelines. However, it is evident that cultural and personal factors influence the recommendations – not scientific evidence alone. Hence we conclude that high-quality randomised controlled trials with large samples are urgently needed. This will generate more evidence for the development of a global guideline rather than clinician preferences dictating their course. We can then hope to envisage evidence-based and ethical clinical practice in the near future.

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PANDORA'S BOX

Pandora searches the world literature for evidence, news and other sources on matters of interest (doesn't shy away from controversy) to bring to the reader. She welcomes comments and suggestions (via ip@rcpsych.ac.uk)

World Suicide Prevention Day

In 2003, 10 September was designated World Suicide Prevention Day (WSPD), an annual event aiming to raise awareness and prompt action. The International Association for Suicide Prevention (IASP), the World Health Organization (WHO) and the World Federation for Mental Health (WFMH) collaborate to host WSPD. Suicide is a major social and public health issue! Nearly 1 million people around the world kill themselves every year. Every 40 seconds one person somewhere in the world puts an end to his or her life. Suicide is a global phenomenon. The highest rates are among those aged 70 or over, although globally suicide is the second leading cause of death among those 15–29 years old.

In September 2014 the WHO published its first 'World Suicide Report', *Preventing Suicide: A Global Imperative*, according to which 75% of suicides are in low- and middle-income countries. The WHO Director-General, Dr Chan, noted 'This report is a call for action to address a large public health problem which has been shrouded in taboo for far too long'.

The onset of these activities dates back to the 1990s, when concern about the high rates of suicide led some countries to approach the United Nations (UN) and the WHO for help in designing national plans to tackle this problem in a cost-effective way. The UN, supported by the WHO, responded by issuing in 1996 the influential document 'Prevention of suicide: guidelines for the formulation and implementation of national strategies'. At that time only Finland had a government-sponsored initiative to develop a national framework and programme for suicide prevention, but within 15 years more than 25 low-, middle- and high-income countries had a strategy. In 2008, the WHO identified suicide as a priority condition in the Mental Health Gap Action Programme (mhGAP), designed to scale up care for mental, neurological and substance use disorders and particularly aimed at middle- and low-income countries. Research attention worldwide also turned to the prevention of suicide. WHO member states made a commitment to work towards a 10% reduction of suicide rates by the year 2020. Time will show!

A dream turned into a nightmare

Continuing with the theme of suicide, the same September 2014 WHO report states that 'while mental health problems play a role, which varies across different contexts, other factors, such as cultural and socio-economic status, are