

education campaigns may help to address stigma, to obtain support for suicide prevention activities and to work towards decriminalizing the behaviour. This clearly requires a long-term approach, involving frequent consultation with local researchers and stakeholders.

Perhaps the best approach to stimulating a suicide prevention agenda in Asia and the Pacific is to concurrently

encourage basic research (e.g. collection of mortality and morbidity data from controlled areas; identification of main risk-factors from consecutive samples of attempters; qualitative studying of suicide victims) and intervention practices (e.g. treatment for “at risk” populations; establishing a national suicide prevention agenda). However, reflecting the diverse range of cultural, social and economic

backgrounds in the area, these strategies need to be innovative, low-cost and sensitive to local traditions and values. Researchers also need to allow appropriate time for piloting and evaluating these initiatives, so as to create an empirically reviewed basis from which to establish suicide prevention strategies. ■

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## Corrigendum

In volume 88, Number 9, September 2010, p. 709, the affiliation for Edward J O'Rourke should have read:

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