



FROM
THE PRESIDENT



IASP CONGRESS MONTRÉAL 2015, MORE THAN TWO DECADES AFTER MONTRÉAL 1993...

Ahead of the 28th IASP Congress in Montréal: New Discoveries and Technologies in Suicide Prevention, a glance at the programme, and some reflections on how suicide research and prevention has progressed since the previous IASP Congress took place in Montréal 22 years ago.

First of all, congratulations to Professor Brian Mishara, members of the scientific committee and organising committee for preparing an excellent and fascinating conference programme for the forthcoming Congress in Montréal, with most if not all relevant topics in suicide research and prevention represented.

As a young researcher, I attended the 1993 IASP Congress in Montréal, which was back then also organised by Brian Mishara. I would like to use this opportunity to share a number of memories and reflections on the programme then and now, and important developments in suicide research and prevention over more than 2 decades...

During the 1993 Congress, I met the late Dr Michael Kelleher, the founding Director of the National Suicide Research Foundation in Ireland. I was very impressed by his work and the achievement of Michael Kelleher and his colleagues in Ireland to decriminalise suicide in Ireland in the same year. As a young researcher, I perceived him as a courageous pioneer in developing the

area of suicide research and prevention in Ireland, and after the 1993 IASP Congress we remained in contact until his untimely death following an illness in 1998.

Further memories of the 1993 IASP Congress include heated debates on euthanasia and physician assisted suicide, the high rates of suicide in Canadian First Nations and Inuit communities, initial research indicating contagion and clustering of suicide among young people and initial research supporting the effectiveness of media guidelines for reporting of suicide.

Prevention and intervention

At the 1993 Montréal Congress, experiences and preliminary outcomes were presented of the first nationwide suicide prevention programme in Finland (Upanne and Arinperä, 1993). Currently, there are 28 countries globally with a comprehensive national strategy or action plan adopted by their governments (WHO, 2014). The 2015 Montréal Congress will include an IASP/WHO coordinated workshop at which representatives of many of these countries will share their experiences in terms of achievements and challenges related to implementation and evaluation.

Information on effective intervention and prevention programmes for non-fatal suicidal behaviour and suicide was limited at the time of the 1993 Montréal Congress. However, over the last two decades, considerable progress has been made in this area, and the 2015 Montréal Congress programme includes multiple sessions on effective and promising intervention and prevention programmes as well as sessions focusing on improving the methodological quality of randomised controlled treatment trials.

Technology

Apart from telephone helplines, and a small number of interventions conducted by telephone, the link between technology and suicide prevention was unthinkable. In the years following the 1993 Montréal Congress, first indications were

reported on potential benefits of the use of e-mail in suicide prevention: “*Electronic mail is the computer equivalent of the post office, but dispensing with the paper and pens. Ironically, the impersonal acts as a positive here: sending or receiving E-mail is much less threatening than talking to someone or on the phone*” (Stoney in Kosky et al, 1998). This is an area with significant progress over a relatively short time period. The 2015 Congress programme represents many examples of the application of technology in suicide prevention, such as chat-logs, online help-seeking, forum messages and using big data to predict suicide risk.

Nomenclature

In terms of the nomenclature, there was a significant lack of consistency in terminology and definitions of suicidal behaviour and related phenomena around the time of the 1993 Montréal Congress, resulting in confusion by using multiple terms indicating similar behaviour, such as parasuicide, attempted suicide, deliberate self-harm. Even though some progress has been made in this area, we still haven't achieved uniform terminology and international standardisation of classification of suicide and related behaviours. Therefore, the 2015 Montréal Congress programme has prioritised several sessions addressing this challenging topic.

The 2015 Montréal Congress clearly exceeds the number of delegates and presentations when compared to the 1993 Montréal Congress. Now, the programme covers 590 presentations, with registrations of over 800 delegates from more than 50 countries and can be accessed on an App!

Brian Mishara and I look forward to meeting you in Montreal!

Ella Arensman, PhD

Special Interest Group Update - Helplines



Alan Woodward

More than 30 Helplines Organisations are represented in the membership of the IASP Special Interest Group on Helplines.

Helplines include telephone crisis lines, telephone emotional support services, bereavement and grief support services, and online or web-based chat and crisis support services. Increasingly, the technology options for people to contact 'helplines' are increasing.

The IASP Congress 2015 in Montreal, Canada, will provide many opportunities for research on helplines to be presented. Amongst various individual sessions, two Symposium will be included in the Congress Program:

- Helplines and Best Practice Standards
- Online Crisis Chat Services

An online Forum exists for members of the IASP Helplines Special Interest Group to post information, research reports and to participate in forum discussions. This Forum may be accessed at the link: <http://iasp.info/besthelplines/index.php>

During the past two years, a World Alliance on Crisis Helplines (WACH) has been established as a global association to promote the role and operation of helplines. The WACH includes major helplines associations of Befrienders Worldwide, International Federation of Telephone Emergency Services, LifeLine International, Lifeline Australia, the De Leo Fund and the National Suicide Prevention Lifeline. Through the WACH, a publication on helplines has been submitted to the World Health Organisation.

Greater attention to the contribution of helplines - telephone and online - is emerging in the suicide prevention strategies of many countries.

These services are often suitable for community based action and provide low-cost accessible means of responding to people seeking help, and for linkages to community mental health programs.

The IASP Special Interest Group is open and welcomes the involvement of people who wish to share information, research results and practice standards on helplines.

Alan Woodward: Helpline SIG Chair, Helpline Call Centre



Helpline Call Centre

Task Force Update: Suicide and the Media



Dan Reidenberg



Thomas Niederkrotenthaler

The IASP Task Force Suicide and the Media is dedicated to facilitating research and prevention activities in the area of suicide and the media globally. Initiated by Jane Pirkis in 2005, the task force is currently co-chaired by Thomas Niederkrotenthaler from Austria and Dan Reidenberg from the United States, and has 44 members from 16 countries.

Since its founding year, the task force has consistently hosted media-related symposia and work-group meetings at IASP and regional conferences, and recent activities reflect crucial current challenges and changes in the field of suicide prevention. In particular, the task to complement research on harmful media effects (i.e. suicide contagion) with research on potential benefits of media discourses on suicidality has been addressed by group members in recent years to deepen our understanding of media roles in suicide and better inform suicide-related awareness campaigns. For example, several task force members have recently collaborated on the writing-up of research recommendations regarding media and suicide for a supplement in the American Journal of Preventive Medicine under the aegis of the United States National Action Alliance for Suicide Prevention Action Alliance's Research Prioritization Task Force.¹

Another shift that has had a great impact on task force activities recently reflects ongoing changes in suicide-related media use, with an ever-increasing relevance of online media. In this context, the task force has had a strong role in offering initial research concepts to the world's leading social media companies. In 2014, task force members created the first best practices for online technologies, which aim at providing guidance to organizations with an online presence (e.g., web site, blog, Twitter, Facebook, YouTube), where users could encounter someone suicidal. The guidelines offer three levels of response to suicidal ideation ranging from Basic to Advanced and are applicable to a wide range of online media types.²

Another ongoing project is assisting Facebook in developing a new suicide prevention application that assists users in seeking and obtaining help in a crisis. The project is expected to expand globally after the February, 2015 launch in the US with culturally specific modifications. For a detailed report on activities, visit https://www.iasp.info/suicide_and_the_media.php. If you want to join the task force, please contact Thomas or Dan directly.

¹ Niederkrotenthaler T, Reidenberg DJ, Till B, Gould M. Increasing help-seeking and referrals for individuals at risk for suicide by decreasing stigma – The role of mass media. American Journal of Preventive Medicine. 2014;47:S235-43. ² see preventtheattempt.com

Prof Thomas Niederkrotenthaler

Dr. Dan Reidenberg



Young / Student Researcher

Youth suicide prevention and new technologies



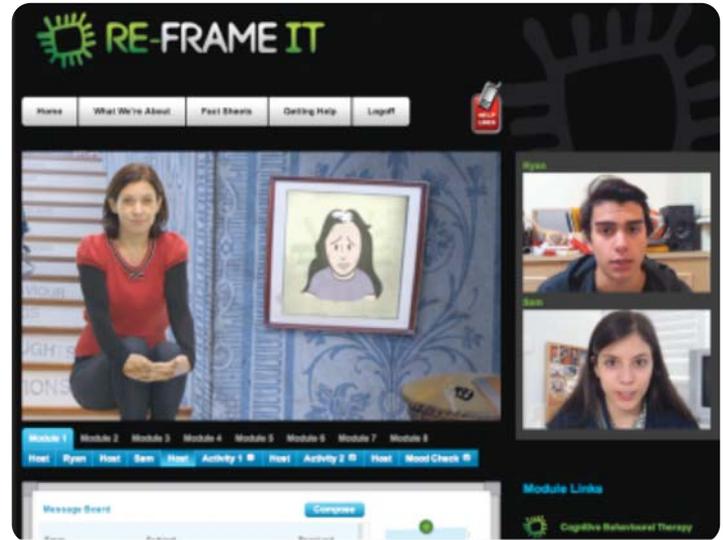
Jo Robinson

Modern technology offers numerous opportunities for suicide prevention, however their full potential is yet to be realized.

Research conducted as part of my PhD tested an online program among suicidal high-school students. The program was specifically designed for young people and was found to be feasible, safe and acceptable. Results also showed that suicidal ideation, hopelessness and depressive symptoms reduced over the course of the study. Whilst only a small pilot these results are encouraging and the program is now subject to a larger RCT.

The project also led to a new work program focusing on social media. This work was underpinned by a systematic review and stakeholder survey, which together demonstrated that social media allows people who are suicidal, or those bereaved by suicide, to seek support from others with shared experiences, in an anonymous and non-judgmental manner. They were also used by professionals for information-sharing and providing peer support. Challenges included the possibility of contagion (including development of suicide pacts), plus the need for clinical/ethical guidelines and well-trained moderators. However for the most part benefits were found to outweigh the risks and social media was considered a useful adjunct to face-to-face treatment.

The Bayside Safe Conversations Project is a new study. Here we are working in partnership with high-school students to develop a suite of safe, acceptable and effective suicide prevention 'interventions' to be delivered via social media. The participatory approach adopted means that the interventions will be relevant and acceptable to young people.



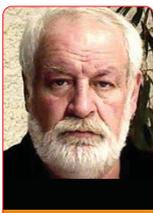
In addition because social media has the capacity to transcend geographical boundaries in a way that face-to-face interventions cannot these interventions will have greater reach, sustainability and accessibility.

Although in its infancy we hope that this body of work will help pave the way for a new generation of approaches to suicide prevention.

Dr. Jo Robinson, Senior Research Fellow Orygen,
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Greece

NATIONAL REPRESENTATIVE UPDATE



Katsadoros Kyriakos

Historically, Greece has been and still is one of the European countries with the lowest suicide rate. However, during the years 2011-2012 there was a significant increase in the suicide rates. Among other factors, the economic crisis and the subsequent humanitarian crisis have contributed to the above rise: by increasing stressful socioeconomic factors and decreasing access to mental health services (as a result of an increased demand for services that was not followed by an increase in spending on mental health).

Specific age groups seem to be at greater risk. According to data obtained from the Greek Statistical Authority the age group 65 years and over have the highest rates among all age groups over the last ten years. However during 2011-2012 there was also a significant increase in suicide rates of both genders of the age group 20-65. Alcohol consumption patterns, stigma attached to help-seeking behaviors and the "macho" profile of men in Greece could partly explain the male to female suicide ratio of 4:1.

The stigma of suicide in Greece has contributed to a series of problems and obstacles in addressing suicide prevention.

There has been no national suicide prevention strategy adopted to date, as in other countries data regarding the number of suicides are published with a two year delay and also there is no official recording of suicide attempts. Moreover, suicide survivors are a disregarded group often faced with shame and social exclusion. The Suicide Prevention Centre has recently established the first survivor group. We are glad to notice that the last two years has seen a rise in the concern of the scientific community regarding suicide prevention issues which has led to more conferences, research publications and symposia dedicated to the topic of suicide. During this same period, we noticed an increase in the demand for our clinical services coupled with more requests for training in suicide prevention. We ran a wide range of training and lectures for the clergy, police academies, journalists, school teachers and correctional officers. We hope and can foresee that in the near future there will also be political willingness and support for the adoption of a National Suicide Prevention Strategy.

IASP National Representative for Greece, Dr. Katsadoros Kyriakos
email: Katsadoros@klimaka.org.gr

Dr. Katsadoros Kyriakos

Suicide Prevention in Israel - The Challenges



Avshalom
Aderet

Despite the number of suicides in Israel, until recently there was no official focus placed on the topic and governmental funds allocated to suicide prevention were insignificant. Some 15 years ago, a mix of survivors of suicide and pro-fessionals formed an association called "Path-to-Life", which aimed to prevent suicides in Israel as well as to offer support for affected families.

To this day the main challenges the association faces is re-moving the wall of silence surrounding suicide in Israel, and increasing the awareness of parents, teachers and principals of the impact of suicide in Israel - Over 500 people die by suicide in Israel annually. About 6,000 engage in suicidal behavior and end up in the Emergency Room.

The "Path-to-Life" association's activities include:

1. Lectures given by survivors of suicide and professionals in army bases and selected schools which highlight suicide and its prevention among soldiers, officers, teachers and parents
2. Organizing conferences on suicide prevention. The conferences are called "Hush - we don't talk about things like that" and, in recent years, dealt with the media's disregard of the subject, marginalization of the subject in the educational system, coping with the social stigma in Israeli society and finally an exploration of whether it is possible to prevent suicide
3. Creating and managing support groups of survivors of suicide: This is targeted at spouses and family members of survivors of suicide, and
4. Creating public pressure on the Israeli government to implement national program of suicide prevention in the country.

We confront many obstacles:

- a. Absence of openness and willingness of schools in the educational system to host lectures on suicide and stress
- b. Unwillingness of the media to deal with the subject responsibly. We still see, from time to time, glorification of persons who have died by suicide in the media
- c. The inability to directly approach the suicide survivors because of the privacy laws in Israel, thereby preventing us from offering them assistance and support, and
- d. Lack of government awareness on the subject. This means that no resources are allocated to the Path of Life resulting in a curtailment of our activities and the limiting our ability to influence the public agenda in Israel on this issue.

Dr. Avshalom Aderet Path-to-Life, Chairman



OBITUARY Professor Klaus Böhme (RIP)

Born on October 4, 1935 in Frankfurt, Pr Klaus Böhme graduated from Medicine in 1961. Following this, in 1968 Pr Böhme was recognised as a specialist in Lübeck and in 1971, a specialist in the Habilitation of Psychiatry and Neurology in Kiel. In Kiel Pr Böhme worked as a senior physician and in 1975 he became head of the psychiatric clinic at the University of Heidelberg psychiatry. In 1977 Pr Böhme initiated the Section for Suicide Research and in 1979 was appointed associate professor. In the same year he joined Hamburg to the Office of the Medical Director at the former General Hospital Ochsenzoll, today Asklepios Klinik Nord - Ochsenzoll which he perceived in an executive function until 1998.

Pr Böhme was an outstanding member of the German Association for Suicide Prevention (DGS) and served as President between 1982-1986. Pr Böhme was the Chairman of the XVI - IASP Congress held in Hamburg, 1-5 September 1991 and co-editor with Regula Freytag, Claus Wächter and Hans Wedler of the Proceedings for the congress: "Suicidal Behavior: the State of the Art", Regensburg : Roderer, 1993.

Pr Böhme presented 3 papers at this Congress, namely:

- Dioxin and Suicidality: is there a causal relationship? (in conjunction with Frank Hense)
- Risk taking behavior versus parasuicide
- The Heidelberg Model a way of integrated crisis intervention

During his career Pr Böhme published a lot of papers contributing to suicide prevention as well as crisis intervention. One of his special fields of interest was training for hospital staff confronted with suicidal patients. Pr Böhme is renowned in Hamburg for his efforts to establish decentralized psychiatric departments and to create more resilient structures of aftercare for his patients and among his accolades was honoured with a medal in 1999 by the Senate in Hamburg. Pr Böhme died on 12 January 2015 in Hamburg.

Expanding the IASP Newsletter with Supplements from IASP Special Interest Groups and Task Forces

IASP is expanding the News Bulletin by including Supplements of the IASP Special Interest Groups (SIGs) and Task Forces (TFs) with the aim to increase the visibility of the SIGs and TFs, and to support wider dissemination of their outputs and outcomes. We therefore, would like to invite the Chairs and Co-Chairs to submit supplements on news and outputs based on the work of the SIGs and TFs.

Supplementary articles can be sent to Caroline Daly at research@iasp.info

IASP Executive Committee Elections 2015



In accordance to the IASP Constitution, the Executive Committee Elections has been completed. The 2015 IASP Executive Committee Election Results are as follows:

President: Professor Ella Arensman, Ireland - elected unopposed
 Secretary: Professor Jane Pirkis, Australia - elected unopposed
 Treasurer: Dr Mort Silverman, USA - elected unopposed
 1st Vice President: Murad Kahn, Pakistan - elected via ballot
 2nd Vice President: Steve Platt, UK - elected via ballot
 3rd Vice President: Maurizio Pompili, Italy - elected via ballot

List of Current National Representatives 2015

In accordance to the IASP Constitution, the elections for National Representatives from the following countries has been completed. The Representatives are as follows:

Country	National Representative	Year
Argentina	Dr Ernesto Ruben Paez	2013-2017
Australia	Dr Jo Robinson	2015-2019
Austria	Dr Thomas Niederkrotenthaler	2015-2019
Bangladesh	Prof Zahidul Islam	2013-2017
Belgium	Prof Kees Van Heeringen	2013-2017
Brazil	Prof Humberto Correa	2015-2019
Canada	Prof Brian Mishara	2013-2017
Chile	Dr Alejandro Chamorro	2013-2017
Columbia	Dr Marta Ardilla	2015-2019
Denmark	Dr Annette Erlangsen	2013-2017
Estonia	Dr Merike Sisask	2015-2019
Finland	Prof. Erkki Isometsa	2015 -2019
France	Prof Jean-Pierre Soubrier	2014-2017
Germany	Dr Reinhard Lindner	2013-2017
Ghana	Dr Charity Akotia	2009-2017
Greece	Dr Kyriakos Katsadoros	2014-2017
Hong Kong	Dr Frances Yik Wa	2015-2019
Hungary	Dr Sandor Fekete	2015-2019
India	Prof R Sateesh Babu	2015-2019
Indonesia	Prof. Nalini. Muhdi	2015-2019
Iran	Dr Seyed Kazem Malakouti	2013-2017
Ireland	Mr Gerry Raleigh	2014-2017
Israel	Dr. Avshalom Aderet	2013-2017
Italy	Dr Marco Innamorati	2015-2019
Jamaica	Dr Loraine Barnaby	2006-2019
Japan	Dr Chiaki Kawanishi	2011-2019
Lithuania	Dr Paulius Skruibis	2014-2017
Malaysia	Prof Thambu Maniam	2001-2019

Country	National Representative	Year
Mexico	Dr Ana-Maria Chavez Hernandez	2009-2019
Nepal	Mr Dhruva Pathak	2013-2017
Netherlands	Dr RFP De Winter	2011-2019
New Zealand	Prof Annette Beautrais	2013-2017
Nigeria	Dr Olatunde Ayinde	2015-2019
Norway	Dr Erlend Mork	2013-2017
Pakistan	Dr Uzma Irfan	2015-2019
French Polynesia	Dr Stephane Amadeo	2013-2017
Portugal	Dr Alexandre Teixeira	2013-2017
Qatar	Dr Layachi Anser	2013-2017
Romania	Prof Doina Cosman	2014-2017
Slovenia	Dr Saska Roskar	2013-2017
South Africa	Dr Jason Bantjes	2015-2019
Sri Lanka	Chairman Anura Wijemanne	2015-2019
Suriname	Prof Toby Graafsma	2013-2017
Sweden	Dr Vladimir Carli	2013-2017
Switzerland	General Secretary Barbara Weil	2014-2017
Taiwan	Dr Ying-Yeh Chen	2013-2017
Thailand	Dr Prakarn Thomyangkoon	2005-2019
Uganda	Dr James Mughisha	2013-2017
UK	Dr Gill Green	2015-2019
Ukraine	Prof. Vsevolod Rozanov	2013-2017
Uruguay	Dr Silvia M Pelaez Remigio	2003-2019
USA	Dr Dan Reidenberg	2013-2017



Notice of the General Assembly meeting at the XXVIII IASP World Congress In Montreal, Canada on 19 June 2015 at 13:00 – 14:30

AGENDA

1. **Welcome from the President**
2. **Recording** of those present, registering proxies and apologies for absence
3. **Minutes of the last General Assembly meeting:**
Minutes are available on the members only section of the IASP website https://www.iasp.info/member_login.php
4. **Business arising** from the last General Assembly meeting minutes
5. **Reports**
 - 5.1 President
 - 5.2 General Secretary
 - 5.3 Treasurer
 - 5.4 Co-Chairs of the Council of National Representatives
 - 5.5 Chair of the Election Committee
6. **Membership Structure**
 - 6.1 Debate
 - 6.2 Vote
7. **Constitutional Amendments**
 - 7.1 Debate
 - 7.2 Vote
8. **Projects and Activities**
 - 8.1 World Suicide Prevention Day
 - 8.2 Special Interest Groups & Task Forces
9. **Publications**
 - 9.1 CRISIS: Report from the Editors
10. **Confirmation of Executive Committee for 2015 – 2017**
11. **Future IASP conferences**
 - 18-21st May 2016 Asia Pacific Conference, Tokyo, Japan
 - XXIX World Congress 2017- Malaysia
12. **Any Other Business**
13. **Closing remarks** from the President



IASP CONGRESS 2017

The XXIX IASP World Congress 2017 will be taking place in **Malaysia**. We look forward to welcome experts in suicide prevention from all around the globe to South East Asia.

2015
IASR/AFSP
International Summit
on Suicide Research

October 11–14, 2015
The Waldorf Astoria * New York City

AMERICAN FOUNDATION FOR
Suicide Prevention



International Academy
of Suicide Research

IASR/AFSP International Summit on Suicide Research: Preventing Suicide: Progress through Research

The upcoming IASR/AFSP International Summit on Suicide Research, taking place on October 11th–14th, will bring together suicide researchers studying topics ranging from neurobiology and genetics to prevention and intervention. All suicide researchers and those interested in learning about the most cutting edge evidence are invited to attend.

For more information visit: <http://www.suicide-research.org/meetings>.

IASP Congress LUNCH WITH THE EXPERTS

As with previous IASP Congress a Lunch with Experts will feature in the upcoming Montréal Congress. Each lunch involves three renowned experts in suicide research and prevention, who will be available over a 60 minute lunch session to discuss their work in research, treatment and prevention in an informal setting. Each expert will give an overview of their main areas of expertise, which will then be followed by a Q&A discussion session. The aim of this event is to facilitate the transference of specialist knowledge and expertise to conference attendees. The lunches take place on Wednesday June 17th and Thursday June 18th. The full Congress programme can be found at: <https://www.conftool.pro/iasp2015/sessions.php>.

The experts who will be involved in these sessions are:



**Prof.
Murad Khan**

Professor Murad M Khan, MBBS, MRCPsych, CCST, PhD is Professor, Dept. of Psychiatry at Aga Khan University, Karachi, Pakistan. He did his MBBS from Dow Medical College, Karachi, Membership of the Royal College of Psychiatrists, UK & PhD from University of London. He has higher specialist training in General Adult & Old-Age Psychiatry from the UK.

Prof. Khan has been researching suicidal behavior in Pakistan over the last couple of decades. His areas of interests include role of socio-cultural and religious factors in suicidal behaviors. He is the principal investigator of the Karachi Suicide Study (KaSS) and conducted the first (and to date the only) psychological autopsy study in Pakistan and one of the few in the Islamic world.

He is 1st Vice-President of IASP and has contributed to organisation's global strategy for suicide prevention. He is also a member of the International Association for Suicide Research (IASR) and on the international governing committee of the International Federation of Psychiatric Epidemiology (IFPE). He is part of a group to improve the recording and registration of suicidal behavior in WHO's Eastern Mediterranean Region (WHO-EMRO) and international contributor to the recently published World Suicide Report of the WHO. He is also part of the WHO's Mentor-Violence & Injury Prevention (VIP) program and WHO consultation group for revision of ICD for mental disorders of the elderly.

Prof. Khan has published on suicide and deliberate self-harm in Pakistan and developing countries and has several chapters in books on suicide including the *Oxford Textbook of Suicidology and Suicide Prevention: a Global Perspective and the International Handbook of Suicide Prevention: Research, Policy and Prevention*. He is also on the editorial board of a number of international journals, including *Crisis*, *International Journal of Social Psychiatry* and *International Review of Psychiatry*.

Apart from suicide his other research interests include mental health of women and elderly, psychosomatic medicine and medical ethics.

He is a regular contributor to the lay press in Pakistan on social, mental health and bioethical issues.



**Dr. Lakshmi
Vijayakumar**

Dr. Lakshmi Vijayakumar is founder of Sneha, suicide prevention centre in India and Head, Department of Psychiatry, Voluntary Health Services, Chennai.

She is a member of the W.H.O.'s Intl. Network on suicide research and prevention.

She has been conferred "Honorary Fellow of the Royal College of Psychiatrists (FRCPsych) the highest award given by the college for her work in suicide prevention, locally, nationally and internationally. She has also been conferred with "Bharathi", "Gnanananda", "Woman of the year", "Woman Achiever Award" and "For the Sake of Honour" awards in India.

Dr. Vijayakuma has been appointed as Associate Professor by the University of Melbourne, Australia and Adjunct Professor, Griffith University, Brisbane, Australia. She has been appointed as a Member by the International Scientific Board of the Lisbon Institute of Global Mental Health (LIGMH)

She has edited two books, authored many book chapters and published numerous papers in peer reviewed journals.



**Prof. Heidi
Hjelmeland**

Professor Heidi Hjelmeland is Professor of Health Science at the Department of Social Work and Health Science, Norwegian University of Science and Technology, as well as Professor of Mental Health Care at the Department of Nursing, Sør-Trøndelag University College; both in Trondheim, Norway.

She is trained in psychology, medical laboratory engineering, cell biology and genetics. Prof. Hjelmeland has conducted research on suicidal behaviour since 1992. She has participated in, and led the Norwegian parts of, two large European multicentre studies; The WHO/EURO Multicentre Study on Suicidal Behaviour, and, SUPPORT: A European Multicentre Study on Self-Reported Suicidal Behaviour and Attitudes towards Suicide.

During the last 12-15 years, most of her research has, however, been conducted in Ghana and Uganda, as well as in Norway. She has supervised several PhD-candidates from these three countries.

Hjelmeland started out doing quantitative research, but is now only conducting qualitative research.

She has published on epidemiology, attitudes intentionality, meanings, communication as well as on gender and cultural issues of suicidal behaviour. In addition, she has published on methodological and theoretical issues in suicide research. Her current research mainly is focusing on understanding suicide and non-fatal suicidal behaviour in Norway, Ghana and Uganda, and on relations between suicidal patients and health workers in psychiatric wards in Norway. In addition, she is researching the current suicide research.

Hjelmeland has also worked with suicide prevention as the founder and head of the regional Suicide Research and Prevention Centre in Central Norway (from 1997-2004). This centre was responsible for implementing Norway's first national suicide prevention action plan in the three counties of Central Norway.

She has been Editor of Suicidology Online, member of the Editorial Boards of Crisis as well as Suicide and Life-Threatening Behavior, and a reviewer for a large number of other journals.



**Prof.
Ad Kerkhof**

Professor Ad Kerkhof is professor of Clinical Psychology, Psychopathology and Suicide Prevention at the VU University in Amsterdam, The Netherlands. He participated in epidemiological research, RCT

studies into effectiveness of online internet interventions for suicidal thinking, research into implementation of national suicide prevention guidelines into clinical practice, research on suicides in jails, prisons, and police lock-ups, suicide in the police force, train suicides, suicides among anesthesiologists, etc.

He developed a screening device for suicidality among adolescents in The Netherlands, taking into account diverse ethnic backgrounds, etc. He was one of the authors of the Dutch multidisciplinary guidelines for assessment and treatment of suicidal behaviors. Ad Kerkhof also is an experienced clinician in treating suicidal patients. He is chair of the Amsterdam Postgraduate institute for Clinical Psychology, Psychotherapy and Health Care Psychology. He is also a former editor in chief of Crisis.



**Dr.
Christabel
Owens**

Dr. Christabel Owens, MA, PhD, is a Senior Research Fellow at the University of Exeter in the UK. She has been researching suicide and self-harming behaviour since 1997. She draws on a background in the social sciences and philosophy and works outside the medical paradigm, focusing on non-clinical populations and settings and specialising in qualitative research and participatory methods.

She pioneered the use of qualitative methods to analyse psychological autopsy data, in an attempt to understand how those who had been bereaved

made sense of the suicide. More recent in-depth qualitative research has focused on what the suicidal process looks like from the point of view of family members and friends, and the difficulties they face in trying to decipher warning signs and decide what to do. The aim is to use this knowledge to underpin community-based prevention efforts and to equip lay people with the resources they need to play a part in suicide prevention.

She is also well-known as the author of the first ever national guidance on the identification and management of suicide hotspots (Department of Health, 2006) and for her work on suicides in public places. Other interests include the development of interventions to support the self-management of self-harm, and methods for measuring outcomes. She works closely with The Alliance of Suicide Prevention Charities (TASC) and with many voluntary-sector organisations in the UK concerned with self-harm, suicide prevention and bereavement care.



**Prof.
Danuté
Gailiené**

Danuté Gailiené, professor of clinical psychology, head of Department of Clinical and organizational psychology at Vilnius university. Research in the field of clinical psychology and suicidology. Initiated the very first studies on suicidology and psycho-traumatology and very first initiatives of suicide prevention in Lithuania

EUROPEAN
ALLIANCE
AGAINST
DEPRESSION 

European Alliance Against Depression (EAAD) Germanwings Crash Statement

The European Alliance Against Depression (EAAD) have released a statement in relation to the Germanwings plane crash that occurred in the French Alps.

The EAAD deeply regrets this tragic and extreme event and commiserates with the families and friends of the deceased. In this context, it is considered important to provide an update on the nature of suicide and depression and to express our concerns about the negative consequences of an increased stigma for people suffering from psychiatric disorders.

Statement

Facts about suicide

More than 55,000 suicides occur in the EU every year, the majority of which occurs in the context of a psychiatric disorder

Leipzig, Germany, 2015

Suicidal behaviour and its association with psychiatric disorders

More than 55,000 people in the European Union die by suicide every year. The rate of attempted suicides is estimated to be ten times higher than that, which is a major public health concern. In most countries, the risk of suicide is highest among older men, and the risk of suicide attempts is more often associated with young women. More than 90% of all suicides and suicide attempts in Europe occur in the context of a psychiatric disorder, of which the majority are depressive disorders.

When suffering from depression, individuals perceive and describe their problems as augmented or magnified, and as being at the centre of their lives. *“In the case of severe and so called “psychotic depression”, extreme anxiety about the future and feelings of guilt, together with inner tension, exhaustion, sleeping problems and hopelessness occurs, which can lead to suicidal thoughts and also suicidal behavior,”* explains Prof. Dr. Ulrich Hegerl, President of the European Alliance Against Depression.

Homicide-suicide

“In extremely rare and very severe depression, a so-called ‘homicide-suicide’ can occur. Individuals suffering from severe depression perceive the world through dark glasses, and as desperate and absolutely unbearable, thus they do not want to leave their relatives behind in this perceived terrible circumstance and take them to death,” says Prof. Hegerl. *“The fact that unknown persons, as in the case for this airplane crash, are being dragged into death is highly atypical for depression and is different from a homicide-suicide that occurs within depression,”* explains Prof. Hegerl. *“In general, depressed patients are very reliable and considerate individuals who in no case want to harm others”*, he adds.

Evidence-based treatments for psychiatric disorders are crucial in order to prevent suicidal behaviour. *“The high rates of attempted and completed suicides are not acceptable,*

especially given the fact that the majority of people suffering from depression can be treated successfully, particularly with psychotherapy and antidepressants, and thus suicidal behaviour can be prevented” according to Prof. Dr. Ella Arensman, Vice-President of the EAAD and President of the International Association for Suicide Prevention (IASP).

“Therefore, it should be a key priority of suicide prevention programmes to improve detection, diagnosis and systematic treatment allocation for people with depression. This also requires improved awareness and reduced stigma related to depression in occupational settings, including airline professionals,” as underlined by Prof. Arensman.

“The European Alliance Against Depression aims to improve care and optimise treatment for people with depressive disorders and to prevent suicidal behaviour across Europe - we are working on this aim for more than 10 years together with a large group of experts and researchers in Europe. We hope that this tragic event is not contributing to a further stigmatisation of people with psychiatric disorders, and depression in particular,” summarised Prof. Victor Pérez Sola, Treasurer of the EAAD and coordinator of the depression programme from CIBERSAM.

EAAD recommends caution for overreactions to this tragic event. Measures presently discussed such as an occupational ban for people with depression or reduced professional discretion of physicians may lead to more tragic deaths because patients with depression and other psychiatric disorders will be more reluctant to be open about mental health problems, and as a consequence will not seek help and therefore will not receive treatment.

Further relevant information, and contact details for support services in different European countries are provided here:

www.ifightdepression.com

www.eaad.net

www.iasp.info

European Alliance Against Depression e.V. (EAAD)
Semmelweisstraße 10, Haus 13
04103 Leipzig, Germany; contact@eaad.net; Tel: + 49-3419724440

World Suicide Prevention Day

Preventing Suicide: Reaching Out and Saving Lives

Reaching out to those at risk of suicide

According to the recently released World Health Organization (WHO) report: Preventing Suicide: A Global Imperative, over 800,000 people die by suicide across the world each year. The report notes that this estimate is conservative, with the real figure likely to be higher because of the stigma associated with suicide, lack of reliable death recording procedures, and religious or legal sanctions against suicide in some countries.

We may not be able to pinpoint the exact figure, but we do know that each individual suicide is a tragic loss of life. It is hard to imagine the extreme psychological pain that leads someone to decide that suicide is the only course of action. Reaching out to someone who is struggling can make a difference.

'Preventing Suicide: Reaching Out and Saving Lives' is the theme of the 2015 World Suicide Prevention Day (WSPD), an initiative of the International Association for Suicide Prevention (IASP) and the WHO. Since 2003, WSPD has taken place on 10th September each year. It serves as a call to action to individuals and organizations to prevent suicide. This year, the theme encourages us all to consider the role that offering support may play in combating suicide.

The act of showing care and concern to someone who may be vulnerable to suicide can be a game-changer. Asking them whether they are OK, listening to what they have to say in a non-judgemental way, and letting them know you care, can all have a significant impact. Isolation increases the risk of suicide, and, conversely, having strong social connections is protective against it, so being there for someone who has become disconnected can be life-saving.

On September 10th, join with others around the world who are working towards the common goal of preventing suicide. Check in on someone you may be concerned about, listen to what they say, how they say it and show them kindness and support.

Reaching out to those who have been bereaved by suicide

Suicide is devastating for families, friends and community members who are left behind. They may experience a whole range of emotions, including grief, anger, guilt, disbelief and self-blame. They may not feel that they can share these overwhelming feelings with anyone else. Therefore, reaching out to those who have lost someone to suicide is very important.

As a result of the stigma surrounding suicide, those who are bereaved by suicide are often perceived differently from those who lose a family member through another cause of death. People who are bereaved may find that they are avoided by people who don't know how to broach the subject or offer their condolences. Or they may just feel that others do not understand the intensity of their emotional response to the death of their loved one.

Once again, a pro-active approach and offering a sympathetic, non-judgemental ear can make all the difference. Giving someone who has been bereaved by suicide the opportunity to talk about their loss, in their own time, on their own terms, can be a precious gift. Allowing them to express their full range of feelings can be cathartic, and can help them to take the first small step in moving through their grief. Starting the conversation may be difficult, but it will almost certainly be appreciated.

Reaching out to put people in touch with relevant services

Although the support of friends and relatives is crucial for people who may be at risk of suicide and for people who have lost someone to suicide, it is not always enough. Often more formal help is also needed. Such help can take many forms, and is likely to vary from country to country. In high-income countries, it may include specialist mental health services and primary care providers, both of which offer clinical care. It may also include a range of community organisations which provide non-clinical support, as well as support groups and self-help groups. In low- and middle-income countries, the more clinically-focused services are less readily available, and there is a heavier reliance on community organizations. Part of reaching out to vulnerable individuals can involve helping to link them to relevant services.

World Suicide Prevention Day

Preventing Suicide: Reaching Out and Saving Lives

Reaching out to the suicide prevention community

There is strength in numbers. Around the globe, many individuals and organizations are involved in efforts to prevent suicide. We can learn from each other, and strengthen the evidence base for effective interventions. Reaching out to those who are travelling the same road increases the likelihood that our collective efforts to reduce the numbers of people who die by suicide, and the numbers of people for whom these deaths have shattering effects, will be successful.

Reaching out on World Suicide Prevention Day

On September 10th, join with others around the world who are working towards the common goal of preventing suicide. Check in on someone you may be concerned about, listen to what they say, how they say it and show them kindness and support. Investigate ways of linking in with others who are trying to prevent suicide in your community, your country, or internationally. Show your support by organising or taking part in a WSPD activity in your area and/or join in with IASP's Cycle Around the Globe.

Please, reach out and save lives.

Preventing Suicide: A Global Imperative
<http://goo.gl/yEfO1y>

WSPD Suggested Activities Sheet
<https://goo.gl/BEKTCB>

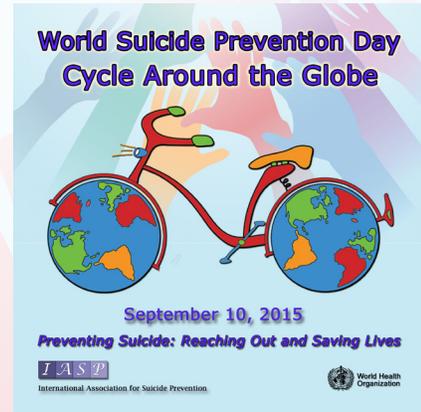
WSPD Cycle Around the Globe
<https://goo.gl/X8L4jE>

WSPD Research Resources and Guides
<http://goo.gl/SVbJYy>

WSPD Facebook Event Page
<https://goo.gl/fd2wXX>

Light a Candle Near a Window at 8 PM
<https://goo.gl/cVUe36>

WSPD Toolkit:
<https://goo.gl/UfqZmt>



The International Association for Suicide Prevention invites you to light a candle at 8 PM

World Suicide Prevention Day

On September 10th

World Suicide Prevention Day

Light a candle near a window at 8 PM

to show your support for suicide prevention

to remember a lost loved one

and for the survivors of suicide.

www.iasp.info/wspd

World Suicide Prevention Day

Preventing Suicide: Reaching Out and Saving Lives

WHAT YOU CAN DO TO SUPPORT WORLD SUICIDE PREVENTION DAY

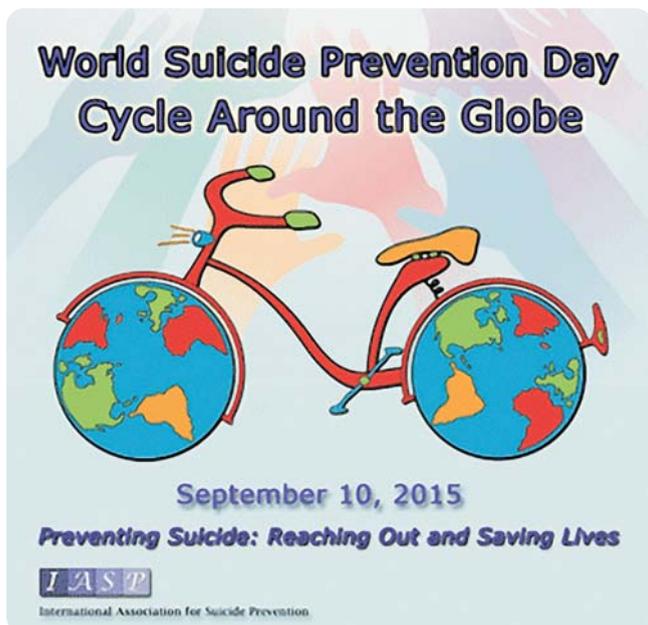
WORLD SUICIDE PREVENTION DAY, September 10th, is an opportunity for all sectors of the community - the public, charitable organizations, communities, researchers, clinicians, practitioners, politicians and policy makers, volunteers, those bereaved by suicide, other interested groups and individuals - to join with the International Association for Suicide Prevention (IASP) and the World Health Organization (WHO) to focus public attention on the unacceptable burden and costs of suicidal behaviours with diverse activities to promote understanding about suicide and highlight effective prevention activities.

Those activities may call attention to the global burden of suicidal behaviour, and discuss local, regional and national strategies for suicide prevention, highlighting cultural initiatives and emphasizing how specific prevention initiatives are shaped to address local cultural conditions.

Initiatives which actively educate and involve people are likely to be most effective in helping people learn new information about suicide and suicide prevention. Examples of activities which can support World Suicide Prevention Day include:

- Launching new initiatives, policies and strategies on World Suicide Prevention Day, September 10th.
- Learning about connectedness, mental health and suicide prevention from materials found in IASP's Web resource directory <http://goo.gl/0ovDtp>
- Using the WSPD Press Preparation Package that offers media guides in the planning of an event or activity.
- Downloading the World Suicide Prevention Day Toolkit that contains links to World Suicide Prevention Day resources and related Web pages <http://goo.gl/TEvYHD>
- Holding conferences, open days, educational seminars or public lectures and panels
- Writing articles for national, regional and community newspapers, blogs and magazines
- Holding press conferences
- Placing information on your website and using the IASP World Suicide Prevention Day Web banner, promoting suicide prevention in one's native tongue. <http://goo.gl/rOijcr>
- Securing interviews and speaking spots on radio and television
- Organizing memorial services, events, candlelight ceremonies or walks to remember those who have died by suicide
- Asking national politicians with responsibility for health, public health, mental health or suicide prevention to make relevant announcements, release policies or make supportive statements or press releases on WSPD
- Holding depression awareness events in public places and offering screening for depression
- Organizing cultural or spiritual events, fairs or exhibitions
- Organizing walks to political or public places to highlight suicide prevention
- Holding book launches, or launches for new booklets, guides or pamphlets
- Distributing leaflets, posters and other written information
- Organizing concerts, BBQs, breakfasts, luncheons, contests, fairs in public places
- Writing editorials for scientific, medical, education, nursing, law and other relevant journals
- Disseminating research findings
- Producing press releases for new research papers
- Holding training courses in suicide and depression awareness
- Joining us on the official World Suicide Prevention Day Facebook Event Page <http://goo.gl/b2Z0rt>
- Supporting suicide prevention 365 days a year by becoming a Facebook Fan of the IASP <http://goo.gl/S7zaIS>
- Following the IASP on Twitter (www.twitter.com/IASPinfo), tweeting #WSPD or #suicide or #suicideprevention
- Creating a video about suicide prevention
- Lighting a candle a candle, near a window at 8 PM in support of: World Suicide Prevention Day, suicide prevention and awareness, survivors of suicide and for the memory of loved lost ones. Find "Light a Candle Near a Window at 8 PM" postcards in various languages at: <http://goo.gl/9lc1en>
- Participating in the **World Suicide Prevention Day - Cycle Around the Globe** <http://goo.gl/csdvYG>

Cycle Around the Globe 2015



Here at the IASP we are so excited about The 2015 Cycle Around the Globe. This is the 3rd year of this successful event, taking place on World Suicide Prevention Day (WSPD) September 10th, 2015 and we hope to have more people taking part than ever before. This year's theme for World Suicide Prevention Day is Preventing Suicide: Reaching Out and Saving Lives, and brings to awareness that by reaching out help can be found.

Through the Cycle around the globe we aspire as a global community to raise awareness of the importance of suicide prevention on this most powerful day. The aim of this event is to empower people from all across the globe, all sectors of society and all cultures to collectively cycle the circumference of the entire globe, 40,075 km or 24,900 miles!

In 2014 alone the total distance reached by our participants was almost four times the circumference of the entire planet, a total of 121,963.3 miles! This year we are hoping to exceed last year's distances. Please join us; it does not matter how far you can cycle; every kilometer or mile will help and there are no limits, you can cycle at home, in the gym or outdoors.

This is a great opportunity to spread the word of suicide prevention in your community. We will have WSPD banners and Light a Candle postcards in many different languages available on our website www.iasp.info/wspd, which can be printed and handed out. Also should you sign up an Official Participant label, which can be printed off and attached to your top whilst you are cycling, and a Certificate of Participation, which you can also print and fill in once you have completed your cycle will also be made available to you.

If you wish you can take this opportunity to get sponsorship and raise money for your local or national suicide prevention charity or similar organization. A sponsorship form will be made available to help you collect donations, once you sign up. If you wish to donate to IASP, all donations would be gratefully received.

For more information about being a part of the Cycle around the Globe 2015 check out:

https://www.iasp.info/wspd/cycle_around_the_globe.php and be sure to follow us on social Twitter and Facebook to enjoy the build-up to this wonderful annual event. To join the IASP on twitter (www.twitter.com/IASPinfo), tweet #WSPD or #suicide or #suicideprevention. To become a Facebook Fan of the IASP <https://goo.gl/zkIONX>.

Join us and Cycle for WSPD and show the world that we are all connected in the aim of preventing suicide!



Cycle Around the Globe 2014, Cork, Ireland



Cycle Around the Globe 2014, Taiwan



Cycle Around the Globe 2014, Mexico City

New IASP Member Question and Answers

1. *Why did you become a member of IASP?*

My desire to be part of IASP is rooted in the intention to assist people, especially teenagers from Moldova in facing the different aspects of the realities around suicide. I wanted to have opportunity to network and to share best practices, access to information, as well as to highlight the issues in Moldova.

2. *What did you know of IASP before becoming a member?*

The IASP it is an International Association that offers the opportunity to join international efforts in addressing issues around suicide. It organizes events, creates materials, is an informational resources.

3. *What do you expect from IASP as a member?*

I am interested in the exchange of knowledge, skills and experience alongside with development of new partnerships with other organizations focused

on suicide prevention, particularly among teenagers. Access to suicide prevention resources and participation in policy development discussions.

4. *What areas of suicide prevention are you most interested in (eg. prevention, postvention, intervention etc.)?*

The area of suicide prevention is the most important for me. I am involved in running an online lifeline website where we support people, whom need help. The area of emotional support is the most important to this. Postvention is another area of interest for, as well as promotion of awareness around suicide prevention, the cause of suicide prevention and the development of policies.

5. *Does being an IASP member complement the area of work you are currently working in?*

Yes, it does. I now have access to information around what are the trends in prevention and what are the new initiatives, research and opportunities to connect to other professionals.

6. *What do you see as the benefits of being an IASP member?*

- Information exchange
- Visibility – the opportunity to highlight issues in Moldova
- Share of best practices
- Encouragement, when we see how other are dealing with the same issues, we face.

7. *Why would you recommend becoming an IASP member to others?*

Because of informational and collaborative opportunities and strategic orientation for raising the awareness at a wide level in country as well global level.

8. *Will you be attending any future IASP conferences?*

I would like it very much. Still, as we have limited resources so it is not simple.

Passing of the Clay Hunt Suicide Prevention for American Veterans (SAV) Act

On February 12th, 2015, the Clay Hunt SAV Act was signed into law by US President Barack Obama. The aim of this new bill is to reduce military and veteran suicides and improve access to high quality mental health care. In particular this Act will:

1. Increase access to mental health care by, among other things, creating a peer support and community outreach pilot program to assist transitioning service members as well as a one-stop, interactive website of available resources.
2. Better meet the demand for mental health care by starting a pilot program to repay the loan debt of students in psychiatry so it is easier to recruit them to work at the VA
3. Boost the accountability of mental health care by requiring an annual evaluation of Department of Defence and Veteran Affairs suicide-prevention practices and programs.

This Act named after Marine Veteran, Clay Hunt who died by suicide in 2011 was driven by qualitative and qualitative data from Iraq and Afghanistan Veterans of America (IAVA's) annual member survey, which highlighted high levels of suicidal ideation and peer suicide among US veterans.

For more information see: <http://iava.org/savact/>.



Mental Health in Lithuania and Europe 10 years after the Helsinki Conference: from 'the vision of needed changes' to 'actual results'. May 15th, 2015



Helsinki Conference

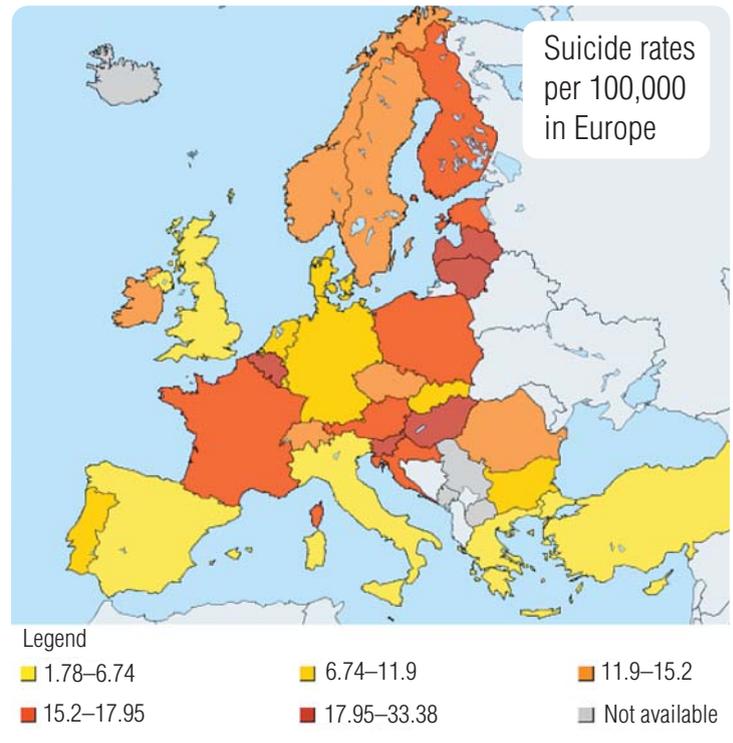
IASP President Professor Ella Arensman recently presented at the recent Mental Health Conference in Lithuania which reflected on the past 10 years since the Helsinki Conference, in which the WHO approved the Mental Health Declaration and Action Plan for Europe 2005–2010. The conference was held in the Parliament of Lithuania, and reviewed the progress of the development of the implementation of the Mental Health Declaration and Action Plan, a strategic national health policy document, for which Lithuania is the leading member state in Europe.

The conference examined the following areas in particular:

- The development of community services and deinstitutionalisation
- The involvement of service users and NGO sector in decision-making processes
- The re-structuring of the primary health care services sector
- Suicide prevention and
- Strengthening of mental health for children.

Prof Arensman focused on Suicide Prevention in the European Union (EU), presenting to politicians and representatives from various Lithuanian and EU state institutions. Other presenters, including Dr Paulius Skruibis and Professor Dainius Puras, examined the areas of Deinstitutionalisation in the EU and Lithuania, Community and Primary Mental Healthcare in the EU and also the future priorities for suicide prevention in Lithuania.

The rates of suicide among men and women in Lithuania are among the highest in Europe, with the most recent rate for men at 60 per 100,000 and 11.5 per 100,000 for women. NGO Mental Health Perspectives and independent Lithuanian experts in the field of mental health have developed a Lithuanian Mental Health Strategy and Suicide Alternative Action Plan 2016–2018. The authors of the plan recommend taking immediate action with regards to crucial changes that need to be initiated in Lithuanian mental health policy, in line with modern science and value-based principles.



Impact of Earthquake and Trend of Emerging Suicidal Cases

The recent catastrophic earthquake and repeated numerous aftershocks which have killed thousands of people in Nepal has opened another dimension of suicidal risk amongst its survivors. Since this tragic event there has been reported completed suicides and also suicidal ideation amongst the now vulnerable Nepalese population. For example there was reports of a group of stranded people, trapped in one village expressed that they wanted to die in a mass suicide because of fears of a landslide in light of the growing Bhotekoshi river, which had left the helpless.

The tragedy and effects of this earthquake has had a psychological impact and there is a fear that as a result a propensity toward suicidal attempts are emerging. Despite this, the current ruling Government who did receive support from India, blatantly rejected aids from China, New-Zealand, which has not been helpful during this disaster. This has derailed relief to Nepalese persons on a grassroots level and could potentially have some role for creating frustration or depressive environment amongst the people of Nepal.

In summary, proper relief and psychological counselling to the Nepalese people must be made available to prevent further deprivation and potential suicidal losses.

Dr. Dhruva Pathak



Suicide Prevention Resource Center (SPRC) Spotlight: Expanding the Reach of Zero Suicide in States and Communities

The SPRC has announced the second edition of its new Spotlight series- Expanding the Reach of Zero Suicide in States and Communities. Each SPRC Spotlight is a collection of carefully selected resources focused on a key, cross-cutting issue in suicide prevention.

The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents both a bold goal and an aspirational challenge.

The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through cracks in a fragmented, and sometimes distracted, health care system. A systematic approach to quality improvement in these settings is both available and necessary.

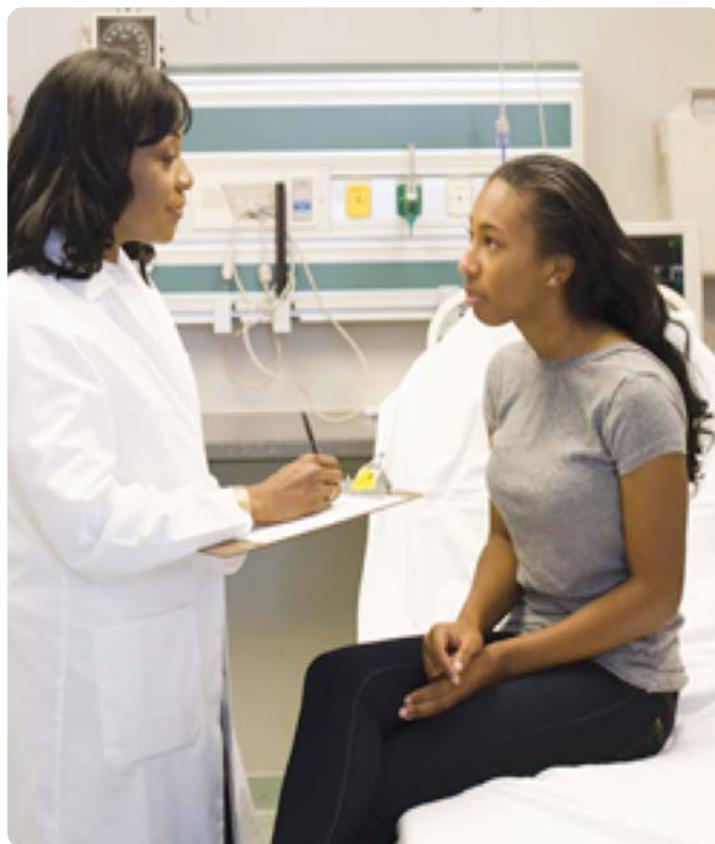
States, communities, and health care providers have key opportunities to identify individuals who are at risk for suicide. Inspired by successes in the United States Air Force and the Henry Ford Health Care System, more and more health care institutions and systems are setting ambitious goals to reduce suicides among patients in their care.

Bringing about such a major shift requires leadership within the system, plus motivation and support from state and community suicide prevention advocates. This SPRC Spotlight summarizes the resources that are available to help you build support for a comprehensive suicide prevention approach in your community's health and behavioral health care organizations. The newest resource is the Zero Suicide website and toolkit, which can be accessed at ZeroSuicide.SPRC.org or www.zerosuicide.com.

If you are an advocate for suicide prevention at the state, tribal, or community level, you can work with health care organizations to support their existing Zero Suicide efforts. If you are a provider or an administrator in a health care system, you can turn to state or community partners for help in creating a comprehensive suicide prevention approach where you work. Resources

are available to help you champion this effort, including a PowerPoint presentation that you can use to share the Zero Suicide model with others.

The SPRC Spotlight on Zero Suicide is available at <http://www.sprc.org/spotlight/expanding-reach-zero-suicide-states-and-communities>.



National Suicide Prevention Act 27,130 – ARGENTINA



Ernesto Rubén Páez

IASP National Representative to Argentina Ernesto Ruben Paez is delighted to announce that as of March 11th 2015 the new National Suicide Prevention Act has been passed in Argentina.

The formation of this act has been spearheaded by the Deputy for the Province of Jujuy Dr. Mario Fiad with collaboration from Ernesto as IASP Representative and also Martin Alvarez Alejnadro.

Argentina is a keen participant of the Suicidology Network, which brings together institutions dedicated to suicide prevention, as coordinated by Claudia Bravo and the Ministry of Health. Argentina has actively participated in World Suicide Prevention Day over the last five years and has illustrated a coordinated effort to tackle suicide prevention nationally.

Ernesto Rubén Páez, IASP National Representative of Argentina



Special Interest Group on Postvention and Suicide Bereavement Supplement

As of 2007 the IASP Special Interest Group (SIG) on Postvention and Suicide Bereavement has been successfully producing their own SIG newsletter and disseminating this amongst IASP members and the public. As of June 2015 this SIG newsletter will be appearing as a supplementary item in the periodic IASP newsletter.

This will detail all the on-going events of this SIG and news in the area as before. Past editions of the newsletter can be found at:
<https://www.iasp.info/postvention.php>.

For this edition of the newsletter the Postvention and Suicide Bereavement SIG have included the below two pieces, one detailing a piece on Mates In Construction, an Australian Initiative, as covered by John Brady and secondly a memorial piece for John Peters (RIP).

MATESHIP Matters Tour Solidarity not Sympathy

Queensland, Australia, 2015

In late February, early March of this year, John Brady from MATES in Construction led a speaking tour of internationally renowned speakers on suicide prevention, to Tropical North Queensland and to Outback Western Queensland. The speakers were Sean McCarthy, who has been working in the area of suicide prevention in Ireland for many years and doing innovative work with sports coaches around suicide prevention. Kevin Briggs from San Francisco - Kevin was an ex motor cycle policeman who was known as the 'Guardian of the Golden Gate Bridge' for his work in helping people not to jump from the bridge. The third speaker was Kevin Hines who survived a jump from the Golden Gate Bridge - less than 1% survives.

John was asked about the tour and in particular the regions he was visiting and why a theme such as "Solidarity not Sympathy" was chosen?

"We chose Northern Queensland because there had been a number of recent suicides and the community had approached MATES in Construction for help as some of these occurred within the construction community," he said. Cairns and Townsville were looking for ways to raise community awareness of suicide and some effective preventive strategies.



Sean McCarthy from Ireland, Kevin Hines from the US, John Brady from Mates in Construction and Kevin Briggs from the US, under the Tree of Knowledge in Barcaldine

"We linked with local networks in the construction community such as MBA, BUSSQ, QBCC, CSQ, and with local groups such as the Suicide prevention network, Edward Koch Foundation and Standby,"

"By doing this we were able to create a simple event where both support and inspiration could be found. Both events were well attended and we are still getting positive feedback,"

The tour then headed to Western Queensland for quite different reasons.

"The Uniting Care Community had asked if we could combine with their networks to support the communities in Barcaldine, Longreach, Jundah and Stonehenge. They are experiencing the ravages of a long drought and all that goes with that, as well the plight of a locust plague."

Sean McCarthy commented that the tour gave him a new understanding of isolation while both

Kevin's were taken by the desolation of the drought upon the land and the wildlife - thousands of dead kangaroos!!

The "theme of Solidarity not Sympathy" came from discussion with the local community.

"The community was sick of "city do gooders" coming out to lecture them on what they needed to do to look after their mental health - we don't need sympathy, we need solidarity."

This then changed how the events were approached and where they were held.

"We made a choice to simply tell our stories as briefly but as honestly as we could - a good mixture of tragedy and humour with some simple lessons thrown in for good measure!"

"We wanted them to hear our stories of struggle, survival and hope so they could then feel free to tell their stories of struggle, survival and hope.

Each event went for about one hour but the people stayed and talked with us for hours afterwards. Kevin Briggs was even invited to a station down the road from Stonehenge (50 minutes on dirt in a 4 WD) to pat a pet kangaroo. Sean, Kevin and Kevin were blown away by the hospitality, resilience, and tragic stories of these people and their communities.

“In Barcaldine, we had 60 people come to a night session under the Tree of Knowledge; In Jundah we shared breakfast with 30 workers in a shed who faced an uncertain future. In Stonehenge, we had lunch in the centre with the Flying Doctor – every family from the area was represented; at Longreach we had over 100 people at the Jumbuck Motel with more than half still there talking two hours later. – The support was phenomenal” said John obviously moved by the experience. “It could only have happened with key community people getting behind it and inviting the community to participate.”

Jane Williams, a key organiser from Longreach/Barcaldine commented that she has never seen such numbers at anything to do with mental health; the tour obviously hit the right nerve. When asked what the tour had taught him, John's reply was emphatic; “People matter; people's stories matter – each story is unique – who will listen for that uniqueness?? This is the lesson we have learnt at MATES in Construction and has been reinforced during this tour”.

“We don't need sympathy; what we need is a mate who can see we are struggling and then has the courage to listen to our story without trying to fix us”, he said.

John said that positive feedback from the communities continues to come in on a regular basis.

The tour emphasised to all who took part the extreme difficulties that there are in providing support and services to people in remote isolated areas. For Sean it highlighted the need to look at and focus on how do we, provide postvention support to individuals and communities impacted by suicide.

For further information on Mates in construction visit;

<http://matesinconstruction.org.au> or contact John Brady at; jbrady@matesinconstruction.org.au

John Peters (RIP) Memorial Piece

By Dr. Michelle Linn

I first met John Peters when I spoke at the IASP conference in Killarney, Ireland, nearly eight years ago. He sat in the back of the room but he was one of the most vocal attendees. At the time I thought he was one “those parents” (anyone who has spoken at a conference with grieving people knows what I mean) who ask a ton of questions but it wasn't long before I found out how wrong I was.

After we returned to our respective countries, I received an email from John, indicating that he wanted to work with me and find a way to bring me to the United Kingdom to speak. I had no idea the relationship I would forge with the man who would become my “UK Dad” and how he and his wife Jean and daughters Wendy and Heidi would become such an integral part of my life.

I travelled to England three times to speak at events that John had planned and each time he and Jean rolled out the red carpet, particularly because he wanted to make sure that I saw parts of the United Kingdom most Americans didn't. “They never leave London,” he would lament, taking me across Wales to meet his relatives and even to the Irish Sea where we rented a surfboard that he managed to fit inside their little car so I could do some surfing while I was there.

John and Jean's son Dale had died by suicide in 1992 and that propelled their involvement into SOBS and then IASP. What John wanted most was to see change, to see suicide bereavement recognized as one of the three pillars as suicide, to have equal footing at conferences. He also started collaborations at the University of Manchester and the year before he died, we talked about what we could do for suicide

attempt survivors. He spent hours on the SOBS bereavement phone line, listening to the grieving and their stories, even taking calls up until hours before his death.

As his health began to decline, his heart giving out, I saw him visibly slow down during my last visit. He told me had given up his work with the Welsh Men's Choir because he came to the realization how his health was compromised and the suicide work was much more important to him.

Even as his health deteriorated, we continued our emails, he as the “Mzee” he called himself, Kenyan for “wise uncle.” My marriage had ended and Jean told me on my last visit six months ago that after I had flown back to the states in 2013, John thought of men he wished he had introduced me to. While John had a list of ideas for me (some of which I am working on: including my Chef Chelle food blog), he didn't want me to be alone. At his death on April 28, 2014, I was well into a relationship and I would be engaged by the fall. In the months as the relationship progressed, he was hopeful where it was going and told me to invite my “UK parents” to the wedding. Jean, Wendy, and Heidi will represent him here in Albuquerque, New Mexico, for it.

John never asked for credit; he just wanted to see things go forward, to happen, for the bereaved to get the support they deserve. He was the kind of bereaved parent who didn't want others to experience what his family did. As the postvention movement continues to grow, don't forget the people who got it there, especially those in the background who pushed it forward and never forgot its importance.



John and Jean Peters with Dr. Michelle Linn.