

IASP Taskforce Postvention

Meeting held at the 10th European Symposium on Suicide and Suicidal Behaviour
Copenhagen, 25-28 August 2004

Minutes – 27 August 2004 – 13.30h-15.00h

Attendees (per country, alphabetically)

1. Dolores-Angela Castelli Dransart, Haute Ecole Fribourgeoise de Travail Social, Switzerland
2. Anka Zavasnik, University Psychiatric Hospital, Centre for Mental Health, Ljubljana, Slovenia
3. Onja Grad, University Psychiatric Hospital, Centre for Mental Health, Ljubljana, Slovenia
4. Line Johansen, Sykehuset Innlandet, Lillehammer, Norway
5. Judith Hauge, Sykehuset Innlandet, Gjøvik, Norway
6. Kari Dyregrov, Center for Crisis Psychology, Bergen, Norway
7. Jelena Trofimova, Survivor Group, Vilnius, Lithuania
8. Theresa Millea, National Suicide Bereavement Support Network, Killeagh, Co Cork, Ireland
9. Inger Anneberg, A4media, Odder, Denmark
10. Nico De fauw, Flemish Working Group on Suicide Survivors, Halle, Belgium
11. Karl Andriessen (Chair), Suicide Prevention & Working Group on Suicide Survivors, Belgium

Agenda

1. Opening of the meeting
2. Follow-up of the minutes of the first meeting
3. Introduction of the participants
4. Expectations
5. Discussion
6. Conclusions

1. Opening of the meeting

Karl Andriessen chaired the meeting. He welcomed the participants and gave a brief introduction of the aim of the Taskforce and this meeting.

In brief, the aim of the Taskforce is to increase the awareness within IASP, its members and allies, for suicide survivors and postvention activities. The first objective of the Taskforce was to publish a International Directory of suicide survivor services. The first part of the Directory, the European Directory, was published in 2002. The information will become available in a searchable database in IASP website. The format of the database was already developed. At this point, we need someone who is able to enter the existing information in the database. Candidates (or those seeking more information) contact Karl Andriessen. A second objective is to hold open meetings to bring together people who are working in this field or who have a genuine interest in survivor issues. The first meeting was held on 13 September 2003 in Stockholm during the previous IASP Congress. A third objective is the organisation of a one or two-day seminar to formulate a state of the art of the postvention field. For this seminar we are looking for sponsors and/or for an appropriate event with which we could adjunct our seminar. Any help on this is welcome.

2. Follow-up of the minutes of the first meeting

The minutes of the first meeting, held on 13 September 2003 in Stockholm, included an action list of nine points. Following is an overview of what has happened regarding the nine points

1. To send the addresses of the participants to the participants.
The minutes and the addresses were distributed to the participants. In addition the minutes were published in IASP Newsletter (May 2004, pp. 3-5. Copies are available on request).
2. Can IASP website include a notice board or discussion list?
Karl Andriessen, in discussion with Lars Mehlum and IASP webmaster, determined that it is possible to have a discussion list. In addition, the other good news is that not only can we have a discussion forum, IASP website will include a page for survivor-postvention issues.
3. To maintain the discussion list.
Theresa Millea, who had considered becoming editor or co-editor of the discussion forum and/or of the survivor page in IASP website, has found that she cannot take up this responsibility. This position remains open. Candidates can contact Karl Andriessen.
4. The participants will keep each other informed of their activities.
This was (is) a responsibility of all of us. Participants are encouraged to continue communication with each other.
5. To include information of the participants in the Directory.
The Directory will be included in the survivor page. The information of the participants at the meetings will not be included in the Directory but in the same webpage.
6. Can IASP invite GPs and politicians of the hosting country?
Karl Andriessen also talked about this with Lars Mehlum. It seemed that it is not at all obvious to decide whom to invite. This is a very delicate matter. It is always the organising committee that decides on such issues.
7. Is IASP involved in the WHO/Euro Ministerial conference on mental health and suicide in January 2005?
Half a year ago, Karl Andriessen attended a seminar in Brussels, which was part of the preparation of this Ministerial conference. Lars Mehlum was invited and attended this seminar as well. The organisers of the Ministerial conference said that only two to three people per country would be invited. That will be people from the ministries from EEC countries and national WHO counterparts. It was not sure if IASP as such would be invited.
8. To increase the number of presentations on postvention and survivor issues.
The Taskforce urged all participants to submit proposals for presentations when attending a conference.
9. Postvention presentations should not be scheduled in competition with each other.
Karl Andriessen brought this to the attention of Lars Mehlum and Lourens Schlebusch who is the Convenor of next IASP Congress, 2005, Durban.

3. Introduction of the participants

- Each participant had the opportunity to introduce him/her self. They were invited to tell where they came from, their occupation especially in the postvention field, and to formulate their expectations for the Taskforce.
- It was decided to circulate the list of addresses of the participants of the current meeting.

4. Expectations

- to get to know each other, to get connected
- to join forces
- to work across country boundaries
- to know what activities exist elsewhere
- to hear new ideas

- to better learn about survivor work
- to better learn to facilitate support groups
- to further develop domestic activities
- to improve current supportive work with survivors
- to better know how to reach survivors
- to publish our activities
- to have more presentations in conferences

Several of these expectations were formulated by more than one person. Important expectations were to have more contacts, to hear ideas and experiences of other people and to be able to improve one's practice. In addition, participants felt a need for more presentations and publications in this field.

5. Discussion

Many topics were raised during the discussion that followed after the introductions. Below is a summary of the discussion.

- How to better reach the bereaved by suicide? Research in Norway has shown that the majority of survivors have said that they needed support from professionals, their social network and other bereaved. However they were not able to go themselves to a carer/caregiver.
 - Outreach of carers/caregivers might be necessary.
 - In some countries GPs are now better trained. But again, what if survivors cannot go to their GP? A follow-up system could be useful.
 - There are differences in the death system of countries. In a few countries, such as Ireland, there is a coroner who decides on the death certificates, while in other countries it is classified by a doctor. These differences may have implications for follow-up systems.
 - Survivors might also be reached through the media. Examples are the good experiences in Belgium.
- In Ireland a police officer developed guidelines on how to deal with survivors. He also started a survivor group.
- In Norway a website for crisisteam is in construction. It will provide guidelines and tools on how to deal with different types of crises. Target audiences are professionals and the social environment of people. The site, Norwegian only, is expected to be online in October-November of this year.
- In Ireland, people are offered training in stress-debriefing.
- Onja Grad announced a new book on therapists surviving suicide, due in Spring 2005, Haworth Press. The title is *Therapeutic and Legal Issues for Therapists Who Have Survived a Client Suicide*, edited by Kayla M. Weiner (www.haworthpress.com), one of the chapters is *Therapists as Client Suicide Survivors*, by Onja Grad and Konrad Michel
- It is important to bear in mind that (not all) survivors are patients. For example low levels of depression in survivors were found in Slovenia and Norway. Support must be available/offered when necessary. And there is a need for more cooperation between agencies/groups.
- In the same way: not all survivors need support groups. Many find assistance from other sources, and recovery via other ways.
- In Denmark, groups led by professionals are in preparation.

- The participants found that survivor issues and postvention are underrepresented in conference programmes. The bi-annual IASP congresses already have some openness for this issue, but still even there is room for improvement.
For example, the participants would like to see postvention and survivor issues clearly announced as one of the key issues of conference programmes, and to have more than one plenary presentation in the programme. The participants believed that if the issue is clearly included and announced in the programme, people in the survivor field would be encouraged to submit more presentations.
It is important to communicate that postvention work is prevention.

6. Conclusions

The participants were very happy that this meeting was held. It is important to have this platform to enable the exchange of ideas and to meet people who are doing similar work and have similar interests. It was agreed to continue with this format of open meetings to be held during major suicidology meetings.

Action list

Nr.	Action	Responsibility
1.	To send the list of addresses of the participants of the meeting to them.	Karl Andriessen to send the list together with the minutes, a.s.a.p.
2.	To fill in the database of the European Directory of Suicide Survivor Services.	Candidates can ask more information from Karl Andriessen.
3.	To maintain the notice board and discussion forum.	Candidates are welcome!
4.	To organise a postvention seminar, and to find sponsors and a host event.	Any help is welcome. Candidates may contact Karl Andriessen.
5.	To keep each other informed of activities.	All.
6.	To follow-up the WHO/Euro ministerial conference on mental health and suicide, Helsinki, Finland, January 2005.	Karl Andriessen to ask prof. Lars Mehlum.
7.	To increase the number of presentations on postvention policies and activities during next IASP Congress in 2005.	All.
8.	To have postvention and survivor issues clearly announced as a key theme of conferences, and to have more plenary presentations.	Karl Andriessen to ask conference Convenors.

Minutes,

Karl Andriessen