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ISSUE*

Time For Change?

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A number of recent events have spurred me to attempt to express my views to the IASP Postvention Newsletter, most especially the December 2008 article by Norm Farberow and report of the University of Oxford online support website. At the same time we are encouraged by Barack Obama to consider that it is “Time for Change”

Perhaps I should describe my unusual journey to Suicidology. Having left school at 15 I trained in Farming where significantly Agriculture was described as “The Science and Practice” of the subject. I then worked for a decade in Kenya where my children were born just a few miles from the home of Barack Obama’s father.

Our family then returned to the UK and I trained as a science teacher, later taking a degree in Psychology. Following the suicide of our son, Dale, I looked further into the study of Suicidology and at the end of 2007 graduated with a Masters in Suicidology just 6 months before my 70th birthday. So like Norm Farberow I can also claim to be an “old timer”. I would point out to Norm and others that in Swahili the term “Mzee-Old Man” such as Mzee Jomo Kenyatta (First President of Kenya) is a term of extreme respect, as is the term “Mwalimu- Teacher” such as in *Mwalimu Julius Nyerere* (First President of Tanzania). Much of my time in retirement is spent as a volunteer with the UK charity “Survivors of Bereavement by Suicide”, particularly by taking calls on our National Helpline and with our Self Support Groups. I have taken this further by joining the IASP and making good friends with fellow delegates from many countries. It has been both an encouraging experience as we share ideas with new friends but also frustrating as I can see many ways that more could be done. **Is it not “Time for Change” ?**

I outlined in my second paragraph that I came from a background that was based on the scientific method but my agricultural training stressed **Science and Practice**. I was particularly pleased with the article in the December 2008 newsletter describing the Oxford website. It illustrates the way that science and practice can be brought together for the direct benefit of Survivors. At the last IASP symposia that I have attended at Killarney and Glasgow I was most disappointed that not a single keynote speaker addressed the process of putting the theory into practice - i.e. by addressing not postvention, one of Shneidman’s three pillars of suicidology, but concentrating totally on the science of prevention and intervention. So why do many of us feel that the practice of postvention support been shunted into a backwater? Perhaps I may be exaggerating a little but is academia so intent on achieving research grading points for their university and researchers so determined to achieve their PhDs that they have lost sight of the true objective of the science – to support those who are either at risk of suicide or have been bereaved by suicide. No matter how much we need to carry out research we must have our ultimate objective in mind, after all the vast majority of the funding for academic research comes either directly or indirectly from the general public through their taxes, etc. If I was in control of funding I would ask a simple question – “What good will your research do for the subjects of your research?” or as Edwin Shneidman poses his two basic questions in clinical psychology “Where do you hurt?” and “How may I help you?”

If the objective of suicide research should be to inform those who most need the support would it not be more effective to publish the research in popular magazines rather than condemn them to lie on dusty academic shelves? Collaboration between researchers and survivors can only have benefits. It might take time and trouble but will lead to a deeper understanding of the subject. I would particularly recommend that the young researcher talks to survivors so that he or she can add a practical perspective to their theoretical knowledge. Survivors are not delicate flowers that need to be handled with extreme care -

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that is very patronising. Survivors have much to offer the researcher because they have had the practical experience of the events that led up to the suicide as well as the effects after the event. Perhaps unusually I have been asked to comment on research programmes firstly as a service user but more recently as an “expert”. A senior UK researcher and university lecturer said to me that **survivors are the experts** as a result of what they have experienced. Survivors should be **participants** in research not the **subjects** of the research. This example of terminology also illustrates the need for the researcher to use language sensitively. I would suggest that any survivor would be aghast at Philip Seager’s suggestion of the use of the *relict* for what we call a survivor.

A driving force in achieving change should be the IASP, its symposia and publications. We should have parity between Science and Practice. We should have parity between Prevention, Intervention and Postvention. We should have parity of esteem between work done in the academic, statutory and voluntary sectors. Personally I would like to change the name of the IASP. We will never prevent suicide, hopefully we can reduce the incidence. How much more inclusive it would be to have **The International Association of Suicidology**.

Is it impossible to envisage such dramatic changes? It would have been impossible to imagine when my children were being born and raised in the 60s that the grandson of a Kenyan family just a few miles away could become the President of the U.S.A. Perhaps it is “Time for Change” - in Suicidology, or I am just an “old timer” dreaming? I seem to remember someone else saying “I have a dream”.

The 2009 IASP Farberow Postvention Award

A call for nominations

The Farberow Postvention Award was established in 1997 in recognition of Professor Norman L. Farberow, a founding member and driving force of IASP, and a pioneer and advocate of the scientific approach and the development of postvention.

The Award honours a person who has contributed significantly in the field of work with survivors after suicide. Any member of IASP can nominate a candidate.

A nominee must meet all four of the following criteria:

- Has been actively involved in the establishment and operation of bereaved by suicide programs,
- Has demonstrated national leadership in this area,
- Has contributed to the research and evaluation of such programs,
- Will continue to be involved in this important area of work.

Deadline for nominations is 30 April 2009.

Contact the Farberow Award Chairperson (address here below) if you wish to make a nomination:

Karl Andriessen, Suicide Prevention Program, Flemish Mental Health Centres,

Martelaarslaan 204b, 9000 Gent, Belgium

Tel: +32 9 233 50 99 / Fax: +32 9 233 35 89

E-mail: karl.andriessen@pandora.be / iasp-tf-postventon@pandora.be

Just Breathe. Life after Suicide

by Samantha Harrison, 23 yrs

“It has been just five years year since my dad suicided. To tell you how I have coped is really hard because I know my survival mission has only just begun. I know this because for the first year I was wearing blinders, ignoring a lot of what I was not ready to handle after one year but I knew I had the blinders off because for the first time in my heart I knew my dad was gone and I couldn’t see him anymore.

My first year was a big haze; for the most part I cannot remember what I did. My family and I survived on denial. When I look back I did some things that I don’t think I would have been able to do unless I was numb. Yet I also wanted other young people like myself to know they are not alone so in that year I did at least 5 interviews with TV news presenters and numerous interviews with my local newspaper and radio station. I spoke at many Suicide Bereavement functions to others affected by a suicide and I helped organise Australia’s first Youth Suicide Bereavement Support Group, which I am so very proud to say is called “Head High Living Beyond Suicide”.

For us, as young people, this group has meant many things but mostly that all of us in the group are strong enough to get through the hurt and confusion, and that one day we will be great people because of our experiences. Each person in this group has had an amazing and life altering story to tell and I think these stories are with us to help others. Head High also provides opportunity for us to reach out to other young people beyond the group.

I guess what I can say to others in the same or similar position is “Just Breathe”. When I think of my dad, all the good times we had and the times I’ll never ever get to have with him all I can do is just breathe, if I can get my breathing back to normal when my throat swells and aches, my stomach churns and all I think is I’m going to be sick. I just breathe and I know I will be OK maybe not today..... but some day very soon ”.

Samantha Harrison, Sunshine Coast, Queensland Australia

Head High Creative Therapy Outcomes

Photos provided with permission from Head High





StandBy Response Service

The StandBy Response Service is a community based program that provides a 24 hour coordinated crisis response to assist families, friends and associates who have been bereaved through suicide. The service uses a community and evidence-based model supported by the latest theories in trauma, loss, grief and suicide bereavement.

In many cases people bereaved by suicide do not know where to turn for help or how to find support that may already exist. The StandBy Response Service provides a reliable, single point of contact coordinating existing services to enable an immediate response.

StandBy was developed by Queensland human resources company, United Synergies Limited, in 2002 in response to a number of suicides in the Noosa hinterland region and the inability of the community to collectively respond. The service is financially supported by the Australian Government Department of Health and Ageing. StandBy is founded and operates on the principles of community respect, understanding and support for the health and well-being of people bereaved by suicide.

Aim

The aim of the StandBy Response Service is to reduce potential adverse health outcomes and assist in addressing further suicidal behaviour. The service achieves this by providing an integrated and comprehensive response using existing emergency and community support mechanisms. Active participation and cooperation of a wide range of agencies such as police, ambulance, coronial services and community groups, results in bereaved people accessing the right support, at the right time and in the right place.

Locations

StandBy currently operates in four communities around Australia in conjunction with local community partners. These locations are in Cairns, Canberra, North Brisbane and the Sunshine and Cooloola Coasts. Further expansion of the service into the remote Kimberley and Pilbara regions of Western Australia and into Tasmania will be completed by mid 2009.

Training

To support the establishment and operation of the StandBy Response Service, United Synergies has developed the StandBy for LIFE suicide prevention and postvention training programs in the areas of health promotion, critical incident response, bereavement, and other areas related to traumatic loss. These include the "Who You ~ Which Way" Aboriginal & Torres Strait Islander Cross Cultural Communication Training co-authored by StandBy's cultural advisor Travis Shorey, a descendant of the Babaram and Kuku-Yimidhirr people from far north Queensland.

Conclusion

The importance of building capacity within communities, agencies and individuals to respond to suicide has been highlighted by recent Australian and international initiatives in this area. The StandBy program has received many accolades for its innovative approach and its unique model of service delivery has resulted in a high level of demand from other communities in Australia and overseas who are seeking to adopt the StandBy model.

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A three year trial of the StandBy model, supported by the Australian Government Department of Health & Ageing, concludes in May 2009 with independent evaluation results anticipated in September 2009. Previous evaluation feedback about the StandBy service has provided strong evidence that the model is effective across several areas, including the reduction in adverse health affects, which has a ‘down stream’ effect of reducing costs to the community and the various departments and agencies providing health support. Most significantly, however, bereaved people state that the support provided by StandBy reduces their sense of helplessness, gives them room to grieve and a sense of relief that other matters are being correctly handled by an organization that, by their statements, they have trust and confidence in.

Contact

For information about StandBy contact Jill Fisher, the National Coordinator

jfisher@unitedsynergies.com.au OR www.unitedsynergies.com.au.

Introduction—New Editor

Jill Fisher, National Co-ordinator—StandBy Response Service,
United Synergies Ltd., 14 Ernest Street, Tewantin, Queensland,
Australia 4560

Ph: 61 7 5455 3322 **Mob;** 61 0458 406 640

Email; jfisher@unitedsynergies.com.au



Greetings to IASP Postvention TaskForce Newsletter readers.

I would like to introduce myself as the incoming editor of the IASP Postvention Taskforce Newsletter. I am based at United Synergies Ltd. on Australia’s Sunshine Coast in Queensland where I am the National Co-ordinator for the StandBy Response Service (featured in this edition).

My interest and passion in addressing the needs of suicide survivors has been greatly enhanced by gaining a Masters of Suicidology with the Australian Institute for Suicide Research & Prevention at Griffith University, under the directorship of Professor Diego De Leo. Currently completing a Masters in Health Studies (Grief & Loss) at the University of Queensland, under the previous directorship of Dr. Judith Murray, my future plans include further research into suicide bereavement models of care as well as the impact of media on grief experiences.

My work in the areas of crisis and traumatic loss & grief combined with my media background and research experience, has prompted this decision to assist the Postvention Taskforce team in production of the Newsletter. I deeply appreciate the welcome and support given by previous editor Michelle Linn Gust and all members of the Taskforce, particularly Sean McCarthy and Karl Andriessen.

I also take this opportunity to express gratitude to Michelle for her work and dedication in the production of the IASP Postvention Taskforce Newsletter - an invaluable resource for all those involved in this field.

I look forward to continue this good work and assisting those in the postvention area to be informed and share your knowledge, practice and experience in the support of those bereaved by suicide

Ireland's Response On Postvention

Geoff Day, Director, National Office for Suicide Prevention

Reach Out, the Irish National Strategy for Suicide Prevention was launched in 2005 by the Minister for Health and Children. It contained a number of recommendations regarding postvention services beginning with a review of services and the evidence base for future developments.

Earlier this year the review report was published following extensive work by Petrus Consulting who were commissioned by the Irish National Office for Suicide Prevention

The report sets out its analysis and recommendations under 7 headings

- Information available to the bereaved
- Role of self help groups
- Models of service provision
- Training, qualifications and standards
- Profile of service providers
- Future service delivery
- Costing of service delivery

The Irish National Office for Suicide Prevention was also established in 2005 to implement Reach Out and is responsible for putting in place the developments recommended in the Petrus Report.

Two information booklets have been prepared and widely circulated. 'You Are Not Alone' booklets provide information on all aspects of bereavement and also a separate directory of public and private bereavement services offered around the country.

Ireland has many national and local self help and voluntary groups providing all levels of service from basic information and support through to psychiatric interventions. These are the basis of the 4 tier model set out in the Petrus Report;

- Level 1 Information
- Level 2 Support
- Level 3 Counselling
- Level 4 Psychotherapy

A population wide approach supports this through general training and education, media, human resources, schools programmes etc

It is our intention to develop each of the 4 tiers and to benchmark them against international and local quality standards.

To this end we have commissioned work to develop Irish standards and have asked Console, a national organisation set up to provide services to those bereaved through suicide, to undertake the initial work and develop the standards within their organisation. They will also look for other partners to pilot the standards.

All organisations will over an agreed period of time meet a set of minimum standards and take steps to improve to a higher level in the longer term.

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The Petrus Report also examined the available evidence about bereavement services both general and suicide specific. It concluded that there is a need to enhance and develop both general bereavement services and the existing suicide specific services in Ireland, but that at this stage no new suicide specific bereavement services should be supported. The National Office for Suicide Prevention supports and funds these existing national organisations

Useful websites: www.nosp.ie / www.console.ie / www.livinglinks.ie

Upcoming Events

April 15-18, 2009: American Association of Suicidology – 42nd Annual Convention and 21st Healing Conference (4th with Suicide Prevention Action Network USA), San Francisco, www.suicidology.org

October 27-31, 2009: International Association for Suicide Prevention
25th World Congress, Montevideo, Uruguay, www.iasp2009.org

May 21-23, 2009: 2nd Australian Postvention Conference, Melbourne, Australia.

Contact Details

IASP Central Administration
Office
Le Barade
F-32330 Gondrin
France

Email: iasp1960@aol.com

Tel: +33 562 19 47

Fax: +33 562 19 47

Web: www.iasp.info

Karl Andriessen (MSuicidolgy)
Co-Chair, IASP Postvention Taskforce
C/o Suicide Prevention Project FDGG—VVI
Martelaarslaan 204b, 9000 Gent, Belgium
Tel: +32 233 5099
Email: iasp-tf-postvention@pandora.be / Karl.andriessen@pandora.be

Sean McCarthy
Co-Chair, IASP Postvention Taskforce
Regional Suicide Resource Officer
Regional Suicide Resource Office, Health Service Executive - South
Johns Hill, Waterford, Ireland
Tel: 00353 51 874013
Email: sean.mccarthy@hse.ie