From Central Administrative Office you should have the General Assembly Minutes and detailed information of annual financial and Association's activities. Please inform the office if you have any queries on any of the papers.

Central Administrative Office for these past two years has been a hive of activity. Leading up to the biennial meetings in India, the focus had been on establishing simple and effective administrative systems to ensure the safe handling of IASP's business and the practical possibility for the transfer of this service to future General Secretaries. Providing a cost effective and efficient service to the membership has been a priority within the limitations of a small budget.
From The President, contd. from page 1

developments in IASP. Among the others, the attendan-
dance to the congress of three
WHO officers, Drs Benedetto
Saraceno, José Bertolote, and
Alexandra Fleischman has con-
stituted a clear underlin-
ing of the attention that IASP
is now receiving from the
organisation for health of the
United Nations. The very
successful symposium on the
new SUPRE-MISS project
has further emphasised the
joint commitment of WHO
and IASP for scientifically
grounded suicide prevention.

A very warm and co-
operative general assembly
also witnessed the constitu-
tion of three new task-forces:
on suicide and terrorism, on
the trans-cultural study of
suicide trends in youth, and
on genetics and suicide. The
College of Presidents will as-
sist leaders and members of
these new and the old task-
forces in order to achieve the
best level of functioning and
most positive outcomes. A
new proposal (suicide re-
search in Asia) has just
reached me and it will be dis-
cussed at the next EC com-
mittee.

We have now a date for the
World Day for suicide pre-
vention: 21st September. We
are going to proceed with all
necessary steps to obtain full
circulation of this proposal
and final approval of it.

We have strengthened liai-
sions with major international
organisations, particularly
with the dedicated section of
the World Psychiatric Asso-
ciation, with the aim of ren-
dering fruitful and effective
the functioning of the Round
Table of the Main Interna-
tional Organisations, and I
am very confident that such a
powerful co-operation may
only derive benefits and op-
portunities for the life of
IASP and suicide prevention
globally.

With regard to the organisa-
tion of the 2005 IASP confer-
ence (remember 2003 in
Stockholm) we faced an un-
precedented list of possible
hosting sites. In fact, besides
the very valid offer from Ire-
land (eager to accept also the
2007 option), we received the
candidatures of Uruguay,
USA, South Africa, and Ma-
laysia. The spirit of alterna-
tion between continents, a
tradition in IASP history, will
help the board of the associa-
tion (which has been empow-
ered by the assembly of na-
tional delegates to do so) to
reach a final decision soon.

In sum, for all the reasons
above mentioned the future
of IASP looks promising
and very exciting. Be sure
that I’ll do my utmost to
contribute to its further de-
velopment.

With my wishes for a
healthy and fruitful New
Year,

Yours sincerely,

Diego De Leo

President

XXI IASP Congress in Chennai, September 2001
Professor Onja Grad, IASP Vice President

It was the first time in 42 years history that the IASP conference was to be held in an Asian
country. We were all looking forward to the great Indian experience of the XXI Congress of
the International Association of Suicide Prevention in Chennai (Madras), India, from 22nd to
26th September 2001. Our friend Dr. Lakshmi Vijayakumar took the privilege and the burden
of being the main organising person for this great job. She and her supporting team from
SNEHA – A Link with Life • started operating immediately the great experience at the XX
Congress in Athens 1999 was finished.

XXI IASP Congress in Chennai, September 2001
Professor Onja Grad, IASP Vice President

It was the first time in 42 years history that the IASP conference was to be held in an Asian
country. We were all looking forward to the great Indian experience of the XXI Congress of
the International Association of Suicide Prevention in Chennai (Madras), India, from 22nd to
26th September 2001. Our friend Dr. Lakshmi Vijayakumar took the privilege and the burden
of being the main organising person for this great job. She and her supporting team from
SNEHA – A Link with Life • started operating immediately the great experience at the XX
Congress in Athens 1999 was finished.
This is the report of the suicide situation in Peoples Republic of China. The Chinese government paid much attention to the suicide problem. At a joint conference on schizophrenia, depression and suicide, convened by the Ministry of Public Health of China and WHO held in Nov.1999 at Beijing related intervention strategies were formulated.

Until now, five suicide research centers have been established in China, i.e. Beijing, Shanghai, Chengsha, Dalin and Nanjing. The professional staff in these centers include psychiatrists, clinical psychologists, and psychiatric nurses. These are dedicated, full time employees.

The fifth Chinese nation-wide conference for crisis intervention and suicide prevention was held at Changsha in Hunan province during May 15~18, 2001. The topics of this conference were epidemiological research on suicide and attempted suicide and early detection and treatment of depression. More than sixty participants from various professions (psychiatrists, clinical psychologists, social scientists, emergency medical workers, philosophers and jurists etc) took part at this meeting.

The 6th conference will be held at Shenzhen in 2002. Crisis intervention was included in the textbook of medical psychology, 3rd.edition, 2001, which is the teaching material for medical college students.

Now crisis intervention is incorporated in psychological counseling services, which have been developed widespread throughout this country, and account for 2-5% of all clients for psychological counseling.

Sincerely yours
Zhai Shu Tao
Nanjing
PRC

Upcoming Events

♦ Understanding and Interviewing the Suicidal Patient
Aeschi, Switzerland
March 6th-9th 2002
www.aeschiconference.unibe.ch

♦ Suicide Prevention:
36th AAS Annual Conference,
Washington, USA
April 2002
www.suicidology.org

♦ Suicide: Interplay of Genes and Environment
Institute of Public Health of the Republic of Slovenia
Trubarjeva 2,
1000 Ljubljana
May 9 -12, 2002
E-mail:a.marusic@iop.kcl.ac.uk

♦ From Science to Practice
The 9th European Symposium on Suicide and Suicidal Behaviour
University of Warwick, UK.
September 14th - 17th, 2002.
www.scientopactice@samaritans.org

Year 2003

♦ Crossing Borders in Suicide Prevention- From Genes to the Human Soul
The XXII IASP Congress
Stockholm, Sweden
September 10 2003
www.ki.se/iasp2003
From Around the World: Sweden
Professor Danuta Wasermann, IASP National Representative for Sweden

As a result of a parliamentary decision the Swedish National Centre for Suicide Research and Suicide Prevention was established in 1993. In 1994 a national council for suicide prevention was formed under the auspices of the Swedish National Board of Health and Welfare, and the National Institute of Public Health in cooperation with the National Centre for Suicide Research and Prevention. The Council commenced its work in February 1994, and in 1995 the Swedish national program to develop suicide prevention, “Support in Suicidal Crises”, was published. By initiating and encouraging suicide preventive projects, the National Institute of Public Health, the National Centre for Suicide Prevention and the National Board of Health and Welfare, provide a joint support for the development of suicide prevention in Sweden.

The National Centre for Suicide Prevention has the responsibility to develop new suicide preventive methods, as well as to follow up the effectiveness of suicide preventive activities in Sweden. In 1997 the Centre initiated six regional networks. Each regional network management consists of one professor of psychiatry or child and adolescent psychiatry (Professor Lill Träskman-Bendz, Professor Lars Jakobsson, Professor Jan Beskow, Professor Anne-Liis von Knorring and the undersigned), as well as representatives for survivors, volunteers and county and community authorities. A national conference on suicide prevention is organised every second year. The first one took place in Stockholm in 1997, the second one in Umeå in 1999 and the third in October 2001 in Uppsala.

The suicide rates in Sweden are decreasing steadily both for males and females in all age groups, with exception of the youngest age group, the fifteen to seventeen year olds. With this fact in consideration a parliamentary resolution was taken on January 24th 2001 concerning suicide prevention among young people. The WHO document “Preventing Suicide: A Resource for Teachers and Other School Staff” will be adapted to Swedish conditions and its guidelines are to be inserted into the syllabus in order to educate teachers as well as pupils.

The National Swedish Centre for Suicide Research and, since 1999, also the National Centre for Prevention of Mental Ill-Health at the national Institute for Psychosocial Medicine has received responsibility from the Government to devise several teaching modules in order to promote mental health and to prevent mental ill-health and its ultimate consequence suicidal acts. These modules can be used for the higher education of future teachers as well as for active teachers in primary and secondary schools. These and other teaching programs are disseminated from the Centre to members of six regional networks.

The Government and Ministries affected, such as the Ministry of Education and the Ministry of Health and Social Affairs, have to implement educational programmes for teachers according to Parliament’s decision. This parliamentary resolution further strengthens suicide preventive work and efforts to enhance mental health in Sweden.

From Central Administrative Office, France contd. from page 1

Establishing the administrative infrastructure of IASP has been completed, consolidation is underway and healthy growth is next.

Thank you all who contact the office and assist in its smooth running.

Vanda
From Around the World: The Netherlands
Professor Ad Kerkhof, IASP National Representative of The Netherlands

Epidemiology
The suicide rates in The Netherlands have been decreasing slowly during the last decade. In 1999, the latest year available, male and female suicide rates were 16.1 resp. 8.0 per 100,000 of the population aged 15+. (total rate: 11.8). Since 1984 the suicide rates have decreased by nearly 25%. In absolute figures there were 1517 suicides on around 140,000 deaths (about 16,000,000 inhabitants in 1999).

Suicide rates per age group tend to converge. Except for the young, the suicide rates among females are converging for the age groups above 30 years of age. For the males this is true as well. Only the age group of 80+ still has elevated suicide rates, but even in this group the suicide rates are falling.

Traditionally The Netherlands has low suicide figures. Catholic parts have lower suicide rates than Protestant Christian regions. The Dutch economy is affluent, levels of joblessness and poverty decrease. Systematic reviews reveal very high and increasingly high levels of happiness among the general population.

There is no nation wide data regarding attempted suicide treated in general practice or in hospitals. The WHO/EURO study on suicidal behaviour revealed for the catchment area of Leiden event based rates of 139 for females and 86 for males per 100,000 population of 15+. These rates seem to be very stable, and compared to other catchment areas in the WHO study they are rather low. Around two thirds of suicide attempters treated in medical facilities are repeaters, one third is first ever. Within one year after an attempt 41% attempted again.

Prevention:
In The Netherlands there is no specific government suicide prevention program. Suicide prevention is seen as part of the regular mental health care services. Several initiatives address the problem, such as protocolled management of suicide attempters in general hospitals (the majority is seen by a psychiatric resident), and special awareness and education programs for general practitioners, mental health care providers, nurses, police, and volunteers. The level of education of health care provided in suicidology is quite acceptable. There are indications that early identification of suicide risk and efficient referral to outpatient and inpatient mental health care facilities are improving.

About half of all suicides concerns patients who are at that moment being treated by health care specialists for emotional disorders. It is believed that this reflects an adequate provision of services to those who are most at risk. Since the total numbers of suicides in the community are decreasing, many suicides are effectively prevented through the mental health care services.

Telephonic helplines are prevalent in The Netherlands, volunteers are trained extensively how to deal with suicidal callers. The level of services for patients with increased risk for suicidal behaviour is improving (for the depressed, the schizophrenic, the alcohol dependent, the personality disordered patients, etc). The Dutch Depression Foundation strives for better preventive strategies, including suicide prevention.

Activities of the IASP Executive Committee
Professor Onja Grad, Vice President

The Executive Committee have been reelected for another term of office. Professor Ad Kerkhof however has decided to hand over the responsibility of Chair of the Council of National Representatives due to time pressures and therefore will no longer serve on the Executive. At the Council’s meeting, Simon Armson, National Representative for the UK was duly elected and will join the team. Welcome on board, Simon!

So instead of relaxing on the good work and results that we had accomplished, we had to start again. The first package of activities of the Board took place at several meetings in Chennai. At the General Assembly Meeting our President Prof. De Leo, Treasurer Prof. Mehmum, General Secretary Ms Scott, Chair of National Representatives Prof. Kerkhof and Chair of Organisational Representatives Prof. Selakovic Bursic presented their reports on the two year work.

The next conference of IASP will be held in Stockholm in 2003 presided by Prof. Danuta Wasserman, while the 2005 still remained open, even though Dr. John Connolly proposed Ireland properly and in time. However, there has been a habit of hosting these congresses biannually in Europe and outside of Europe interchangeably, so to keep this (good) habit, it was decided that some more proposals should be put forward to the EC to choose the place of the 2005 meeting of IASP and these are now being processed.
XXI IASP Congress in Chennai, contd. from page 2

She, her team and IASP Executive produced a list of key speakers, all of them really distinguished and knowledgeable experts in the field of suicidology. We were all very pleased with the proposed content of the conference. It seemed a very good balance between all different approaches and an interesting mixture of clinical and academic knowledge.

And then the unpredictable disasters started one after another. First a huge and debilitating earthquake almost destroyed southeastern India, with enormous loss of lives and shaken economy in that part where many industries were located, including a supporting pharmaceutical industry. Lakshmi stayed in her own courageous balanced mood and did not allow panic to crawl into her. It was extremely difficult and almost unbelievable that she was able to raise enough money for the smooth development of the whole structure of this congress. But she did.

After this disastrous event an important message came from the Jewish community – everybody had overlooked the dates of the congress. It was exactly one of the most important for Jewish family festivities and some of the keynote speakers had to cancel their participation in the conference. Very difficult to substitute. The world suicidological community is rather small and the top minds rare and specialised. But Lakshmi again did not give up, but searched and found some really interesting plenary speakers and workshop leaders. So the programme was rich, highly scientific and full of really interesting themes.

And then September 11, 2001 happened to all of us, not just to the American nation. It happened exactly eleven days before the congress in Chennai ought to have started. Not only did this terror event disrupt the whole world, it also seriously jeopardized our congress. The cancellations were coming one after another. All of us that had promised to come, struggled with the same dilemma: India is far from most participants' countries, reachable only by plane; Afghanistan is near, if we come there safely, how on earth will we come back?

It was a decision between wishes & promises on one side and one's own safety & advice to pull back coming from the families. It was a tough decision. Many people understandably decided for the safer choice. And it was Lakshmi again who had to keep cool and fill in the many gaps of which she had no advance idea. They published a revised programme just before we - the participants - sat down in the beautifully decorated conference hall in the Taj Coromandel Hotel. Lakshmi and her dream-team really did an enormous job. Not only did they find replacements for the cancelled plenaries, but brought in some incredible speakers with fresh and new ideas that would have not been noticed so clearly in different circumstances.

The programme was divided into morning plenaries, mid-day symposia, workshops, oral presentations and displayed posters and evening social activities.

The conference started with the inauguration speech by Dr. Benedetto Saraceno, Director of the Department of Mental Health & Substance Dependence, WHO, Geneva, who spoke about Mental Health 2001 with a special focus on suicide reduction and the possibility to treat depression and in this way also prevent suicide.

Our charismatic president Prof. Diego De Leo gave a
From the Chair for the Council of Organisational Representatives
Professor Slavica Selakovic-Bursic

A survey conducted at the beginning of 2001 looking at organisational members' opinions on their collaboration with IASP was completed by only a handful of organisations. However, those who did respond, all stressed the need for better communication among various organisations, for better exchange of experiences and knowledge about the work they all do. It seems that we still do not know each other well and there is a lot of potential for improvement there.

The conference in Chennai, by all criteria a great success, was, however, insufficiently represented by our organisational members. The meeting of Council of Organisational representatives (admittedly, held at very early morning hours) was very poorly attended. At that meeting, several conclusions were drawn, which I would like to present to you now:

1. Each members organisation should send a piece of about 200-300 words giving a summary of its activities and stating purpose of its work. The meeting of Council of Organisational representatives (admittedly, held at very early morning hours) was very poorly attended. At that meeting, several conclusions were drawn, which I would like to present to you now:

2. In order to make organisational work better known to all IASP members and conference participants, next IASP conference in Stockholm should have a plenary made up of presentations of various organisations.

3. Dr. Michel Debout, from France, was elected deputy chair of Council of organisational members. This should prove particularly helpful to all those who are more at ease with French rather than English. Therefore, all francophone members are welcome to contact Dr. Debout concerning all IASP matters.

Please contact us (in English, French or Italian) and let us know more of your work, and help us make this communication among us more efficient. It will be so if you have an e-mail address, as well. In the immediate future I shall be awaiting your summaries and consents to participate at the next IASP conference in Stockholm. Only by getting to know the work of each other better, can we establish better collaboration and make use of others' good experiences.

Slavica Selakovic-Bursic
Email: ssbursic@Eunet.yu

Dr Michel Debout
Email: Michel.debout@chu_st_etienne.fr

Congratulations Award Winners

The Stengel Research Award
Dr Antoon Leenaars

The Ringel Service Award
Professor Lars Mehlm

The Farberow Award
Dr Sheila Clark

From Around the World: Lithuania
Professor Danuté Gailiūnė, IASP National Representative for Lithuania

The suicide rates in Lithuania stabilized on the very high level (44/100,000) during the last five years. Lithuanian rates are mostly inflicted by male suicides in rural areas.

Suicidologists have been trying to draw the attention of politicians to the need for a National plan of suicide prevention for a number of years. In 1998, the President of the Republic of Lithuania stated publicly his grave preoccupation with such scale of suicides in the country and confirmed the indispensability of undertaking energetic actions. In 1999, the National Health Council adopted a decision recommending the government to undertake steps accordingly. A special resolution was adopted by the Parliament of the Republic of Lithuania. In the spring of 2000, the Lithuanian Parliament, Ministry of Health Care, and Vilnius University together with the World Health Organization held a national conference “Suicide prevention in Lithuania”. Subsequently the resolution of the conference was discussed by the Parliamentary Health Care Committee, which in its turn recommended the government to create a group of experts for the preparation of the strategy of suicide prevention. Such a group was formed in the summer of 2000 by the order of the Prime Minister, and the Ministry of Health Care was empowered to organize the work of the group.

In the summer 2001 the project of the National strategy of suicide prevention was written and now it is under consideration by government. The book on suicide prevention Ideas of Suicide Prevention with contributions of suicidologists from Lithuania, Canada, Norway, Slovenia and Germany is published.
XXI IASP Congress in Chennai   contd.from page 6

truly outstanding speech on the need for an integrative approach in struggling against suicide, especially
in a traditionally and predominantly psychiatrictally oriented western approach that usually connects mental disorder and suicide, while his belief in an even broader multidisciplinary understanding of suicide was strongly punctuated.

The first plenaries entitled Overview of Suicide brought two very interesting presentations from Dr. Jose Bertolote from WHO and from Prof. Emeritus Venkoba Rao from Madurai, India. The first speaker talked about WHO initiatives concerning suicide prevention with special attention to some differences between religions (why do protestant males have higher suicide rates than catholic males, while protestant and catholic women have almost identical rates – does the protection of religion differ by gender?). He also mentioned that out of approx. a million suicides per year, only 12,000 are being properly diagnosticized. The second part of the first scientific plenary session was an extremely special contribution on the perspective of the great Indian literature Mahabharata and Ramayana in connection with suicide and why a man can attain many good things if alive instead of committing suicide.

The first morning's simultaneous sessions included contributions on national programmes, epidemiological issues, suicide prevention, suicide in youth and in elderly women, by presenters from Norway, Australia, India, France, Denmark, Slovenia, Portugal, New Zealand, Germany and Canada.

The afternoon plenaries, entitled Nosology of Suicide were presented by two distinguished speakers from New Zealand and Australia: Dr. Anneke Beutartn spoke about the dilemma whether suicide and serious suicide attempts were one or two groups and she stated that the research had proven that they were two overlapping populations sharing common psychiatric diagnostic and history features, but were differentiated by gender and psychiatric disorders. Prof. Bob Goldney, our previous president, who was intrigued by the challenge for suicide prevention at the community level, talked about the various possibilities to overcome the fact that no one ever lacks a good reason for suicide« (Pavese).

The afternoon simultaneous sessions presented differences between male and female suicide rates, suicide in psychiatric illness, a workshop on reaching young Europe and miscellaneous approaches on attempted suicide by our colleagues from China, India, Canada, Denmark, New Zealand, Norway, Portugal, and a combined European report about a WHO/EURO study on parasuicide.

The second day's plenaries were contributions from the biological field, presented by two very distinguished scientists: Prof. Lil Traskman-Bendz from Sweden, and Prof. Kees Van Heeringen from Belgium. They both contributed an overview on combining both biological and psychological factors in how to understand suicide more thoroughly with the help of contemporary development of both sciences.

A very interesting workshop was held on ethical and legal issues with international contributors such as Prof. Danute Gauliene from Lithuania, Prof. Bob Goldney from Australia, Dr.

IASP Membership 2001

Would you like to Sponsor an IASP Associate Member?

Would you, or your institute, be prepared to pay the membership fee for one Associate Member this year?

There are over 40 Associates who would like the opportunity of full membership to IASP.

Many are working in economically deprived areas and full membership would enable them to participate fully in IASP activities (have voting rights, become a representative of their country) and receive the IASP journal, Crisis.

If you are interested in this scheme and can find $100 please contact Central Administrative Office.

<table>
<thead>
<tr>
<th>Individuals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Members</td>
<td>231</td>
</tr>
<tr>
<td>Honorary Members</td>
<td>6</td>
</tr>
<tr>
<td>Associate Members</td>
<td>29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Members</td>
<td>26</td>
</tr>
<tr>
<td>Associate Members</td>
<td>13</td>
</tr>
</tbody>
</table>

| Total             | 305   |
initiatives for suicide prevention that should be addressed to the community level. Ms. Raylee Taylor from Australia, being a survivor of suicide herself, explained a procedure how to set up and implement a suicide survivor group in an environment that had no support of this kind before.

Simultaneous sessions brought a variety of interesting topics – from WHO SUPRE-MISS – a WHO project on multi-site prevention, to suicide rates and quite a few presentations on risk factors in suicide. It was very good to see that apart from one plenary on the final day, there were two more sessions on suicide survivors and this seems to support the increasing trend on this topic at previous IASP congresses. The first clinical contribution on suicide survivors at this conference was an international workshop (with colleagues from Australia, Belgium, Norway, Slovenia) entitled »What helps and what hinders the process of surviving suicide of somebody close?« with a lot of interactive collaboration of the participants. We heard other interesting topics such as cognition and suicidality, assessing helplines, research, sociology and biology of suicide and follow up in suicide, presenters being from all over: Belgium, Canada, Australia, New Zealand, India, Slovenia, UK, Sweden, Germany, Yugoslavia.

The gala dinner was full of nice events and happenings: the youth group was dancing traditional dances in which we all joined afterwards; the three prestigious IASP awards (Stengel, Ringel, Farberow) were given to three distinguished colleagues, the award for the best poster was presented to the Portuguese colleague, certificates were given to IASP members of long standing, we had a lot of good food and a lot of fun (and even survived an earthquake, which we contributed to the tough male dancing); and we gave considerable praise to the whole SNEHA organising group and Lakshmi, but definitely not enough for the incredible job they all performed.

With some cancellations the programme had to be slightly changed, but the audience thought that it was miraculously changed only for the better. The first speaker was Prof. Michael Phillips from China talking about a very puzzling phenomenon of extremely high suicide rate of Chinese women, being four times higher than the average world female suicide rate. He pointed out several hypotheses how this might be explained, but a lot still remains open. Prof. Brian Mishara from Canada presented instead of Ms. Vanda Scott (former long standing chairman and chief executive of Befrienders International and current general secretary of IASP) who was taken sick. Prof. Mishara is the world expert and one of the most experienced people on the importance of the impact of volunteers helping the suicidal. The third and last plenary speaker was our charming and hospitable host Dr. Lakshmi Vijayakumar, who not only organised the best conference in the worst of circumstances, but also proved to be an excellent professional who knows her topic (suicide prevention in India), knows how to convey the knowledge to the audience and was wise enough to rather open some new questions than press with some final answers that always come out as non-final.

The last day's sessions opened some new topics e.g. yoga and depression, different approaches to suicide prevention and some new views on help for bereaved suicide survivors in Norway, Belgium and Mexico. The farewell ceremony was as warm and bright as the Indian soul we were experiencing all the time in Chennai in Tamil country.

Thank you, Lakshmi and all the volunteers in SNEHA who helped with this marvellous Congress and making us so welcome into your community, country and hearts. We will never forget the genuine warmth and special charm of our hostess and her »dream-team«.
From the Chair for the Council of National Representatives
Simon Armson, National Representative for the United Kingdom

It was a great honour to be elected as Chair of the Council of National Representatives at the XXI Congress especially, as sadly, for personal reasons, I had to cancel my attendance at the Congress and also therefore did not attend the meeting in which I was so thoughtfully chosen! However, I am very interested in promoting the role of representatives as I know we have significant responsibilities in the development of IASP in order that we are able to make a significant contribution in our national suicide prevention strategies.

I would like to welcome the new National Representatives to the Council and bring to your attention that further elections will be held in three countries during the next three months: France, The Netherlands and Pakistan. I look forward to being in communication with you all and raising our profile within the Association as the Council of National Representatives.

Regards
Simon Armson

National Representatives 2002

<table>
<thead>
<tr>
<th>Country</th>
<th>National Representative</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Christopher Cantor</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Austria</td>
<td>Reinhold Kees</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Belgium</td>
<td>Alexander</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Brazil</td>
<td>Ellis D’Arrigo Busnello</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Alexander</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Canada</td>
<td>Antoon Leenaars</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Cuba</td>
<td>Sergio A. Perez Barrero</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Denmark</td>
<td>Gert Jessen</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Estonia</td>
<td>Airi Varnik</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Finland</td>
<td>Jouko Lonnqvist</td>
<td>2001-2005</td>
</tr>
<tr>
<td>France</td>
<td>Michel Debout</td>
<td>1995-2002</td>
</tr>
<tr>
<td>Germany</td>
<td>Georg Fiedler</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Greece</td>
<td>Alexander</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>Betty Tsui Chi-Ying</td>
<td>1995-2003</td>
</tr>
<tr>
<td>Hungary</td>
<td>Tamas Zonda</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Iceland</td>
<td>Wilhelm Nordjord</td>
<td>2001-2003</td>
</tr>
<tr>
<td>India</td>
<td>Lakshmi Vijayakumar</td>
<td>1995-2003</td>
</tr>
<tr>
<td>Indonesia</td>
<td>A. Prayitno</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Iran</td>
<td>Ghodratollah Ansaripour</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Ireland</td>
<td>John Connolly</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Israel</td>
<td>Israel Orbach</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Japan</td>
<td>Yukio Saito</td>
<td>1995-2003</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>Andreas Nagele</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Danute Gailiene</td>
<td>1995-2003</td>
</tr>
<tr>
<td>Malaysia</td>
<td>T Maniam</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Mexico</td>
<td>Alfonso Reyes Zubiria</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Ad Kerkhof</td>
<td>1995-2002</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Annette Beautrais</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Norway</td>
<td>Olvind Ekeberg</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Pakistan</td>
<td>HR Chaudhry</td>
<td>2001-2002</td>
</tr>
<tr>
<td>Peoples R. C.</td>
<td>Zhai Shu-Tao</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Carmen E. Parrilla-Cruz</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Romania</td>
<td>Calin Scripcaru</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Russia</td>
<td>Ludmilla Arkhangelskaya</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Slovenia</td>
<td>Onja Grad</td>
<td>1995-2003</td>
</tr>
<tr>
<td>South Africa</td>
<td>Lourens Schlebusch</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Sweden</td>
<td>Danuta Wasserman</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Konrad Michel</td>
<td>1997-2003</td>
</tr>
<tr>
<td>Taiwan</td>
<td>Chong Mian-Yoon</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Turkey</td>
<td>Isik Sayil</td>
<td>2001-2003</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Alexander Mokhovikov</td>
<td>1999-2003</td>
</tr>
<tr>
<td>UK</td>
<td>Simon Armson</td>
<td>2001-2005</td>
</tr>
<tr>
<td>USA</td>
<td>Morton Silverman</td>
<td>2001-2005</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>Slavica Selakovic-Bursic</td>
<td>2001-2003</td>
</tr>
</tbody>
</table>
Welcome to Stockholm 2003

It is our pleasure to announce that the XXII IASP Congress will take place in Stockholm, Sweden, on September 10-14, 2003. Besides the IASP, the Swedish National Centre for Suicide Research and Prevention of Mental Ill-Health will be hosting the Congress. The overall theme for this Congress is "Crossing borders in Suicide Prevention – From the Genes to the Human Soul".

The Swedish National Suicide Prevention Network Conference will be carried out during the 10th of September and followed by the 22nd IASP Congress.

We are delighted to inform you that various internationally renowned organisations in the field of suicide prevention have agreed to support the Congress. The International Scientific Committee, comprising key professionals, will provide a programme of the highest international standard representing ongoing research from the five continents. A wide selection of topics – ranging from genetics and biology to philosophy and ethics – will be aimed for.

Particular interest will be taken to attain an equal geographical representation of speakers and to stimulate the formation of networks for future inter-disciplinary suicide prevention activities. The international character of the congress will be emphasised by holding parallel sessions on one afternoon not only in English, but also in the other official languages of the WHO, namely Spanish, French and Russian.

The Organising Committee will be responsible for providing the Congress with social arrangements that present the beautiful scenery of Stockholm and its surroundings. We have the honour to inform you that the Congress reception will take place in the City Hall, world famous for the glamorous Nobel festivities.

Professor Danuta Wasserman,
The Swedish National Centre for Suicide Research and Prevention of Mental Ill-Health in Sweden.

XXI IASP Congress in Chennai
The Executive Board of I.A.S.P. is elected each two years and at present comprises:

**President**
- Diego de Leo (Australia)

**Vice Presidents**
- Lakshmi Vijayakumar (India)
- Onja Grad (Slovenia)
- Lanny Berman (USA)

**Treasurer**
- Lars Mehlum (Norway)

**General Secretary**
- Vanda Scott (France)

**Chair, Council of National Representatives**
- Simon Armson (UK)

**Chair, Council of National Organisations**
- Slavica Selakovic-Bursic (Yugoslavia)

---

**IASP Priorities 1998-2002:**

- Participate in the international debate on suicidal behaviour in order to influence and keep in touch with current developments in suicide prevention.
- Task force on research
- Task force on euthanasia and assisted suicide
- Task force on development of suicide prevention agencies
- Task force on definition and classification on suicide and related self-destructive behaviour
- Provide a traveling scholarship programme in order to strengthen suicide prevention in the more isolated regions.

---

**2002 IASP Memberships Dues**

Individual membership in IASP, including a subscription to the journal CRISIS, US $100.00 per year.
Organisational membership in IASP, including a subscription to the journal CRISIS, US$100 per year.

- **BANK WIRE TRANSFER**
  The Northern Trust Company
  50 South LaSalle Street
  Chicago, Illinois  60675
  USA
  Sort number and account detail:
  0710000152: 0004447271.

  Please advise Central Administration Office of the bank wire transfer.

- **PERSONAL US$ CHEQUE TO THE IASP OFFICE**

Please ensure that the full amount of $100.00 is sent to IASP (therefore excluding bank charges). We have noted that the credit card facility is the most efficient and economic way of paying membership fees and would therefore encourage you to utilise this facility.

**Please forward your Membership Dues to:**
Central Administrative Office of IASP,
Le Baradé, 32330 Gondrin, France.
Tel/Fax: +33 [562] 29 19 47