

newsletter

International Association for Suicide Prevention | May 2004

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Lars Mehlum
President IASP

Dear IASP members,

One of the most encouraging developments we have been witnessing recently in many countries and regions is the strengthened focus on national and international strategies for suicide prevention. On both sides of the Atlantic initiatives have been taken in order to develop and systematize prevention experiences made in later years. Recently, the European Union and WHO Euro brought together experts from many countries in a Brussels meeting with the aim of formulating suicide prevention recommendations for European health ministers and several other European collaborative prevention initiatives have been taken as well. Similarly, an initiative from the American Foundation for Suicide Prevention is currently directed at bringing together knowledge from many countries on effective measures and national strategies for suicide prevention. This spring a conference on innovative practices in suicide prevention is taking place in Canada, hosted by IASP Vice President Brian Mishara and cosponsored by IASP. In the Asia Pacific Region IASP is organising its first regional conference on suicide prevention with the aim of bringing together experts, clinicians, researchers and volunteers from this and other regions in order to focus on national and regional strategies for suicide prevention (see more information on this in this newsletter).

On the national level a range of countries have now embarked on comprehensive strategies for suicide prevention. One outstanding example of this is Germany where currently the country's experts, clinicians and volunteers have collaborated to set up a strategy in a

matrix fashion ensuring multidisciplinary involvement and integrative approaches. The German strategy had its annual meeting in beautiful Bavaria in March this year – for those of us who had the privilege of participating as guests this was truly an encouraging experience.



Schloss Reisenburg, Germany

In the German strategy emphasis is put on evidence based practices, but efforts are made to encourage innovative approaches and untraditional solutions. And even though Germany is a large and complex society, Germans obviously have found that there is a lot to gain through national collaboration across ethnic, cultural, political and professional boundaries.

The IASP board is strongly convinced that this should be the main *raison d'être* for our organisation as well – to explore and exploit the potential of interdisciplinary and international collaboration. Furthermore, your board has worked intensively over the last months in order to draw up a new five-year strategy for our organisation – this strategy shall help us

IASP

In official relations with the
World Health Organization
Member of the World
Federation of Mental Health

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1st Vice President	Prof. Kees van Heeringen
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The objectives of IASP are:

- to provide a common platform for all representatives of different professions and volunteers who are engaged in the field of suicide prevention and crisis intervention;
- to allow interchange of acquired experience in this area in various countries, especially through exchange of literature;
- to promote the establishment of national organisations for suicide prevention;
- to facilitate the wider dissemination of the fundamentals of effective suicide prevention, not only to professional groups and volunteers, but also to the general public;
- to arrange for specialised training of selected persons in the area of suicide prevention, in selected training centres, where desired;
- to carry out programs of research, especially those which can be pursued through international joint cooperation.

FROM THE PRESIDENT...

to work more efficiently and targeted making the problem of suicide more visible in our societies, transferring relevant knowledge about suicide prevention to relevant groups and strengthening IASP as a tool for international collaboration to the benefit of our members and to those who need us.

In addition to this, IASP is working with several projects – among them is the World Suicide Prevention Day 2004 – in collaboration with the World Health Organisation. In this newsletter you will find more information on the activities planned for this event this year. The board is fully aware of the great responsibility we have taken on developing the WSPD concept internationally in a fruitful and constructive way. Hence, we are taking one step at the time, according to plans carefully made through discussions and consultations with a number of people that are involved. We are, however, constantly seeking ideas, feed-back and views from our members in this matter – so please feel free to contact us with your contribution.

The first announcement of the XXIIIth IASP Congress in Durban, South Africa, September 12.-16.2005 will be out these days. The board, the organising committee and the scientific committee are currently working very hard preparing what seems to become an excellent scientific and social programme for the conference which is going to take place in the International Convention Centre Durban which is one of the most advanced conference facilities in the world. So, start saving your pennies and make plans for what will be an African adventure during the XXIII IASP Congress in September 2005 – “Scaling the Summit: Suicidal Behaviour in Diverse Cultures”. There is more information at www.iasp.info.

Lars Mehlum

President IASP

IASP TASKFORCE POSTVENTION

Meeting held at the
XXIIth World Congress
of the International
Association for Suicide
Prevention, IASP,
Stockholm, 10-14
September 2003

Minutes of the meeting
13 September 2003
8.30h-10.00h

Karl Andriessen
Onja Grad

Background

The IASP Taskforce Postvention was established on the proposal made by prof. Norman L. Farberow during the XXth IASP Congress held in 1999 in Athens. The aim of the Taskforce is to increase the awareness for suicide survivors and postvention activities within IASP and its members.

A first objective of the Taskforce was to publish a Directory of suicide survivor services. The European directory was published in 2002 and the information will become available as a searchable database in due time. Currently the Directory of services in Australia and New Zealand is in preparation.

Attendees

(per country, alphabetically)

1. Sheila Clark,
Department of General Practice,
University of Adelaide, Australia
2. Alan Staines,
Suicide Prevention Australia
3. Karl Andriessen,
Flemish Working Group on Suicide
Survivors, Belgium
4. Rita De Bruyker,
Flemish Working Group on Suicide
Survivors, Belgium
5. Nico De fauw,
Flemish Working Group on Suicide
Survivors, Belgium
6. Airi Värnik,
INSS, Estonia-Swedish Institute for
Suicidology, Estonia
7. Elina Mäenpää,
Association for Mental Health, Finland
8. François Besançon,
University Paris, France

9. Chiyo Yamashita,
Self Defence Forces Central Hospital,
Japan
10. Kirsti Foss,
Family therapist, Norway
11. Karol Svanøe,
University College of Vestfold, Norway
12. Onja Grad,
University Psychiatric Hospital, Centre
for Mental Health, Slovenia
13. Anka Zavasnik,
University Psychiatric Hospital, Centre
for Mental Health, Slovenia
14. Margit Ferm,
Association for Suicide Prevention and
Support to Suicide Survivors, Sweden
15. Prakarn Thomyangkoon,
Rajavithi Hospital, Thailand
16. Jerry Weyrauch,
Suicide Prevention Action Network,
USA

Apologised

Norman L. Farberow,
Chair of the Taskforce

Agenda

1. Opening of the meeting
2. Introduction of the participants
3. Expectations
4. Discussion
5. Conclusions

1. Opening of the meeting

Because the Chair of the Taskforce was apologised, Karl Andriessen chaired the meeting. He welcomed the participants and gave a brief introduction of the aim of the Taskforce and this meeting.

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2. Introduction of the participants

- Each participant had the opportunity to introduce him/her self, to tell about their postvention activities with suicide survivors, and to formulate their expectations for the Taskforce.
- It was decided to circulate the list of addresses of the participants of this meeting.

3. Expectations

- to have contacts in this field
- to learn how to develop services
- to learn to work with survivors
- to exchange ideas and information of services
- to know programmes to care for suicide survivors
- to learn from others in this field
- to know what works, what is helpful
- to evaluate psychotherapeutic processes
- to improve research and evaluation of activities
- to be connected with others, to develop contacts on a long term basis
- to set up more support groups and postvention activities

Several of these expectations were formulated by more than one person. Important expectations were to have more contacts and to exchange information. Further, there is a need for more evaluation and research for psychotherapeutic work, group work and community work.

4. Discussion

The introductions were followed by a discussion during which several topics were raised.

- It is not always easy to invite survivors to attend a group. How to tell them that it might be helpful to join a support group, or to continue to attend? What would be the role of the stage of bereavement? For example, in France survivors are not invited to a group during the first six

months of the bereavement. What is the role of gender? Is there a difference in this between men and women?

What is the role of the format of the meeting? For example, the telephone support groups in Australia and support systems that include outreach (for example: USA) seem to work well.

- Can IASP website include a notice board or discussion list on postvention? The participants felt that this would be helpful to meet the need for exchange of information and experiences. This notice board or discussion list should be open for IASP members only and protected by password. But then we will need someone who has sufficient time available to maintain the forum.

The format of a chatroom was not favoured because the contributions are not stored.

- Service chains were developed in Finland. It involves crisis therapy with debriefing sessions followed by rehabilitation groups (6 months). Participants of these groups started a survivor organisation. Survivors are reached through the police.

- It was agreed that the participants of this meeting will keep the other participants informed about their activities, and to send to each other information on postvention policies, leaflets, etc.

- In addition, participants asked to include this information in the database of the Directory.

- General practitioners and politicians are important stakeholders. Is it possible that IASP invites representatives of GPs and politicians, for example of the hosting country? Experiences in the USA show that this has an awareness

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raising effect. We should communicate that postvention is a low cost prevention work.

- In addition, Airi Värnik informed the meeting that in January 2005 a WHO/Euro ministerial conference on suicide prevention and mental health will be held in Helsinki, Finland. It will be on invitation only. Is IASP involved ?
- The participants expressed their wish/hope that there will be more presentations, also in plenary session, on postvention policies during next IASP Congress in 2005.
- To have more presentations is an important target. However we must be alert that these presentations are not

scheduled in competition with each other, as it almost happened during the current congress. It was agreed that we would ask this in advance from the next convenor.

5. Conclusions

There was not much time left to formulate together extensive conclusions of this meeting. However, the participants were very positive that this meeting was held. It offered a platform to exchange ideas and to meet people who are doing similar work and have similar interests. The participants wished that there would be more meetings like this.

Minutes,
Karl Andriessen & Onja Grad

Action list

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. Can IASP website include a notice board or discussion list on postvention ?	Karl Andriessen to ask prof. Lars Mehlum.
3. To maintain the notice board or discussion list.	?
4. The participants of this meeting will keep the others informed about their activities, and will send to each other information on their postvention policies, leaflets, etc.	All to send documents, agenda's to the other participants.
5. To include this information from the participants in the database of the Directory.	Karl Andriessen to discuss with prof. Lars Mehlum (and his web master).
6. Is it possible that IASP invites to their Congresses representatives of GPs and politicians, for example of the hosting country ?	Karl Andriessen to bring this question/suggestion to prof. Lars Mehlum.
7. A WHO/Euro ministerial conference on suicide prevention and mental health will be held in Helsinki, Finland, in January 2005. Is IASP involved ? Can we play a role in this conference ?	Karl Andriessen to ask prof. Lars Mehlum.
8. To increase the number of presentations on postvention policies and activities during next IASP Congress in 2005.	All.
9. We must be alert that these presentations are not scheduled in competition with each other, as it almost happened during the current congress.	Karl Andriessen to ask prof. Lourens Schlebusch and prof. Lars Mehlum.

ENCOURAGING UNICEF TO BECOME AN ACTIVE PARTICIPANT IN SUICIDE PREVENTION EFFORTS IN DEVELOPING COUNTRIES

Michael Phillips
Beijing Suicide Research
and Prevention Center

The UNICEF/TASC (The Alliance for Safe Children) meeting on childhood injury held in Bangkok on 21-22 April 2004 provided a potential opportunity for promoting suicide prevention in developing countries. The main purpose of the meeting was to present and discuss the preliminary results of a large multinational study on childhood injury, but several of the country-level presentations identified suicide as an important cause of death in older children (UNICEF defines children as those below 18 years of age) and, more importantly, as a major cause of death of parents.

There is a lot of data showing that loss of a mother or a father is the most important risk factor for childhood injury and for a wide range of negative physical and psychological outcomes for children, so prevention of the large number of unnecessary deaths among parents should be a primary focus of agencies interested in children's health. Moreover, as developing countries undergo the epidemiological transition the relative importance of infectious diseases as a cause of mortality and morbidity decreases and suicide becomes one of the most important preventable causes of death in older children and in young adults of childbearing age. Data from the Bangladesh survey presented at the meet-

ing found that 10 of the 31 children 10-17 years of age you die from injuries each day die of suicide, and 23% of injury deaths of parents are suicides. In the Philippines 20% of injury deaths in parents are suicides. And our own data from China indicates that suicide is the number one cause of death in persons 15-20 years old and that 160,000 children under 18 years of age lose a parent to suicide each year.

The UNICEF representative who gave the sum-up for the meeting indicated that the time now appeared ripe for UNICEF to consider making suicide prevention one of their priority projects. It is by no means certain that this will happen, but if UNICEF did make suicide a high-priority topic it would be a great boon to the suicide-prevention efforts in developing countries, particularly in Asia. UNICEF is a high-prestige institution in most of these countries and their support for suicide prevention would help 'destigmatize' the topic for several governments in developing countries that remain worried about the sensitivity of the issue.

What action can we take to help encourage UNICEF to take up suicide as a priority issue in developing countries? A formal position paper from WHO, IASP and other interested organizations to Carol Bellamy (UNICEF Executive

IS IT POSSIBLE TO BAN WEBSITES RECOMMENDING SUICIDE?

Merete Nordentoft

Director) that provided data about the relevance of suicide to the health of children in developing countries would be helpful, but it will probably be more effective to work with the regional and national UNICEF offices and technical advisor groups. We need to identify these individuals, invite them to meetings about suicide, and encourage them to put suicide on the agenda for their research projects and programs. Only things that get counted really COUNT, so the inclusion of suicide in UNICEF-supported surveys will be helpful in documenting the magnitude of the problem. UNICEF programs largely focus on the physical health of children, so they need to be encouraged to put more emphasis on psychological issues. The recent interest in AIDS orphans should, for example, be an opportunity to promote UNICEF-supported studies on the long-term psychological effects on children in developing countries of losing a parent to AIDS, suicide, injury or other causes and to systematically test culture-specific mechanisms for decreasing the negative impact of this life event on children. Most importantly, we need to be active in encouraging UNICEF and other agencies interested in children's health to become partners in the effort to develop, test and promulgate national suicide prevention plans in developing countries.

The executive committee of IASP has decided to investigate the possibility of setting up a legal ban on websites recommending suicide – websites that have resulted in the death of several Danish youngsters, who took their own life after having been inspired by such a website on their computer. In the Danish parliament two parties have put forward a proposal to forbid publications, which encourage suicide or recommend any suicide methods. France, has forbidden all kinds of publications which recommend any suicide methods, and this applies to Internet as well. Web sites will in most places be regarded as "publications" in the legal sense, which makes their contents subject to same limitations as those of any other publication. Publishing something on a web site does not make the contents immune to legal prosecution. Child pornography is an example of a type of publication, which is currently forbidden mostly everywhere, and where co-operation is relatively easy

In several cases, the suicide victim was a minor, and recently there has been examples of a web-page being announced on Harry Potters fan web-page. In Sweden abetting an adult to commit suicide is not sanctioned, whereas that of a minor, if crude and successful, could be considered, not as abetting, which is not punished as such, but rather as a murder committed through the minor on him/herself.

A task force will arrange a workshop at the 10th European Symposium on Suicide and Suicidal Behaviour where the subject will be discussed.

MESSAGE FROM THE CHAIR OF NATIONAL REPRESENTATIVES

T. Maniam
Kuala Lumpur, Malaysia

Once again Greetings! Since my last communication things have moved fast. Not only has the Association been taking strides in streamlining our activities, drawing up long-term strategies both in terms of action plans but also in terms of strategic partnerships, we have also have attained good progress in organizing the *ASIA PACIFIC REGIONAL CONFERENCE OF THE IASP in Bangkok, Thailand*. A dream is about to become reality come this October 6-8.

We are all somewhat excited, justifiably I think, because this is the first time in our not-too-short history that we are holding a regional conference. Our colleagues in Thailand are to be congratulated on the fine effort they have put in to organize this meeting. You may get more information on this conference on our website at www.iasp1960.org as well as view the poster advertising the conference at www.iaspbangkok.org/. We encourage you to download the poster, print it and help us advertise this pioneering effort to encourage participation from among your colleagues. Detailed information about the Regional Conference including the venue, scientific and social program, places of interest etc is available at

www.mucc.mahidol.ac.th/ramlt/iaspbkk.htm; and I really hope many members will make it to the conference.

I myself have attended many conferences in Thailand over the years, and I can tell you without fear of contradiction that Thai hospitality is second to none.

We hope that this will be the first of many regional conferences to come. We hope to hold such meetings in the intervening years between the IASP World Congresses which are held biennially. Someone might ask why we need so many congresses. We can see many benefits. Let me try to list them here:

1. The World Congress is large and expensive. There are many people involved in suicide prevention who will never get to attend such a conference. Even many of our members face difficulties attending, leave alone non-members. Regional conferences being smaller and less costly will cater to a larger number of people, especially those living near the host country.
2. It takes a long time for a World Congress to be held in all the regions of the world. With more regions offering

to host, it may take 10 or more years for some regions to get to host the World Congress again. But with a Regional Conference we can reach more parts of the world.

3. Junior colleagues and younger researchers have a better chance of presenting their work in regional conferences. In this way they may be encouraged to become partners with us in the arduous task of caring for the suicidal.
4. The leadership of the IASP is very actively involved in an advisory capacity as well as in providing resources for the local organizing committee. This may be evident from the information given in the website mentioned above. In this way the vision of IASP is spread wider than we would otherwise be able to.
5. Presenters and participants at regional conferences, having become better acquainted with the objectives of the IASP, are more likely to become members.
6. We also hope that these conferences will be profitable, not only to the local organizing committee, but also to the IASP. This will help us further develop our programs and expand our activities.

So, dear friends, please mark the above date in your diaries. I would also like to

think ahead at this point to the next Regional Conference in 2006, which is after the Durban (South Africa) World Congress in 2005. Would someone in Latin America (perhaps Central America), or the ANZAC region be keen to take this up?

My fellow National Representatives, I would like to hear from you suggestions for not only venues for the Regional Conference and the 2011 World Congress, but also other ways in which we can help each other. Let me know also if you need some assistance with regard to suicide prevention and I might be able to put you in touch with someone who could offer you that help. Please do not hesitate to write to me.

Once again let me draw your attention to the *Bangkok Regional Conference from October 6-8, 2004*, and the following websites:

www.iaspbangkok.org/
www.mucc.mahidol.ac.th/~ramlt/iaspbkk.htm

Yours in a common vision,

T. Maniam

WELCOME TO THE 10TH EUROPEAN SYMPOSIUM ON SUICIDE AND SUICIDAL BEHAVIOUR COPENHAGEN 25-28 AUGUST 2004!

Merete Nordentoft
Symposium President

Dear Colleagues,
It has become a great tradition for researchers and clinicians from all over Europe and from other continents to gather every second year to present research results, exchange experiences and views and enjoy the hospitality of different European cities.

We expect that this the 10th European Symposium on Suicide and Suicidal Behaviour will represent another step forward in improving the understanding, treatment and prevention of suicidal behaviour, as well as being a highly stimulating and enjoyable experience for all those who will participate.

The Symposium will provide an excellent opportunity for sharing experiences and exchanging ideas.

The scientific committee has planned an inspiring programme with exiting scientific and clinical material. We have received 220 abstracts. The Symposium

will focus on a broad range of subjects from biology and philosophy to epidemiology and social sciences. The 10th Symposium has the theme “Research, prevention, treatment and hope”, because



WORLD SUICIDE PREVENTION DAY: «SAVING LIVES, RESTORING HOPE» 10TH SEPTEMBER 2004

we want these to be in focus. We hope researchers will share results of scientific studies, inspire each other and start or continue working together. We want to focus on preventive measures, compare strategies from different countries and include any evidence of effectiveness of preventive programmes. We want to hear about treatment programmes with the aim of reducing suicidal behaviour in risk groups and we think that the presentations in the Symposium will increase hope for the prevention of suicidal behaviour. We want to include different scientific traditions and encourage a cross-sectarian perspective.

Please look at our website where you can find the preliminary programme:
www.suicideprevention.dk

Copenhagen is a wonderful city and in August the weather is usually warm and dry. We hope to spend some pleasant and inspiring days with all of you in Copenhagen in August 2004.

The second annual World Suicide Prevention Day will be held on September 10, 2004 with national and local activities planned around the world. IASP, in collaboration with the World Health Organisation, calls upon governments, NGOs, national and local associations and agencies and individuals to conduct activities on this day to promote increased awareness about suicide and the many ways to reduce suicide rates and prevent suicidal behaviours. The IASP web site (www.iasp.info) will provide information about the 2004 World Suicide Prevention Day, the global initiative for suicide prevention, examples of activities held in different countries on this day as well as links to local and national sites where further information on those activities is available. A pdf file with more detailed information is available for downloading from the site in to help in planning and for use in publicity for your activities. IASP individual and organisational members and all those concerned about suicide prevention are encouraged to consult the IASP web site for further information and they are asked upon to organize special activities and events on this day. Please send a brief description of the activities you are planning to hold on this day by filling out the form on the IASP web site or sending the information to the IASP president Lars Mehlum by FAX (+47 22 92 39 58) or mail (Suicide Research and Prevention Unit), University of Oslo, Sognsvannsveien 21, Bygg 12, 0320 Oslo, Norway). Let us work together so that this day will make a difference.

1ST ANNOUNCEMENT OCTOBER 6-8, 2004, BANGKOK, THAILAND

CHALLENGING OF SUICIDE PREVENTION IN ASIA PACIFIC

THE 1ST ASIA PACIFIC REGIONAL CONFERENCE OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION (IASP) IN CONJOINT WITH THE ROYAL COLLEGE OF PSYCHIATRISTS OF THAILAND

Vanpen Boonyaparakob, M.D
 Professor Emeritus
 of Psychiatry
 President of The Royal College
 of Psychiatrist of Thailand
 Chair, the Asia Pacific
 Regional Meeting of IASP

Dear Colleagues,

It is our great pleasure to extend our cordial welcome to all of you to the meeting of The 1st Asia Pacific Regional Conference of The International Association Suicide Prevention (IASP) in conjoint with the Royal College of Psychiatrists of Thailand. The meeting will be held in Bangkok , Thailand on October 6 to 8 with the Theme of "Suicide Prevention through Collaboration: Asia Pacific Perspectives"

The RCPT has annually organizes academic programs and meeting in October, aiming to promote and develop clinical and basic researches, education, and scientific exchange both at the national and international level in the field of psychiatry , including suicide. It is a great opportunity to arrange both the IASP and the RCPT together at the same time especially among Asia Pacific region. There are many variations in sociocultural and historical background including religions, philosophical ideas elhnic, racial heritage and level of economic development.

Meeting together in this congress will give a tremendous opportunities for sharing information, knowledges, ideas, experiences of suicidal prevention and also creating social and professional networks which will perhaps to establish and strengthening the future cooperation among participants. The scientific program will cover various themes of suicide and its related topics , and has assembled a number of outstanding invited speakers from this region and also from other parts of the world. I would like to encourage you to participate in this exciting interchange by submitting abstracts, and would you please encourage your colleagues and friends to do likewise.

Bangkok is an old big city of Thailand which has long been famous in her beauty of ancient palaces and temples of historical and cultural interests of modern architecturer. October is the beginning of high seasons for tourists. Thai food is well - known for its deliciousness and variations. This year is also a special year for Thailand as thai people will cerebrate the 72nd anniversary birthday of our beloved Queen Sirikit.

Welcome to an exciting and inspiring of the first Asia Pacific meeting of Suicide Prevention in a charming and a modern city of Bangkok. We hope you will enjoy your stay in Bangkok . We will do our best to make your visit one of the most pleasurable memorable one.

Sincerely Yours,
 Vanpen Boonyaparakob, M.D



<http://iaspbangkok.org/iasp2004/main/index.html>