FROM THE PRESIDENT

World Suicide Prevention Day 2008: Think Globally, Plan Nationally, Act Locally

Those of you who have visited the IASP website lately at www.iasp.info have probably noticed that we are in a transition phase. The old website posted in Norway at the University of Oslo address (with the kind support of Lars Mehlum) is soon to be taken off line and the newly designed and constantly expanding site will be developed to become a key source of information on suicide prevention worldwide. If you pull down the main menu under “Activities” on the new site and click on World Suicide Prevention Day you will find downloadable information flyers in English, French, Spanish, Italian and, soon, in Chinese. For those of you who are looking for ideas, descriptions of many activities held around the world in previous years are available on the website.

This year we will again be launching World Suicide Prevention Day with a public symposium at the United Nations headquarters in New York, in collaboration with the World Health Organization (WHO) U.N. Office. This symposium is open to the general public. More information on the Symposium will be posted on the IASP website when available and it will also be sent to members in the New York City area. This year, WHO will be represented by Dr. Jorge Rodriguez of the Pan-American Health Organization (PAHO). As in previous years, Dr. Rodriguez and I will be invited to attend the noon press briefing at the United Nations to talk with journalists around the world about this important event. If you will be in New York on September 10th and would like to attend, please send me an e-mail and I will keep you informed as plans develop.

The topic this year “Think Globally, Plan Nationally, Act Locally” focuses on the global burden of suicide, effective prevention strategies around the world and collaborative international models. At the national level, we emphasize the need to develop, implement and evaluate collaborative national policies on suicide prevention. However, we are keenly aware that it is at the local level, and often as a result of community initiatives, that effective suicide prevention activities are undertaken.

The number of activities held around the world on World Suicide Prevention Day is expanding exponentially. If you enter “World Suicide Prevention Day” in a Google search you get about 270,000 hits. The number of activities held around the world on World Suicide Prevention Day 2008 is estimated to be about 270,000. This is an increase of approximately 50% from 2007. The variety of activities around the world posted online is impressive, ranging from candlelight memorial ceremonies to rock concerts; from volunteer recruitment to medical education. Please let us know about activities you will be conducting (send details to Annette.Beautrais@otago.ac.nz). We will again be posting a sample of 2008 activities around the world on the IASP website.

I am looking forward to seeing many of you at the European Symposium in Glasgow at the end of August and at the Asia Pacific Regional Conference in Hong Kong October 31st – November 3rd. Several IASP Task Forces will be meeting during those events. Please do not hesitate to let me know your thoughts about how IASP can best continue its work in understanding and preventing suicide worldwide and reducing the impact of suicide.

Brian L. Mishara, Ph.D.
mishara.brian@uqam.ca

ANDREJ MARUSIC, 1965-2008

I first met Andrej Marusic in 1998 when we both attended a management course for Specialist Registrars at the Maudsley Hospital, London. I was immediately struck by his crocodile leather shoes and the questions he threw at the facilitators! At tea break we introduced ourselves and discovered, to our amazement, we were both interested in suicide research and our articles, had appeared in the same latest issue of Crisis that I happened to be carrying in my briefcase that day! That was the start of our friendship that lasted till Andrej’s tragic death on June 1, 2008.

Andrej was a remarkable person. I was attracted to his down to earth, unpretentious, genuine and generous side of personality. His smile, his intellect, his creativity, his energy and his enthusiasm were infectious. People who met him could not help but be taken in by his charm and style. His sense of humor would disarm even the most stoic amongst us. He would light up any meeting in which he was present.

He became a member soon after I introduced him to IASP and immediately made a huge impact on the organisation. He led the IASP Task Force on suicide and genetics. He was a prolific writer and published regularly in Crisis and other high quality journals. He came up with the idea of a conference on Gene-Environment Interaction in Suicide, which has now become a regular feature. His ability to organize high quality symposia and gather top researchers in suicidology from all corners of the world was unmatched.

We both left the UK at about the same time. I came back to Karachi, Pakistan, he to his native Slovenia, where he became Director of The Institute of Public Health in Ljubljana. We kept in regular email and phone contact. Apart from discussing suicide research we regularly exchanged news of our respective families. He was a dedicated family man and told me that whatever he was doing in life was to secure a better future for his children and that if his family was unhappy everything else was meaningless.

When he was diagnosed with cancer about two years ago, he took it in his stride and went about with the same degree of enthusiasm and aplomb in treating it as he would any of his numerous research projects.

When I met him in Killarney at the IASP Congress in September 2007, I was a little apprehensive, as this was going to be my first meeting since his illness was diagnosed. I needn’t have been.

What I found, instead, was an Andrej buzzing with excitement of even more research ideas and how to carry them forward. The illness, he told me, did not bother him at all except when he was laid low for a day or two following the chemotherapy.

I was due to meet him again at a meeting in Sorrento in Italy on 18th of May. He had come up with this interesting idea of gathering a few people for a retreat to write an article on the Future of Suicidology. I looked forward to seeing him again. Sadly it was not to be. We heard he was too ill to travel. Uncharacteristically, my emails and text messages remained unanswered. Ten days later he had passed away.

The world of suicidology may be poorer by Andrej’s untimely loss but as we mourn his death let us also celebrate his short but remarkable life. The scores of young suicide researchers he inspired in Slovenia are a lasting testament to his enduring legacy. He was like ‘a meteor, shot on the firmament (of suicidology) and vanished, likewise, after a brief spell of dazzling efﬁglence’.

Our prayers are with his wife Katja and his lovely children Maj and Kara. May God give them the strength to bear this irreplaceable loss.

Rest in peace dear friend.

Murad M Khan
Professor of Psychiatry, Aga Khan University
Karachi, Pakistan
Chair, Council of National Representative, IASP
and Shneidman are pictured below.

The American Association of Suicidology (AAS) was founded by clinical psychologist Edwin S. Shneidman, Ph.D. in 1968. After co-directing the Los Angeles Suicide Prevention Center (L.A.S.P.C.) since 1968, Dr. Shneidman was appointed co-director of The Center for Suicide Prevention at the National Institute of Mental Health (N.I.M.H.) in Bethesda, MD. There he had the opportunity to closely observe the limited available knowledge-base suicide prevention. Consequently, under the sponsorship of the National Institute of Mental Health, N.I.M.H., he organized a meeting of several world-renowned scholars in Chicago, determined the need for, and fathered, the national US organization devoted to research, education, and practice in “suicidology,” and advancing suicide prevention (www.suicidology.org).

NATIONAL UPDATE Australia

Australia’s suicide prevention efforts are guided by our National Suicide Prevention Strategy, which is operationalized through the recently-revised Living Is For Everyone (LIFE) Framework. The National Suicide Prevention Strategy emphasises the development of evidence-based interventions for groups at high risk of suicide, including people with mental illness, people who self harm, Indigenous Australians and people bereaved by suicide. It also targets geographic areas with particularly high suicide rates, by resourcing the development of models of suicide prevention that involve linkages to existing support systems (e.g., mental health programs).

At the end of 2006 a series of community-based projects were funded which explicitly targeted at-risk groups and geographic areas of apparent need. Many of these projects have been managed by non-government organisations or community groups. These projects have undergone ongoing evaluation and appear to be performing well. Most are due to wind up in mid-2009, at which point future funding pathways will be examined.

More recently, several national initiatives have been announced. Key among these is an endowment which builds upon an existing mental health program which is operating across the country. Known as the Better Outcomes in Mental Health Care program, this offers, amongst other things, opportunities for general practitioners to refer patients with depression and anxiety to psychologists and other allied health professionals for 6-12 sessions of evidence-based mental health care. The new initiative will extend this so that general practitioners can refer suicidal patients for highly specialised care, also delivered by allied health professionals.

Jane Pirkis
AAS National representative
Australia
j.pirkis@unimelb.eu.au

EDITOR SEARCH Suicide and Life-Threatening Behavior (SLTB)

Applications are invited for the position of Editor-in-Chief for Suicide and Life-Threatening Behavior (SLTB), the official journal of the American Association of Suicidology (AAS) and the leading international journal in the field of suicide studies.

Devoted to emergent theoretical, clinical, and public health approaches related to violent, self-destructive, and life-threatening behaviors, SLTB is published six times per year (electronic and hard copy), with a subscription base of over 2,000. It is indexed in Index Medicus/MEDLINE, PsychINFO, PubMed, and Social Sciences Citation Index, among others. SLTB has been continuously published for 38 years.

The successful candidate will be an active author of scientific articles with demonstrated national leadership in the field of suicidology. Candidates must have earned a M.D., Ph.D., or terminal degree with a minimum of 10 years experience in their field. The editor receives an annual stipend and serves on the AAS Council of Delegates (must be or become a member of AAS). The term of office is 5 years.

Interested candidates should submit a curriculum vitae and brief letter of interest by June 30, 2008 to: Cheryl A. King, Ph.D., ABPP, Chair, SLTB Search Committee, Department of Psychiatry, University of Michigan Rachel Upjohn Building, 4250 Plymouth Road, Ann Arbor, Michigan 48109-5765.

Applicants may also send application materials or requests for information to: kingca@umich.edu. Candidates chosen as finalists will be invited to send additional information, including a vision statement for the journal.

3RD ASIA PACIFIC REGIONAL CONFERENCE OF SUICIDE PREVENTION

Suicide research and prevention in times of rapid change in the Asia Pacific Region: Opportunities and challenges

31 October – 3 November 2008, Hong Kong

For submission of abstracts, registration details and programme overview see the website http://csrp.hku.hk/iasp2008.

Befrienders worldwide Conference


For more information, please check: www.aqps.info

The conference is organized by the International Association for Suicide Prevention and the HKJC Centre for Suicide Research and Prevention, Faculty of Social Sciences, the University of Hong Kong.

Important Dates
Deadline for Abstract/ Poster Submission April 30, 2008
Notification of Results June 30, 2008
Deadline for Early Bird Registration July 15, 2008
Deadline for Normal Registration Sept 30, 2008