

FROM THE PRESIDENT

It is a great honor for me to have the opportunity to serve IASP as president. I have been a Suicidologist for almost 40 years and, for the last 15, have had the privilege of directing the American Association of Suicidology. From these perspectives I can attest that it is no small task to meet the needs of a diverse membership, no less establish collaborations among individuals and organizations with diverse interests and constituencies. Attempting this on an international scale is challenging.

My prior tenures on IASP's executive, two terms as vice president and one as treasurer, have made me well aware of the relatively limited degrees of freedom posed by a too small budget and the considerable range of potential roadblocks posed by our global reach. My focus as president, however, will not be on barriers, but on opportunities - to implement the organization's strategic plan, to improve the organization's financial health, to build pathways toward collaborations, and to create initiatives that will strengthen IASP and support global suicide prevention efforts.

The possibility of our accomplishing these objectives is emboldened by an extraordinary group of dedicated board members who have committed their energies to these tasks. The Chairs of the National and Organizational Representatives, Murad Khan and Jerry Reed, respectively, have accepted the task of developing and proposing new membership initiatives; Treasurer Michael Phillips will be reviewing and potentially recommending changes to our existing contracts; vice president Ella Arensman has accepted responsibility to develop and strengthen a collaboration with Mental Health Europe; and each and every board member -- those already mentioned in addition to vice presidents Heidi Hjelmeland and Paul Yip - soon will be presenting case statements for potential new initiatives for the organization.

We have already begun exploring the possibility of developing new regional conferences, the first of which we hope to have in the Caribbean region perhaps within the next year; and I have already been asked to participate on a WHO "Guideline Development Committee" that will be developing a framework for national policies on suicide prevention. These initiatives are over and above existing board management responsibilities that include World Suicide Prevention Day, our various Task Forces, the 2010 Asia-Pacific Regional Conference in Brisbane and the 2011 World Congress in Beijing, our training programs, journal, news bulletin, etc.

That we have hit the ground running is surely an understatement. The ease of our transition from the previous to the current board could not have been possible without the advice and counsel from our immediate past president Brian Mishara and the archived knowledge and reservoir of support offered by our development consultant Vanda Scott, who, in addition, has agreed to serve as our interim general secretary until the current election process to fill this vacant board position has been completed. Moreover, Vanda will ensure a successful transition to our new office in Oslo early in 2010.

IASP will celebrate its 50th anniversary in 2010. Our successes should not be measured in retrospect, but in our potential to tap our greatest strength - our membership and the intellectual resources you can offer. I invite your input and your interest in becoming an active part of what we are yet to become.

I would like to use this opportunity to wish you all a wonderful Christmas and a Happy New Year.

Lanny Berman, Ph.D., ABPP

IASP Council of Organizational Representatives meets in Montevideo, Uruguay

During the XXV IASP World Congress held in Montevideo, Uruguay in October the members of the Council of Organizational Representatives took the opportunity to get together and share their ideas and experiences and hold an excellent and productive exchange on new initiatives and programmes.

Following the formal reports on the Council's affairs and activities in the past two years, constructive discussion and creative ideas covered a range of topics:

- Ways to increase membership and activate existing members of the Council;
- Working with both individuals and groups to establish a stronger presence for suicide prevention in interested countries;
- Strategies to enhance activities around the globe during IASP's World Suicide Prevention Day on September 10th each year.

Suggestions were also offered on how organizational members, in liaison with National Representatives, could advance IASP's work in their respective countries

- By identifying organizations engaged in suicide prevention,
- Inviting them to become members of IASP;
- Ensuring that in all congresses and regular newsletters the contributions of organizational members were promoted.

The Council nominated me to serve as Chair for an additional two year term and keenly nominated Joy Field from the Samaritans UK to serve as my Deputy Chair. We confirmed our commitment to the attending representatives and later to membership at the General Assembly.



The Council heard from guests from Brazil and Jamaica requesting information on membership and IASP in advancing their efforts in suicide prevention in their respective nations. A special meeting of interested delegates from Brazil was then organized to explore options for development of this theme.

The Council expressed their appreciation to outgoing members of the Executive Board, Thomas Bronisch, Kees Van Heeringen and Annette Beutrais, for their service to the organization and specifically gratitude was fully extended to Brian Mishara, the retiring president for his dedication over the past 4 years in actively promoting and developing the work of IASP, worldwide

Any organization interested in membership or contributing to the IASP news bulletin should contact Chair of the Council of Organizational Representatives Dr. Jerry Reed at jreed330@comcast.net for more information.

Jerry Reed, Ph.D., MSW

IASP Council of National Representatives meets in Montevideo, Uruguay



During the XXV IASP World Congress held in Montevideo, Uruguay in October a meeting of the National Representatives was held and 15 countries were represented in the meeting.

A report of the Council's affairs over the last two years was presented, followed by the President's report, highlighting the following areas:

- Need to make suicide prevention more visible at a global level.
- Promote suicide prevention through use of website, organize activities around the World Suicide Prevention Day (WSPD) and through WHO's new mental health initiative - Mental Health Gap (mh-GAP) which has several goals concerning suicide prevention.
- Systematic knowledge transfer providing knowledge and experience at global level

A general discussion took place and a number of useful suggestions were made:

- Increase in the membership of IASP
- Help national representatives develop national suicide prevention associations/Networks
- Use of newsletter to share/disseminate information on suicide prevention activities in respective countries

Brief presentations on suicide prevention were made by a number of national representatives. Members found this a useful exercise as it helped them learn how other countries have developed suicide prevention programs in their countries.

Selection of the venue for 2013 IASP Congress was held. Of the three venues (Oslo, Montreal and Rome), Oslo in Norway was chosen by an overwhelming majority. Elections for the Chair and Deputy Chair were held. Dr. Murad Khan from Pakistan and Dr. Jane Pirkis from Australia were elected as chair and deputy chair for the next two years. Both thanked the members and expressed their commitment to work towards the IASP objectives. The council also heard from some delegates of Brazil about the lack of any co-ordinated activity in suicide prevention in their country. A separate meeting was later held with a group of Brazilian delegates to explore ways how this could be best addressed. Useful suggestions were noted and we plan to follow this up through the national representative for Brazil.

The council expressed its thanks to the outgoing Board and particularly the President Dr. Brian Mishara for his dedication, commitment and hard work over the last four years in promoting the cause of suicide prevention through IASP.

Any person interested in becoming an IASP member can contact the national representative or chair Dr. Murad Khan at murad.khan@aku.edu for more information.

Dr Murad M Khan

RECIPIENTS OF IASP AWARDS AT THE XXV IASP CONFERENCE IN MONTEVIDEO

Stengel Research Award

At the XXV IASP Conference in Montevideo, **Professor Mark Williams** was awarded the Stengel Research Award. Mark Williams is Professor of Clinical Psychology and Wellcome Principal Research Fellow at the University of Oxford. He holds a joint appointment in the Department of Psychiatry and the Department of Experimental Psychology. He is a Fellow of the British Psychological Society, the Academy of Medical Sciences and the British Academy.

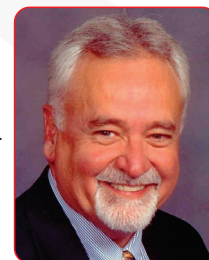


His research is concerned with understanding the processes that increase risk of suicidal behaviour in serious and recurrent depression. With colleagues John Teasdale (Cambridge) and Zindel Segal (Toronto) he developed Mindfulness-based Cognitive Therapy (MBCT) for prevention of recurrence, and two trials have found that MBCT halves the risk of relapse in those who have suffered three or more previous episodes of major depression.

His books include *The Psychological Treatment of Depression* (Routledge, 1984, 1992), *Cognitive Psychology and Emotional Disorders* (Wiley, 1988, 1997), *Cry of Pain: understanding suicide and self harm* (Penguin, 1997, 2002) and *Mindfulness-based Cognitive Therapy for Depression: A new approach to preventing relapse* (Guilford, 2002). His most recent book, *The Mindful Way through Depression: Freeing yourself from Chronic Unhappiness* (Guilford, 2007; with John Teasdale, Zindel Segal and Jon Kabat-Zinn) is written for a lay-readership.

Farberow Award

At the XXV IASP Conference in Montevideo, **Dr Frank Campbell** was the recipient of the Farberow Award. Frank Campbell, PhD, LCSW, is the former Executive Director of the Baton Rouge Crisis intervention Center and the Crisis Center Foundation in Louisiana, USA. He is currently Senior Consultant for Campbell and Associates Consulting where he consults with communities and on Forensic Suicidology cases.



He introduced his Active Postvention Model (APM) most commonly known as the LOSS Team (Local Outreach to Survivors of Suicide). The APM concept involves a team of first responders who go to the scene of a suicide and provide support and referral for those bereaved by the suicide. The main objective is to shorten the elapsed time between the death and survivors finding the help they feel will help them cope with this devastating loss. The APM has shown to have a positive impact on both the team members as well as the newly bereaved. The model has now been replicated in countries as diverse as Australia, Singapore, Northern Ireland, Canada and America.

Campbell has also been selected to receive the Louis Dublin award at the 2010 American Association of Suicidology Conference. Dr. Campbell is a past president of the AAS and has received the Roger J. Tierney award for service. He was Social Worker of the year in Louisiana and the first John W. Barton Fellow selected in his hometown of Baton Rouge, Louisiana, USA. To learn more about his work in the field of suicidology you can visit www.lossteam.com

De Leo Fund Award

For the first time, IASP awarded the De Leo Fund award. The De Leo Fund Award honours the memory of Nicola and Vittorio, the beloved children of Professor Diego De Leo, IASP Past President. The Award is offered to distinguished scholars in recognition of their outstanding research on suicidal behaviours carried out in developing countries.

The first recipient of the De Leo Fund Award is **Alireza Ahmadi, MD**. Dr Ahmadi has a background in anaesthesiology from the Kermanshah University of Medical Sciences (KUMS) in Iran. He has worked in the area of injury prevention, especially in prevention of self-immolation (deliberate self-inflicted burns) and has published a number of articles in peer review journals. Dr Ahmadi is principal investigator of numerous clinical studies and has been involved in the study of novel methods for prevention of self-immolation such as "victim stories". Since 2006, he has been Board Director Member of the International Society of Violence and Injury Prevention (ISVIP), and since 2008 he is Adjunct researcher of the Safety Promotion and Injury Prevention research group at the Division of Social Medicine of the Karolinska Institute, Stockholm, Sweden. Dr Ahmadi is also Chair of the International Society for Child and Adolescent Injury Prevention (ISCAIP), and Deputy Editor and founder of the *Journal of Injury and Violence Research (JIVR)*.



THEME The Economic Recession and Suicidal Behaviour

Many countries across the world have been affected by the economic recession that started in 2008 and which has not yet reached its end. What are the implications for suicidal behaviour and its prevention?

According to Gunnell et al (2009) and Stuckler et al (2009), the consequences in terms of an expected increase in suicide may be serious and they underline the need for preventative action. In addition to an increase in suicide, there are also indications of an increase in deliberate self harm. For example, in Ireland, where the economic recession occurred very rapidly in 2008, data from the National Registry of Deliberate Self Harm showed a 6% increase in deliberate self harm from the previous year, with a stronger increase of self harm in men (10%) compared to women (2%) (NSRF, 2009). This increase is further validated by the finding that in 2008 a significant increase was observed in attempted hanging which is a highly lethal self harm method. Since we know that in men deliberate self harm is more strongly associated with suicide than in women, the suicide rates in Irish men may increase.

Gunnell et al present convincing evidence that increased unemployment which is one the main consequences of the current economic recession is associated with increased prevalence of depression and suicidal ideation as well as suicide risk. This effect has been found among both people with and without mental health problems and in different countries worldwide. Based on employment and mortality data from 26 European countries between 1970 and 2007, Stuckler et al found that a 3% increase of unemployment had a greater effect on suicides among people aged younger than 65 years. Gunnell et al also point at the implications of financial difficulties which are likely to follow from the current recession. As a consequence of the stress related to job insecurity, people may develop mental health problems. However, those currently most in need of mental health services may not have the financial resources to access them.

Furthermore, due to cutbacks in mental health services, as for example in Ireland, increased demands on these services cannot be dealt with efficiently, which may further contribute to increased suicidal behaviour. In terms of suicide prevention this clearly represents a paradoxical situation.

In order to mitigate the negative consequences of the recession, both Gunnell et al and Stuckler et al recommend active labour market programmes that keep and reintegrate workers in jobs. Gunnell et al also recommend additional interventions, such as increasing the employers' awareness of the impact of redundancy on the employees' mental health and suicide risk, and resourcing community health agencies to support people who are facing problems related to job loss and debt. In terms of the media, it is recommended to work closely with the media in order to prevent simplistic and high profile reporting of suicides by business executives and unemployed people in order to prevent copycat suicides.

References

Gunnell D, Platt S, Hawton K. The economic crisis and suicide. Consequences may be serious and warrant early attention. *BMJ* 2009; 338:1456-7. doi: 10.1136/bmj.b1891.

National Suicide Research Foundation. National Registry of Deliberate Self Harm Annual Report 2008. 2009; National Suicide Research Foundation, Cork, Ireland. www.nsrfl.ie

Stuckler D, Basu S, Suhrcke M, Coutts A, McKee M. The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. *Lancet* 2009;374(9686):315-23. doi: 10.1016/S0140-6736(09)61124-7.

Ella Arensman

CONFERENCES and SYMPOSIUM ANNOUNCEMENTS



43rd American Association of Suicidology Annual Conference Families, Community Systems and Suicide

April 21st - 24th, 2010

For further information, see www.suicidology.org

American Association of Suicidology (AAS)

4th Asia Pacific Regional Conference of the International Association for Suicide Prevention

17th-20th November, 2010

The 4th Asia Pacific Regional Conference of the International Association for Suicide Prevention (IASP) is to be jointly hosted by Suicide Prevention Australia (SPA) and The Australian Institute for Suicide Research and Prevention (AISRAP). For further information, see www.suicideprevention2010brisbane.org



13th European Symposium on Suicide and Suicidal Behaviour

Integrating Knowledge for an Interdisciplinary Approach to Suicidology and Suicide Prevention

FROM 1ST TO 4TH OF SEPTEMBER 2010 IN ROME, ITALY

Submission of Abstracts for Parallel Sessions: DEADLINE OF SUBMISSION: February 10, 2010; **Submission of Proposals for Parallel Symposia, Courses and Workshop:** DEADLINE OF SUBMISSION: March 26, 2010. For further information, see www.esssb13.org

XXVI IASP World Congress 21-24 September 2011 Beijing, China

IASP

IASP FACEBOOK

Currently 934 Fans are registered with the IASP Facebook Fans to date, which is a great achievement! However, moving into 2010, our 50th anniversary year, we hope to achieve the number of 1,000, so please register!

IASP Facebook Fan Page

<http://www.facebook.com/pages/International-Association-for-Suicide-Prevention/115204064521>