**FROM THE PRESIDENT**

World Suicide Prevention Day is Friday, September 10th. This year’s theme: Many Faces, Many Places: Suicide Prevention across the World offers us a wide net to gather our diverse efforts. This one day offers us a great opportunity to trumpet our purposes, highlight our successes, and call others to our mission. I and my fellow board of directors of IASP urge all our members, both individuals and organizations, to begin immediately to organize their campaigns and programs – we have a mere few months to prepare. The extent of that preparation may well define the degree with which we will be heard.

Why do we need World Suicide Prevention Day? Why should IASP members be stage center on September 10th? I don’t have sufficient column inches to enumerate the many, many reasons, but let me highlight three that are most significant to me.

1. **Because we can’t do it alone.** We use catch-phrases and slogans such as Suicide Prevention is Everyone’s Business because suicide is a public health problem, because suicide has great social and economic costs to all societies around the globe, because living in social systems that do not value human life – all human life – is unconscionable. But, more importantly, because none of us - researchers, clinicians, survivors, crisis workers, administrators, politicians - will have any significant impact in preventing suicide without broadening our reach and without fostering collaborations – to develop evidence-based interventions, of which we have painfully few, to translate research findings into practice; to promote the widest possible adoption of preventive interventions that have been demonstrated to be effective; to reduce stigma; to improve skills of those charged with assessing and treating those suicidal… to secure financial support to make all this, and more, happen.

2. **Because suicide prevention is “a land of hopes and promises, but not of certainties”** (De Leo, 2002). I love Diego’s phrasing here. Suicideology is a relatively new field of study, dating only back to the 1800’s, to the works of Morselli, Durkheim, and a very few others, gaining momentum only in the last half century. The slope of our efforts and of the outcomes of our efforts, indeed, is rapidly rising, promoting significant hope and promise for future successes. But we have a long road yet ahead and a great deal of work needs to be done. We must generate greater understanding of the complex interrelationships among risk factors that place individuals at acute risk for suicidal behaviors. We must find better ways to promote help-seeking among those at risk. We must better investigate therapeutic interventions and prevention programs that mitigate risk. We must support greater attention and effort in the developing world where western research findings and prevention models do not necessarily apply and where indigenous research efforts are insufficient, where cultural beliefs and stigma are profound barriers, and where systems of care, be they mental health or alternative, are severely lacking.

3. **Because we must forge political will in each and every one of our communities and in each and every one of our countries.** At latest count, there are only 16 countries that have a national strategy to prevent suicide in place, only another 7 that have a strategy in one or another stage of development, and another 13 that have indicated rumblings and interest in each and every one of our countries. With the more sustained is the expression of that support, the more likely action will occur. Lastly, political will requires saliency. We must make the importance of suicide prevention stand out in bas relief and we must keep its prominence in front of those that can make things happen as much as possible. World Suicide Prevention Day is all about creating political will.

In truth, World Suicide Prevention Day should be 365 days a year. But on this one day, we must dedicate ourselves to making that goal happen in every one of our countries.

Lanny Berman, Ph.D., ABPP

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**REPORTS FROM NATIONAL REPRESENTATIVES**

**Current suicide prevention activities in Australia**

Suicide prevention efforts in Australia are being guided by the Living is For Everyone (LiFE) Framework, which fosters a range of universal, selective and indicated interventions. Siting under the LiFE Framework are the National Suicide Prevention Strategy and the suicide prevention strategies of individual states and Territories.

Two major activities have recently increased the profile of suicide prevention in Australia. The first is a Senate Inquiry into Suicide. This is considering the impact of suicide on the Australian community including high risk groups (e.g., Indigenous youth and rural communities) with particular reference to the personal, social and financial costs of suicide in Australia; the accuracy of suicide reporting in Australia, and factors that may impede accurate identification and recording of possible suicides. Other aspects include the appropriate role and effectiveness of agencies (e.g., police, emergency departments, law enforcement and general health services) in assisting people at risk of suicide; the effectiveness, to date, of public awareness programs and their relative success in providing information and encouraging help-seeking and enhancing public discussion of suicide. Consideration is also being given to the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk; the role of targeted programs and services that address the particular circumstances of risk groups; the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.

The second major activity is an overhaul of the way in which our suicide data are presented. Like most other countries, there are two or more year lags in the release of suicide statistics. Until recently, the Australian Bureau of Statistics (ABS), which is responsible for compiling these data, has not re-used data from a given year once that year has been reported. For this reason, a death that was classified as due to ‘undetermined’ causes when it was originally reported in 2006 would not have been retrospectively updated to suicide if the coroner subsequently returned this verdict. The ABS has been working to rectify this, and will release new data for 2008 and updated data for earlier years in March. Australians are anticipating that this will change the existing picture, and will reveal that, for example, the suicide rate from 2007 which was estimated to be 9.0 per 100,000 will be found to be something of an underestimate.

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**Suicide prevention programs in Colombia**

Colombia has observed a decreasing suicide rate from 4.9/100,000 in 2000 to 3.9/100,000 in 2005, with a slight increase in 2008. Suicide occurs predominantly in males (3.1). Relatively high suicide rates are found among both men and women aged 18 - 34 years. Most suicides occur inside the home and are particularly frequent among students, housekeepers, farmers, and unemployed individuals.

In a case-control study, including 108 cases and 108 controls (other causes of death), it was found that relationship problems, unemployment, and economic pressure were adverse events independently associated to suicide behavior. In Bogotá, the Colombian capital, adolescent suicide episodes represented 40% of the total suicides in the period 2004-2007. Suicides occurred more frequently among boys, and the most widely used method was that of suffocation (55%).

Suicide attempts are more prevalent among females (2:1) and show a 7:1 ratio with completed suicides. Suicide attempts are prevalent among both genders in the 15-19 age group, 73.1% of which have used drug overdose as attempted suicide method. The number of reported suicide attempts has increased over the last three years.

The Secretariat of Education in Bogotá has designed a program to reduce the national suicide rate and includes interventions such as the implementation of programs to prevent suicidal behavior in public high schools and training of health care professionals to improve early detection and the appropriate treatment of individuals at risk of suicidal behavior. The difficulties precluding the implementation of the program are for example incomplete information, healthcare personnel turnover and delay in reporting suicidal acts.

The Colombian Health Authorities have designed awareness programs to improve the recording of suicides and attempted suicides and early detection of depressive disorders in primary and high-schools by using screening tests. Telephone hotlines so far have been poorly implemented; they were only implemented in the two largest cities, Bogotá and Medellín.

Some Regional Health Secretariats have implemented programs aimed at training physicians who work in primary care in evaluating suicide risk and early detection and the appropriate treatment of depressive disorders. In Bogotá, pragmatic workshops have been organized for young people aged 13-19 years, aiming to reinforce protective factors, including problem-solving and awareness of first symptoms of suicidal behavior among peers.

Professor Jorge Tellez-Vargas, MD, Professor of Psychiatry, Universidad El Bosque, IASP Colombia National Representative. Associate Secretary Treasurer World Federation of Societies of Biological Psychiatry, Bogotá, Colombia E-mail: tellez@jorge@elbosque.edu.co
THE IASP TASK FORCE ON POSTVENTION

The International Association of Suicide Prevention Task Forces offer the opportunity for our community of members, researchers, professionals, lay people and volunteers to focus deeply on a specific aspect of suicide. The Postvention task force provides members with an opportunity to discuss and address aspects of suicide bereavement that may not otherwise be considered.

Currently, the task force has 44 members across 16 different countries. Within the IASP website the Postvention task force has an active section which currently provides a wide range of information and which is constantly updated.

Presently, it contains minutes of the past five task force meetings, a number of guides such as “How to start a survivors group” alongside, a listing of websites relating to suicide bereavement for suicide survivors. The site also contains listings of National Survivor Organisations, a European Directory of Suicide Survivor Services, and an International listing of suicide survivor services. The information contained in these is dependent on the membership of the task force providing up to date information relating to services.

During the past year, the task force has been successful in achieving a higher profile for postvention within IASP conferences and other seminars supported by the IASP. Dr Kari Dyrgerov presented a plenary paper during the biannual conference in Montevideo and Dr Jack Jordan will be presenting a plenary during the upcoming ESSB13 conference in Rome. These alongside other workshops and papers, continue to raise the profile and issue of Postvention within the field of suicidology on an international stage.

The Postvention task force has published five newsletters since March 2009, and within these there were four survivor stories which exposed readers to the lived experiences of people bereaved and the impact of suicide bereavement and grief on the individual and the family. A number of other articles were contributed by John Peters, Lars Mehlum, Rebecca Thorp, Sally Spencer Thomas, Kari Dyrgerov and Geoff Day.

The future success of the task force is dependent on the contributions of its members and to this end I would encourage all members of IASP with an interest in the area of Postvention to join and contribute to the working of the task force. The next meeting will take place during the ESSB13 conference in Rome and we would like to invite you all to attend this meeting, as it will set out the vision and objectives for the task force for the next year.

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THEME Institutional child sexual abuse and suicidal behaviour - a major research gap

Over the last 2 years an increasing number of reports have been published on the prevalence and consequences of child sexual abuse in state institutions, such as in Ireland, Australia and Germany. These reports indicate that the occurrence of institutional child sexual abuse was more extensive and systematic than we realized, with long term mental health problems for the victims involved.

There is a distinct lack of research into suicide and related mental health problems among people who resided in state institutions during childhood. Wolmar (2000) is one of the few researchers who reported on the risk of suicide. This study shows that 12% of the people who were sexually abused during childhood in children’s homes in Clwyd, North Wales, have since died by suicide. In a study in Canada by Wolfe et al. (2006) the long-term impact of physical and sexual abuse of boys in a religiously-affiliated institution was examined. Of the 76 men who participated, 42% met criteria for current Post Traumatic Stress Disorder (PTSD), 21% for alcohol and 25% for mood-related disorders. Over one-third of the sample suffered chronic sexual problems and over 50% had a history of criminal behaviour. However, the lack of comparison with a control group of non-abused residents limits the ability to specify unique patterns of mental health issues pertinent to those who have been abused.

In Ireland, O’Riordan and Arensman (2007) conducted a literature review and qualitative study among managers and frontline staff of the Irish National Counselling Service (NCS) on risk and protective factors related to suicidal behaviour among survivors of their state institutional school system. The review showed that consequences of institutional child sexual abuse by peers are similar to abuse by adults in terms of suicidal behaviour (fatal and non-fatal) and related mental health problems. Indications were found for an association between severity and duration of child sexual abuse and severity of PTSD. The qualitative study revealed that among people who experienced institutional child sexual abuse, various mental health problems may be related to increased risk of suicidal behaviour, e.g. alcohol and drug abuse, social isolation, impulsive behaviour, depression, PTSD, sleep problems and paranoia. Indications were found for trans-generational effects, i.e. an increased risk of mental health problems and suicidal behaviour among the children of people who were raised in institutions. The study also provided information on factors that may protect people in this group from engaging in suicidal behaviour, such as being in a relationship or married, having children, having returned to education as an adult, being employed, receiving support through survivor groups and counselling. Age of committal to the institution seems to be important in that people who were placed in institutions during infancy and stayed until the age of 16 appear to report more mental health problems compared to those who entered the institution at a later stage. Survivors explained that the experience of being raised in an institution has led to anxiety regarding nursing home care in later life. This fear of what might happen to them as they grow older must be given appropriate consideration as a risk factor for suicidal behaviour. This also indicates that the long-term effects of being resident in a state institution during childhood have yet to be fully explored and understood.

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THE ANDREJ MARUSIC PRIZE

The International Association for Suicide Prevention, the International Academy for Suicide Research (IASR) and the 13th European Symposium on Suicide and Suicidal Behaviour (ESSSB13) are introducing the Andrej Marusic Prizes (AMP).

Two years ago, Suicideology lost one of its most brilliant representatives. A premature, fatal illness took the life of Slovenian psychiatrist Andrej Marusic (1965-2008). His impressive intelligence and knowledge, his hunger for learning and achieving, his curiosity of science and life in general, and his tireless analyses of complex issues led to major scientific contributions to Suicideology. This comprised epidemiological and sociological research as well as genetic studies. His early interest in the genetic determinants of suicidal behaviour, involving research in molecular genetics with innovative techniques, was maintained throughout his research career, as he explored the relationship between genes and acquired factors, and the emergence of the “gene-environment” product. Although many of his studies remained unfinished, Andrej left us a precious legacy of research findings and theoretical reflections that continue to stimulate discussion amongst clinicians and researchers in the field of Suicideology.

Andrej had special leadership qualities, highly developed interpersonal skills and an unforgettable communication style, which brought energy and enthusiasm to the field of Suicideology.

His contribution to Suicideology went beyond his scientific initiatives through involvement in the development of the European Symposium on Suicide and Suicidal Behaviour, ESSSB, and the biannual international meeting “Suicide: Interplay of Genes and Environment”. We remain indebted to Andrej in many ways.

Three research prizes dedicated to Andrej Marusic will be awarded during the ESSSB13 Symposium. The prizes will be awarded to the best scientific contributions to the Symposium in the field of biology of suicide, suicide prevention and treatment of suicidal behaviour, by young researchers.

Applicants should be under 40 years old, or have less than 5 years of experience in the field of Suicideology. They should submit a summary of their scientific proposal/contribution through the symposium website. Criteria that will be taken into account in evaluating the applications include: innovative nature of the research, relevance and clarity of aims and objectives, quality of the methodological approach and feasibility of the implementation of the research findings in terms of available expertise, planning and resources.

Applicants should submit by e-mail to the Organising Committee (organising@esssb13.org) a letter of application stating their name, title, affiliation and focus of research. A CV of no more than 4 pages and a 1500 word summary of their scientific proposal/contribution and its importance is required. Candidates who are short listed for the prizes will be invited to present a research paper at the Award Symposium of ESSSB13.

The deadline for applications is June 14th 2010.

Contributions for the news bulletin are welcomed from other organizations. Please send any contributions to Dr Jerry Reed or contact him for advice about preparing your report.

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XXVI IASP World Congress

13 - 17 September 2011, Beijing , China

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