On translating science into practice

The World Health Organization states on its website (www.who.int) that “not all suicides can be prevented, but a majority can”, and specifies a number of measures that can be taken at community and national levels to reduce risk. Prominent among these measures is “Reducing access to the means of suicide.” Few suicidologists and specialists in public health suicide prevention would dispute the evidence that means restriction efforts save lives (Mann et al., 2005). Moreover, few would dispute the evidence that, although method substitution does occur, only a relatively small proportion of individuals intend on using one method, but thwarted from access to that method, go on to die by suicide from an alternative method.

In the United States, where suicides by firearm predominate, ecological evidence overwhelmingly supports a preventative approach to remove firearms from easy access, to safely secure firearms, to engage firearm locking mechanisms, etc. (Hemmenway, 2006). Numerous examples, worldwide, have demonstrated the effectiveness of bridge barriers in preventing suicidal jumps from these structures (Beautrais, 2007). IASP, in conjunction with the WHO and with funding from Syngenta, has produced promising results from pilot studies of locked pesticide storage boxes on farms in Sri Lanka (Hawton et al., 2009). Legislation in the UK limiting the number of immediately accessible paracetamol pills has demonstrated reduced deaths from intentional paracetamol poisoning (Hawton et al., 2001); and the coal gas story in the UK (Kreitman, 1976) is infamous in defining that reduced access to highly lethal methods of suicide is effective.

Moreover, fencing and other barriers to prevent access to railroad tracks and shut off valves to prevent car exhaust fumes from reaching toxic levels have been proposed, but remain untested. To date, perhaps the only methods used with any frequency in suicide attempts that remain problematic from a means restriction perspective are those of hanging and cutting/piercing, as ligatures and knives are perhaps the only methods used with any frequency in suicide attempts.

It is my belief that the international suicide prevention community should strongly advocate for the adoption and implementation of means restriction approaches in their communities, states, provinces, and/or countries. With the widespread implementation of these measures and with the passage of sufficient time to engage long-term follow-up evaluation, it is my contention that thousands of lives would be saved.

Further, it is my belief that the best of research must translate into policy. This is what happened in the UK with regard to how paracetamol was restricted in its availability to would-be stock-pilers. But accomplishing policy change or adoption is extraordinarily difficult both at the legislative level and via corporate buy-in.

Take, for example, the car exhaust shut-off valve. I don’t recall the name of the young man who visited me several years ago to ask for support, but I do recall his argument. He had invented a simple shut-off valve that would effectively prevent toxic levels of carbon monoxide from being emitted by an automobile. He said that the cost, per unit, i.e. per car, to produce and install these devices was only US$ 11.00. That said, he had met total resistance from the US auto manufacturing industry and could not get a response from the U.S. federal regulatory agency that oversaw transportation issues.

Some means restriction approaches are, indeed, expensive; hence proposals are understandably resisted by involved industries and/or cash-strapped localities. Other proposals are resisted by groups who simply don’t buy into the value of protecting the public health relative to their own values. As but one example, it took three years of advocacy to overcome the Art Deco League’s opposition to a suicide barrier on Washington, DC’s Ellington Bridge, this city’s number 1 jumping site (O’Carroll & Silverman, 1994). Their argument was that the proposed fencing would destroy the beauty of this roadbed bridge.

One might argue that the evidence in support of means restriction approaches is not all that definitive or that it does not absolutely prove causation hence, alone, would prevent suicides, but little in science meets an absolute test of such criticisms. I, for one, am convinced that the widespread adoption of means restriction approaches will save lives, many, many lives. To make that happen, however, requires us to move out of our offices and learn the necessary skills to be more successful advocates. It might take years (nothing in prevention moves all that quickly), but we must preach less to our own choir and, alternatively, find ways to get our evidence both heard and translated into prevention by the powers that be.

Lanny Berman, Ph.D., ABP.

References


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REPORT FROM A NATIONAL REPRESENTATIVE

COUNTRY REPORT FROM ROMANIA

Romania joined the European Union in January 2007, a country with an estimated population of 21.5 million. The transition to free market economy was stressful for the Romanian population, confronted more and more with the loss of financial stability. Reporting statistical data on suicide to the WHO, became possible after the political changes in December 1989, which was banned for about 45 years during the communist regime. Romania reported for the WHO Annals over all suicide rates per 100,000 people of 12.7 in 1994, 14.64 in 2006, 13.38 in 2007, and 13.5 in 2009.

The suicide rate in Romania is lower than the average incidence of suicide in Europe. In 2008, 63,000 people die by suicide within the European Union countries, 2,800 of them being Romanians. In Romania, suicide rates vary significantly from one county to another, ranging from less than 10 to more than 25 suicides/100,000 population. Counties with a majority of Hungarian population (such as Harghita, Covasna and Satu Mare) have suicide rates consistently higher than the national average rate, while counties with more than 95% Romanian population have lower suicide rates.

Unfortunately, there is no national policy for suicide prevention; there is also no National Institute to coordinate reporting and research into suicide, and there is no National Suicide Prevention Programme. However, mental health prevention programmes with indirect impact on suicide prevention are currently being implemented in Romania. The Law for Mental Health and Protection of Persons with Mental Disorders (no. 487/2002) includes provisions for suicide prevention and appropriate institutional structures for primary and secondary prevention of suicidal behaviour.

In Romania there are three NGO’s involved in the prevention of suicide: “Cry for Help” Foundation from Miercurea Ciuc, the “Anti-Suicide Alliance” from Cluj-Napoca and the Romanian Alliance for Suicide Prevention. Since 2004, these three NGO’s coordinated their efforts and organised World Suicide Prevention Day in different Romanian cities, with the aim to implement training for medical specialists and volunteers and to promote public awareness programmes.

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Treasurer: Professor Michael Phillips
General Secretary: Dr Tony Davis
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JUNE/JULY 2012

FROM THE PRESIDENT

The World Health Organization states on its website (www.who.int) that “not all suicides can be prevented, but a majority can”, and specifies a number of measures that can be taken at community and national levels to reduce risk. Prominent among these measures is “Reducing access to the means of suicide.” Few suicidologists and specialists in public health suicide prevention would dispute the evidence that means restriction efforts save lives (Mann et al., 2005). Moreover, few would dispute the evidence that, although method substitution does occur, only a relatively small proportion of individuals intend on using one method, but thwarted from access to that method, go on to die by suicide from an alternative method.

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Moreover, fencing and other barriers to prevent access to railroad tracks and shut off valves to prevent car exhaust fumes from reaching toxic levels have been proposed, but remain untested. To date, perhaps the only methods used with any frequency in suicide attempts that remain problematic from a means restriction perspective are those of hanging and cutting/piercing, as ligatures and knives are ubiquitous in most all societies.

It is my belief that the international suicide prevention community should strongly advocate for the adoption and implementation of means restriction approaches in their communities, states, provinces, and/or countries. With the widespread implementation of these measures and with the passage of sufficient time to engage long-term follow-up evaluation, it is my contention that thousands of lives would be saved.

Further, it is my belief that the best of research must translate into policy. This is what happened in the UK with regard to how paracetamol was restricted in its availability to would-be stock-pilers. But accomplishing policy change or adoption is extraordinarily difficult both at the legislative level and via corporate buy-in.
In May of 2012 the Board of the IASP supported the establishment of a Special Interest Group (SIG) on Suicide Bereavement and Postvention. The Board envisage that the establishment of the SIG will provide a structure for further “expanding and sustaining of the expertise and valuable work that you have built up under the umbrella of the IASP Task Force on Postvention over many years”.

The establishment of the SIG now empowers us to establish a number of Task Forces (TFs) which shall be time specific and mandated to take on specific pieces of work for the SIG. Such TFs could include:

- Complicated grief associated with suicide clustering and contagion
- Development and publication of SIG newsletter
- Ensuring presence of Postvention at all suicide prevention conferences
- Provision of bereavement information through IASP website which is culturally sensitive and available in all official languages of the IASP

These are just a number of suggestions. It will be the SIG membership that shall ultimately decide on the TFs required, and the work to be addressed. Each Task Force will have a specific Chair appointed by the Chairs of the Special Interest Group and upon the establishment of a TF, members of the SIG can opt to contribute to the working of the TF.

A proposed TF will ensure that the Postvention stream is visible and central to all conferences addressing suicide prevention, and will be chaired by Mr. John Peters. The upcoming ESSSB14 conference in Tel Aviv shall have a symposium dedicated to Postvention.

An overview of the symposium is below:

- Negotiating access to data for a study of parental suicide bereavement: challenges and opportunities
- The development of a parental suicide bereavement training pack for health professionals
- The importance of introducing “lived experience” in postvention education programs
- How can we help suicide survivors via the internet? Evidence, major issues and food for thought

A greater level of exposure for Postvention has already been achieved for the IASP conference in Oslo in 2013. At this conference 2 plenary presentations relating to postvention will be presented along with a number of symposia, workshops, poster presentations etc. We will endeavour establishing strong links with other Special Interest Groups, such as Suicide and the Workplace, Clustering and Contagion in Suicidal Behaviour and Culture and Suicidal Behaviour.

The success of the SIG will be determined by the willingness of people from the Postvention field to engage actively, offer their time, expertise and support for the greater benefit of those living with the loss of one of their loved one’s by suicide.

Karl Andriessen, Co-Chair, karl.andriessen@pandora.be
Sean McCarthy, Co-Chair, sean.mccarthy@hse.ie

An overview of the symposium is below:

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- How can we help suicide survivors via the internet? Evidence, major issues and food for thought

The 45th Annual American Association of Suicidology Conference was held in Baltimore, Maryland during the period April 18–21, 2012. Dr. Lanny Berman joined over 900 delegates in attendance with the aim to advance the conference theme of Collaborations in Suicidology: Bridging the Disciplines.

This year there were 193 presentations accounting for over 238 hours of meaningful content for those in attendance. In addition to the many paper and poster sessions, attendees heard several engaging keynote presentations to include one from U.S. Surgeon General Regina M. Benjamin, M.D., M.B.A. (see photo) on the Action Alliance for Suicide Prevention and current efforts to revise the U.S. National Strategy for Suicide Prevention. This year’s conference chair was Stephen O’Connor, Ph.D., who did an outstanding job ensuring an enriching conference experience for all. In addition to great content, there were many organizations represented in the exhibit hall and the International Association for Suicide Prevention was present as well. Materials promoting World Suicide Prevention Day to be held on September 10, 2012 and announcing the XXVII IASP World Congress to be held in Oslo, Norway during the period September 24–28, 2013 were made available. Additionally, copies of The Journal of Crisis Intervention and Suicide Prevention published under the Auspices of the International Association for Suicide Prevention (IASP) and plenty of IASP membership application forms were made available to those visiting our table. The IASP exhibit was staffed by Dr. Dan Reidenberg, U.S. National Representative and Dr. Jerry Reed, IASP Chair of the Council of Organizational Representatives. Everyone is looking forward to the 46th Annual AAS Conference to be held April 24-27, 2013 in Austin, Texas.

Prepared by: Jerry Reed, Ph.D., MSW
Chair, Council of Organizational Representatives, IASP
The theme of World Suicide Prevention Day this year is ‘Suicide Prevention across the Globe: Strengthening Protective Factors and Instilling Hope’. Public health awareness and education campaigns have often focused on the role of risk factors in the development of suicidal behaviour. In order to increase effectiveness in preventing suicide we propose to direct our efforts not only towards reducing risk factors but also toward strengthening protective factors, with the aim of preventing vulnerability to suicide and strengthening people’s resilience.

We anticipate over 50 countries will participate this year. 14 countries have already announced a wide range of activities, such as an essay competition and awareness walk in Sabah, Malaysia, a rally in Nepal, a march through cities in New Zealand, a classical concert in Zurich, Switzerland and a public education program in the Municipal Auditorium Santiago do Cacém, Portugal. This year IASP will launch World Suicide Prevention Day in 10 locations across the globe, including Europe, Asia, Australia, Canada, North and South America.

Join us on this important day in the year!

The World Suicide Prevention Day Toolkit can be accessed through: http://iasp.info/wspd/pdf/2012_wspd_toolkit.pdf

The International Association for Suicide Prevention, the Institute Andrej Marusic (IAM) and the 14th European Symposium on Suicide and Suicidal Behaviour (ESSSB14) are introducing the Andrej Marusic Prizes (AMP)

Four 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.

At the ESSSB 13 Symposium in Rome in September 2010, the Andrej Marusic Award for research was established. During the ESSSB 14 Symposium in Tel Aviv, 3-6th September 2012, prizes will also 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 then 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, lead by Professor Marco Sarchiapone: marco.sarchiapone@me.com, 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 shortlisted for the prizes will be invited to present a research paper at the Award Symposium of ESSSB 14.

The deadline for applications is July 30th 2012. The Andrej Marusic Prize 2012 has been announced on the websites of the International Association for Suicide Prevention (IASP), the 14th European Symposium on Suicide and Suicidal Behaviour (ESSSB14), the Institute Andrej Marusic (IAM), and was circulated among IASP members in June.

For further information, see www.iasp.info, www.esssb14.org
Dear Colleagues,

Time is running! The 14th European Symposium of Suicide and Suicidal Behavior will be held from 3rd–6th September in Tel Aviv. Under the motto “Integration of different perspectives”, the ESSSB14 conference programme includes the most important aspects of suicidal behavior as well as the latest achievements in this field. Professionals in the field will enjoy a high-level scientific programme covering the latest perspectives and developments in the different components of suicidology.

A very rich scientific programme will engage us during these 4 days, in a continuous and mutual exchange of ideas that will undoubtedly enrich and integrate our knowledge and collaboration in suicide research and prevention. Both ESSSB14 and IASP are involved in organizing different activities such as the many Symposia, the ‘Lunch with Experts sessions’, and the Andrej Marusic Award.

This unique suicide prevention conference promises to be a dynamic and educational event in the equally exciting surrounds of Tel Aviv-Jaffa with its distinctive cosmopolitan and energetic atmosphere.

For the first time ever, Israeli and Palestinian clinicians will join hands to challenge the phenomena of suicidal behavior under the umbrella of the European symposium. Palestinian colleagues have agreed to participate in both organizing and scientific local committees and to contribute from their knowledge and experience. The congress will take place in Tel Aviv-Jaffa, a symbol of integration for both Israelis and Arabs living together in peace for decades.

We are proud to inform you that we received more than 400 submissions of scientific contributions that will be presented in 22 plenary and keynote sessions, 65 parallel sessions and more than 150 scientific posters. For more details please, see the Symposium website: www.esssb14.org, e-mail: esssb14@kinesis.com

We look forward to welcoming you to the beautiful city of Tel Aviv-Jaffa! Don’t forget to register!!!

Prof. Gil Zalsman
Co-President

Prof. Alan Apter
Co-President
IASP 5TH ASIA PACIFIC REGIONAL CONFERENCE

The Conference theme: Suicide Prevention in the Asia Pacific: Barriers, Boundaries and Beyond aims at strengthening networks of academic and practitioners in working towards a common goal within a diverse environment. The Conference will address the requirement to focus on putting research into practice, and implement innovative suicide prevention activities within well defined strategies that call on the participation of Governments, institutions, clinicians and NGOs. The conference will be organised by SNEHA and IASP and aims to provide participants an insight into various aspects of suicide research and suicide prevention.

Key topics that will be covered during the conference include suicide and cultural factors, neurobiological, psychiatric and psychosocial factors associated with suicidal behavior, evidence based and best practices in suicide prevention, postvention, encouraging responsible reporting of suicide, and challenges associated with social media and suicide prevention.

Chennai is known as the gateway to South India. Despite being an important city for manufacturing, health care and IT, Chennai managed to retain a charm of its own. It is a sprawling, busy and yet a conservation city with deep traditions and culture. Throughout the conference, delegates will be provided with a variety of social and cultural experiences. A range of pre and post conference tours will be made available.

Professor Lakshmi Vijayakumar
Organising Secretary, SNEHA

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Email: info@marundeshwara.com
www.iaspchennai2012.org

Important dates:
July 31st 2012: Deadline for Submission of Abstracts and Early Bird Registration
September 30th 2012: Announcement of Programme
September 2012: Programme announced
November 29th - December 2nd 2012: 5th IASP Asia-Pacific Conference, Chennai, India.

THE 27TH IASP WORLD CONGRESS IN OSLO

Dear Colleagues,

We are delighted to invite you to attend the XXVII World Congress of the International Association for Suicide Prevention which will take place in Oslo, Norway between the 24th and 28th of September 2013.

The congress will be organized by the National Centre for Suicide Research and Prevention at the University of Oslo in collaboration with IASP, supported by the Norwegian Directorate of Health and sponsored by the World Health Organization (WHO). We aim to provide you as delegates with a rich scientific programme highlighting the latest developments in suicidological research and prevention. Innovation is a key word to us as organizers of this major event. The enormity of the problem of suicidal behaviour world wide calls for creative and courageous efforts to bring new ideas and new knowledge into practical work in effective approaches of treatment and intervention. We will provide delegates with ample opportunities to share their own experiences and take part in formal and informal discussions over a wide range of topics.

A rich social and cultural programme and an opportunity to experience the flavour of Oslo and Norway with its many touristic attractions will hopefully make your conference experience complete.

Set aside the dates in your calendar now and join us for the XXVII World Congress of the IASP in Oslo in September 2013!

Lars Mehlum M.D. Ph.D.
Congress President
Professor of Psychiatry and Suicidology
National Centre for Suicide Research and Prevention
Institute of Clinical Medicine, University of Oslo, Norway

Congress secretariat:
E-mail: iasp2013@congrex.no
Phone: +47 22 56 19 30
www.iasp2013.org

Important dates:
September 30th 2012: Second Announcement and Call for Papers
March 31st 2013: Deadline for Submission of Abstracts
September 24th 2013: Congress Opening

September 24 - 28, 2013
Radisson Blu Plaza Hotel Oslo/Norway

IASP OSLO 2013
International Association for Suicide Prevention (IASP)

The International Association for Suicide Prevention (IASP) is a world-wide non-governmental organization dedicated to the prevention of suicide. In official relations with the World Health Organization, IASP’s members come from over 50 countries across the world.

IASP connects people working in Suicide Prevention and Research across the world! Become an IASP member today!

Your benefits:
• Free access to Crisis - The Journal of Crisis Intervention and Suicide Prevention - 6 issues per year
• Reduced registration fee for IASP conferences
• Free membership of IASP Task Forces and Special Interest Groups

Why wait any longer? Become part of IASP now!

MEMBERSHIP DUES (Opportunity to pay for 3 year membership at a reduced fee)
Membership dues according to the zones used by the World Bank.

<table>
<thead>
<tr>
<th>Individuals</th>
<th>Organization (Less than $1 million pa budget)</th>
<th>Organization (More than $1 million pa budget)</th>
<th>Students, Volunteers and Associate Members</th>
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<td>Zone 1: US $220 (3 years $600)</td>
<td>US $90 (3 years $240)</td>
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<td>Zone 4: US $100 (3 years $270)</td>
<td>Zone 4: US $120 (3 years $300)</td>
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</tbody>
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