Looking back at the last three months, a number of major events occurred upon which I would like to reflect.

On the night of World Suicide Prevention Day, on my way back from an inspiring Conference in Dublin, I received the sad news that Dr Norman Farberow had passed away on the same day, in Los Angeles, at the age of 97. Norman Farberow was one of the founding members of IASP in 1960, together with Erwin Ringel, and he served as President of IASP from 1973 until 1979. His fundamental input into the work of IASP and suicide prevention globally is invaluable, and cannot be summarised in just a few words. Colleagues who have known Norman Farberow very well will prepare obituaries for Crisis and the IASP Newsletter, which will appear over the coming months.

His work and lectures were most inspiring to me when I started as a young student exploring the area of suicide research and prevention, which for me certainly contributed to continuing in this important area of work. In ways, it may not be a coincidence that Norman left us on World Suicide Prevention Prevention Day. A legend of nearly a century, his impact on the work of suicide research and prevention will remain forever.

IASP WORLD CONGRESS IN MONTRÉAL

From 16–20th June, the 28th IASP World Congress: New Discoveries and Technologies in Suicide Prevention, took place in Montréal, hosted by Professor Brian Mishara. The conference was attended by 840 delegates from 56 countries, one of the largest conferences in IASP’s history.

The conference programme covered a wide range of topics in suicide research, intervention and prevention. It involved researchers, practitioners, helpline workers, programme planners, graduate students and persons concerned with suicide bereavement from a range of disciplines around the world. On each day of the conference, specific session and symposia addressed applications of technology in suicide prevention, risk assessment and treatment programmes, covering a range of innovative projects. As well as the intensive and full programme, the very interesting and relaxing social and cultural events made it an inspiring and unforgettable week. I would like to express my sincere thanks to Brian, the organising and scientific committees for organising this excellent conference!

At the IASP General Assembly, which took place during the 28th IASP World Congress in Montréal on 19th June, the newly elected IASP Executive Committee was announced. Apart from one change, the existing members of the IASP Executive Committee were re-elected for the next two years: Professor Jane Pirkis, Dr Morton Silverman, Dr Murad Khan, Professor Steve Platt and Dr Loraine Barnaby.

I would like to use this opportunity to congratulate the members of the Executive Committee and thank the IASP membership for their confidence. I would like to thank Dr Vladimir Carli for his great commitment to the IASP Executive Committee over the past two years, and for his willingness to remain involved with IASP as an advisor. I would like to congratulate Professor Maurizio Pompili for being elected as third Vice President. I would like to welcome and congratulate Professor Thomas Niederkrotenthaler as Co-Chair of the Council of National Representatives.

WORLD SUICIDE PREVENTION DAY 2015

This year’s World Suicide Prevention Day saw again an increase in activities and participating countries. With WSPD 2015 over, this day was very successful with over 800 exciting events hosted in 73 countries across the world. In total 10 WSPD Regional Launches took place across nearly all continents. This year’s WSPD saw a significant increase in people supporting the WSPD Cycle around the Globe. The latest count shows that WSPD cyclists did at least 55,773.38 miles (89,758.56 km.) and the final count is likely to be even higher!

I would like to convey my sincere thanks to the staff of the IASP Central Administrative Office who worked around the clock to respond to all requests for information, which had again increased since last year.

Ella Arensman, PhD
World Suicide Prevention Day (WSPD) 2015 was again this year very successful with over 800 exciting events hosted in 73 countries across the world. This range of exciting events included 10 WSPD Regional Launches, several group candle light vigils in countries including but not limited to Australia, Canada, New Zealand, Ireland and Scotland.

Other events included musical performances in countries including Dhaka and Kansas, a twittercast in Glasgow and countless symposia, webinars, trainings and workshops around the globe. In Ireland several landmark buildings across the country lit up in orange to symbolise hope on WSPD 2015. In Australia WSPD 2015 coincided with R U OK? Day on which the Australian national research action plans to align research funds and priorities in suicide prevention was launched. Social media conversations around R U OK? Day reached beyond Australian shores, across the United States and European countries.

Many sporting events including memorial walks and runs took place to mark this unique occasion which complemented the 2015 Cycle around the Globe very well. The Cycle was massively successful this year with participants worldwide doing us proud on their bikes! In one Slovenian group cycle a huge 23,830km were reached on WSPD 2015!


Here are some photos marking WSPD 2015. More information around these and similar activities can be found at: https://www.iasp.info/wspd/2015_wspd_activities.php and reporting on WSPD 2015 will continue in future editions of the IASP newsletter.

Scores of Ottawa Inuit and their supporters gathered at Parliament Hill on World for a noon-hour celebration of life

A march in Suva, Fiji which marked WSPD on September 10th 2015
The participants observing WSPD 2015, St. Lucia

A crowd gathered at Nelson’s Lakeside Park, Canada to mark WSPD 2015

World Suicide Prevention Day 2015 held in Udupi

Winnipeg Suicide Prevention Network for World Suicide Prevention Day “The Art of Hope” at Vimy Ridge Park
At the IASP Biennial Congress in Montréal, IASP Awards and Prizes were handed out to the following recipients:

**Awards 2015**

- **Stengel Research Award:** Professor David Gunnell
- **Ringel Service Award:** Dr Lakshmi Vijayakumar
- **Faberow Award:** Dr Sally Spencer-Thomas
- **De Leo Fund Award:** Dr Joseph Osafo
- **Honorary Membership:** Mrs Vanda Scott OBE
- **Certificate of Appreciation:** Mr Kenneth Hemmerick

[L-R] Professor David Gunnell; Mrs Vanda Scott OBE; Dr Sally Spencer-Thomas; Dr Lakshmi Vijayakumar; Mr Kenneth Hemmerick; Dr Joseph Osafo
Professor David Gunnell
2015 Stengel Research Award Winner

Professor David Gunnell is Professor of Epidemiology at the University of Bristol, UK. He is an outstanding, internationally leading researcher in the area of suicide research. He has published more than 200 papers in relation to suicide research in internationally acknowledged peer-reviewed journals - these include many publications in high impact journals, including 22 papers in the British Medical Journal and 5 papers in Lancet.

His research has applied a variety of study designs, including randomized controlled trials (RCTs), meta-analysis, cohort studies, natural experiments and qualitative designs. His research focuses on population-level risk factors of suicide that would have important implications for prevention, such as ready access to high-lethality suicide methods and socioeconomic adversities.

Professor David Gunnell’s outstanding research record is evidenced by not only the number and quality but also the impact of his publications in the field. His works have been widely cited and have had impact on national and international suicide prevention strategies. For example, his research on bans on toxic pesticides and suicide in Sri Lanka has been cited in several WHO documents, including the 2014 WHO report “Preventing suicide: A global imperative (2014)”. This research is one of the few examples which are able to document suicide prevention measures with a strong evidence base.

He is a scholar and aiming to have the best possible evidence and set a very high standard. He is always meticulous in all his work. He is a great mentor who nurtures many young researchers and is very generous with his time and he’s supervision is of a very high quality.

Paul Yip, Chair

Dr Lakshmi Vijayakumar
2015 Ringel Service Award Winner

The award committee for the Ringel Award for Distinguished Service in Suicidology received this year a record high number of nominations - all for highly deserved candidates. The recipient of the 2015 award, Dr Lakshmi Vijayakumar, is a woman who has dedicated her life to suicide prevention. A psychiatrist by profession, her efforts have spanned from the clinical context with her patients through working with NGOs and complex organized prevention programmes at the local, national and the global level.

She has herself founded several organizations and services, most notably SNEHA which she established nearly 30 years ago and through which she has developed many intervention and outreach programmes for suicidal people. Among many additional efforts she was instrumental in the inclusion of suicide prevention in the National Mental Health Policy of India, she has worked to decriminalize suicide, and she has been strongly involved in preventing pesticide suicide throughout the Asia-Pacific. She is an eminent disseminator of knowledge and she has used her skills in this in many contexts, for example by organizing large congresses on suicide prevention in her hometown Chennai in India.

On top of all of this she has found the time to conduct research and has authored a sizeable number of scientific publications. We are talking about a woman of substance, of high integrity - and with a heart of gold. She has received many previous awards and honours, but it is a pleasure on behalf of the Ringel Service Award Committee to announce that Dr Lakshmi Vijayakumar is the 2015 winner of the Ringel Service Award. She was nominated by dr Sateesh Babu, National representative of India.

Lars Mehlum, Chair

Also presented was the Andrej Marusic Award which was awarded to Erminia Colucci and collected on her behalf by Professor Diego De Leo. The next few newsletters will contain extended coverage of the recipients of these awards and prizes, starting this issue with the Stengel Research Awards and the Ringel Service Award.
Chile has experienced an important increase in suicide rates in the last two decades. Rates increased from 4 deaths per 100,000 in 2000, to 8 deaths per 100,000 in 2010. This increase has been highest among adolescents. Between the years 2000 and 2010, there was a 52% increase in deaths from suicide among those aged 10-19 years. Compared to other OECD members, Chile has higher than average suicide rates at 13.3 per 100,000. It is estimated that in 2020, the rate will reach 12 deaths per 100,000 in the 10–19 year age group, representing a growth of 200% in two decades. These changes have occurred in spite of an important expansion of the primary and secondary mental health network in Chile within the same period.

**Suicide rates by year – Chile**

In response to these growing and concerning suicide rates, in October 2013 the Ministry of Health in Chile launched the National Plan for the Prevention of Suicide. The aim is to reduce the projected rate of 12 per 100,000 by 15% by the year 2020.

In order to achieve this the Program includes six components, to be installed in each Regional Health Service involving diverse social sectors and communities.

**The components of the Plan are:**

1. Setting up a surveillance Registry system for suicide and suicide attempts. This first measure is considered crucial for the study of risk and protective factors in the Chilean community, as there is currently no available data for the design of more precise preventive initiatives.
2. Implementation of intersectorial and regional plans for the prevention of suicide.
3. Strengthening of the capacity and capabilities of healthcare professionals.
4. Development of preventive programs in educational centers.
5. Development of a system to help persons in crisis.
6. Technical support for the adequate reporting of suicide.

Since the launching of the Plan, its development has been gradually implemented, with greater developments in some regions. As adolescent suicide is a major concern, an important emphasis has been given to the development of preventive efforts for this age group, including training in schools and universities. In areas with notable developments of the program (VI Region of Chile), social activities have been organized and joined by the community. We expect increasing implementation of the Plan around the country as the Ministry of Health has recently increased the funds for the development of the Plan.

The two research projects, detailed below, have received funding and are being developed:

“Adolescence and suicide: Subjective construction of the suicidal process in LGBT youngsters”. (Researchers: Claudio Martínez, Alenka Tomicic, Julia Rodríguez, Francisco Aguayo, Jaime Fontbona, Constanza Gálves, Constanza Quiroz)

“Differential access to mental health treatment in suicide attempters and completers: a case-control study in the health network”. (Researchers: Alejandro Gómez, Pedro Zitko, Marcela Larraguibel, Soledad Valderrama, Diego Piñol, Graciela Rojas).

Santiago, Chile. July 12, 2015.

Dr. Alejandro Gómez Chamorro
Dr. Carolina Ibáñez Hantke

Alejandro Gómez Chamorro is an Associate Professor of Psychiatry. He holds a position in the Universidad de Chile and is head of the Department of Psychiatry and Mental Health. Dr. Gómez has lead research projects on suicide and personality, funded by government agencies. Dr. Gómez is a consultant on suicide prevention and trains healthcare professionals on suicide risk detection and management. At present he leads research on epidemiological risk factors for adolescent suicide in Chile and also on access to psychiatric treatment and its relation to suicide risk.
Concerning the prevention of suicide there are differences between the northern part of Belgium (Flanders) and the southern part of Belgium (Walloonia).

**Flanders**

Since 2006 Flanders has been actively developing and carrying out suicide prevention action plans and activities. From 2006 to 2010 a first action plan was carried out, and in 2012 a second targeted action plan for the prevention of suicide was launched. The main objective of this plan is to "decrease the mortality by suicide with 20% in the year 2020 compared with the baseline year 2000".

The action plan consists of a health strategy and a broad range of actions, focusing on universal, selective and indicated prevention, paying special attention to vulnerable target groups in society.

The action plan identifies five key strategies:

1. **To promote mental health at individual and social levels.**
   E.g. a universal campaign was conducted to promote ‘10 mental health steps’ -> www.fitinjehoofd.be

2. **To provide accessible telephone and online help.**
   E.g. a web portal has been developed which refers to all information, services and tools available on suicide prevention in Flanders -> www.zelfmoord1813.be.
   Apps are being developed.

3. **To educate gatekeepers in the community and in mental health care about suicide prevention and create networks for them.**
   E.g. on a regularly basis, training is organised by suicide prevention workers targeting journalists, (mental) health professionals, teachers, the police, prison staff.

4. **To develop strategies for the screening, care and treatment of individuals at high risk.**
   E.g. special tools, support and activities have been set up for suicide attempters and for people bereaved by suicide. New treatments will be piloted.

5. **To develop guidelines for the prevention of suicide and a multidisciplinary guideline for dealing with suicidal behavior.**
   E.g. suicide prevention toolkits for schools and workplaces have been developed and at the moment Flanders is developing a multidisciplinary guideline for health professionals for dealing with suicidal patients.

**Wallonia**

Currently, Wallonia does not have a coordinated regional suicide prevention plan. Nevertheless, in 2013, Wallonia officially recognized the non-profit organization 'Un pass dans l’impasse' as a mental health reference center specific for suicide. This new service called 'Centre de référence info-suicide' (www.info-suicide.be) pursues to support professionals in coping with suicide.

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**24th European Congress of Psychiatry (EPA 2016)**

The 24th European Congress of Psychiatry 2016 will take place in Madrid, Spain on 12-15 March 2016. Guided by the motto “Towards a Common Language in European Psychiatry”, the EPA 2016 Congress will cover the newest psychiatric achievements: basic, clinical and translational research, and their application to evidence-based practice in diagnosis, treatment and education.

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**Abstract Submission**

Deadline: 6 October 2015

Early Registration Deadline: 18 January 2016

For further information, you can visit the website: http://www.epa-congress.org/
Special Interest Group (SIG) on Suicide among Older Adults

The main goal of this SIG is to support research and networking between researchers dedicated to the study and prevention of suicide in older adults. We organize symposia on suicide in older adults at international conferences, conduct systematic reviews and facilitate international research projects as well as other initiatives. The group has more than 100 members from more than 22 different countries. It is free of charge to be a member of the group.

The following publications have appeared based on the group’s joint efforts:


Summary: A systematic analysis of studies with comparison groups that examined the associations between social factors and suicidal behavior was carried out. The majority of the social factors identified could be conceptualized as indices of positive social connectedness – the degree of positive involvement with family, friends, and social groups.

Findings indicated that at least in industrialized countries, limited social connectedness is associated with suicidal ideation, non-fatal suicidal behavior, and suicide in later life.


Summary: The study aimed to calculate the suicide rate for centenarians. Using data from 17 countries, it was found that the suicide rate was 57 (95% confidence interval 45-69) per 100,000 person-years in men aged 100+ and 6.8 (95% confidence interval 5.1-8.5) per 100,000 person-years in women.


Summary: This study examined suicide rates in eight five-year age-bands between the age of 60 and 99 years. In men, suicide rates increased from the 60-64 years to 90–94 years age-band, and then declined slightly for the 95–99 year age-band. In women, suicide rates continued to increase from 60-64 years to 85–89 years age-bands, and then declined slightly for the 90–94 years and 95–99 years age-bands.

Ongoing and plans for future projects include:

A systematic review on predictors of requests for euthanasia and assisted-suicide from older adults.

A systematic review on professionals’ reactions & management of requests for euthanasia and assisted-suicide from older adults.

Joint symposium on suicide in older adults at the Asia-Pacific regional conference of the IASP (May 18–21 2016, Tokyo, Japan).

Joint symposium on suicide in older adults at the 16th European Symposium on Suicide and Suicidal Behavior (September 8-10 2016, Oviedo, Spain).

For enquiries, please contact the co-chairs of the group:
Annette Erlangsen
(Annette.Erlangsen@regionh.dk)
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(Sylvie.Lapierre@uqtr.ca)
Development of Instructional Competencies for Assessing and Managing Suicide Risk for Baccalaureate Nursing Education

INTRODUCTION
Suicide is a leading cause of death throughout the world,1 and reforming health professional education is a primary goal for suicide prevention.2,3,4 An identified gap in baccalaureate nursing education is instructional competencies for assessing and managing suicide risk.5,6 As the most trusted7 and the largest group8 of health care professionals, nurses are readily positioned to intervene with someone contemplating suicide. The research question, therefore, was: What are the instructional competencies for assessing and managing suicide risk for baccalaureate nursing education? The purpose of this study was: To develop these instructional competencies.

THEORETICAL FRAMEWORK
The Theoretical Framework was the MACH Model,7 which describes a reciprocal process between organizational and individual performance, and workforce and individual competence. Within the health care environment, suicide is a major health problem. Nurses are not competent in assessing and managing suicide risk. Therefore, instructional competencies in assessing and managing suicide risk must be developed and provided during baccalaureate nursing education. Individual competence is the first step toward improved workforce competence in preventing suicide.

METHODOLOGY
A Modified Delphi Method10 was used beginning with a focus group followed by a two-round Delphi study of nursing experts who scored suggested competencies from the National Strategy for Suicide Prevention2 using SurveyMonkey.11

FINDINGS
A final set of 42 competencies were developed including pre-assessment instructional competencies, which include important content relevant to suicide, and assessment and management instructional competencies, which include important content relevant to the nurse’s role in assessing and managing suicide risk.

IMPLICATIONS
Incorporating these instructional competencies into baccalaureate nursing education might increase the competence of nursing students toward caring for patients expressing suicidal ideation.

Abigail Kotowski, RN, PMHCNS-BC, PhD Alumni of The Graduate Center, City University of New York
akotowski@gradcenter.cuny.edu.

REFERENCES
11. SurveyMonkey (http://www.surveymonkey.com)
International Association for Suicide Prevention

The Durkheim Project could help in battle against youth suicide in Australia

An initiative known as the Durkheim Project, which analyses real-time social media communications and mobile content of veterans to determine suicide or self-harm risk is being considered for use amongst Australian youths at risk of suicide.

The project, named after sociologist Emile Durkheim, uses artificial intelligence systems to monitor behaviours suggestive of self-harm or suicide. Led by a veterans group and software company with support from Facebook the project involves opt-in participation and gathers information from mobile content and Facebook status updates and postings to assess risk. If a person is suspected of being at risk, a nominated person is alerted to allow for intervention.

Founder of the Young and Well Cooperative Research Centre in Australia, Associate Professor Jane Burns is supportive of this initiative and has expressed optimism that the programme could be received well by young people in Australia. Professor Burns is in support of the opt-in nature of the project suggesting that by opting-in “it means that they’re (young people) saying my mental health matters to me”. Associate Professor Burns is watching the programme to assess its potential for use among Australia’s youth.

For more information on the Durkheim Project please see: http://www.durkheimproject.org/

Obituary

It is with much sadness that we remember the untimely passing of Dr. Aishwarya Sinniah (PhD). Popularly known as Dacha, she had been working as a Lecturer and Clinical Psychologist at the Department of Psychiatry, National University of Malaysia (UKM Medical Centre) Kuala Lumpur since October 2000. Aishwarya completed her Undergraduate studies and Master of Arts in Clinical Psychology at the National University of Malaysia (UKM Medical Centre) and obtained her PhD from the University of Queensland in 2014. On her return from Queensland she became unwell with an illness that eventually took her life.

Her colleagues will miss her and her impish smiles. I remember attending her wedding many years ago. It was a ceremony steeped in Indian culture and Aishwarya was seated on the stage resplendent in a traditional wedding sari. At the end of the wedding when my wife and I went up to congratulate her she knelt at our feet and asked for our blessings, as is the tradition. I was touched by her humility.

Aishwarya was a member of the IASP. She first participated in an IASP World Congress in 2001 in Chennai and subsequently in Stockholm in 2003. She was actively involved in research on suicide and was in the midst of preparing important publications from her PhD thesis. We were looking forward to years of fruitful collaboration with her in the department. This was not to be. She passed away peacefully on 1st March 2015.

To her husband Sarra and the rest of her family we convey our heartfelt condolences.

Goodbye Dacha.

Dr. T. Maniam
National Representative for Malaysia

The new strategy, led by Mr. Gerry Raleigh, National Office for Suicide Prevention, succeeds and builds upon ‘Reach Out’, Ireland’s first Strategy for Suicide Prevention for the period 2005-2014. ‘Connecting for Life’ envisons an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing. This vision set out in ‘Connecting for Life’ is to be realised through seven goals:

1. Better understanding of suicidal behaviour
2. Supporting communities to prevent and respond to suicide behaviour
3. Targeted approaches for those vulnerable to suicide
4. Improved access, consistency and integration of services
5. Safe and high-quality services
6. Reduced access to means
7. Better data and research

The strategy provides a clear plan to achieve these goals and will be supported by robust governance structures, resourcing and communications frameworks. Monitoring and evaluation will be embedded into the implementation process, with an accompanying outcomes framework in place. The development of the strategy was a collaborative and inclusive process, incorporating 272 submissions from the general public and organisations. IASP Vice President, Professor Steve Platt and President, Professor Ella Arensman contributed intensively to the development of this new strategy as a member of the Strategic Planning Oversight Group and Vice Chair of the Research Advisory Group.

Commenting on the new strategy An Taoiseach Enda Kenny said, “Connecting for Life is an ambitious strategy which sets a target to reduce suicide and self-harm by 10% over the next five years. As a Government, despite financial constraints, we have maintained and will continue to maintain mental health as a priority. Suicide prevention is everyone’s concern and this strategy is a national plan for the whole of Government and the whole of society to work together.”

(IASP) Regional Symposium in the Caribbean - Cayman Islands

The International Association for Suicide Prevention (IASP) is pleased to invite you to participate in the 2nd Caribbean Regional Symposium. The overall theme is "Protecting our Youth: Suicide Prevention in the Caribbean Region," reflecting a mental health priority in this region.

George Town, Cayman Islands
December 3 - 5, 2015

18-21 May, 2016
7th Asia Pacific Regional Conference
Building bridges for a new start beyond borders
Tokyo, Japan

7th Asia Pacific Regional Conference of the International Association for Suicide Prevention
May 18-21, 2016 Tokyo, Japan

18-22 July, 2017
XXIX IASP World Congress
Preventing Suicide: A Global Commitment, from Communities to Continents
Kuching (Sarawak), Malaysia

THE XXIX WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION

International Association for Suicide Prevention
IASP news bulletin
The 28th World Congress of the International Association for Suicide Prevention (IASP) was held in Montreal, Canada, from the 16th–20th June 2015 (http://iasp2015.com/). The conference was organised by the Centre for Research and Intervention on Suicide and Euthanasia (CRISE) of the Université du Québec à Montréal (UQAM). The organizing committee, chaired by Professor Brian Mishara did a tremendous job by pulling together approximately 600 presentations from 840 participants from 56 countries. As a result, the conference program provided a worldwide comprehensive overview of current suicide-related research. Various preventative and therapeutic approaches, and cultural and research methodological issues were discussed. Importantly, the conference program included a ‘postvention stream’, prepared by the IASP Special Interest Group on Suicide Bereavement. The stream consisted of a series of symposia and workshops scheduled throughout the conference in such a way that participants interested in postvention were able to attend all postvention sessions. Here below follows a short overview of this postvention stream.

At the onset of the conference, J. Jordan (USA) facilitated a pre-conference workshop on a suicide bereavement clinician training program, and K. Andriessen (AUS) addressed the challenges regarding terminology and nomenclature in postvention practice and research.

The IASP Task Force on postvention research convened a major symposium, starting with a tribute (by J.P. Soubrier) to Norman Farberow, a founding father of suicidology and suicide bereavement research. R. Sanford (USA) and T. Pearce (AUS) presented the results of a systematic review of the postvention literature, followed by reflections on current research (J. Cerel, USA), the results of a survey of ongoing research project (K. Andriessen, AUS), and a proposal for a research agenda for the next decade (M. Maple, AUS). The work of this taskforce was well received and the publication of the review study would be most welcome.

In other symposia W. Feigelman (USA) presented the first findings of a large study on the links between suicide bereavement, suicidal ideation and attempts, and subsequent deaths by suicide. P. Omerov and R. Petterssen (SWE) presented an impressive series of studies, e.g., regarding grief outcomes, effects of finding the body, and experiences with professional help, based on their population-based surveys done at the Karolinska Institute with parents who have lost a child by suicide.

K. Norton (USA) demonstrated the benefits of a proactive coordinated response after a suicide. G. Cox (AUS) presented a Delphi study developing postvention guidelines for secondary schools. There were presentations on peer support (S. McNally, USA; R. Narumo, FIN), and suicide bereavement support for farming / rural communities (A. Kennedy, AUS; J. Fisher, AUS). P. Skruibis discussed the experience of continuing bonds of suicide survivors in Lithuania, and A. Staines (AUS) addressed the role of spirituality and hope in the aftermath of suicide.

One symposium addressed national models and guidelines for suicide postvention. A. Staines presented quality standards for bereavement services, representing Postvention Australia in partnership with K. Kolves, representing the Australian Institute for Suicide Research and Prevention (AISRP). F. Cook talked about the US national guidelines, and G. Raleigh and S. McCarthy presented the national quality standards for suicide bereavement services in Ireland. As such, the symposium yielded interesting examples of national responses to suicide bereavement.

In addition to the symposia and presentations, the conference program included a well-attended healing ceremony for those bereaved and affected by suicide, as well as a ‘postvention business meeting’ to discuss priorities regarding suicide bereavement support and research for the next years.

Within the format of this short report it is impossible to pay tribute to every individual excellent presentation. It should however be clear that the presentations were of a very high quality, and there is a great openness within the postvention field to exchange experiences, ideas, and perspectives. No doubt, this was a very enriching conference. It is a comforting thought that we are connected in this important work, not only locally with our colleagues and friends, but also with a growing internationally like-minded community bridging prevention and postvention.

During the Special Interest Group meeting held during the congress Karl Andriessen announced his wish to step down as co-chair of the SIG. This is a significant development as Karl was one of the founding members of the original Task Force. He has been chair or co-chair for the past 15 years and is responsible for ensuring that the profile of postvention within the IASP has reached the level that it currently stands at. He has over the years constantly and consistently advocated for postvention and it is as a result of his vision, wisdom and leadership that we now have a robust and active SIG on bereavement and loss. He leaves a legacy for all of us to follow and this will be a challenge for us all in the SIG. Needless to say Karl has offered to continue to be active within the SIG and will be supportive of our efforts into the future.

CONGRATULATIONS TO DR. SALLY SPENCER-THOMAS

At the IASP conference in Montreal, Sally Spencer-Thomas, PhD, received the 2015 IASP Farberow Postvention Award. Sally is a clinical psychologist, the CEO of the Carson J Spencer Foundation, and the Survivor of Loss Division Director for the American Association of Suicidology. She truly exemplifies the four criteria for this award:
- Has been actively involved in the establishment and operation of bereaved by suicide programs
- Has demonstrated national leadership in the area
- Has contributed to the research and evaluation of such programs
- Will continue being involved in this important area of work