During the first months of this year, IASP has been involved in many key activities, with a primary focus on the final planning aspects and arrangements for the forthcoming IASP Asia Pacific Regional Conference in Tokyo, 18–21st May 2016: Building Bridges for a New Start Beyond Borders (http://www2.c-linkage.co.jp/iasptokyo2016/en/).

The conference will be attended by delegates from over 20 Asian countries, and colleagues from Europe, Australia and the US. It provides a forum to discuss the latest research and good practice in suicide prevention, innovation and new technologies in reaching people at risk of suicide. This conference will further strengthen collaborative partnerships with the ultimate aim to enhance programmes and procedures to prevent suicide and self-harm.

IASP is also working closely with the organisers of the 16th European Symposium in Suicide and Suicidal Behaviour (ESSSB16) on a range of collaborative activities, including a symposium addressing mental health conditions and suicidal behaviour among migrants and refugees, a symposium on restricting access to lethal means, and lunch with experts. The ESSSB16 conference will be held in Oviedo, Spain, 8–10th September (http://esssb16.org/).

IASP made an important contribution to a major research grant application to address mental health conditions and suicidal behaviour among the increasing numbers of refugees in Europe, and strengthened the links with the United Nations High Commissioner for Refugees (UNHCR), International Organisation of Migrants (IOM), and the World Federation for Mental Health (WFMH). The research proposal involves 19 countries, in Europe and the Eastern Mediterranean Region. The outcome of the review procedure for this application will be known in September.

IASP Board members contributed to the 30th anniversary conference of the SNEHA Suicide Prevention Centre in Chennai, organised by Professor Lakshmi Vijayakumar, and the 20th anniversary event of the National Centre for Suicide Research and Prevention, Oslo University, Norway, organised by Professor Lars Meltum.

Meanwhile, a growing number of countries are already starting to get on route with the preparations for the 2016 World Suicide Prevention Day on September 10th. The theme for this year is: Connect, Communicate, Care, and further details can be accessed via the 2016 WSPD brochure (https://www.iasp.info/wspd/index.php).

Ella Arensman, PhD

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**Current Activities of the IASP Special Interest Groups and Task Forces**

During 2015 13 Special Interest Groups (SIGs) and Task Forces (TF) operated within IASP. Each comprised a multi-disciplinary team working together in pursuit of a shared interest in a particular topic or action area relating to suicide prevention, with the aim of making a substantive contribution to improved understanding, practice or policy in that topic/area.

**SIGs and TFs**
- Clusters and contagion in suicidal behaviour
- Culture and suicidal behaviour
- Emergency medicine and suicidal behaviour
- Genetics and neurobiology of suicide
- Helplines best practices
- National systems for certifying suicidal deaths
- Nomenclature of suicide-related phenomena
- Postvention (suicide bereavement)
- Prevention of intentional pesticide poisoning
- Suicidal behaviour in adolescents
- Suicide among older adults
- Suicide and the media
- Suicide and the workplace

In a recent survey of the work of SIGs and TFs during 2015 an impressive range and amount of activity was demonstrated, including:
- Organisation of symposia, plenary lectures, seminars and workshops at IASP and other international conferences
- Production of reviews, papers and reports
- Publication and dissemination of news bulletins and newsletters
- Development and dissemination of relevant advisory contributions, guidelines and recommendations
- Dissemination of public statements following national and international events relating to suicide
- Creation of a website and online discussion forums
- Involvement in international research collaborations
- Engagement with World Suicide Prevention Day efforts and activities
- Responding to requests from the public and providing guidance and advice when requested
- Contributions to initiatives of the World Health Organization and other organisations.

Following a decision by the Executive Committee, existing TFs have been discontinued or converted into SIGs. SIGs are being encouraged to establish new TFs which will undertake specific, clearly defined time-limited tasks that contribute to the fulfilment of SIG objectives.

**2016 promises to be an equally active year for SIGs, with many planned additional activities, including:**
- The establishment of several new TFs under the auspice of SIGs
- The creation of Facebook and LinkedIn groups
- A review of priority areas of interest.

If you are interested in becoming involved with any of the IASP SIGs please do not hesitate to contact us at research@iasp.info.

Steve Platt, Vice-President IASP
https://www.iasp.info/executive_committee.php
On 10 September, 2015 (World Suicide Prevention Day), Norman L. Farberow, Ph.D., died at the age of 97 years in Los Angeles, California. He was a founding father of modern American suicidology, and a founding member of the International Association for Suicide Prevention, along with Erwin Ringel. He was instrumental in helping to bring the study of suicide into the academic mainstream, and to create the academic discipline known as suicidology.

Norman Louis Farberow was born in Pittsburgh, Pennsylvania (USA) on the 12th of February, 1918. He earned a bachelor’s and a master’s degree in psychology from the University of Pittsburgh and served in Europe with the Army Air Forces in World War II. Farberow earned his Ph.D. in psychology from the University of California, Los Angeles (USA) in 1950, and wrote his doctoral dissertation on the personalities of suicidal patients. He was one of the very first psychologists in the USA to focus his professional career on working with and understanding suicidal patients.

Norm Farberow moved from being a psychotherapist to focusing on how communities treated those who were suicidal. During the 1950s Farberow and Edwin Shneidman worked together at the Veterans Administration (VA) Hospital in Los Angeles and sought answers for the sudden doubling of suicides among the VA’s psychiatric hospital patients. Their observations and investigations about suicide notes culminated in the publication of Clues to Suicide in 1957. They detected ambivalence and doubt in these suicide notes that suggested that suicides could be prevented by discovering what were the roots of the self-destructive behavior.

His book, The Cry for Help, written in 1961 with Edwin Shneidman, documented the taboos related to suicide and argued that the cry for help should be more readily voiced and more easily heard by those in a position to provide help.

Farberow identified a broad range of behaviors that he characterized as indirect self-destructive behaviors (ISDB), which he considered integral to understanding the continuum of self-destructive behaviors. This work resulted in the book entitled The Many Faces of Suicide (1980).

In 1958 he was among the three founders of the Los Angeles Suicide Prevention Center (LASPC), along with Robert Litman and Edwin Shneidman. The LASPC was the first comprehensive suicide prevention center. Initially conceived to provide a center for the follow-up care of suicidal patients discharged from inpatient treatment in the Los Angeles County Hospital, it soon expanded to include crisis intervention and the USA’s first 24-hour suicide prevention hotline, staffed with professional counselors and trained volunteers. These efforts led to the development of the L.A. Scale for Assessment of Suicidal Potential and the crisis hotline model.

Norm Farberow’s interests spanned multiple realms, including how suicide is depicted in paintings, sculpture, illustrations, and in literature, including the Bible. He championed providing assistance to the chronically suicidal individual, and developed multiple models of group therapies to address their needs. He recognized that survivors of the loss of a loved one to suicide not only experience feelings of loss and grief, but also are subject to additional complications because of the taboo associated with suicide and the commonly experienced intense feelings of shame and guilt. He developed programs for the bereaved to address the stigma of suicide, receive needed support and empathy, and an opportunity to talk about their feelings and struggles without guilt or embarrassment. This focused therapeutic model emphasized caring, sharing, support, and interactive discussion. The model for the Survivors After Suicide program quickly spread throughout North America and then to Europe.
He examined suicide risk within a number of groups, including police officers, gay men, schizophrenic patients, other psychiatrically ill patients, adolescents, the aged, and the chronically and terminally ill. He evaluated and developed scales for assessing suicide risk in public schools and universities. His work in the field of crisis intervention included publishing guidelines for human services organizations and child health care workers in response to large-scale natural disasters.

He was a mentor, teacher, and professional colleague to hundreds of suicidologists worldwide. Farberow wrote or co-wrote 16 books, 50 book chapters, 93 articles, three monographs, four manuals, and 13 book reviews. His books and articles have been translated into Japanese, Finnish, German, Swedish, French, Spanish, and Korean. In 1997 IASP established the Farberow Award to recognize his treatment model for survivors of suicide by loved ones. It is presented to those who provide outstanding contributions in the field of bereavement and suicide survivors.

At the 1999 IASP World Congress, Norman Farberow called to the members to establish a taskforce on postvention in order to forward the field of suicide bereavement research and support. This was the start of our collaboration.

Being a co-founder and ex-president of IASP, honoured with the establishment of a postvention award named after him, Norman was already a legend. He started his pioneering research in the 1950s, looking at psychological autopsies, suicide bereavement, support for the survivors, and (not to forget) involvement of volunteers/lay persons in suicide prevention. Norman was well aware not only of the necessity to develop research-based survivor support, but also of the potential power that the bereaved could bring to the prevention of suicide. This was one of the most important lessons I have learned from working with Norm: any comprehensive suicide prevention program has to include the bereaved by suicide; suicide prevention without involvement of the survivors is poor prevention.

When I first met him and shared a coffee at a conference I was surprised how easy it was to talk to him and how interested he was in my involvement in suicide prevention. This ability to connect with people was one of the reasons why so many people liked him. Norman spoke in a warm, gentle, yet firm voice. He had an open mind, but he knew what he wanted. He was as passionate about sports as he was about suicidology. He loved a good game and continued to play tennis until well in his 80s. Above all, he was a family man, and he decided to travel less internationally when his wife Pearl had become ill.

Looking back at his own career, Norman was kind of “casual” about it. He said, for example that he needed a topic for his PhD study, and since not much suicide-related research had been done, suicide was a suitable research topic. However, Norm was very well aware of his accomplishments and his status in the field. He was most pleased about the evolutions that had taken place, such as the growth of the postvention field in suicidology. It evolved from a handful of interested people to a well-established international network. He was eager to see how this will improve suicide prevention…

Our collaborations will honour Norman’s legacy.

Karl Andriessen

Dr. Lanny Berman, the former Executive Director of the American Association of Suicidology and the immediate past President of IASP commented, “Norman Farberow was a pioneer in bringing suicide into the light of scientific inquiry and suicide survivors into the arms of the Suicidology community. He was a mentor and role model - a compassionate scientist who deeply understood the pain of those suicidal and those impacted by suicide.”

Prof. Ella Arensman, the current President of IASP, remarked, “The significant and fundamental contributions of Norman Farberow to the work of IASP and suicide prevention globally are invaluable. His work and lectures were most inspiring to me when I started as a young student exploring the area of suicide research and prevention, and certainly for me 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 Day. A legend of nearly a century, his impact on the work of suicide research and prevention will remain forever”.

Dr. Mort M Silverman
IASP Treasurer

A tribute to Norman, a most modest giant

Dr. Farberow’s wife died in 2008. His survivors include a son and daughter; three grandchildren; and three great-grandchildren.

Norman Farberow died on Word Suicide Prevention Day. Many have commented that without the contributions of Norman Farberow such a day would almost certainly not have existed. He was a pioneer in helping to erase the stigma of suicide, by easing the cultural and social shame attached to those who die by suicide and those who survive the death of their loved one. He will be remembered as a gentle and humble man, full of intellectual curiosity, a clinician, researcher, teacher, advocate, and friend to many. He will be missed.

Karl Andriessen
As mentioned in the previous IASP newsletter the 2015 IASP Awards and Prizes were recently awarded at the IASP Biennial Congress in Montréal.

**RECIPIENTS AND AWARDS**

**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

Prof Jane Pirkis (IASP General Secretary), Mrs. Vanda Scott (Honorary Membership Award Recipient) and Prof Ella Arensman (IASP President).

Prof Ella Arensman (IASP President), Mr.Kenneth Hemmerick (Certificate of Appreciation Award Recipient) and partner Harry Turnbull.
De Leo Fund Award: Dr Joseph Osafo

The De Leo Fund Award is an award established by IASP which is intended to support and promote research in suicide in developing countries. This award is offered to distinguished scholars in recognition of their exceptional role in research on the subject of suicide.

From a field of seven candidates, from all over the world, the chosen winner of the De Leo Fund Award 2015 was Dr. Joseph Osafo of Ghana. Dr. Osafo works at the Department of Psychology of the University of Ghana and is the national secretary of the Association of Psychologists of Ghana, has an MPhil in Clinical Psychology and a PhD in Health Science from the Norwegian University of Science and Technology. Since 2008 Dr. Osafo has been carrying out research projects on suicidal behaviors and has been one of the leaders and supporters in the fight against stigma about suicide in Africa.

He is currently engaged in promoting interest in the topic of suicide among graduate students and is coordinating the efforts to start an official register of deaths by suicide in African hospitals. He collaborates with other scholars and various NGOs in the field of mental health for build interest around this theme and develop a national policy on suicide prevention in Ghana.

"Let me add that I am personally very pleased that a researcher from an African country is the winner of the Prize. I hope he can promote new research projects and initiatives on the prevention of suicide in his country and throughout the continent."

Prof Diego De Leo
Chairperson of the De Leo Fund Award

Honorary Membership: Mrs Vanda Scott OBE

The Executive Committee elected to grant Vanda lifetime honorary membership due to her longstanding and unwavering commitment to suicide prevention and in particular to IASP.

With a background in helplines, having served as Chairperson and Director General of Befrienders International, Vanda is long-established in the field of suicide prevention and has carried out her work across the globe.

Vanda has been a long time member of IASP and joined the IASP Executive Committee in 1997 when she commenced her service as the 3rd Vice President. Following this Vanda served as General Secretary (1999–2003), Development Consultant (from 2003) and is currently the IASP International Advisor, as of 2013.

Taking into account these years of commitment and dedication to the mission of IASP Vanda is a worthy and inspirational recipient of IASP Honorary Membership.

Certificate of Appreciation: Mr Kenneth Hemmerick

Over the years Kenneth has deservedly earned this esteemed Certificate of Appreciation. Kenneth’s tireless work and continuing commitment in particular to World Suicide Prevention Day (WSPD) is admirable and an invaluable asset to IASP.

Kenneth’s significant work on the annual WSPD has been key to its sustained and increased success and Kenneth goes to great lengths every year to ensure that language and location do not prevent everyone from engaging with WSPD. These efforts and his dedication to extending the global reach of WSPD represent the reasons why Kenneth was awarded this Certificate.

In addition to this award Kenneth was presented with an oil lamp to symbolise his work on the Light A Candle initiative which forms a significant part of WSPD every year.
Registration is open!

The 7th Asia Pacific Regional Conference of the International Association for Suicide Prevention is coming up!

The conference incorporates an intriguing programme of interactive workshops, stimulating plenary sessions and engaging symposia.

The programme reaches out to those working in suicide research and prevention internationally and promises to be an excellent event.

We hope that you will join us at this conference to share, discuss and debate the most current evidence and knowledge regarding international suicide research and prevention.

To register please go to: http://www2.c-linkage.co.jp/iasptokyo2016/en/registration/

For more information please visit: http://www2.c-linkage.co.jp/iasptokyo2016/en/
1. The theme for the 7th Asia Pacific Regional Conference is “Building bridges for a new start beyond borders”. Why did you choose this theme?

For some time, we have thought that people who are involved in suicide prevention measures should know more about each other, going beyond countries, regions, and oceans, when they think about reducing suicide. Activities for suicide prevention measures are being conducted in various countries and regions throughout the world, and they are being reported as important research results. At the time of the IASP World Congress, participants will conduct many interactions, mutually share such activities and research results and we think that this will have a collectively positive effect on suicide prevention measures internationally.

2. How do you think this Conference will make a difference?

Regarding plenary sessions and workshops we have selected people who are passionate about suicide prevention research and activities, and included speakers from as many countries and regions as possible to take the podium and share their knowledge. We hope that people will enjoy those aspects of Tokyo while also interacting with many colleagues at this high-quality international conference. In addition, 2016 marks the 10th year since the Basic Act on Suicide Prevention was established in Japan. For that reason, we Japanese have extraordinary feelings about welcoming this international conference and its attendees to Japan’s capital.

3. Who are you targeting with this Conference and who do you hope will attend?

We are targeting all kinds of people involved in suicide prevention internationally. We are of course targeting not only researchers, but also others such as those involved in preventive measures, interpersonal support, persons involved in policy, government and administrative services, those interested in international health policies, and also persons interested in conducting activities or research in these fields in the future.

4. What is unique about the Conference which you will be hosting in Tokyo?

Tokyo, which is a city with 13,000,000 people, is one of the cities that represent Asia. Having pulled out of a long economic recession, Tokyo is one of the most exciting cities in the world. It is a mature city in all aspects of culture, cuisine, and hospitality. We hope that people will enjoy those aspects of Tokyo while also interacting with many colleagues at this high-quality international conference. In addition, 2016 marks the 10th year since the Basic Act on Suicide Prevention was established in Japan. For that reason, we Japanese have extraordinary feelings about welcoming this international conference and its attendees to Japan’s capital.

5. The Conference programme is varied and exciting, what factors did you consider when choosing the workshops for this event?

Considering that this conference will be held in Japan, some workshops will discuss aspects of suicide prevention particularly relevant to Asia, including the area of natural disasters and suicide. We will also host discussions which make it possible for people to deepen their understanding about the differences in suicide prevention between Asia and other regions.

6. What are you hoping will be the take home message for delegates attending this Conference?

First, we want our conference attendees to engage with others working in suicide prevention in different and new settings internationally. Secondly, we want to spread the message that problems around suicide and its prevention are universal, that they go beyond eras, countries, and regions, but that on the other hand there are problems that are unique to eras, as well as culturally unique. Thirdly, we would like people to use new learning’s from this conference to renew and re-energise their own activities in suicide research and prevention.

7. There will be a variety of social events that focus on Japanese culture at this event, what do you hope the attendees will learn about Japan from these events?

We hope that people will see two faces of Tokyo, to see Tokyo as a traditional town that boasts 400 years of history, and to also see the modern metropolitan Japan, which began after World War II. Tokyo has lots of museums, concert halls and cultural offerings with many forms of Tokyo’s modern architecture and pop culture gaining popularity globally. Tokyo is a safe city, and you can follow your curiosity through narrow alleyways to get a glimpse of the daily lives of the people of Tokyo and old town culture.

8. What is Tokyo like in May?

May in Tokyo is the most pleasant season of the year. The weather is comfortable, with little rain and temperatures of around 20 degrees Celsius, and it is possible to stroll through Tokyo’s towns without a jacket.

Chiaki Kawanishi
chiaki.kawanishi@gmail.com
Professor and Director,
Sapporo Medical University,
Japan
Helplines Special Interest Group

Helplines have played and continue to play a vital role in suicide prevention, attracting suicidal help seekers and providing an opportunity to de-escalate the suicidal state, explore specific crisis issues in a person’s life and provide referrals to other services and broader health and community supports. Helplines are often featured in national suicide prevention strategies.

The research on helplines operations and effectiveness has developed in recent years, while further work on research, quality standards and measures of performance is warranted.

Moreover, growth and development of online support services and social media outreach, utilising similar principles and techniques to traditional helplines, also requires research, policy and practice attention.

The IASP Special Interest Group on Helplines brings together IASP members with a passion and contribution to make on the practice and efficacy of helplines, online support services and social media outreach.

At the IASP Congress in Montreal in 2015, the growing contribution of members of the Helplines Special Interest Group was demonstrated through two symposia and several sessions addressing research on helplines matters being included in the program—more than before.

For 2016, the Helplines Special Interest Group will be determining priority areas of activity and will seek to establish Task Forces on these areas.

Reconfiguration of Online Forum will also be undertaken to better align to priority areas of interest and to support informal exchange of information and experiences between SIG members.

Alan Woodward
Executive Director Lifeline Foundation
Lifeline Foundation, Lifeline Australia

Emotional and Physical Pain in Self-Harm Ideation and Enactment

Background
Social neuroscience research has suggested that individuals who are more sensitive to physical pain are also more sensitive to emotional pain, appearing to contradict research that has found those who self-harm to have a lower tolerance for emotional pain and yet a higher tolerance for physical pain. Uncertain, however, is whether this is a cause or a consequence of self-harm; no previous research has investigated emotional and physical pain in those who have thought about self-harm, but never engaged in the behaviour.

Aims and research questions
1) What is the relationship between self-reported emotional and physical pain sensitivity in self-harm ideation and enactment?
2) Do self-reported and behavioural measures of emotional and physical pain sensitivity relate to one another?
3) Are increased pain threshold and tolerance in self-harm ideation and enactment stress dependent?

Methods
A large online study (n=351) assessed participants’ self-perceived sensitivity to emotional and physical pain, as well as potential correlates of this relationship, e.g., perfectionism. Two laboratory studies (n=88; n=102) were conducted to investigate the relationship between behavioural and self-reported emotional and physical pain, and pain threshold and tolerance following administration of stressful and neutral mood manipulations.

Results
Self-reported emotional and physical pain sensitivity were highest in the self-harm enactment group, lower in the ideation group and lowest in controls. No significant relationship was found between self-reported and behavioural measures of emotional and physical pain sensitivity. Behavioural physical pain threshold and tolerance were not found to differ significantly between any of the three groups, nor did they differ as a function of stress.

Conclusions and added value
These studies were the first to investigate emotional and physical pain by directly comparing individuals who have ideated about self-harm with those who have engaged in the behaviour. The results suggested that in individuals who have thought about or engaged in self-harm, there is a disconnection between self-perceived and behavioural sensitivity to emotional and physical pain. Null pain threshold and tolerance results were likely due to methodological issues, as opposed to genuine lack of between-group differences. This research has also contributed to the field by informing our understanding of methodological best practices in research focusing on self-harm ideation and behaviours, specifically with regards to choice of emotional and physical pain measures.

Dr Olivia Kirtley (Postdoctoral Researcher)
Suicidal Behaviour Research Laboratory (SBRL)
University of Glasgow, Scotland, UK.

References available upon request
Suicide Prevention Activities in Ghana

Activities towards suicide prevention in Ghana have been intensified in the past year due to the increasing number of suicide cases in the country. Major activities focus on awareness creation and sensitization in the media, mainly through radio and television programs. The Ghana Association for Suicide Prevention (GASP) has initiated programs that mainly focus on primary prevention through the creation of awareness, identification of risk factors and early referral to professionals for help. Community outreach programs have also been mounted by members of the coalition. Such programs have been helpful in educating community members on how to identify persons who are suicidal and also to prevent suicide.

Non-governmental Organizations such as Para-gates Humitarian Impact (PHI) and the Faith Foundation of Life (FFL) have been instrumental in the preventive work on suicide. PHI, for example, works in the area of mental health with the mandate of sensitizing, educating and empowering local communities, families, and social welfare-based institutions and organizations on the need to prevent suicide. PHI mainly focuses on adolescent suicide and provides psycho-education and self-help training programs.

The activities of FFL have focused on three main issues: awareness creation, provision of counseling for suicidal persons and help for survivors. To achieve their objectives, FFL engages in public education through road shows, radio and TV discussions, wristbands and leaflets distribution to create public awareness on the causes, symptoms and prevention of suicide. The Foundation works closely with a psychiatrist to provide help and support to suicidal persons and their families.

One major concern that has preoccupied us in recent times is the nature in which the media reports suicide. Consequently, as part of the activities to commemorate the World Suicide Prevention Day, GASP organized a workshop for the media on the 9th of September, 2015 at the University of Ghana, Legon, Ghana. The workshop aimed at sensitizing the media on accurate suicide reporting. The workshop had three components including pre-attitude assessment, the workshop itself and a post-attitude assessment. The pre- and post-attitude assessments sessions were used first and foremost to understand the attitudes held by participants toward suicide and also to gauge the impact of the workshop on the attitudes of the participants. The workshop was successful and we hope that there will be a change in the manner in which the media handles issues concerning suicide in Ghana.

Charity S. Akotia, IASP National Representative for Ghana

Some participants after the workshop

A publication of the program in one of the dailies in Ghana: The Ghanaian Times

International Association for Suicide Prevention
IASP newsbullet
Suicide prevention activities in France 2015–2016

IASP National Representative France: Pr. Jean-Pierre Soubrier, MD
CRES - A Resource Center on Suicidology, Paris, France / Permanent Member ONS - Observatoire National du Suicide

OFFICIAL ACTIONS

• Assessment of the National Program for Actions against Suicide 2011–2014, Ministry of Health

June 2015
Publication of Program assessment:
This program, which focuses on active prevention policy, has successfully registered in the guidelines of the National Health Strategy launched by the government in 2013. In December 2014, the Minister of Health has announced continuing the policy of prevention with a new National Program of action.


• Assessment of the National Plan for Suicide Prevention in Farming sector 2011–2014, MSA - Mutuelle Santé Agricole

October 2015
Publication of Program assessment:

- Statistic InVS: suicide is the 3rd leading cause of death for farmers
- Establishment of specific crisis line AGRI ECOUTE
- Implementation of prevention cells that aims to detect, to accompany and guide farmers in fragile situations

http://www.msa.fr/fr/documents/11566/31636888/Bilan+pr%C3%A9vention+suicide+2015

• Continuation task force activities of the National Observatory for Suicide - ONS (Research, studies, and evaluation of statistics), Ministry of Health (found in 2013)


2015 Workshops
Research Task forces: - Suicide risk factors
- Monitoring of suicides and suicide attempts
- Assessing the effects of medication and psychotherapy of suicidal behavior

February 2016
Publication of the 2nd report (479 p.)
(http://drees.social-sante.gouv.fr/IMG/pdf/ons_2016_fנםel_010216.pdf): Highlighting data and preventive actions carried out at national and local levels, by public authorities as by associations, it reports on recent knowledge about the role of risk factors and suicide protection. It also provides the latest available statistics and monitoring of the recommendations contained in the first report complemented by new perspectives and points for consideration.

It contains a focus on Centre de Ressources En Suicidologie - CRES - A Resource Center on Suicidology (2012) www.crescicidologie.fr: description, official recognition, objectives in suicide prevention by encouraging resources, pointing out activities in research, documentation, education for fellows, welcoming foreign students.

Statistic 2012: 9 715 suicides, an estimate of 10 960, 16.7 per 100 000 all ages

2016 Workshop in preparation
Research Task Force “Definition and nomenclature”

• Adapting society to the ageing, Ministry of Social Cohesion

December 2015
The draft law relating to adapting society to the ageing was finally adopted by Parliament on 14 December 2015 to be effective January 2016.

Actions:
- Developing preventive action (detect persons at risk) and combating isolation
- Setting up of the public health portal:

• Law relating to end-of-life issues and patients’ rights, National Assembly

February 2016
Adoption of a new law on February 2, 2016 creating new rights for patients and people at end-of-life: https://www.legifrance.gouv.fr/eli/loi/2016/2/2/AFSX1507642L/jo/texte

- Continuous and deep sedation until death for patients suffering from an incurable and serious disease with short term fatal prognosis
- Taking into account of the instructions given by patients in advance or responsible person

SUICIDE PREVENTION

ASSOCIATIONS ACTIVITIES

• UNPS - Union Nationale Pour la Prévention du Suicide - National Union for Suicide Prevention (found in 1996, 32 associations alliance)

National Suicide Prevention Day:
National and Regional Networks

World Suicide Prevention Day:
UNPS Associative Village, Paris
September 2015: “Preventing Suicide: reaching out and saving life”

• Groupement d’Études et de Prévention du Suicide – GEPS (Founded in 1969 by P. Pichot, J.P. Soubrier and J. Védrinne)

GEPS Annual Congress:
January 2016: 47th annual GEPS Congress, Strasbourg, France. “Suicide: acting with the context”

INNOVATION

• Call for projects - Public Health Research Institute - Institut de Recherche en Santé Publique IRESP

February 2015
Call for the submission of projects “Suicide and Suicide Prevention”. 2 lines of research:
- Improving knowledge of risk and protective factors of suicide and mechanisms leading to suicides
- Assessing efficiency of suicide prevention efforts

July 2015
Scientific Evaluation Committee

September 2015
Outcome: 5 research projects will be funded

• University Degree - Université Paris Diderot Paris 7

Academic year 2016
University degree “Suicide, theoretical and clinical studies”. Training objectives:
- Explain the problem of suicide from a theoretical and clinical perspective
- Provide tools for dialogue between the various partners involved in the prevention, care and support for individuals at risk


• International Publication


CRES - Centre de Ressources En Suicidologie
- A Resource Center on Suicidology

Situated in Centre Thérapeutique Spécialisé Centre Popincourt 6, rue de Buzenval,75020 Paris, FRANCE

Mail: crescicidologie@gmail.com
pr.jp.soubrier@gmail.com / Tel: +33 1 42 78 19
87Website: www.crescicidologie.fr
Suicide Prevention in Hong Kong: Threats and Opportunities

Hong Kong’s standardized suicide rates have been declining from its peak of 14.7 per 100,000 in 2003 to 8.6 per 100,000 (estimate) in 2014, a rate lower than the global figure released by the World Health Organization’s at 11.4 per 100,000 in its 2014 report on suicide prevention.

Current threats

Despite the decreasing suicide rate, the increasing use of helium as suicide means in Hong Kong since 2012 is of great concern. Helium suicides account for 1.2% of all suicides locally. This is widely reported in the mass media, which may have potentially facilitated suicidal acts by such method (Chang et al., 2016).

Regardless of the general decrease in rates, suicide deaths occurred in those under 15 years, and suicides in the 15-24 age group increased slightly in 2014. Many had suffered unexpressed emotional distress before suicide.

Opportunities for interventions

A telephone survey conducted by the HKJC Centre for Suicide Research and Prevention, The University of Hong Kong (CSRP) in 2013 revealed that most distressed youths who never sought help had expressed their distress online. In response, youth organizations have set up new online intervention services for cyber youths with mental and social difficulties (CSRP, 2015).

Another study of CSRP conducted in 2009-2012 indicated that volunteer-mentors’ support had reduced hopelessness and depressive symptoms in youths with self-harm behaviors. This suggests that personalized social support and caring with guidance are promising in alleviating distress in youths with self-harm risk (Law et al., in press).

CSRP will continue to strive for evidence-based practice in reducing suicide and suicidal behaviors with strategic endeavors in raising awareness of suicide prevention among specific target groups, and to promote wellbeing of the whole society at large.

Frances Yik Wa Law
Associate Director, Centre for Suicide Research and Prevention
Assistant Professor, Department of Social Work and Social Administration
The University of Hong Kong
flawhk@hku.hk

Full references available on request
Suicide bereavement in Ireland

There were 554 deaths attributed to suicide in Ireland in 2011. Researchers however believe that the true figure is closer to 600. According to the Central Statistics Office, this is the highest since records began in 2000. CSO figures showed men were five times more likely than women to take their own lives; 83% of deaths by suicide occurred in men. Ireland was just below the European average, but had the fourth highest rate for young men aged 15 to 24.

Suicide bereavement produces a different mourning process to that seen with natural loss. It is a risk factor for development of complicated mourning. It can precipitate fragmentation of family units and predispose to poor mental health, such that individuals bereaved by suicide have a higher risk of developing major depression, post-traumatic stress disorder, and suicidal behaviour.

The grief of suicide survivors is also amplified by stigma; this has a profound impact on social interactions and health-seeking behaviour. The complexity of grief after suicide is well documented and there is increasing focus on suicide postvention. The current literature points to a need to develop a unique, proactive approach to the provision of support, and assessment of the psychological wellbeing of suicide survivors. Effective postvention is thought to contribute towards suicide prevention in suicide survivors.

There is little research on the role of the general practitioner (GP) in caring for suicide survivors. The GP has potential for early direct contact with the bereaved. Through the GP’s unique position in the healthcare system and in the community, the GP is well positioned to support suicide survivors and navigate problems associated with the grief process. A study conducted by two researchers from Waterford looked specifically at the role of the GP in suicide bereavement.

Research participants were recruited through voluntary bereavement support groups identified by Console and Living Links. Fifteen interested group members formed three focus groups at three locations across Ireland with interviews taking place.

Adults of all ages from all socioeconomic groups were included. Individuals who were bereaved during the past year were excluded as they were still in the acute grief period. The study included participants representing experiences from different suicide cases, and involved both individuals linked with professional support services and those who were not.

Participants gave very specific feedback about the care they would like from their GP. They reported on the need for acknowledgment of their loss and of the lived life of the deceased. Participants felt strongly that acknowledgment by the GP offered validation and functioned as a gateway to further exploration of their experiences. The role of stigma in the aftermath of the loss emerged from all groups and was identified as a barrier to help-seeking. The need for proactive provision of direction and support was also discussed. The GP was identified as ideally positioned in the community to help cater for the needs of the bereaved. GPs had an important role in providing information to family members regarding where to get further help and how to participate in bereavement care after the death of a family member. Early contact from the GP, with facilitated visits to the surgery or home visits, was also felt to be particularly helpful.

This study is the first in Ireland to explore the experiences of suicide survivors using focus group interviews. The geographical spread of the focus groups facilitated exploration of an array of experiences from both urban and rural perspectives. There was strong agreement within groups, while the consistency between groups indicates that the fundamental care needs of suicide survivors are shared.

The study entitled ‘Experiences of suicide bereavement: a qualitative study exploring the role of the General Practitioner’ is due for publication in February 2016.

Study authors include:
Dr. Mairead Nic an Fhaili,
Dr. Nicola Flynn and
Dr. Stephanie Dowling.
The EU Joint Action (JA) on Mental Health and Wellbeing Final Conference was held in Brussels, 21st–22nd January 2016.

The need to include mental health among the primary priorities of the public health agenda has been increasingly recognised in Europe. This recognition is based on the growing evidence and awareness about the magnitude of mental health problems in European countries. Mental disorders are highly prevalent in Europe and impose a major burden on individuals, society and the economy. They represent 22% of the EU’s burden of disability.

The objective of the JA is to contribute to the promotion of mental health and well-being, the prevention of mental disorders and the improvement of care and social inclusion of people with mental disorders in Europe. Its main purpose is to build a framework for action in mental health policy at European level.

As both have dramatic economic and societal impact, the JA addressed promoting action against depression and suicide in a separate work package (WP4).

The main specific recommendations of WP4 are the following:

- Address depression and suicide as priority public health imperative. Take measures against economic and social exclusion especially during economic and humanitarian crisis.
- Increase the recognition of depression in general health care, especially among people with chronic physical conditions.
- Increase the accessibility of treatment for depression with the utilisation of evidence-based psychotherapies, e-mental health tools and psychiatric care.
- Increase the availability of low threshold support in crisis.
- Promote legislation about the restriction of lethal means and alcohol, and also concerning the rules of media communication about suicidal events. The services ought to meet the needs of children and young people, women, the elderly and socio-economically disadvantaged population groups such as unemployed, minorities, migrants and refugees.

György Purebl, Associate Professor and Deputy Director, Semmelweis University

Suicide and Self-Harm Early Career Researchers Forum

The Suicidal Behaviour Research Laboratory (SBRL) at the University of Glasgow is pleased to announce the first Suicide and Self-Harm Early Career Researchers (ECRs) Forum.

The Forum event will take place at the University of Glasgow on June 3rd 2016.

This event will provide invaluable opportunities for investigators at an early stage of their career to receive the advice and guidance of senior scientists in the field and create a supportive context for ECRs to discuss their current research, experiences and the challenges they face in suicide and self-harm research.

Professor Ella Arensman, President of IASP and Director of Research at the National Suicide Research Foundation of Ireland (NSRF) will be joining us as a keynote speaker, alongside Professor Rory O’Connor, Director of the SBRL and Past President of the International Academy of Suicide Research (IASR).

Tiago Zortea
Dr Olivia Kirtley
Professor Rory O’Connor

For further information and registration, please visit: https://www.eventbrite.co.uk/e/suicide-self-harm-early-career-researchers-forum-sbrl-tickets-22174958899.
As World Suicide Prevention Day (WSPD) 2016 is approaching, we here at IASP are very excited about the Cycle Around the Globe event, taking place on Saturday September 10th.

This is the 4th year of this successful and stimulating event and we hope to make this year’s the biggest yet!

The Cycle Around the Globe is a wonderfully wide-reaching public event; we are so impressed by the individuals and groups of people who join us to empower and encourage us as a global community to work together in our efforts to prevent suicide on this most meaningful day.

The aim of this event is for all willing and giving participants to collectively cycle the circumference of the globe, 40,075 km or 24,900 miles. Since 2013 we have communally cycled almost six times the circumference of our planet.

We would like to thank everyone who has previously taken part in the Cycle Around the Globe and contributed to the success of these events. We hope you will join us again for our 2016 cycle - it does not matter how far you can cycle; every kilometer or mile counts and will help us to spread awareness around our message of suicide prevention.

www.iasp.info/wspd/cycle_around_the_globe.php

Join us and cycle for WSPD and show the world that we are all connected in the aim of preventing suicide
The World Health Organization estimates that over 800,000 people die by suicide each year – that’s one person every 40 seconds. Up to 25 times as many again make a suicide attempt. The tragic ripple effect means that there are many, many more people who have been bereaved by suicide or have been close to someone who has tried to take his or her own life. And this is happening in spite of the fact that suicide is preventable.

‘Connect, communicate, care’ is the theme of the 2016 World Suicide Prevention Day. These three words are at the heart of suicide prevention.

**Connect**

Fostering connections with those who have lost a loved one to suicide or have been suicidal themselves is crucial to furthering suicide prevention efforts. Although every individual suicide is different, there are some common lessons to be learned. Those who have been on the brink of suicide themselves can help us understand the complex interplay of events and circumstances that led them to that point, and what saved them or helped them to choose a more life-affirming course of action. Those who have lost someone to suicide, or supported someone who was suicidal, can provide insights into how they moved forwards on their journey. The sheer numbers of people who have been affected by suicide would make this a formidable network.

Of course, these connections should be two-way. There will often be times when those who have been bereaved by suicide, and those who might be feeling suicidal themselves, need support. Keeping an eye out for them and checking that they are okay could make all the difference. Social connectedness reduces the risk of suicide, so being there for someone who has become disconnected can be a life-saving act. Connecting them with formal and informal supports may also help to prevent suicide. Individuals, organisations and communities all have a responsibility here.

**Communicate**

Open communication is vital if we are to combat suicide. In many communities, suicide is shrouded in silence or spoken of only in hushed tones. We need to discuss suicide as we would any other public health issue if we are to dispel myths about it and reduce the stigma surrounding it. This is not to say that we shouldn’t exercise necessary caution; we don’t want to normalise suicide either. Careful, considered messages about suicide and its prevention are warranted, as is an awareness of how different groups of individuals may receive and interpret this information.

Equipping people to communicate effectively with those who might be vulnerable to suicide is an important part of any suicide prevention strategy. Broaching the subject of suicide is difficult, and these sorts of conversations are often avoided. There are some simple tips that can help, however. Most of these relate to showing compassion and empathy, and listening in a non-judgemental way. People who have come through an episode of extreme suicidal thinking often say that sensitively-managed conversations with others helped them on their course to recovery.

The media also have an important role to play in suicide prevention. Some types of reporting on suicide (e.g., prominent and/or explicit stories) have been shown to be associated with ‘spikes’ in suicide rates, but others (e.g., those that describe mastery of suicidal crises) have been shown to have a protective effect. Media recommendations have been developed by the International Association for Suicide Prevention and the World Health Organization to assist journalists in getting stories right. Please see: http://goo.gl/4qVhUp

**Care**

All the connecting and communicating in the world will have no effect without the final ingredient – care. We need to make sure that policy-makers and planners care enough about suicide prevention to make it a priority, and to fund it at a level that is commensurate with its significance as a public health problem.
We need to make sure that clinicians and other service providers care enough about it to make suicide prevention their core business. And we need to make sure that communities care enough about it to be able to identify and support those who may be at heightened risk.

Most of all, we need to ensure that we are caring ourselves. We need to look out for others who may be struggling, and let them tell their story in their own way and at their own pace. Those who have been affected by suicide have much to teach us in this regard.

Connect, communicate and care on World Suicide Prevention Day

On September 10th, join with others around the world who are working towards the common goal of preventing suicide. Check in on someone you may be concerned about, and start a caring conversation with them, asking them how they’re going. Investigate ways of connecting with others who are trying to prevent suicide in your community, your country, or internationally. Show your support by taking part in the International Association for Suicide Prevention’s Cycle Around the Globe

The first World Suicide Prevention Day was held in 2003 and was an initiative of the International Association for Suicide Prevention and the World Health Organization (WHO). Since then, World Suicide Prevention Day has taken place on 10th September each year.

Please view the WHO Fact Sheet on suicide at: http://www.who.int/mediacentre/factsheets/fs398/en/

Light a Candle near a Window at 8 PM on World Suicide Prevention Day: https://goo.gl/9tc1en

Ride with us! World Suicide Prevention Day Cycle Around the Globe: https://goo.gl/cdyvG

Download the World Suicide Prevention Day 2016 Toolkit: https://goo.gl/NNdQ4w

Find World Suicide Prevention Day 2016 resources and guides relating to the theme of connecting, communicating and caring in suicide prevention: https://goo.gl/qY4YhE

Download the World Suicide Prevention Day Suggested Activities: https://goo.gl/DKUno0

On September 10th
World Suicide Prevention Day
Light a candle near a window at 8 PM
to show your support for suicide prevention
to remember a lost loved one
and for the survivors of suicide.

World Suicide Prevention Day
September 10, 2016

The International Association for Suicide Prevention encourages you to light a candle at 8 PM to show your support, to remember a lost loved one and for the survivors of suicide.

World Suicide Prevention Day Cycle Around the Globe
September 10, 2016
Invitation to 7th TRIPLE i Conference:
Intuition, Imagination and Innovation in Suicidology
5th – 6th May 2016, Piran (Slovenia)

We are pleased to invite you to the 7th international TRIPLE i Conference: Intuition, Imagination and Innovation in Suicidology in Piran, Slovenia. The topic of this year’s conference is The multi faces of suicidal behaviour: imagine innovative interventions.

The size and setting of the conference allow us to create a friendly environment for fruitful discussions between distinguished experts and young and perspective suicidologists or other eager professionals.

Students, professionals, scholars, practitioners and others interested in the topic of suicidal behaviours from different fields and different parts of the world are invited to join the conference.

Participants are also invited to submit abstracts for oral or poster presentations at the conference. Please, find all the information on our website zivziv.si/triple-i-2016.

Let the TRIPLE i be an opportunity to express and practice your intuition, imagination and innovative ideas in suicidology!

Warm welcome! Prijazno vabljeni!

Prof. Diego De Leo
Dr. Vita Poštuvan

zivziv.si/triple-i/
zivziv.si/triple-i-2016/
IFOTES - International Federation of Telephone Emergency Services - will hold its XX triennial International congress this year from 19 to 21 July in Aachen, Germany.

The congress will deal with the two central tasks of media-based support for people in critical emotional situations: helping them to overcome the urge to commit suicide and strengthening their emotional equilibrium.

Why does listening to someone in crisis help? What effect can my voice or my words have? How should I listen and ask questions? How to support people to continue after a dramatic loss? These are the topics that experts from all over the world will discuss during the three days conference and participants will experience in workshops and interactive sessions.

Twelve key-note lectures, 12 parallel sessions with 30 presentations, 20 forums and 90 workshops will be offered, with almost 150 speakers and trainers involved. For the plenary and parallel sessions simultaneous translation will be available in five languages (English, German, French, Italian and Spanish).

The theme of the congress reflects the work of more than 21,000 IFOTES volunteers from 33 national Associations members of IFOTES, based in 25 countries, who are dedicated to helping people in emotional and psychological distress.

This European cooperation across national frontiers began almost 50 years ago when, in the year 1967, those committed to telephone counselling in a number of different countries met in Geneva for the purpose of founding the non-profit making organisation “International Federation of Telephone Emergency Services” (IFOTES).

In addition the congress committee is preparing an attractive cultural program. The congress will be launched in the form of an enjoyable welcoming evening and rounded off by a gala evening, while evening concerts will be organised in Aachen’s historic cathedral.

Between 1200 and 1500 participants, mainly volunteer listeners in helplines, are expected from all over the world. The congress is organised in collaboration with the German Protestant Conference and Catholic Conference for Telefonseelsorge und Offene Tür and will be the occasion to celebrate the 50th anniversary of IFOTES and the 60th anniversary of Telefonseelsorge Germany.

Supporting partners of the congress are the European Parliament and IASP.

www.ifotescongress2016.org
www.ifotes.org
Crisis Editor-in-Chief
Position Announcement

Crisis is currently seeking applications for the position of Editor-in-Chief of the IASP journal Crisis.

Responsibilities:

• The Editor-in-Chief is responsible for the editorial content of the journal, the selection of Associate and Consulting Editors, and the management of the day-to-day operations of the journal.

• It is the responsibility of the Editor-in-Chief, on an annual basis, to prepare and deliver at the meeting of the Executive Board at the IASP conference a strategic plan for the journal and an update of the journal’s progress in meeting that strategic plan. The strategic plan should define the mission and vision for the journal, short-term and long-term goals for the journal and the activities necessary for the accomplishment of those goals. Specifically, the strategic plan should incorporate at least four measures of success in achieving its goals:
  a. Increasing institutional subscriptions
  b. Increasing the journal’s impact factor
  c. Increasing the journal’s readership
  d. Improvement of other critical metrics as defined by the Editor-in-Chief

• The IASP Board may provide advice and counsel to the Editor-in-Chief regarding the strategic plan. The Editor-in-Chief, then, shall present the strategic plan to the meeting of associate and consulting editors, to be held at the annual conference, and shall finalize and submit to the IASP Board the strategic plan within 60 days.

• Furthermore the Editor-in-Chief will serve a special responsibility in the public relations of IASP.

Governance:

• The Editor-in-Chief is independent of IASP and the Executive Board in all matters relating to the journal.

• Finally considering their esteemed position it is expected that the Editor-in-Chief will act in a diplomatic way, considering the interests of all groups of IASP membership: researchers, clinicians, volunteers, and survivors at all times.

Requirements:

• The candidate must hold an advanced degree in a field related to suicidology

• The candidate must be a member of IASP in good standing

• The candidate must demonstrate a history of publications in peer-reviewed journals related to the field of suicidology

• The candidate must provide evidence that there is sufficient academic, university, or independent organizational support for the candidate and his/her assistants to carry out the work of the journal. Such support includes, but is not limited to, financial support, telephone, fax, computer, storage facilities, workspace, part-time assistants, postage and mailing costs

• The candidate must demonstrate that they will be able to devote to up to 2 days/week for the management of the journal

• The candidate must demonstrate access to a network of potential reviewers

• The candidate must show evidence of prior editorial work on other journals - as an editor, associate editor, contributing editor, or regular reviewer.

Applications:

To apply for the position of Editor-in-Chief please send a cover letter, curriculum vitae and 3 letters of recommendation to Ms. Wendy Orchard at applications@iasp.info to be received no later than 31st May 2016.