



I A S P

## FROM THE ACTING PRESIDENT

In this issue of the IASP news bulletin we bring you many updates on suicide prevention work internationally as well as some of the latest news and opportunities in the area. Firstly, we reflect with kind words on the life of Unni Bille-Brahe who sadly passed away on July 14th, 2017 at the age of 87. Unni was an inspiring and charismatic leader in the areas of suicide prevention and bereavement and leaves an honourable and motivating legacy.

As reported from our IASP National Representatives, we introduce to you some of the suicide prevention activities occurring in Puerto Rico and detail various projects taking in Slovenia, including current work on the adaptation and dissemination of guidelines for responsible reporting of suicide as well as trainings and collaborative work on psycho-education. In this issue we also present an update of the newly invigorated Special Interest Group (SIG) on Suicide Bereavement and Postvention under the guidance of co-Chairs Prof Myf Maple, Dr Sharon McDonnell and Dr Vita Postuvan, with continued involvement from Mr Sean McCarthy.

IASP can reflect on a very eventful and impactful 2017. Our highlights include a very engaging World Suicide Prevention Day (WSPD), incorporating an extraordinary range of diverse events, including our most successful Cycle Around the Globe ever. We can also look back on an extremely successful World Congress in Kuching, Malaysia. Attracting delegates from over 50 countries worldwide the Congress delivered an exciting scientific programme, providing up-to-date findings on research, training and educational needs applicable to those working in suicide prevention internationally.

Unchanged from previous years, throughout 2017 there were many peer review journal articles, chapters and book publications related to the work of IASP and its SIGs. Congratulations to all involved for their continued output and diligence in the delivery of these resources.

Additionally, 2017 saw the election of a new IASP Executive Committee, Co-Chairs of the Council of National Representatives and National Representatives, all of whom have stepped into their new roles with vigour and enthusiasm. On behalf of IASP I would like to take this opportunity to thank all of our IASP SIG Chairs and National Representatives for their dedication, commitment and energy to achieving the goals of IASP.

Looking ahead to 2018, IASP will continue to work to deliver on our mission statement to prevent suicidal behaviour, alleviate its effects and to provide a welcoming and evidence based forum for academics, mental health professionals, crisis workers, volunteers and those affected by suicidal behaviour.

I would like to take this opportunity invite and encourage you to participate in the upcoming 8th Asia Pacific Regional Conference on Suicide Prevention which will take place from the 2nd to the 5th of May 2018 in the Bay of Islands in New Zealand. This conference will bring together individuals from a range of disciplines to share knowledge on strategies for suicide prevention at regional and global level. Three themes that will be explored in via this conference are suicide across the lifespan, suicide and employment and the consideration of culture in suicide prevention. Abstract submission is now open. For more information, please visit: <https://iasp.info/newzealand/>.

Finally, I would like to welcome Professor Murad Khan back to the position of IASP President and to warmly wish him every success in his leadership role.

Professor Jane Pirkis  
Acting IASP President

## OBITUARY

# Unni Bille-Brahe



Unni Bille-Brahe, born in 1930 in Norway and graduated from University of Odense, Denmark in medical sociology passed away on July 14th, 2017 at the age of 87. She died peacefully in her home after a short period of illness. She founded the Center for Suicide Research in Odense in 1989 and was its leader until 2000 where she due to age-requirements was forced to retire. During the first years of the centre where funding was short, her employees at times volunteered to work for free due to the important cause of their work. After a visit paid by a headstrong Unni to the Minister of Social Affairs, she in the 1990s secured a permanent funding of centre by the Danish state.

Under her leadership, Centre for Suicide Research successfully participated in several international research projects; amongst them the EPSIS study where data on persons with suicide attempts were collected in numerous European countries with the aim of strengthening the support for this group. As a consequence, the first Suicide Prevention Clinics were set up in Denmark, an effort that Unni Bille-Brahe was actively involved in. In 1992, she organised the 4th 'European Symposium on Suicidal Behaviour' in Odense. Later, in 1996 she was actively involved in the Action Plan for Prevention of Suicidal Behaviour and Suicide on behalf of the Danish National Board of Health.

After retiring, Unni and others founded the National Association for the Bereaved by Suicide. This cause was particularly close to Unni's heart as she herself was bereaved by suicide. As the leader of the association, she worked to create attention lack of support and offers for people bereaved by suicide.

Unni was a keen reader of newspapers and subscribed to two daily papers to stay updated, which she always was. When giving her a new unpublished manuscript one could expect a phone call within few days where the weaknesses of the study would be carefully assessed. Despite her age not much escaped her attention.

She was engaged, outspoken, sharp-witted and caring. We will miss her dearly.

Annette Erlangsen & Merete Nordentoft

on behalf of DRISP (Danish Research Institute for Suicide Prevention)

For many years I worked in close contact with Unni. This was mainly due to our involvement in the WHO/EURO Multicentre Study on Suicidal Behaviour. This long-lasting exercise gave us the opportunity of sharing many things and cementing a friendship that extended until the end of her life. In 1997, as an appendix to the IASP congress in Adelaide, we spent a short vacation together in the beautiful Kangaroo Island. This was quite important for me because during that stay - apart from sharing many memorable experiences in that magic place - she promoted my interest towards the Australian Institute for Suicide Research and Prevention, at that time without director. Unni was a special person for me; she was an intelligent, elegant and a beautiful lady. A talented scholar, she gave a lot of herself in growing suicide research and prevention in Europe. In addition to her family members, I am sure she will be missed by many people. I am certainly among them.

Diego De Leo, Emeritus Professor,

Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane

## Suicide Prevention in Puerto Rico

In Puerto Rico, suicide is the 16th leading cause of death and the 3rd leading cause of violent death. The *Commission for the Prevention of Suicide*, established in 1999 by the Department of Health has the goal of preventing suicidal behavior in the island. Each year, the Commission organizes a variety of prevention activities: island-wide suicide prevention events, intervention hotlines, and messaging and education activities using social media. In addition, in 2015 the Commission published a written protocol that government agencies use to organise four suicide prevention activities per year (as mandated by law).

Prevention activities organized every year include: Suicide Prevention Month (August 10th- September 10th), National Suicide Prevention Day (August 12th), World Suicide Prevention Day (September 10th), and Christmas Suicide Prevention Alert Week (first week of December). Other activities include: newspaper/magazine articles, radio/tv programs, sporting events, movies, workshops, handouts, trainings, and videos.

For more information please visit: <http://www.salud.gov.pr/Dept-de-Salud/Pages/Unidades-Operacionales/Comision-para-la-Prevencion-de-Suicidio.aspx>

Linnette Rodríguez-Figueroa  
IASP National Representative  
of Puerto Rico



# SIG on Suicide Bereavement and Postvention

This SIG is now being led by the following people, with the varying responsibilities to ensure the continued development and coordination of the area of suicide bereavement and postvention:

## **Prof Myfanwy Maple (Australia)**

*Chair responsibilities, coordination and overall direction of SIG, liaison with central office*

## **Dr Sharon McDonnell (England)**

*Co-chair - main responsibilities to develop the proposed taskforce on best practice guidelines*

## **Associate Professor Vita Postuvan (Slovenia)**

*Co-chair - main responsibilities relate to updating the website, newsletter and broadening SIG membership and activities*

## **Mr Sean McCarthy (Ireland)**

*Co-chair - main responsibilities include promoting suicide bereavement and postvention inclusion in each IASP congress, and the reflection ceremony*

## **A little bit of history**

During the 2013 Oslo conference SIG meeting a small group was formed to examine the current state of research in suicide bereavement and postvention. This was then approved as a taskforce of IASP. The task was split into two – a systematic review of all research published in the field over the past 50 years and the second task was to examine research currently underway. Together these two tasks would provide the sector with an up-to-date summary of where the research is up to. We presented the preliminary findings of this at the Montreal conference in 2015.

*This is a fantastic example of how members can contribute to the SIG (we are always looking for volunteers!!).*

Below we provide an overview of these two connected projects, which are now published in *Crisis*. These important contributions extend our field. Of course, there are many more excellent examples of quality research, service provision

and support across the globe. You can send any contributions to Myf Maple on [mmapple2@une.edu.au](mailto:mmapple2@une.edu.au) or Vita Postuvan on [vita.postuvan@upr.si](mailto:vita.postuvan@upr.si).

In the retrospective systematic analysis of the postvention and bereavement research literature, Maple and colleagues (2017) retrieved a total of 443 papers that focused on suicide bereavement and postvention (available at: [www.iasp.info/postvention.php](http://www.iasp.info/postvention.php)). While the literature base continues to expand, and more rapidly in recent time, much of the research has been methodologically limited, including lack of intervention research, longitudinal studies, and limited samples and cultural considerations. Specifically, literature over the past fifty years has come from research findings from the kin of those deceased, primarily from high and middle-income countries, yet newer research is extending this to examine the broader, non-kin impact of suicide exposure.

The postvention programs that are presented in the literature primarily provide limited understandings of research productivity, knowledge gaps and trends and patterns in the fields of suicide bereavement and postvention. This insight then limits capacity to guide future research agendas. In the analysis of the literature it was noted that, of the 443 papers systematically reviewed, the majority related to explanatory studies (almost 60%), followed by descriptive studies (almost 35%). Interestingly there were just only 6% of studies that reported on the efficacy of postvention interventions with these insights primarily focused on quantitative analysis.

To complement the retrospective literature analysis, a second project undertaken by the taskforce examined current research being undertaken by SIG members via a short online survey. From this, Andriessen *et al.*, (2017) report the need for more focus on translating research in to postvention practice. The survey findings revealed that the development of postvention

training standards would help embed research findings into good practice – both in early-stage bereavement and in developing culturally sensitive standards for responding to individuals and in the evaluation process of postvention engagement. To further advance the field, this paper also proposes a sought future research agenda whereby an expansion of cross-cultural and theory-driven are both prioritized with stronger links between research and practice being formed.

The SIG on bereavement and postvention are now in the process of proposing a new taskforce to work on the development of guidelines for best practice in postvention. We have previously asked for interested people to join the taskforce from within the SIG, but we welcome any others who would like to assist in this work over the coming period. If you are interested, please contact Sharon McDonnell on [sharon.mcdonnell@suicidebereavementuk.com](mailto:sharon.mcdonnell@suicidebereavementuk.com) or Sean McCarthy on [mccarthytraining@gmail.com](mailto:mccarthytraining@gmail.com).

## **References:**

- Andriessen, K., Dransart, D., Cerel, J & Maple, M (2017) Current Postvention Research and Priorities for the Future. *Crisis* 38 (3), 202-206. DOI: 10.1027/0227-5910/a000459
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- Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. and Andriessen, K. (2017). A Systematic Mapping of Suicide Bereavement and Postvention Research and a Proposed Strategic Research Agenda. *Crisis*. DOI: 10.1027/0227-5910/a000498



## Postvention in South Korea - a short documentary

A small group of individuals met in South Korea to determine how postvention services may be established. Below is Bill Feigelman's reflective analysis of the making of a documentary profiling how suicide survivors manage in South Korea and explored some insights identified in early stages of establishing postvention services. The insights were relevant given the population of South Korea experiencing one of the world's highest suicide statistics (25 people for every 100000 deaths) alongside the absence of available survivor of suicide support groups. The impact of survivor-led engagement between two cultures - with Feigelman visiting with American wives also bereaved by suicide - identified the connections in lived experience as well as the awareness of the need to share the outcomes of postvention engagement in countries who do not currently have robust support systems available.

A link to the documentary is listed in the reference list below and an expansive piece on this will be published in the next IASP newsletter.

Feigelman, W (2017). A visit with South Korean survivors of suicide. Reflective piece. (Short film available for review) <http://vimeo.com/201228748>



## Wales' first International Suicide and Self Harm Symposium

On September 22nd 2017 Wales' first International Suicide and Self Harm Symposium took place in Cardiff. The Symposium was attended by first responders and professionals from other health and community based settings and aimed to assist attendees in preventing suicide and self-harm, to inform them on treatment options available to those who have attempted suicide and self-harm and to guide them in their care for individuals affected by the topic.



Guest presenters included Professor Ella Arensman - IASP College of Presidents (CoP) Representative and Professor Ann John - Welsh National lead for suicide and self-harm prevention along with many other experts from the area.

Professor Arensman, presented a keynote lecture entitled '*Self-harm and suicide: Associated risk factors and evidence based interventions*', for which the presentation slides are available at: <http://tinyurl.com/y7s3s3rf>.

Other presentations on the day included first responder representatives and professionals working in the area of research and intervention.



Professor Arensman presentation at Wales' first International Suicide and Self Harm Symposium

In 2015 Talk to Me 2 was launched, an action plan which built upon Talk to Me, the 2009 national action plan to reduce suicide and self-harm in Wales. It sets out the strategic aims and objectives to prevent and reduce suicide and self-harm in Wales between 2015-2020. It identifies priority care providers to deliver action in certain priority places to the benefit of key priority people, and confirms the national and local action required.

The document is available at: <http://gov.wales/docs/dhss/publications/150716strategyen.pdf>



# Evaluation of national suicide prevention and suicide registration programs in Iran

According to the World Health Organization, suicide is a global challenge and a major public health problem. Between 0.5 to 1.4% of the world's population die by suicide. Every year, close to 800,000 people take their own life (WHO, 2017). In Iran, suicide is the fifth most frequent cause of death.

This evaluation is timely considering major strategic developments in suicide prevention globally, initiated by WHO. In recent years, the WHO Global Mental Health Action Plan, 2013-2020 has been a major step forward in pushing the agenda of suicide prevention globally. This plan was adopted by Health Ministers in all 194 WHO member states to formally recognise the importance of mental health. The action plan covers specified actions to improve mental health and to contribute to the attainment of a set of agreed global targets, in particular to aim for 1) a 20% increase in service coverage for severe mental disorders, and 2) a 10% reduction of the suicide rate in countries by 2020.

In 2016, the WHO Regional Office for the Eastern Mediterranean Region, the WHO Country Office in Iran, and the Department of Mental Health and Substance Abuse of the Ministry of Health and Medical Education in Iran, commissioned the evaluation of the national suicide prevention and suicide registration programs in Iran, involving international and national consultants. The main objective of this evaluation was to assess the effectiveness of the existing national suicide prevention program and suicide registration programs in Iran.

The evaluation included reviewing available peer review papers and reports, and consultation with relevant stakeholders, representing a cross-sectoral and multi-disciplinary approach, including: researchers, policy makers, health professionals (including psychiatrists, psychologists, General Practitioners, nurses), community facilitators (including judges, police officers, prison staff, social workers, religious representatives, teaching staff, media professionals). Consultation meetings were held in Tehran, Kerman, Zarand and Bam.

The Islamic Republic of Iran is a sovereign state in the eastern Mediterranean region. With over 79.92 million inhabitants (40.49 million male and 39.42 million female), Iran is the world's 18th-most-populous country. Iran is divided into 5 regions with 31 provinces. The provinces are divided into districts, and each district has a defined number of cities (urban areas) and also villages (rural areas). The country has one of the highest urban growth rates in the world. According to official national data of the Iran Statistics center, 74% of the population live in urban areas (59.14 million). Iranian people are regarded as Persian generally, and the religion of the majority is Islam (2).

Iran is ranked as an upper-middle income economy by the World Bank. The inflation rate has become steady through the past 4 years and is standing on 7.6%, but the unemployment rate is 12.6% which is considerably high. The literacy rate of the population 87.6% (3).

There are 61 medical universities providing public health and medical services, scattered in the 31 provinces, each province having at least one university. The medical universities are actually the headquarters in charge



of all of the public health, environmental health, and governmental medical services in the specified catchment areas (4).

There are a total of 3,755 public health centers, of which 2,465 are located in urban areas and 1,290 are located in rural areas. There are 18,571 health houses in rural areas which provide health services for those living in these areas and 3,841 health posts in urban areas. Iran has 39 psychiatric hospitals with 6,735 beds. There are also 3,700 psychiatric beds in 159 general hospitals. Also 11 hospitals with a total of 181 psychiatric beds for children and adolescents are scattered in psychiatric and to a lesser extent general hospitals. There are also 178 mental health community residential facilities with a capacity of 12,180 beds for those who are diagnosed with severe chronic mental disorder and do not have the ability to live independently or have no families to support them.

Over 10,000 general physicians work in the public health care system, among which 3,501 are in urban health centers and 6,852 are in rural health centers. Multipurpose health workers known as Behvarz are the first-line health providers. There are over 39,000 multipurpose health workers in rural areas and over 15,000 in urban health centers. Throughout the past two years, over 1,200 clinical psychologists have been placed in the public health centers providing primary mental health services in collaboration with the general physicians. There are approximately 1,600 psychiatrists and 120 child psychiatrists working in public and private settings in Iran, scattered quite unevenly throughout the urban areas. Most of these are settled in larger cities, but on an obligatory basis, there are psychiatrists available in all regions of the country.

In 2009, an information center based on a portal registration system was established in the Ministry of Health and Medical Education (MoHME) to collect data on suicidal behavior. Working within the Primary Health Care (PHC) system, the center is central to the implementation of the Iran strategy for suicide prevention. In 2010, a suicide prevention program was implemented in the Primary Health Care system in Iran.



Since implementation, monitoring and evaluation of the program has highlighted a number of challenges when implementing elements of the program leading to reduced efficiency in some provinces/medical universities. Further examination and evaluation of the methods of implementation was deemed relevant in all service and community settings to increase the effectiveness and quality of implementation.

**B**ased on the evaluation, it can be concluded that Iran clearly has a leading role in implementing suicide prevention and suicide registration programs compared to other countries in the WHO EMRO Region. Therefore, we would recommend more intensified links in addressing suicide prevention with surrounding countries and enhanced public relations in disseminating evidence briefs and other publications among other countries in the region.

## KEY FINDINGS

- Suicide prevention and surveillance of suicide and suicide attempts (self-harm) are considered major priorities for national, regional and local governments.
- The Health services infrastructure/Health Transformation Plan will facilitate implementation of a national action plan for suicide prevention.
- There is a need for increased awareness of mental health issues and suicidal behaviour among the general public, and health and community based professionals.
- A relatively large number of people suffer from depression and co-morbid PTSD/chronic PTSD and are therefore at increased risk of self-harm and suicide; specialist psychotherapeutic treatment in this regard is limited.
- There are gaps in psychiatric services for people with severe mental disorders.
- There are major challenges with self-poisoning involving pesticides, particularly recently with aluminium phosphide and with self-immolation due to the high case fatality rate.
- An increase was identified in intentional drug overdoses involving benzodiazepines in recent years. Benzodiazepines can be accessed illegally from private pharmacies without prescription.

## KEY RECOMMENDATIONS

### NATIONAL SUICIDE PREVENTION PROGRAMME

- Communication and collaboration at governmental, regional and local level should be increased. Suicide prevention requires cooperation and collaboration between several government departments including health, education, social welfare, justice, labour, police, forensic medicine etc. Multidisciplinary and interdisciplinary response plans for responding to emerging clusters of suicide and self-harm should also be established.
- Although most of the elements of the program are present, there appeared to be a lack of clear governance structure to hold the whole program together. A well-defined governance structure would improve coordination between different sectors involved in suicide research in Iran.
- There is a need for a systematic approach to suicide prevention. The approach needs to be cross-sectoral, encompassing workforces in health care, emergency services, forensic medicine, education, police, justice, social welfare, the ministry of health and other relevant sectors.
- Regular "Train the Trainer" (TTT) workshops to allow teachers to recognize depression and prevent suicide should be implemented on an ongoing basis. In addition, training on suicide bereavement support and complicated grief for health and community based professionals and

evidence based training in schools and community based settings on mental health promotion and reducing stigma associated with mental health and suicidal behaviour is recommended.

- It would be recommended to implement evidence-based interventions to reduce access to highly lethal means in conjunction with increasing awareness of self-harm, suicide and related mental health and social issues among the general public.
- Regarding to shortage of resources and governing issues, some provinces of the country need to be targeted for prevention programs due to higher rate of suicide behaviours

## REGISTRATION SYSTEM FOR SUICIDE AND SUICIDE ATTEMPTS

- Review policy and legislation regarding the recording and classification of deaths by suicide.
- At policy level, in all cases of unnatural or suspicious death, the manner of death must be determined conclusively, the decision to carry out an autopsy or not must be driven primarily by forensic medical reasons. For this there may need to be a policy that must take religious factors into account, perhaps similar to policies that have been developed for organ transplantation in many Islamic countries.
- Improve the accuracy and standardisation of the recording and classification of deaths by suicide.
- Improve the consistency between suicide statistics reported by MoHME and the Statistical Center data.
- Enhance the standard operating procedures for surveillance of suicide attempts (self-harm) at national level, including guidance on data collection, case ascertainment, data items and analysis, in accordance with the WHO guidelines (WHO, 2016).

**W**e are grateful for the support and input from Dr Mansour Ranjbar, Professor Ahmad Hajebi, Director General of the Department of Mental Health and Substance Abuse of the Ministry of Health and Medical Education of Iran and Dr Kazem Malakouti, who prepared the consultation program in Iran, and they were involved in the consultation sessions and the review report. Dr Khalid Saeed was involved in the consultation sessions and contributed to the review report. Dr Alexandra Fleischmann was involved in the feedback meetings and contributed to the review report. Professor Mohsen Rezaeian contributed to the consultation sessions in Kerman and the feedback meetings. We are grateful to Dr Maryam Abbasinejad for her assistance with translations in the consultation sessions. Mr Niall McTernan assisted with the literature review and editing of the report. Thanks from Iranian Scientific Society for Suicide Prevention (<http://irssp.iuims.ac.ir/>) who was involved in the execution of field visit and evaluation process.

By Prof Ella Arensman and Prof Murad Khan



# IASP EARLY CAREER GROUP

We at IASP are happy to launch our new Early Career Group (ECG). The aim of this group is to develop an international network of early career researchers, clinicians, healthcare and related professionals that will significantly contribute to the sustainability and effectiveness of suicide prevention strategy and action now and in the future.

This ECG will:

- Encourage and provide a platform for knowledge exchange between group associates and experts in suicidology
- Foster and develop collaboration and networking on the topic nationally and internationally
- Provide information to associates on available career-related opportunities, including jobs, conferences and funding
- Actively participate at IASP and other conferences in the area of suicide prevention, and

- Connect group associates with Special Interest Groups (SIGs) in their area of interest

The Chairs of the ECG are happy to announce that we are beginning our networking and recruitment phase of activities, and we want you to join our group. As an ECG associate you will receive:

- a regular mail out with news on IASP activities and upcoming events well as announcements on upcoming conferences and available funding or job opportunities;
- periodic ECG newsletters;
- access to webinars lead by renown suicidologists;
- a forum for colleagues and peers to network with each other and experts in the area;
- the opportunity to work with and support an SIG Chair or co-Chairs; and
- the opportunity to contribute to the IASP ECG newsletter and mail outs.

Membership to the ECG is free to all current IASP members. Undergraduate, postgraduate, masters and PhD students who are not current IASP members can now join our ECG as student associates for a period of two years. ECG student associate costs just \$50 for those from Zone 1 countries, \$25 for those from Zone 2 countries and is free to those from zones 3 or 4 countries. If you want to become part of this empowering and active community or have any questions, you can find out more on:

<https://iasp.info/iasp-ecg/> or you can also contact us at: [earlycareer@iasp.info](mailto:earlycareer@iasp.info).

Your ECG Chairs, Mr Carl-Maria Morch, Dr Olivia Kirtley and Ms Caroline Daly



Carl-Maria Morch



Olivia Kirtley



Caroline Daly

## Suicide Prevention in Slovenia

Nearly 20 years ago Slovenia recorded the highest suicide rate since the official death records have been established, namely 33,82 per 100 000. Since then, the suicide rate has gradually declined and reached 20,60 in 2015. The decline is observed in both genders and all age groups, with the exception of elderly men (70+) where an increase is noticed in the last few years.

The issue of suicide prevention in Slovenia is not systematically approached since we are still lacking a resolution on a National Mental Health Strategy, detailing suicide prevention activities. Nevertheless, the identified priority areas (including suicide prevention) are being addressed through various national and international projects (for details see [www.nijz.si/moc](http://www.nijz.si/moc); [www.zivziv.si](http://www.zivziv.si); [www.ozara.org](http://www.ozara.org); [www.posvet.org](http://www.posvet.org)).

The implemented activities target both, the general population and those at high risk, hence targeting different groups. Worth mentioning is the

collaboration with media representatives and the adaptation and dissemination of guidelines for responsible reporting of suicide. The launch of guidelines was followed by nationwide workshops for media professionals which has resulted in improved reporting of suicide. Through the years, a good collaboration was also set up with other gatekeepers, including health care professionals, professionals from the education sector and members of the police, etc. The collaboration with these groups was mainly via educational programs (suicide recognition, treatment and intervention) and aimed at enhancing networking between them.



To provide timely and easy accessible psychological help, a network of counselling services (with no referral needed) was established throughout Slovenia in 2015, complementing the help accessible on crisis helplines. Furthermore, psychoeducation on diverse mental health illnesses (i.e. depression, anxiety, etc.) is available in the public healthcare sector. Also, much effort was directed towards the general public with the aim of destigmatising mental illnesses and raising awareness on suicide prevention, via a nationwide public awareness campaign including poster, leaflet, tv and radio advertisements.

To sum up, the decline in the suicide rate we observed in the last decade encourages us to further invest our time and energy to save lives in Slovenia.

Saska Roškar, PhD., Assoc. Prof.  
IASP National Representative of Slovenia  
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# IASP 2017 Congress Poster and Presentation Awards



**A**t the 29th IASP World Congress "Preventing Suicide: A Global Commitment, from Communities to Continents" Kuching, Malaysia (July 18th-22nd) IASP presented the 2017 poster and presentation awards to its winning recipients.

**A**t the Congress there were 3 poster sessions - Wednesday July 19th, Thursday 20th and Friday 21st with a winner awarded each day. Each winner received a certificate and 12-month online Crisis membership.

**O**n Wednesday the award recipient was Nicolai Køster Rimvall who presented a poster entitled: "Do different groups use chat and telephone counselling services? A presentation of data from Lifeline Denmark's services."

**O**n Thursday the award recipient was Dr Yoshitaka Kawashima who presented a poster entitled: "Implementation of a comprehensive training program to prepare medical personnel for a case manager to prevent suicide attempt in patient after discharge from emergency department."

**O**n Friday the award recipients were Angela Van der Veer (ProRail) and Ian Stevens (Network Rail) with their poster on: "Influencing suicidal behaviour through station announcements."

**A**n additional award was presented for 'Outstanding presentation on suicide Bereavement and Postvention at the 29th World Congress', judged by Karl Andriessen and Sean McCarthy.

**T**he winner received a certificate and a copy of Karl and Sean's newly released book. The award went to Dr. Prakarn Thomyangkoon of Rangsit University, Pathumthani, Thailand for his presentation on the group psychotherapy intervention and evaluation of the suicide bereavement support group in Thailand.

## SMALL TALK SAVES LIVES

**T**he UK Samaritans, British Transport Police, the rail industry and train operating companies are launching the Small Talk Saves Lives campaign, to give travellers the confidence to act if they notice someone who may be at risk of suicide.

**T**he campaign draws on insights from successful interventions made by some of the 16,000 rail staff and officers who have been trained by Samaritans in suicide prevention. It highlights that for each life lost on the railway, six are saved by interventions made around them.

**H**ere those at the Samaritans outline the ethos behind the campaign and we present some ways to get involved. To find out more please visit: [www.samaritans.org/media-centre/our-campaigns/small-talk-saves-lives](http://www.samaritans.org/media-centre/our-campaigns/small-talk-saves-lives)

### Q. What is Small Talk Saves Lives?

**A.** Small Talk Saves Lives is a campaign to empower the public to act to prevent suicide on the railways. Suicide is preventable and suicidal thoughts are often temporary and can be interrupted. The Samaritans want to give as many people as possible the tools to notice if someone may be at risk and the confidence to approach them.

### Q. What is the idea behind the campaign?

**A.** A study carried out jointly for Samaritans and the rail industry by the Universities of Middlesex and Westminster indicated that a 'bystander' campaign could be valuable as the public has a role to play in suicide prevention on the railways.

### Q. Who has worked to develop this campaign?

**A.** The Samaritans has worked with the British Transport Police, Network Rail and the wider rail industry to develop this campaign. They have also consulted individuals who have experienced suicidal behaviour, those who have lost loved ones to suicide, people who regularly travel by train, and the general public.

### Q. Where did the idea of 'small talk saving lives' come from?

**A.** The Samaritans train thousands of rail staff in suicide prevention every year. Many of them go on to make an intervention and save a life. We encourage staff to look out for anyone who may be at risk and then start a conversation with them by asking a simple question. A little small talk can be all that's needed to interrupt suicidal thinking and start that person on a journey to recovery. Small talk really does save lives.

### Q. How can I support the campaign

**A.** The Samaritans will promote the campaign on social media. Be sure to share this within your networks to reach more people with this important message.

#SmallTalkSavesLives





# 2018 IASP Asia Pacific Conference

9 Copthorne Hotel and Resort Bay of Islands, 1 Tau Henare Dr Waitangi New Zealand 0293

May

2nd–5th  
Wed–Sat

## TURNING THE TIDE TOGETHER

I A S P

### Tai pari, Tai timu ngatāhi ai

The 8th Asia Pacific Regional Conference on Suicide Prevention will be held from Wednesday 2nd May to Saturday 5th May 2018 at Copthorne Hotel and Resort Bay of Islands in Paihia, New Zealand.

The Conference theme 'Turning the tides together' 'Tai pari, Tai timu ngatāhi ai' reflects the need to identify key issues in suicidal behaviour in the Asia Pacific Region, to formulate cohesive, relevant and evidence based strategies by bringing together networks working in the field of suicide prevention and to share knowledge, skills, research and good practices in preventing suicide.

This Conference will bring together researchers, practitioners, helpline workers, programme planners, graduate students, those within the community and anyone affected by suicidal persons, from a range of disciplines from within New Zealand, the Asian-Pacific Region and around the world.

The Conference will also provide a unique opportunity to encourage young researchers and practitioners together with mentorship and training.

Speakers include: Prof Jane Pirkis, Prof Paul Yip, Dr Steven Stack and Dr Sally Spencer-Thomas to name a few. For more information including registration information, the provisional programme and information on pre and post conference programmes please visit: <https://iasp.info/newzealand/>.

Abstract submission is open until December 15th 2017 and you can submit your abstract to one of the four Conference streams online at: [www.ivvy.com.au/event/IASP18/abstract-submissions.html](http://www.ivvy.com.au/event/IASP18/abstract-submissions.html).

**We look forward to welcoming you all next year in New Zealand!**

# 17<sup>TH</sup> European Symposium on Suicide & Suicidal Behaviour

5th September–8th September  
2018 Ghent - Belgium

### Key dates for proposals, submissions and registration are:

Proposals for symposia and workshops:	31 January 2018
Submission of abstracts:	01 February 2018
Final programme:	01 May 2018
Early-bird registration:	01 June 2018
On-site Registration: as of	15 August 2018
ESSB17 opening:	5 September 2018

**For more information, please visit: [www.essb.org](http://www.essb.org)**

# 30th IASP World Congress



The 30th World Congress of the International Association for Suicide Prevention will be held in Derry-Londonderry, Northern Ireland, from the 17th to the 21st of September 2019.

The theme for IASP 2019 is "Breaking Down Walls and Building Bridges", a theme that not only resonates with the landmarks in our beautiful city, but also reflects the work we do in suicide prevention and building hope for those in crisis.

**For more information on the Congress please visit: [www.iasp2019.com](http://www.iasp2019.com).**

## Key topics to be covered at the Congress include:

- Innovation in suicide prevention and treatment
- Suicide in context
- Suicide, trauma and conflict
- Suicide in the ageing population
- Suicide and self-harm in young people
- Clinicians as survivors of suicide
- Psychological, psychosocial and pharmacological treatments of suicide risk
- The role of "big data" in suicide prevention
- Biological and genetic risk factors for suicide
- Stigma, mental health and suicide
- Postvention and lived experience
- Psychological and social risk factors for suicidal behaviour, and
- Public health approaches to suicide prevention.

In association with Visit Derry, the Western Health & Social Care Trust and Ulster University, we are delighted to be hosting IASP 2019 and look forward to welcoming you. Derry-Londonderry is one of Europe's most popular up and coming destinations. It is a vibrant, cosmopolitan city, steeped in history and tradition. This, combined with the world famous Celtic charm and friendly hospitality is sure to guarantee an enjoyable and cultural city to visit for everyone.

Local Organising Committee, IASP 2019

Professor Siobhan O'Neill, Barry McGale & Professor Rory O'Connor