



I A S P

## FROM THE PRESIDENT

With my second term as President of IASP coming to an end, I am pleased to reflect on a number of major events and accomplishments of the IASP Executive Committee. Over the past 2 years, an increasing number of global and regional activities and initiatives have been implemented by IASP, including geographic regions where so far limited suicide prevention activities have been conducted, such as the African and Eastern Mediterranean region. IASP has advanced its communications strategy and keeps expanding the impact of World Suicide Prevention Day (WSPD). There has been increasing stability and continuity at the level of the IASP Central Administrative Office, which provides a good basis for further development and growth of IASP.

- **Raising awareness of the problem of suicide and suicidal behaviour at a global level**

The 29th IASP World Congress, currently taking place in Kuching, Malaysia, is hosted by Professor Thambu Maniam, and is being attended by 550 delegates from 49 countries. The theme of the Congress is *Preventing Suicide: A Global Commitment, from Communities to Continents, which emphasizes the expanding implementation of suicide prevention programmes globally.*

The 28th IASP World Congress in Montreal in June 2015, hosted by Professor Brian Mishara, was one of the largest conferences in IASP's history, with 840 delegates from 56 countries.

In December 2015, the 2nd IASP Caribbean Regional Symposium on Suicide Prevention took place in Cayman, hosted by Dr Loraine Barnaby, which was attended by delegates from most of the Caribbean and some South American countries. A major outcome of this Symposium was the acceptance of a Declaration on Suicide Prevention for the Cayman Islands by government representatives. We can also look back at a successful 7th Asia Pacific Conference in Tokyo, which was held in May 2016, attended by more than 300 delegates, and hosted by Rev. Yukio Saito and Professor Chiaki Kawanishi.

World Suicide Prevention Day 2016, themed "*Connect. Communicate. Care*", saw a further increase from WSPD 2015 in countries and activities involved, with the number of local WSPD activities reaching

over 1,000, across 69 countries. WSPD ribbons were disseminated extensively throughout the world, IASP's website received more than 1.5 million hits and the WSPD brochure was made available in English, French, German Spanish and Chinese.

- **Facilitation of the wider implementation of suicide prevention strategies**

Over the past 24 months, IASP has responded to an increasing number of requests for information and consultation in relation to training, surveillance of suicide and self-harm, and the development of suicide prevention programmes globally. Training workshops on awareness and skills relating to depression and suicidal behaviour for health and community based professionals, using a Train-The-Trainer model, were held in French Polynesia, the Republic of Korea, Cayman and Kenya.

IASP also co-facilitated with WHO the first WHO Sub-Regional Workshop on Suicide Prevention in the WHO African Region, involving representatives from 7 African countries, and supported by the WHO Regional Office for Africa in Brazzaville, Congo and the WHO Country Office in Namibia.

IASP has strengthened the collaboration with countries in the Eastern Mediterranean Region. Members of the IASP Executive Committee conducted an evaluation of the national suicide prevention programme and suicide registration programme in Iran, facilitated by the WHO Regional Office for the Eastern Mediterranean Region in Cairo. IASP has been invited to provide technical cooperation to the Ministry of Public Health in Afghanistan to develop a national suicide prevention programme.

IASP further strengthened the collaboration with WHO, and agreed a plan of collaboration with WHO for 2017-2019. Key actions of the IASP-WHO collaboration in recent years included 1) development of community suicide prevention projects in LAMIC countries, 2) communications strategy and WSPD, 3) training and education, including workshops on training trainers, gatekeepers, restricted access to pesticide, and national suicide prevention strategies.

(cont. next page)

- **Communication, publications, development and impact**

In 2017, the 5-year impact factor of *Crisis* increased to 1.527, which is a major achievement and indication of increasing citations of the journal's articles. Congratulations to Professor Diego De Leo for his invaluable input, dedication and time over many years.

During the past 2 years, website activity has increased significantly with a focus on keeping the membership well informed and raising awareness of the risk of suicide and effective prevention strategies. The volume of articles of the newsbulletin has increased, and I would like to acknowledge Nils Kohle for his major input into updating the IASP Communications Strategy, and for his involvement in IASP as international advisor.

I would like to thank and compliment the IASP Executive Committee (EC) and the staff of the Central Administrative Office (CAO) for their dedication, commitment and energy to reach the goals of the organization, which has continued to work diligently during these years to put into action key main strategic priorities of the organization.

I would like to thank the College of Presidents and its representative, Professor Diego De Leo for their wisdom and ongoing support. I would like to thank Ms Vanda Scott for her invaluable input as international advisor with IASP.

I wish the IASP Executive Committee under the leadership of Professor Murad Khan every success!

Professor Ella Arensman,  
IASP President

## IASP Workshop Training Namibia, Africa



Professor Ella Arensman, IASP President, in partnership with Dr. Alexandra Fleischmann, co-facilitated with WHO the first WHO Sub-Regional Workshop on Suicide Prevention in the WHO African Region, involving representatives from 7 African countries, and supported by the WHO Regional Office for Africa in Brazzaville, Congo and the WHO Country Office in Namibia. The two-day workshop which took place on May 10th and 11th, was held in Windhoek, Namibia and covered key topics, including:

1. The process of developing suicide prevention strategies and programmes;
2. The process of establishing a hospital-based suicide attempt / selfharm surveillance system; and
3. Evidence-based interventions in the African context

Workshop participants from Ghana, Namibia, Mozambique, Uganda, Kenya, Zambia, Zimbabwe, South Africa and Tanzania were in attendance.



# Summary of Results: 2016 Survey of National Representatives

Representatives from twenty nine countries responded to the invitation and answered the survey. This corresponds to a completion rate of 52%.

The map illustrates the countries of responding national representatives:



Prepared with [www.amcharts.com](http://www.amcharts.com), based on responses to the Nat. Rep. survey from May 2016

There were 29 responses to question 1: major suicide prevention activities that are currently ongoing in the respective country. 23 responses were related to awareness (about suicide prevention or stigma reduction); 15 responses were related to screening / monitoring of (at risk) individuals; 15 responses were related to gatekeeper training; 12 responses were related to responsible media reporting; 11 responses were about research initiatives. Further items that were mentioned several times included: setting up of telephone counseling lines (7 times); setting up of online services (6 times); survivor groups / postvention (6 times); means restriction (5 times); development of national or regional programs (5 times); evaluation of prevention programs (4 times); registration systems for suicide (4 times); legislation initiatives (4 times); improvement of inpatient and outpatient care to suicide attempters (3 times); prevention in schools (3 times); establishment of suicide-related academic degree programs (3 times).

*The responses received reflect the international groundswell of support for awareness campaigns; and international activities in the areas of screening of high-risk individuals, responsible media reporting; and strengthening of research.*

Regarding question 3, details of planned activities for WSPD 2016; there were 23 responses.

Initiatives focused on: increasing awareness in the general public (including cycle around the globe (mentioned 12 times); press releases (6 times); increasing awareness in school settings (4 times); increasing awareness in university settings (4 times); among political stakeholders (3 times); among gatekeepers (3 times); increasing awareness using online tools (2 times); having a press conference (1 time); event for bereaved / postvention (1 time); fundraising (1 times); means restriction initiative (1 time).

*The responses reflect that WSPD is, as intended, a tool to enhance awareness in the general public and in specific groups.*

Regarding question 6, problems with promoting membership in the respective country; there were 15 responses.

|   | Response Percent | Response Count |
|---|------------------|----------------|
| Membership has decreased in the last year               | 71%              | 2              |
| Membership has increased in the last year               | 74%              | 2              |
| I do not know about change in the membership            | 59%              | 16             |
| I have problems with promoting membership in my country | 44%              | 12             |

Item 6. problems with promoting membership

In general, 44% of national representatives reported problems with recruitment. 59% did not know about developments of membership in their countries.

*National representatives have problems with recruitment and are frequently not aware of membership status in their countries.*

Problems with recruitment included: membership fee too high for individuals (8 times); lack of benefits or knowledge of benefits (4 times); lack of international focus or awareness of relevance in potential members (3 times); membership fee too high for organizations (2 times); communication within country does not work (2 times); language issues particularly regarding flyers in own language (2 times); membership was no priority (2 times); small population (1 time); suicide is a taboo (1 time).

*Membership fees, but also lack of awareness of benefits from membership or from an international focus, seem to be obstacles to becoming a member.*

Question 7, assessed anything national reps may need from IASP (17 responses):

Flyers and other materials promoting IASP in local language (4 times); financial support for local prevention activities (3 times); flyers and brochures on how to prevent suicide (1 time); a IASP leaflet and pull-up banner for own conferences (1 time); a IASP seminar with key speakers (1 time); dissemination of national activities on website and in newsletter (1 time); support in between-country collaboration (1 time); creation of national IASP branches (1 time); WSPD materials (1 time); an updated members database (1 time); an official letter from IASP to national reps highlighting their appointment and duration of service (1 time).

*Beside financial support for local activities, materials in local languages are relevant. A potential "quick win" seems to be the suggestion to have an official letter outlining the national rep's function and duration of service.*

Thomas Niederkrotenthaler

# IASP Special Interest Group 2016 Survey Results

A survey of IASP's Special Interest Groups (SIGs) was conducted during late 2016. This survey considers the progress of each SIG over the previous 12 months, with the production of an annual report at the end of the evaluation. Each year template survey is sent to all Co-chairs, to collect information relating to the SIG: rationale, objectives, main activities during 2016, proposed activities during 2017, and current challenges.

There was a considerable range of progressive and impactful activities reported across all SIGs. These included:

- Organisation of symposia, seminars and workshops at IASP, ESSSB and other regional, national and international conferences
- Publication of academic research and review papers
- Development and dissemination of guidelines in areas including the media and suicide
- Provision of evidence-informed advice and support to national and international organisations and agencies on topics related to and connecting with SIGs

- Active involvement in international research collaborations
- Production of many reports/chapters and books by SIGs
- Publication and dissemination of news bulletins and newsletters
- Significant contributions to initiatives of the WHO and other organisations
- Establishment and completion of Task Forces which operate within SIGs and serve to undertake specific, clearly defined tasks within a limited timeframe
- Surveys of SIG members on different topics in order to optimise individual SIG activities
- Tutoring/mentoring of students working in the area of suicidology
- Establishment of the new Early Career Group (ECG).

To access the completed report, which details each individual SIG activities please visit: [https://www.iasp.info/pdf/special\\_interest\\_groups/2017\\_sig\\_annual\\_report.pdf](https://www.iasp.info/pdf/special_interest_groups/2017_sig_annual_report.pdf)

## Join an IASP Special Interest Group

IASP has fifteen active Special Interest Groups (SIGs) in operation, covering a vast array of interesting topics relating to suicidology. Each group consists of a multi-disciplinary network of individuals working collaboratively to contribute to research, practice and policy relative to their area. Topics covered vary from the genetics and neurobiology of suicide right through to suicide bereavement and prevention with a full list of topics available at:

[https://www.iasp.info/special\\_interest\\_groups.php](https://www.iasp.info/special_interest_groups.php).

Membership to each SIG is free and open to all IASP members, so you too can join and contribute to international research and policy in a topic of your interest.

If you are interested in joining or setting up an SIG please do not hesitate to contact [research@iasp.info](mailto:research@iasp.info) and we would be happy to guide you in this process.



## Join the New and Exciting IASP Early Career Group

The IASP's Early Career Group (ECG) is happy to announce the beginning of our networking and recruitment phase of activities. Our aim is to contribute to the creation of tomorrow's suicidology network. It is now possible to become a member of the ECG for a two-year period at a very low rate. You will be able to access a bi-annual webinar with experienced professionals who provide career advice and insight into the field. Lastly, you'll receive a monthly newsletter including industry news, job opportunities and various updates.

If you want to become part of this empowering and active community or have any questions, please do let us know on [earlycareer@iasp.info](mailto:earlycareer@iasp.info).

Your ECG Chairs,

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

# Surveillance Success Stories: Montana



For nearly four decades, the state of Montana has had some of the highest suicide death rates in the United States. In an effort to address this, the National Alliance on Mental Illness, behavioral health providers, and other suicide prevention champions came together to advocate for access to more data in order to understand how to reduce suicide deaths in the state. As a result of their advocacy, the Montana state legislature passed the Montana Suicide Mortality Review Team Act in 2013, which set forth a coordinated initiative to use data surveillance to inform suicide prevention efforts in the state.

The Montana Suicide Mortality Review Team Act called for the creation of a Suicide Mortality Review Team, chaired by the state suicide prevention officer and with members appointed by the governor to serve three-year terms. The team consists of representatives from behavioral health, law enforcement, county coroner offices, tribal health departments, clergy, suicide loss survivors, mental health consumer advocacy groups, the U.S Department of Veteran's Affairs, and the Substance Abuse and Mental Health Services Administration. This story details how the Suicide Mortality Review Team accesses and analyzes data on suicide deaths and uses that data to identify trends and make prevention recommendations to the legislature.

The Suicide Prevention Resource Centre (SPRC) Surveillance Success Story Series describes how states, tribes, and health systems access and analyze data on suicide deaths and attempts, and use data to inform evaluation and program planning.

Jesse Danielle Gass, MPH  
Senior Writer/Editor  
Suicide Prevention Resource Center (SPRC)  
<http://www.sprc.org>

Surveillance  
Success Stories

## Suicide Prevention in India - Life Skills Dynamic Meditation (LSD Meditation)

Dr. Pandit Devjyoti Sharma has developed Life Skills Dynamic Meditation (LSD Meditation), a comprehensive strategy for suicide prevention according to the sociocultural atmosphere of India. To date Dr. Devjyoti and colleagues have successfully facilitated many dynamic meditation seminars in metropolitan cities like Mumbai & Delhi, with more expansive seminars planned in other districts and states.

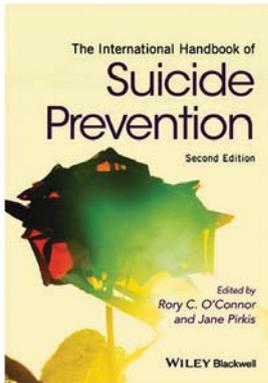
Life skills dynamic meditation is a programme focusing on conscious awareness of life skills, which are essential for coping with the negative aspects of stress in any circumstances, through sharing knowledge on 1) cognitive thinking, 2) the mind's defense mechanisms, and 3) mental illness (e.g. anxiety, depression, phobia and the warning signs of suicide, whilst teaching physical exercises, relaxation techniques, yogasana, pranayam and meditation.

According to the World Health Organization "Life Skills are abilities for adaptation and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life Skills are dynamic in nature. In meditation the choice of focusing your mind in something which is needful depends on you. When you make conscious choice to focus your attention on something, then only you become aware, therefore LSD meditation is the conscious awareness of Life Skills and involves observation of negative thoughts & feelings silently without interpretation and judgment.

It is a very difficult task to create awareness regarding suicide prevention in India particularly in rural areas. However, the government of Jilapanchayat and government district health department are promoting these LSD meditation seminars in Kutch, which is the first suicide prevention mass awareness campaign in India with the direct involvement of Government.

Dr. Pandit Devjyoti Sharma  
[panditdevjyotisharma@gmail.com](mailto:panditdevjyotisharma@gmail.com)





## 2nd Edition International Handbook of Suicide Prevention

**P**rof. Rory O'Connor and Prof. Jane Pirkis have edited the second edition of "The International Handbook of Suicide Prevention". The first edition, from 2011, was edited by O'Connor, Platt and Gordon.

**T**his is a book of more than 800 pages written by 113 merited authors. The 44 chapters are divided in three parts: 1) Suicidal Determinants and Frameworks; 2) Intervention, Treatment and Care; and 3) Suicide Prevention: Bringing Together Evidence, Policy and Practice.

**T**he authors want this book to appeal to anyone with an interest in trying to comprehend suicide and, ultimately, prevent it. This is very ambitious and with such a broad audience, most readers will most likely find that only parts of the book are of relevance for them.

**T**his is the fifth textbook on suicidal behaviour written in the last 17 years. It is a question whether there has been so much progress in this field that it calls for big textbooks with few years' intervals. The book provides an overview for those who want to enter the field of suicidal behaviour. Those who are more familiar with this field may find that some chapters bring little new.

**A**mong the new issues in this book are more data from Asia and low- and middle-income countries. These countries account for most suicides in the world, and many social risk factors differ from high-income countries. Most importantly, efforts to restrict access to pesticides have been effective. Another new issue is related to internet activities. So far, we know little about the negative effects of sharing and stimulating suicidal behaviour, in particular among young people. Hopefully, this is counteracted by positive information about mental health, help seeking and access to help.

**S**ome points like definition of suicidal behaviour, some epidemiological data and methods of interventions might have been organized better to avoid some repetitions.

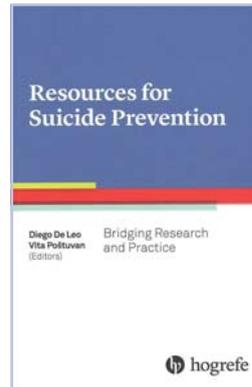
**P**rof. O'Connor and Prof. Pirkis have done a tremendous job to put all this together. In short, it is all here.

**T**he book is available at:  
<https://www.amazon.com/International-Handbook-Suicide-Prevention/dp/1118903277>.

Prof. Øyvind Ekeberg



Øyvind  
Ekeberg



## Resources for Suicide Prevention: Bridging Research and Practice

*"A thought-provoking introduction to suicide prevention"*

**T**he volume "Resources for suicide prevention" presents a concise introduction to the contemporary research and practice of suicide prevention. It stems from papers presented by international experts at the annual TRIPLE i (intuition, imagination, innovation) in Suicidology conferences, organised by the Slovene Centre for Suicide Research (<http://zivziv.si/triple-i/>).

**T**he first of the four sections of the volume addresses the apparent duality between quantitative and qualitative research and discusses the achievements so far in both domains. The second section is the most elaborated and concerns interventions. This includes an overview of the phenomenology of suicide, a discussion of the effectiveness of suicide prevention programs, and suicide prevention among youth, and among older adults.

**I**t is praiseworthy that the third section on postvention includes three chapters highlighting the need for cross-cultural perspectives on suicide bereavement and the importance of evidence from both quantitative and qualitative studies regarding characteristics of suicide bereavement and effectiveness of support for the bereaved. The concluding chapter/section summarizes the achievements regarding research, policy and practice of suicide prevention and formulates future directions, which includes research on the aetiology of suicidal behaviour and the effectiveness of its prevention. The chapter identifies important challenges related to the development of culturally sensitive suicide prevention, effectiveness of treatment of suicidal people, access to help (and specifically help available through the Internet or social media), adequate support for the bereaved by suicide, and a general improved quality of life and connectedness in society.

**T**he volume highlights contemporary issues in suicidology, and presents thought-provoking material for practitioners, researchers, students, and anyone who has a genuine interest in suicide prevention.

**T**he book is available at: <https://us.hogrefe.com/shop/resources-for-suicide-prevention-76299.html>.

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Karl  
Andriessen

## The World Suicide Prevention Day (WSPD) 2017 Awareness Ribbon

For the second year running we are delighted to present to you, along with our partners, our universal suicide prevention awareness ribbon.

To remind everyone about the meaning of our awareness ribbon, the colour combinations chosen, yellow and orange, signify suicide prevention awareness around the world. This two toned ribbon is also indicative of a candle flame which ties in with the "Light a Candle", WSPD activity.

Our wish is for the suicide prevention awareness ribbon to become internationally recognisable, and associated with suicide prevention globally. In uniting in this shared universal ribbon, we hope to increase awareness of suicide prevention every day.

We would be delighted if you would join with us and support this ribbon initiative. Please feel free to use the ribbon avatar on social media for WSPD. Please also feel free to join our workshop and to make and distribute some of you own yellow and orange ribbons to promote WSPD 2017!

To download the WSPD ribbon please visit: <https://iasp.info/wspd2017/wspd-resources/>.

For more information on the ribbon please contact [wendycliff@iasp.info](mailto:wendycliff@iasp.info).



# World Suicide Prevention Day, September 10th 2017

World Suicide Prevention Day (WSPD) 2017 is fast approaching. This year we are asking you, our IASP members to: 'Take a minute, change a life'.

As members of the community of professionals working in the area of suicidology we are all aware of our continued responsibility to those in distress and those looking for guidance and support. Each of us also form a part of other communities, those of family, friends and locality. It is equally important that we play our role in this setting, engaging with those seeking help or identifying those who may not have begun help seeking yet. This WSPD is about engagement and empowerment, about taking the time to reach out to others and offering our support to loved ones and strangers alike.

We would like to encourage all of our members to engage with WSPD, in any way big or small. We welcome all activities, from organising a launch, conference or initiative to hosting a memorial, walk or performance. To get your ideas flowing we have listed some suggested activities at: <https://iasp.info/wspd2017/wspd-suggested-activities/>. You can also join in with activities already organised, listed at: <https://iasp.info/wspd2017/activities/>. This is updated regularly and activities are flowing in each day!

You can always celebrate WSPD by taking part in our annual events-the Cycle Around the Globe or the Light a Candle event. As you will be aware the aim of the annual cycle is to raise awareness of the risks of suicide and to fund essential resources to support suicide prevention activities, by collectively cycling the globe (40,075 km / 24,900 miles). This year we have taken our Cycle Around the Globe campaigning up a gear! Individuals and groups are free to cycle anytime between the 2nd and 17th of September 2017, with prizes for the furthest distances cycled and most sponsors obtained! For more information and to register your attendance please visit: <https://iasp.info/wspd2017/cycle-around-globe/>.

You can also honour a loved one, a survivor of suicide or support suicide prevention by lighting a candle near a window at 8pm on WSPD. This symbolic event is simple and supported by the availability of e-cards or postcards in various languages, which you can send as reminders to friends, colleagues and family (<https://iasp.info/wspd2017/light-a-candle/>).

As always our brochures and banners are available in many languages for download from our WSPD website <https://iasp.info/wspd2017/>. You can follow us on **Facebook** (<https://www.facebook.com/IASPinfo/>); **Twitter** (<https://twitter.com/IASPinfo>) and **Instagram** (<https://www.instagram.com/IASPinfo/>). Activities can be submitted online at: <https://iasp.info/wspd2017/wspd-activities-submission-form/>



**We look forward to celebrating this WSPD with you all.**



**IASP**  
International Association for Suicide Prevention

September 10, 2017

# World Suicide Prevention Day



Take a minute, change a life.

# IASP 2018 ASIA PACIFIC REGIONAL CONFERENCE

I A S P

## Conference location

Copthorne Bay of Islands,  
Northland, New Zealand

## Date

2–5 may 2018

Conference website: [www.iasp.info/newzealand](http://www.iasp.info/newzealand)

# 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.esssb17.org](http://www.esssb17.org)

**IASR/AFSP**  
International Summit  
on Suicide Research  
November 5 - 8, 2017



Green Valley Ranch Resort, Spa, & Casino - Henderson, NV



# IASR/AFSP International Summit on Suicide Research

November 5-8, 2017

Green Valley Ranch Resort, Spa, & Casino, Henderson, Nevada

*New Horizons for Suicide Research: From Genes to Communities*

This meeting will bring together suicide researchers studying topics ranging from neurobiology and genetics to prevention and intervention. In addition to plenary sessions with preeminent suicide researchers and symposia, the meeting will include a mentoring program, poster sessions, and workshops addressing methodological issues particular to suicide research, such as assessment of suicidal behaviour, strategies for research on low base rate outcomes, use of proxy measures, and maintaining the delicate balance between ethical and methodological concerns.

**For more information, please visit: <http://suicideresearchsummit.org/>**