



I A S P

FROM THE PRESIDENT

Welcome to the first 2018 issue of the IASP news bulletin. I am delighted to be introducing this issue to you as IASP President and I very much look forward to working with you all in this and the coming years. Reflecting on IASP's activities, achievement and growth over the past year, we can collectively conclude that 2017 was a positive and successful year for IASP. We continue to see a growth in the breadth of activities of IASP, increasing membership and new and exciting SIGs and working groups originating. In addition, IASP continues to advise and support suicide prevention initiatives with Governments and stakeholders across the globe, forming collaborating with international organisations to strengthen suicide prevention activities worldwide.

In this issue of the news bulletin we share many updates from our Special Interest Groups (SIGs) and also our active National Representatives. We hear from the Chairs of our SIG on Clusters and Contagion in Suicidal

Behaviour and also share an interview with Prof Diego de Leo and Prof Morton Silverman discussing their SIG on Nomenclature. As reported from our IASP National Representative, we introduce to you some of the suicide prevention activities occurring in The Netherlands. Also in this edition Dr. Pernilla Omérov of Bräcke University College, Stockholm reviews the recent book by Andriessen et al., 2017 - *Postvention in Action: The International Handbook of Suicide Bereavement*. There are many other interesting articles to keep you up-to-date on IASPs and others activities in the area of suicide prevention.

The next major IASP event is the 8th Asia Pacific Regional Conference on Suicide Prevention, taking place from the 2nd to the 5th of May 2018 in the Bay of Islands in New Zealand. This conference will aim to identify key issues in suicidal behaviour in the Asia Pacific Region in order 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.

Registration for this conference is available at:

<https://iasp.info/newzealand/conference-registrations/>, with Early Bird options available until March 1st 2018. The conference organisers and I very much look forward to welcoming you to this important conference!

Professor Murad Khan



BOOK REVIEW

Andriessen, K., Krysinaka, K., & Grad T, G. (Eds.). (2017). *Postvention in Action: The International Handbook of Suicide Bereavement Support*. Hogrefe Publishing.

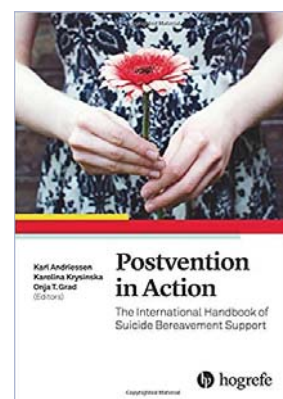
Postvention in Action: The International Handbook of Suicide Bereavement Support provides a comprehensive overview of suicide postvention today, including current knowledge and implications for suicide bereavement support in diverse settings and populations. Karl Andriessen, Karolina Krysinaka and Onja T. Grad, editors and contemporary leaders in postvention, have gathered contributions from leading experts from around the world to address the complex and extensive field at hand.

A considerable body of postvention research has been produced in recent times. This handbook offers a new reading of the evidence of established as well as new research. Studies from international research groups and practical examples of bereavement support provide inspiration for improvement. The inclusion of both quantitative and qualitative research makes for a nuanced perspective that is unusual but much needed. Evidence from systematic reviews of prevalence's and risk ratios are presented as a basis for planning, evaluating and prioritizing postvention interventions. And Compilations of descriptive data on the plight of

close-in-kin and other survivors are used for an increased understanding of their experiences, which may be of utmost importance in the wake of suicide.

The handbook presents the state-of-art of suicide bereavement support and will be of great value for the clinician, researcher, lecturer, and policymaker who wishes to be updated on postvention research and practice. Its scientific grounding and readable language are appealing; the book may either be read from cover to cover or used to find specific information when needed. The authors' genuine intent to understand and support persons who are left behind after a suicide colors the book. I can warmly recommend this book to anyone who encounters suicide-bereaved individuals, professionally or as a layperson.

Pernilla Omérov, PhD, Senior Lecturer Department of Health Care Sciences, Ersta Sköndal Bräcke University College, Stockholm. Sweden.



Nomenclature Special Interest Group

Historically the Special Interest Group (SIG) on Nomenclature was established as a Task Force, designed to generate an international standardized nomenclature within a definitive timeframe. The vast scope of this undertaking, combined with the dynamic, changing nature of this area of research resulted in the Task Force developing into an SIG.

This SIG aspires to generate an internationally-standardized nomenclature on all terms within the area of suicidology, inclusive of death wishes, assisted suicide and bereavement, which may render research more comparable across the globe.

The objectives of this SIG are:

- to increase attention on nomenclatures in the area of suicide through the international distribution of a survey on use and attitudes towards current terminologies, and;
- to produce high-level publications in the area, inclusive of volumes, booklets and articles, in addition to all other forms of diffusion (e.g., conferences, media, etc.).

The Chairs of this SIG, Professor Diego de Leo and Professor Morton Silverman, continue to lead this SIG in producing peer-review publications, book chapters and editorials on the topic, as well as the development of World Health Organisation (WHO) materials to assist and guide in the registration and classification of suicidal behaviour.

In this segment we asked the SIG Chairs five questions around the operation and future direction of this SIG.

1. *Why is it important to have a common language to describe suicidal behaviours?*

In order for us to advance the science of suicidology - which includes the recognition, assessment, intervention, and management of suicidal thoughts and behaviours - it is essential that everyone in the field (i.e., clinicians, researchers, public health officials, health ministers, NGOs, etc.) speak the same language, use the same nomenclature, terminologies, and agree on the same definitions.

2. *What are the gaps in the research relative to the area of nomenclature?*

Currently there is no agreed-upon definitions for suicide, suicide attempt, suicide intent, or even suicidal ideation. Hence it is not easy to compare and contrast clinical or research studies of individuals at risk for suicide or suicidal behaviours, because there are no standardized definitions for the thoughts and behaviours associated with death by suicide.

3. *What challenges does the area of nomenclature face?*

Suicide, suicidal ideations, and suicidal behaviours are multi-determined and multi-factorial. These thoughts and behaviours are influenced by age, gender, sexual orientation, ethnicity, religious and cultural influences, biology, genetics, and many other familial and social factors. Therefore, it becomes a challenge to agree upon a set of mutually exclusive terms and definitions that respect the contributions of the above factors and are related to each other in a logical and understandable way.

We currently do not have a good grasp on the actual numbers and rates of suicidal attempts and suicides internationally, because reporting systems are based on how self-injurious behaviours are labelled and defined. We can only approximate the extent of the epidemiology of suicide and suicidal behaviours within countries and across regions, and throughout the world. With a better sense of the scope of the problem we can research, develop, and implement better preventive interventions and clinical interventions for those individuals at-risk for self-injury.

4. *What activities are this SIG undertaking to address these aforementioned gaps and challenges?*

In addition to a recent Editorial published in Crisis, and a review article in Suicide and Life-Threatening Behavior, there are a number of other literature reviews underway. In addition, a survey instrument is being developed that will assist in identifying the universe of terms and definitions commonly used around the world.

5. *What are the main future plans and aspirations of this SIG?*

The main future plans are to increase the membership of this SIG, ignite increased international interest in the importance of this effort, and work towards a uniform nomenclature and classification of suicidal behaviours. The SIG Chairs welcome new members to the group. All current members of IASP who feel that they can contribute to the group are welcome to join. The Chairs are particularly interested in collaboration from people working in policy and those responsible for classifying and recording episodes of suicidal behaviour.

For more information on this SIG please visit:

www.iasp.info/nomenclature.php

If you are interested in joining this SIG please email Caroline at:

Research@iasp.info

A visit with South Korean survivors of suicide

Building on the previous IASP bulletin piece, William Feigelman recently describes - A visit with South Korean survivors of suicide, in this reflective piece.

About a month ago I was approached by a representative of the Korea Educational Broadcasting System (the South Korean equivalent of PBS) to participate in the making of a documentary film for viewing in Korea on how suicide survivors manage after a loved one's death. Suicide statistics show that the rate of suicide in South Korea is one of the world's highest, with about 25 for every 100,000 deaths, compared to the US rate of 13 for every 100,000. In South Korea many who are bereaved by suicide can only seek help from mental health professionals, if they can afford it, since there are no available survivor of suicide support groups. In the US, by contrast, survivor of suicide support groups are widely abundant, with over 350 such SOS groups in existence across the nation. In both countries suicide is a highly stigmatized and shameful behavior, casting blame upon surviving kinfolk. It is also known that in both countries, survivors of suicide are known to be an at-risk group for their own possible suicides.

The film makers were coming to the U.S. with two bereaved by suicide wives and a psychologist in tow, with hopes to interact with an American support group and with an additional aspiration of, possibly, of engendering a resolve among these two bereaved women to establish their own Korean support groups upon their return from the U.S. My wife Beverly, a clinical social worker and I, a sociologist, have been facilitating our own peer/professional-led group, LISOS, from its inception nine years ago. We are the bereaved parents of a 31-year old son who died by suicide 14 years ago.

I was asked to find 8 to 10 willing suicide bereaved subjects, including at least several bereaved by suicide marital partners, who would agree to have a meeting and be filmed with the Korean group. Temple Tikvah, New Hyde Park, New York, our regular support group meeting host, generously provided their facility for our special meeting. The group that assembled for this meeting consisted of eight of our local support group members, three of whom were survivors of their spouses or former spouses' suicide. The remaining five had survived the suicide of a child.

Our meeting began with the traditional "go-around", where each person briefly introduced themselves, saying who they lost, indicating the suicide method, how long ago the death occurred and offering

any other significant details about the death and its aftermath that they wish to publicly share. The production assistant for the television network, who is proficient in both Korean and English, served as a translator, taking what was said in English and imparting it into Korean, as she sat next to the two young suicide bereaved wives. When the Korean wives spoke, the production assistant translated their remarks for the larger group of English speakers. There was almost always a quiet hum in the room as the translator shared everyone's remarks with each other. As an observer, I was struck by the similarities of the loss stories being exchanged; whether one was in Korea or in the US, suicide loss stories were much alike, and it was very comforting to find others who had experiences that paralleled one's own. A powerful bond was established between all the survivors in the room, as they shared their loss stories, despite their differing languages and cultures.

As the meeting progressed, the bereaved Korean wives revealed more details about themselves. Both had pre-teen or teen age children at the time of their husbands' deaths. One woman was almost six years past her husband's demise and the other was less than two years bereaved. The six-year long bereaved mother had never disclosed the fact of her husband's suicide to her children until just before the date of her trip when, her eldest son asked her where she was traveling to. It was at this point when she finally disclosed the suicide to her children. Several American members of the group remarked that keeping a secret of a suicide often brings on a lot of extra grief work that is especially tiresome and anxiety inducing. The Korean mother's openness was validated by several Americans in the group who reinforced her bravery to fully disclose the suicide to her children.



The other bereaved mother told her children almost immediately after the death about her husband's suicide. This woman was very angry at her husband, and said she felt almost no guilt over the death, only great anger towards her husband because he had squandered almost all the family's savings. She said she was all consumed with hatred for him for leaving her and her family destitute. Another American suicide bereaved wife admitted to feeling this way in the years immediately following her husband's suicide. She said she nearly lost her home to the banks after her husband took almost all the family's available funds to buy drugs. She remarked that it took her at least five years to eventually forgive her husband and finally realize that he was facing inescapable pain at that time and was incapable of thinking clearly when he took all the family's resources. Both Korean women thanked the American bereaved wife for sharing her longer-range experiences with them.

And so, the meeting progressed with further sharing of experiences among everyone in the room. After the meeting ended, one of the Korean wives came over to me and thanked me for offering her the opportunity to share her experiences with the Americans. She shared that she found the support group experience immensely rewarding. She asked if I could give her more detailed information on how to start a support group and that she intended to do this upon her return to Korea. The long and painful process of birthing peer survivor support groups in South Korea has now begun!

Postscript:

At the time of this writing, the South Korean public television suicide bereavement documentary is now complete and was shown on Korean public television in December, 2016. Unfortunately, the footage recorded at the support group meeting with the American suicide survivors did not make it to the final cut of the film. Yet, this film, *Farewell Too Soon*, aptly captures the healing journeys of these two featured suicide bereaved wives, their help-seeking efforts in Korea, and their trip to the US to acquaint themselves with the suicide bereavement communities in the US and the gains achieved from this experience.

This helpful 45 minute film can be viewed at:

<http://vimeo.com/201228748>

Surveillance Success Stories: California Department of Corrections and Rehabilitation

Beginning in 1999, the California Department of Corrections and Rehabilitation (CDCR) set out to improve its system wide surveillance of suicide deaths to inform prevention activities. CDCR is a large state prison system with 35 facilities, housing more than 120,000 male and female inmates. At that time, CDCR began placing suicide prevention coordinators (SPCs) in each facility to collect suicide death and self-harm data and organize suicide prevention trainings. CDCR also employs a central SPC and a suicide review coordinator to oversee the work of the SPCs.

CDCR's size, complexity, and decentralized structure have posed challenges for consistent and reliable tracking of suicide deaths and self-harm, including suicide attempts and non-suicidal self-injury. To create a more uniform process for coding suicide deaths, CDCR adopted definitions of suicide deaths from the Centers for Disease Control and Prevention's National Violent Death Reporting System (CDC NVDRS) in 2005. CDCR uses these standard definitions to make initial

determinations of deaths by suicide, which are then investigated and confirmed by the coroner's office.

In 2010, CDCR began looking at their self-harm data collection processes by conducting a survey to determine how each facility was collecting this information. The survey found a high degree of inconsistency in the collection and reporting of self-harm incidents. Only some facilities used systematic methods to track these incidents, and CDCR staff were using different definitions of self-harm when collecting this data. Based on the findings of this survey, the central SPC

developed trainings and educational videos to ensure that staff in each facility are using the same definitions of self-harm when collecting data.

Read the full story (<https://go.edc.org/f2im>) to find out how CDCR improved its data collection and reporting processes to better understand and address suicide and self-harm within its prison system. SPRC's Surveillance Success Stories (<https://go.edc.org/67r5>) describe how states, tribes, and health systems access and analyze data on suicide deaths and attempts, and use data to inform evaluation and program planning. Look for more success stories in the coming months!

Surveillance Success Stories

IASP Early Career Group

Following the launch of the IASP Early Career Group (ECG) in December 2017, the group is very active and ever growing. The launch was marked with the release of the first IASP ECG newsletter Engage (available at: <https://iasp.info/iasp-ecg/wp-content/uploads/2017/12/ECG-Inaugural-Newsletter-Engage.pdf>) and the launch of a dedicated, up-to-date and informative ECG website: <https://iasp.info/iasp-ecg/>.

The group held its first Twitter questions and answer session with Professor Ellen Townsend on January 23rd, with great success. This particular Q&A session explored the topic of public engagement in suicide prevention and was entitled: "Research out of the box - Starting out in public engagement for suicide prevention. Following widespread engagement and interest the group will be hosting another Q&A in the

coming months. For updates on this and to suggest a topic follow us on @IASP_ECG.

The next undertaking of the ECG is to link ECG associates and members with IASP Special Interest Groups (SIGs). ECG associates and members will be offered the opportunity to work with SIG Chairs, to assist Chairs in their ongoing work. Associates and members will be matched to SIGs based on their preferences and also abilities to assist on the tasks outlined by Chairs. This opportunity is only available to current IASP ECG associates and members who have joined the group. To find out more please email the group at earlycareer@iasp.info. Current associates and members will be notified about this opportunity by email over the coming month.

Membership to the group is open and free to all IASP members and joining is easy at:

<https://iasp.info/iasp-ecg/existing-iasp-member-ecg-registration/>. We also welcome new ECG associates, who do not have to have full IASP membership. Persons wishing to join through this route can do so for a small fee at: <https://iasp.info/iasp-ecg/become-an-ecg-student-associate/>.

If you have any questions, you can also contact us at: earlycareer@iasp.info.

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



Carl-Maria Morch



Olivia Kirtley



Caroline Daly



World Suicide Prevention Day 2017 Cycle Awards

Thousands of supporters cycled this year to help us raise awareness of suicide prevention. Together we totalled over nine times the circumference of the Earth (222,323.55 miles; 357,795.08 km). This was made possible by every individual who cycled, no matter the distance.

Many of you covered huge distances. We at IASP are grateful for your determined efforts and have gladly attributed awards for the greatest team and individual distances cycled. The recipients of those awards are:

Greatest Team Distance Cycled:

Karen O'Shea's team (Pieta 100), Pieta House, Ireland, 120761km.

Greatest Individual Distance Cycled:

Mariana Rondón, Colombia, 1609km.



51st Annual AAS Conference

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20•Preconference•Workshops

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ASSOCIATION OF SUICIDOLOGY

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Join us at the 8th Asia Pacific Regional Conference on Suicide Prevention this May 2018!



The banner features a central white panel with the IASP logo at the top. Below the logo, the text reads 'IASP 2018 ASIA PACIFIC REGIONAL CONFERENCE'. Underneath, the theme is stated: 'Turning the tide together - Tai pari, Tai timu ngātahi ai'. A registration link is provided: 'Register at iasp.info/newzealand'. At the bottom, it says 'In partnership with' followed by logos for CASA, LeVa, and Te Rau Matatini. The banner is flanked by two scenic images of New Zealand's Bay of Islands, showing green hills and blue water.

The upcoming Asia Pacific Regional Conference on Suicide Prevention will be held between May 2nd and 5th at the Copthorne Hotel and Resort Bay of Islands in Paihia, New Zealand.

Attendees will include researchers, practitioners, helpline workers, programme planners, graduate students, those within the community and persons affected by suicide, from within New Zealand, the Asian-Pacific Region and all around the world.

Under the conference theme 'Turning the tides together' 'Tai pari, Tai timu ngātahi ai' the conference programme aims to facilitate the sharing of knowledge, skills, research and good practices in preventing suicide. The provisional programme is now available: <https://iasp.info/newzealand/provisional-program/> and there is a growing list of speakers announced from across the globe, representing many facets of suicide research and prevention.

We are honoured to present Professor Sir Mason Durie as our keynote speaker along with Professors, Pirkis, Collings, Yip, Chen, Dr's Khan, Stack, Chan, Seath, Erlangsen and Dameyon Bonson presenting Plenaries with topics ranging from Indigenous Suicide, Media based preventions, Religion and Culture, Indigenous LGBTQI, Aging, Youth and Neuro developmental disorders. The Conference will also host several masterclasses with confirmation just in of (Witi) Witeria Lewis Ashby hosting 'the Art of Storytelling'.

For a more detailed look at our keynote, plenary speakers and special lecturers and their abstract titles:



Keynote Speaker:

Professor
Sir Mason Durie
*'The Turamarama
Declaration: Indigenous
Suicide Prevention'*

Sir Mason Durie



Plenary Speaker:

Dr Murad Khan
*'Religiosity, culture and
suicidal behaviour'*

Murad Khan



Plenary Speaker:

Professor Jane Pirkis
*'Using a novel, media-
based intervention to
prevent suicide in men'*

Jane Pirkis



Plenary Speaker:

Professor Paul Yip
*'Suicide Prevention
with YouTubers'*

Paul Yip



Plenary Speaker:

Dr Steven Stack
*'Does Religiousness
Prevent Suicide?
An Analysis of Youth
& Young Adults in 26
Asia/Pacific Nations'*

Steven Stack



Plenary Speaker:

Dr Lai Fong Chan
*'Suicide Prevention in
Physicians and Medical
Trainees: A Call for Action'*

Lai Fong Chan

Join us at the 8th Asia Pacific Regional Conference on Suicide Prevention this May 2018!



Ying-Yeh Chen

Plenary Speaker:

Dr Ying-Yeh Chen
'Neuro-developmental disorders and suicidal behaviors'



Jemaima Tiatia Seath

Plenary Speaker:

Dr Jemaima Tiatia Seath
'Pacific Suicide Prevention: Defining it Ourselves'



Annette Erlangsen

Plenary Speaker:

Dr Annette Erlangsen
'Suicide across the lifespan: prevention of suicide among older adults'



Dameyon Bonson

Plenary Speaker:

Dameyon Bonson
'Indigenous LGBTQI Suicide Prevention - Black Rainbow, from social media to social enterprise.'



Allison Milner

Special Lecturer:

Dr Allison Milner
'Suicide, gender and employment in a global world: opportunities and challenges for prevention initiatives'



Kairi Kolves

Special Lecturer:

Dr Kairi Kolves
'Farmer suicides: prevalence, profiles and trajectories'



Kahu Kathryn

Special Lecturer:

Dr Kahu Kathryn McClintock
'Waka Hourua Māori Suicide Prevention Community Initiatives'



Lakshmi Vijayakumar

Special Lecturer:

Dr Lakshmi Vijayakumar
'Suicide in young women – The untold story'



Sally Spencer Thomas

Special Lecturer:

Dr Sally Spencer Thomas
'Workplace suicide prevention'



Yutaka Motohashi

Special Lecturer:

Professor Yutaka Motohashi MD, PhD
'New Suicide Prevention Strategy of Japan: With special reference to suicide prevention in youth Generation'

To view plenary and special lecture abstracts in full please visit:

<https://iasp.info/newzealand/conference-speakers/>.

As well as a very active and engaging conference programme and pre-conference workshop schedule there will be many opportunities to network during the conference social programme and to also go on some local recommended tours as detailed on our website: <https://iasp.info/newzealand/tours/>. Conference Organisers also have the pleasure in announcing a limited booking of 60 people for a traditional Hangi & Concert evening in the Waitangi Treaty Grounds on Thursday 3rd February. To find out all about the experience: <http://www.waitangi.org.nz/experiences/maori-hangi-cultural-experience> Places are limited to maximum 60 people and bookings can be made on the iasp.info/newzealand website.

There are also a range of sponsorship opportunities available to prospective sponsors, with further details on our prospectus at: <https://iasp.info/newzealand/wp-content/uploads/2018/01/IASP2018Prospectus.pdf>. Early bird registration is still open and available at: <https://iasp.info/newzealand/conference-registrations/>, until March 1st, 2018.

See you all in New Zealand this May!

2018 IASP Asia Pacific Conference

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

17TH European Symposium on Suicide & Suicidal Behaviour

5th–8th September 2018, Ghent - Belgium

esssb17.org

#esssb17

The European Symposium on Suicide and Suicidal Behaviour (ESSSB17), will be held this year in Ghent, Belgium. The scientific standard at the biennial European symposiums is now recognised as one of the best in the world, and over the years the European symposiums have become the most important international meeting in suicide and its prevention in Europe.

ESSSB17 aims to provide a high-quality, multidisciplinary scientific programme covering the most important aspects on suicidal behaviour and its prevention, and a dynamic platform for lively interactions and discussions. The focus of the scientific programme will be new insights from basic science and clinical research. Effects of therapeutic interventions and suicide prevention activities at various levels will also be addressed.

Abstract submission is open until March 1st 2018, with the relevant information on this and more available at

<http://www.esssb17.org/>.



EPA 2018
26th EUROPEAN CONGRESS
OF PSYCHIATRY

MENTAL HEALTH
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Nice, France
3-6 March 2018
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26th European Psychiatric Association Congress, Nice, France, 3rd–6th March 2018

The 26th Congress of the European Psychiatric Association (EPA 2018) will take place 3-6 March 2018 in the city of Nice. Under the conference theme '*Mental Health: Integrate, Innovate, Individualise.*' the EPA's psychiatry congress will bring together expert clinical psychiatrists, researchers and leaders of stakeholder organisations in the field of mental health.

A special focus of EPA 2018 will be the integration of new technologies and research findings into person-centred approaches to prevention, care and training, at a time in which difficult challenges, such as displacement, war, terrorism and economic constraints, require new answers.

For more information on the Congress visit:

www.epa-congress.org



EUROPEAN PSYCHIATRIC ASSOCIATION