Dear members,

Since the publication of our previous issue of the IASP news bulletin, we have collectively endured a challenging few months. The covid-19 pandemic has taken the entire world by surprise, knowing no boundaries, and affecting high, low- and middle-income nations alike. We are experiencing a unique health crisis and one that will inevitably have long term, wide-ranging effects on the global population.

As we know, the impact of the virus over the last 7-8 months has not only been on the physical health of the population, but also on the mental health. Suicide has become a more pressing concern as the pandemic has spread and has required our urgent consideration. I am encouraged by our IASP community of researchers, practitioners, volunteers, and students around the world, who have risen to the challenge in recent months to forge a path for suicide prevention during these uncertain times. As the leading global suicide prevention organisation, we have achieved several important objectives in recent months. Namely, the establishment of the Covid-19 Resource Centre, including international briefings, intergovernmental and nongovernmental resources, external publications, research, tools, and resources; all of which have been compiled by IASP for your ease of accessibility. Information relating to upcoming events is also listed on the centre webpage. You are invited to utilise this valuable information hub, accessible here, to inform and assist your suicide prevention work.

Furthermore, the development of the International Covid-19 Suicide Prevention Research Collaboration (ICSPRC) involving experts from around 30 countries demonstrates collaboration taking place at an unprecedented pace. The aim is to enhance good quality research on the prevention and management of suicide and suicidal behaviours, specifically relating to the COVID-19 pandemic. In recent weeks, the ICSPRC have authored an editorial article in Crisis, addressing the need for a global response to understand the impact of the pandemic on suicide and suicidal behaviour, as well as effective strategies to mitigate the risk. Additionally, a series of webinars have been planned by the ICSPRC, with members addressing relevant topics relating to suicide and self-harm during the crisis including the need for real-time suicide surveillance data, personal safety and emergency response planning, to name but a few. The recording of the most recent webinars can be found on the Covid-19 Resource Centre webpage, where information relating to upcoming webinars is also listed. On August 18th, I will be a part of the Lancet Psychiatry United for a Global Mental Health. Recordings can be found here.

On September 10th, we will observe World Suicide Prevention Day (WSPD), our annual event. WSPD offers us the opportunity to highlight the major public health issue that is suicide and encourages us to engage with each other and to join together to spread awareness of suicide prevention. This year marks the penultimate year of our triennial WSPD theme, “Working Together to Prevent Suicide”. The theme is even more fitting this year since we have a shared global experience of working together to fight a global threat. We may not be able to congregate in person for our usual activities; however, we can still connect virtually by means of online webinars and our traditional IASP community events, Cycle around the Globe and Light a Candle. In particular, the Cycle around the Globe campaign supports community-based suicide prevention activities in low-middle income countries. I encourage you to contribute any distance on any route to help communities recognize suicide feelings and support those in need to seek help. Registration is now open at our Charity Footprints page here.

While these are indeed the most difficult of times, we must stay motivated and continue with our mission to ensure that mental health and suicide prevention remain priorities across the globe. Our shared compassion and determination give us the strength to battle on against the impacts of this virus. I hope you all continue to be well; look after yourselves and each other.

Professor Murad Khan
IASP President
Tuesday June 23rd saw us start with the first of a series of Fireside Chats. These informal conversation opportunities are an offer to our National and Regional Representatives in the hope of providing some connectedness in these globally challenging times.

We met via Zoom, (your Membership and Events Coordinator's new best friend) and although our numbers were not exceptionally high with only 10 present it was a great opportunity to catch up with old and new colleagues.

We plan to hold our 2nd 'Chat' mid-September and hope to see a few more familiar faces.

Dana summed it all up beautifully with her follow-up email.

Dear Co-Chairs of the Council of National Representatives,

Dear Wendy,

Thank you so much for this amazing opportunity to connect and share the journeys of our nations with each other.

My take-away message is to keep connections open and learn from each other. There is so much to deal with and even more to come, one can never say with certainty that we know what to do next, or what the next step is.

However, I heard today what other nations are going through and many of the challenges are similar - feelings of uncertainty and isolation, increased need of mental health support, increased calls to suicide crisis lines, community expectations and needs from local and national authorities in charge of public health, mental health and funding of services, challenges to work and education for those who cannot afford devices, electricity and internet access, increased social tensions in divided or not fully healed communities.

Also, as far as I've heard in today's meeting, many of the things we try to do in our communities are similar: accurate information, community connectedness and support, promoting support resources and accurate information via media (TV, radio, online), pushing forward to make mental health services more accessible online.

Thank you so much for giving us hope and resources to talk more effectively about the present and future perspectives! Thank you so much for allowing us the opportunity to feel connected!

Best regards and well wishes from Romania,

Dana - Cristina Herta
Human resources Coordinator, ARPS
National Representative of Romania in IASP
Volunteering for suicide prevention in Romania during the pandemic

For our NGO, located in the city Cluj - Napoca, 2020 started the 3 - year mandate as President of the Romanian Association of Psychiatry and Psychotherapy of our NGO President, Professor Doina Cozman.

For TelVerde Antisuicid 0800801200 - the suicide crisis line supported by our NGO, the beginning of 2020 challenged us to develop the volunteer training team and adapt to needs of volunteers trained face to face in two centers, Cluj - Napoca and the newly - emerged Sibiu.

Just before the pandemic reached Romania, we needed a stronger, more effective voice and media presence to convey positive messages that suicide is preventable. We also needed a more effective way to bring together the recruits from the two centers into the same group of volunteers. Since measures to contain the pandemic were gradually instated in early March, it gave us time to absorb the impact, adjust, keep TelVerde Antisuicid going, move the training online and develop as one cohesive group. We went through challenging calls and emails together and we celebrated together with gratitude 7 years since the first training in Cluj - Napoca, 1 year since the first training in Sibiu and 7 years of TelVerde Antisuicid activity.

The volunteer team for crisis emails also developed during the pandemic, since people reached out more via email, and email content is increasingly diverse, including non-Romanians reaching out in English for Romanian online friends, Romanians in lockdown abroad or who preferred email to hide struggles from those in lockdown with them.

Thus, the pandemic was the opportunity to bring volunteers together, transcend physical barriers, learn to use technology as a tool to enhance training, connect with other community support resources. Also, the pandemic gave us time and inspiration to create content for the website and social media account of the NGO and adjust the content and delivery of training to the needs of volunteers and callers. Moreover, the pandemic connected us with media: increasing public interest in the psychological and social consequences of the pandemic and lockdown generated media coverage regarding mental health and suicide prevention; our NGO President appeared in interviews, editorials and webinars.

What next? We prepare for the WSPD 2020, virtual 2020 National Congress of Psychiatry and 6th National Suicide Prevention Day and we continue to grow as a group.

Dana - Cristina Herta
Human Resources Coordinator,
Romanian Alliance for Suicide Prevention
"In support of World Suicide Prevention Day, contribute any distance on any route to help us collectively...Cycle Around The Globe raising awareness of suicide."

IAASP news bulletin
Decriminalisation of Attempted Suicide - IASP Policy Position Statement

Members of the International Association for Suicide Prevention (IASP) recently ratified & passed a policy position statement on the decriminalisation of attempted suicide. This is an important step in suicide prevention & suicide awareness policy and advocacy efforts and supports current international efforts for mental health action and investment.

Suicide is a global public health problem and among the top 20 causes of death globally for people of all ages. It remains a universal challenge impacting millions. Suicide is illegal in 25 countries which have specific laws for attempted suicide and in an additional 10 countries which follow Sharia law people who attempt suicide may also be punished.

Accessing healthcare is a fundamental human right. WHO (2014) found no empirical evidence that decriminalising suicidal behaviours leads to an increase in suicide rates and urges countries to “review their legal provisions in relation to suicide to ensure they do not deter people from seeking help”.

In addition, the IASP policy position states that “The criminalisation of attempted suicide undermines prevention efforts and restricts access of vulnerable individuals to suicide prevention and mental health services.”

IASPs next step is to seek endorsements in support of this policy position statement from friends and wider networks, from large international organisations to community led crisis lines. We aim for these endorsements to raise awareness for the decriminalisation of attempted suicide but to also demonstrate the international will for this important step in advancing mental health policy.

More information on the decriminalisation of attempted suicide can be found here: https://www.iasp.info/decriminalisation.php

“The criminalisation of attempted suicide undermines national & international suicide prevention efforts and impedes access among vulnerable individuals & groups to suicide prevention and mental health services.”

IASP Policy Position June 2020
From The SIG

Development of Effective National Suicide Prevention Strategy and Practice

In the context of the COVID-19 pandemic, members of the Special Interest Group (SIG) on the Development of Effective National Suicide Prevention Strategy & Practice were invited to report on recent pandemic-related developments in national suicide prevention programmes. We gratefully acknowledge the contributions of the following members of the SIG: Jane Pirkis, Jaelea Skehan, Alys Cole-King (Australia); Jerry Reed and Richard McKeon (USA); Paulius Skruibis (Lithuania); and Diana Altavilla (Argentina).

In Australia, the National Suicide Prevention Adviser has called on the input of the Expert Advisory Group (EAG), whose membership includes lived experience, clinical, research, policy, cultural and community expertise in suicide prevention. The Commonwealth government was proactive in announcing a mental health package early and many states have announced their own initiatives to boost supports. These have included initiatives such as: funding for a dedicated COVID-19 mental health and wellbeing services; increased funding for crisis lines such as Lifeline and Kids Helpline; funding to increase outreach and support to older Australians; and funding for vulnerable (including Indigenous and culturally and linguistically diverse) populations. In May the National Cabinet adopted the National Mental Health and Wellbeing Pandemic Response Plan, with $48.1 million allocated to implement immediate actions. Led by the National Mental Health Commission in collaboration with all jurisdictions and in consultation with stakeholders across the sector, this plan provides a roadmap for addressing population mental health and wellbeing needs. Suicide Prevention is one of ten priority areas within the plan.

4 Mental Health has been engaged by the New South Wales Ministry of Health to train government and non-government staff working in public-facing roles in Connecting With People. This training has been shaped and co-produced with Aboriginal and Torres Strait Islander experts to ensure the incorporation of an appropriate, holistic concept of social and emotional wellbeing. There is an emphasis on the importance of compassion and understanding towards those in distress, the value of connectedness, building wellbeing and resilience and an introduction to safety planning using StayingSafe.net.

In its role as national convener and consensus builder, the National Action Alliance for Suicide Prevention (Action Alliance) in the USA has mobilised a single, coordinated national mental health and suicide prevention response effort to address both short- and long-term potential impacts of COVID-19. The Action Alliance has coalesced and harnessed the power of federal agencies, corporations and other non-governmental groups in the Mental Health & Suicide Prevention Response to COVID-19, aimed at identifying action-oriented solutions to ensure the U.S. emerges strong and more effective than before the pandemic. As this pandemic evolves, the National Response Effort Steering Committee, comprising prestigious public and private sector leaders, will identify additional system-level needs and areas of focus required to mitigate risk and strengthen mental health and suicide prevention infrastructure.

The Lithuanian Government has approved an action plan to deal with long-term consequences of COVID-19 for mental health. The plan includes employing 200 new psychologists in the health care system, lowering the threshold of psychological support, introducing mobile crisis teams, training mental health professionals in depression, anxiety and trauma treatment, training in suicide assessment and management, strengthening helplines and chat services, and expanding psychological services for children.

In Argentina, the Ministry of Health and the Directorate of Mental Health and Addictions have been working on the development of a virtual platform providing training in Psychological First Aid, prevention of suicide attempts, psychosocial strengthening, work networks and construction of a collective support network throughout the country. A law on suicide prevention has come into force which will support more effective prevention interventions.

Stephen Platt and Mohsen Rezaeian
Co-chairs, SIG on the Development of Effective National Suicide Prevention Strategy & Practice

17 July 2020
Taiwan's success in battling COVID-19 may have eased mental health impact of the pandemic

The mental health impact of the COVID-19 pandemic has raised prominent concern in the IASP community. Taiwan has so far contained the pandemic quite well. Up until July 8th 2020, there were 449 confirmed cases, 7 deaths and no local cases for a consecutive of 87 days. Taiwan has never enacted lockdowns, all the schools, shops, work places and recreational venues have remained open; daily life has by and large stayed the same.

A recent survey conducted in April 2020 explored attitudes towards the COVID-19 pandemic. It showed that although 80% of the participants were worried about the pandemic, only 5% of the participants were screened positive for psychological distress (using the Brief Symptoms Rating Scale-5 above 6-point as a cut point). A follow up survey 3 months later showed similar prevalence of psychological distress. Furthermore, the follow up survey showed that the prevalence of past month suicidal ideation was 1%. In other words, the prevalence measured during the pandemic period did not differ substantially from baseline figures observed in Taiwan. Apparently, Taiwan’s coronavirus success may have eased the potential mental health impact of the pandemic. However, the next question will be - for how long can the success in containing the virus be translated into mental health bonuses?

Lessons learned from the SARS epidemic in 2003 have taught us that suicide rates may not change prominently during the outbreak; nonetheless, the economic downturn afterwards may lead to a suicide rate surge. In terms of our capability to deal with national mental health crises and suicide prevention issues, Taiwan may be in a better situation than we were 17 years ago. We now have a National Suicide Prevention Center (inaugurated in 2005); local- and country level suicide prevention infrastructures have since been established. In addition, the Suicide Prevention Act passed in 2019 ensures adequate resources allocated to suicide prevention, what's more, sensationalized media reporting of suicide news are subject to a fine of 3,500 to 35,000 US dollars.

We hope this time we are better equipped to deal with the mental health impact during and after the pandemic.

Ying-Yeh Chen, M.D., Sc.D.
National Representative, Taiwan Professor, National Yang-Ming University, Taipei City, Taiwan. Attending Psychiatrist, Taipei City Psychiatric Center, Taipei City Hospital, Taiwan.

IASP COVID-19 Resource Centre

The COVID-19 pandemic has impacted all aspects of people’s lives, relationships, health and well-being - the world over - and will continue to do so for the foreseeable future. During public health emergencies, it is vital that mental health and suicide prevention remain priorities.

As the leading global suicide prevention organisation, IASP has created a COVID-19 Resource Centre which aims to provide information for those seeking resources related to the pandemic and suicidal behaviour, suicidal ideation and self-harm.

The resource centre holds IASP Briefing Statements together with a wide range of collated information and resources from a variety of sources, including; Intergovernmental and Non-Governmental resources; external publications and research; and external resources & tools.

In partnership with the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC), the centre also hosts a directory of COVID-19 Suicide Research Studies. Details of such studies are being collated in order to share and inform on studies and research currently being undertaken in respect of suicide prevention and COVID-19.

Please visit the site https://www.iasp.info/covid-19/ and share the resource amongst your networks.
At the time of writing COVID-19 has infected more than 15 million people worldwide and claimed almost half a million lives. People’s lives and livelihoods have been affected across the globe.

In response to widespread concerns about the impact of the COVID-19 pandemic on suicide and suicidal behaviour an international group of suicide prevention researchers and charities from around 30 countries have formed the International COVID-19 suicide prevention research collaboration (ICSPRC) and pooled thinking on prevention and research priorities.

https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext

Our aim is to enhance good quality collaborative research on the prevention and management of suicide and suicidal behaviours in relation to the pandemic. In order to maximise the societal impact of research the ICSPRC is working in partnership and collaboration with the International Association for Suicide Prevention (IASP) as well as other leading suicide prevention organisations - International Academy of Suicide Research (IASR), American Foundation for Suicide Prevention (AFSP) and Samaritans.

Our initiatives to date include:

  We encourage all researchers working on COVID-19 related studies of suicide and suicidal behaviour to share detail to facilitate collaboration.


- A planned series of webinars on COVID-19 related research


- Plans to pool data from around the world on the impact of COVID-19 on suicide and suicidal behaviour

We hope the establishment of the ICSPRC, and new knowledge arising from the collaboration, will be an important contribution to the effort to reduce the impact of COVID-19 on mental health and suicide risk globally. We invite suicide researchers, particularly from regions currently not represented, to get in touch. For more information please see the collaboration website [https://www.iasp.info/COVID-19_suicide_research.php](https://www.iasp.info/COVID-19_suicide_research.php).

David Gunnell (group chair)
TRIPLE i Virtual Conference 2020
16–19 June 2020, Zoom Webinar (Slovenia)

Last year we celebrated 10th anniversary of the Triple I - intuition, imagination and innovation - in suicide conferences. Back then, we were considering how to go on - what would be a good form to continue our wish to promote intuition, imagination and innovation in research and prevention of suicide and suicidal behaviour.

Due to the epidemiological situation regarding the spread of the SARS-CoV-2 (COVID-19) virus, we had to cancel the traditional (face to face) TRIPLE i conference in March 2020. However, we still wanted to offer an opportunity for interaction and fruitful discussions between distinguished suicidologists and perspective young participants. For this reason, the event changed into a virtual one.

Triple i Virtual Conference was organised by Slovene Centre for Suicide Research, De Leo Fund Onlus and the International Association for Suicide Prevention. The conference took place from 16 to 19 June 2020 in the online environment Zoom. It was framed around a daily morning (10 a.m. CEST) and afternoon (4 p.m. CEST) sessions chaired by Prof. Diego De Leo and Assoc. Prof. Vita Poštuvan. The speakers Prof. Keith Hawton, Ms. Vanda Scott, Dr. Lakshmi Vijayakumar, Prof. Navneet Kapur, Prof. Brian Mishara, Prof. Ella Arensman, Prof. Diego De Leo, and Mr. Joe Rafferty addressed a variety of topics, including the impact of COVID-19 on suicide.

The value this edition of the Triple I was not only the hosting of impressive speakers but also developing a feeling of connectedness of people interested in suicide research and prevention from different parts of the world although each of us staying at home. While taking a group photo, we captured moments of real lives: participants listening from their kitchens, living rooms, offices, some even around a bonfire. For some, it was late in the evenings, whereas others woke up very early to catch the live sessions. We all recognised a great value of being together at such an occasion. Let’s see how we can retain that in the future world and our Triple I events.

Vita Poštuvan
Good news from the UK

A new “Suicide Prevention Research Network” has been established in Northern Ireland by Dr. Karen Galway, Lecturer in Mental Health at Queen’s University Belfast, and Prof. Siobhan O’Neill, Professor of Mental Health Sciences at Ulster University. The network, funded in part by an ESRC Impact Acceleration Partnerships Award seeks to foster and enhance existing links between academics, community-led organisations, including the Family Voices Forum and statutory and professional bodies.

Other good news coming out of Northern Ireland was the recent announcement that Prof. O’Neill has also been appointed Interim Mental Health Champion, a role where she will be expected to serve as a public advocate for mental health, participating in the public debate around mental resilience, suicide, mental health and recovery. In her role as a consensus builder, she will help integrate the ideas of mental resilience and mental health in all public policy making; she will serve as an advisor to senior stakeholders, including Government and she will challenge decisions where mental wellbeing and suicide prevention are not considered.

In Wales, Dr. Alys Cole-King, Consultant Psychiatrist and Clinical Director of ‘4 Mental Health’, has developed an online module for the New South Wales Ministry of Health, Australia to train all government and non-government staff working in public-facing roles in “Connecting With People”. This training was shaped and co-produced with academics, people with lived experience and Aboriginal and Torres Strait Islander experts to ensure holistic concept of social and emotional wellbeing appropriately incorporated together with practical approaches. Dr. Cole-King has also worked with NHS England to co-produce http://www.wellbeingandcoping.net/ to support COVID19 distress and enable people to bolster coping strategies and build a Wellbeing Plan.

Academic Advisory Group with Prof. Rory O’Connor, Chair in Health Psychology at the University of Glasgow, which has been established to provide research evidence and evaluation methodology relevant to the successful implementation of Scotland’s Suicide Prevention Action Plan (Every Life Matters). In November, 2019, Prof. Platt also co-chaired a meeting of the World Health Organisation National Suicide Prevention Strategy Implementation and Evaluation meeting in Geneva, which discussed the implementation of national suicide prevention strategies and considered feasible approaches to help other countries develop their own strategies.

In England, Dr. Ann Luce, Associate Professor in Journalism and Communication at Bournemouth University and Dr. Sallyanne Duncan, Senior Lecturer in Journalism and Media Ethics at the University of Strathclyde in Scotland have launched ‘The Suicide Reporting Toolkit’ for journalists and journalism educators. Supported by the Ethical Journalism Network, an international network of media professionals who advance education in ethics and human rights, the toolkit provides practical application of global suicide reporting guidelines by embedding them into the reporting process and showing journalists how to apply guidelines in all aspects of their reporting. You can find the toolkit here: www.suiciderreportingtoolkit.com

Building your wellbeing and helping you cope

If you or someone you know is struggling with this very challenging situation we are all in, please keep reading for ways to feel a bit calmer and ideas to help you cope.

For more information about these projects, please contact the relevant colleague:

Karen Galway: k.galway@qub.ac.uk
Siobhan O’Neill: s.m.oneill@ulster.ac.uk
Alys Cole-King: a.coleking@4mentalhealth.com
Steve Platt: steve.platt@ed.ac.uk
Rory O’Connor: r.oconnor@glasgow.ac.uk
Ann Luce: a.luce@bournemouth.ac.uk
Sallyanne Duncan: Sallyanne.duncan@strath.ac.uk

Dr. Steve Platt, Emeritus Professor of Health and Policy Research at the University of Edinburgh in Scotland has been working as an advisor to the National Suicide Prevention Leadership Group and co-chairing the...
From Co-chairs of the SIG

Boys and men

The Suicide Prevention for Boys and Men is a new IASP Special Interest Group. Dr. Zac Seidler and Dr. Kylie King co-founded the group in response to a need for a targeted, gendered approach to boy’s and men’s suicide prevention.

Global estimates suggest that one man dies by suicide every minute. Across the Western world, men account for 75% of suicide deaths and is the biggest killer of men under forty five years old. This is despite the fact that societal stigma around mental ill health and suicide is reducing as campaigns promoting mental health literacy and the importance of help-seeking are on the rise.

While men are far less likely to attempt suicide compared to women, the higher rates of suicide deaths in men point to a number of unique risk factors and warning signs that require purposeful attention. There are various explanations for the excess suicide rate among males including that they are more likely to choose lethal suicide means, use drugs/alcohol, withdraw in the face of stress, and are less likely to seek help. Masculinity - the socially constructed gender ideal for boys and men - built on dominant norms of self-reliance, stoicism and control, may be a key contributor to all of these explanations. While modern day masculinity comes in all shapes and sizes and has both positive and negative ramifications on men’s mental health, rigid adherence to some norms may exert a negative influence on male suicide. Importantly, male suicide disproportionately affects certain groups of men, promoting the need for a ‘within-men’ lens to understand and respond, with those most at-risk including men in male-dominated occupations (i.e. construction), veterans and first-responders, new fathers, Indigenous men and sexual minority men, each requiring a nuanced approach to suicide prevention.

Research in this field is steadily gaining momentum as we come to learn how and why male suicidality may look different and investigate the modes of intervention to best engage men in suicide prevention. But there is plenty of work left to do as despite the unique context of male suicide, few gender sensitive suicide prevention efforts exist and the rate of male suicide remains relatively unchanged internationally. This SIG seeks to create a global network of those with an interest in suicide prevention for boys and men. We have a special interest in the social context of men’s suicide and the potential for health services and population level interventions to have a positive impact on boys and men across the lifespan. We welcome members from academia, clinical services, industry, community, and those with lived experience. The network will work to share knowledge, collaborate on projects, and increase the capacity of members and the global community to contribute to suicide prevention for boys and men.
Covid 19 and the Mental Health Map

Since March we are in isolation and although suicide rates remain stable, significant increases in risk factors such as a rise in cases of anxiety and depression, financial and personal losses, increased domestic violence and the feeling of helplessness, in addition to political instability with an unprepared government; situations that may influence the increase in suicide rates in the future.

Brazil had advances with the approval of the National Policy for the Prevention of Self-harm and suicide in 2019, but Suicide prevention walks in slow steps. However, during the isolation period, we observed a mobilization of civil society and professionals to meet the need in crisis and mental health, offering free online individual or group support during the pandemic.

There was still a big gap between the offer of services, the demand and knowledge of these initiatives. We do not have a mental health literacy and in the area of suicide prevention we know the importance of accessing the appropriate services, feeling cared for and connected with others.

With that in mind we created the mental health map, www.mapasaudemental.com.br - a website with four major areas, where we list the services offered across the country.

On the virtual map we have more than 150 initiatives that attend online from general population, health professionals to specific groups, such as bereaved people and the LGBTQIA+ population.

In the face-to-face map, from the geolocation, it is possible to see which free mental health services are closest in the area. This includes the public health system, school clinics, first responders, NGOs and others.

Information on mental health literacy, as well as a library of guides and manuals already published in the areas of socio-emotional education, mental health promotion, mourning, suicide prevention and postvention is being developed.

We still have many challenges, such as finding specialized help to young people, who are more vulnerable; people without access to technology (1 in 4 Brazilians do not have access to technology) and to train mental health professionals in handling and possible referrals in the face of serious cases of suicidal behavior that may appear in online appointments.

In a short time, the site had more than 50k accesses and the services listed noticed an increased demand from the map. These results show that connecting people who seek help with available services can be an important way to promote mental health and prevent suicide during and after social isolation.

Dr Karen Scavacini
From Co-chairs of the SIG

SIG Suicide Prevention in Primary Care

Primary care is the bedrock of any health system. As such, it has a vital role to play in a system-wide approach to suicide prevention.

General practitioners, community pharmacists, occupational therapists are situated at the heart of communities and are therefore attuned to the physical, mental health, and psychosocial care needs of the local population. Enhanced and integrated primary and community mental health services provide the platform for coordinated, inclusive and personalised care for those who self-harm and might be at-risk of suicide.

The newly formed SIG on Suicide Prevention in Primary Care will provide the platform for bringing together a cross-disciplinary network of researchers, clinicians, people with lived experience, commissioners and policy-makers across the world to identify opportunities for optimising the role of primary care and community-based services in suicide prevention. Our aim is to work in collaboration with our network members to identify research and policy priorities that will inform the work of the SIG and act as an expert reference group to deliver on those priorities, guided by input from those with lived experience. Grounded in the principles of co-production and implementation, this SIG will highlight the importance of translating evidence into practice so that communities across the world can access and benefit from our work. To this end, we are committed to disseminating our work widely via open access publications, conferences, online workshops and webinars in order to raise awareness of the key role of primary care in the prevention of suicide.

One of our planned activities for the next year is to gradually grow SIG membership by attracting new IASP members but also consolidating links with existing IASP members.

So, if you are interested in joining our SIG or would like to find out more about our work, please visit our webpage https://www.iasp.info/suicide_prevention_in_primary_care.php

From the Co-Chairs of the SIG:
Dr Maria Michail, Dr Faraz Mughal,
Dr Pooja Saini, Dr Hayley Gorton,
A/Professor Jo Robinson
Recent Publication

Summarizing the knowledge collected over years from conferences, research and discussions with experts, a new popular scientific book on suicide prevention in the Dutch language has been published called MYTHEN OVER ZELFMOORD.

Understanding the complexity of suicidal behavior using network analysis

Network analysis is a novel statistical toolkit to further study interaction between many variables, and is a starting point to move from traditional linear thinking towards more complex theories and models, belonging to the field of complexity science. In an upcoming paper in a special issue of the journal SUICIDE AND LIFE THREATENING BEHAVIOR, an agenda for future research on complexity within the field of suicide prevention is set. Ecological momentary data collected via smart phones will let us study the complex dynamics of suicide ideation, and the interaction with risk factors over time within persons. It allows us to test whether a suicidal crisis can be predicted using similar techniques to predict tipping points within the field of ecology.

Initial studies within the field of depression found that it is possible to predict a new depressive episode, and now the challenge is to test whether similar data and techniques can be used to predict a suicidal crisis. New ecological momentary assessment data has been collected as part of a Dutch study called CASPAR (continuous assessment for suicide prevention and research). Results are expected beginning of 2021 and will partly help answer questions about tipping points and suicidal behaviour.

Derek de Beurs

MINDUP

In June, the EU-funded MINDUP consortium (“Mental Health Promotion and Intervention in Occupational Settings”) met for its second plenary meeting in order to share the progress made in the first six months. The project is coordinated by Professor Ella Arensman. Since the project started in January 2020, emphasis was placed on the preparation of the materials, design, and evaluation of the pilot and cluster randomized controlled trial that will focus on improving both, mental wellbeing as well as clinical mental issues in Small and Medium-sized Enterprises (SMEs), particularly depression and comorbid anxiety. Experts from the fields of mental health, suicide prevention, depression research, mental illness stigma, occupational health, implementation science, health economics and many more attended the project meeting, most of them from their home offices. Thanks to an excellent structure of the meeting and the unprecedented motivation of partners, the online meeting was very successful.

MINDUP’s primary aim is to improve mental health in the workplace by developing, implementing and evaluating a multilevel intervention targeting mental health difficulties in Small and Medium Enterprises (SMEs) in the construction, health and ICT sectors in Europe and Australia. The secondary aim is to reduce depression and suicidal behaviour. IASP is delighted to be one of the 17 international partners involved in this project.

Learn more about this MINDUP project, consortium partners and related research at: www.mindupproject.eu or follow MINDUP on Twitter: @eu_mindup.
World Suicide Prevention Day
#WSPD2020

Click here to view or download the WSPD Brochure (pdf)

Click here to view or download the WSPD Take a minute (pdf)

World Suicide Prevention Day
Working Together to Prevent Suicide
September 10, 2020
Let’sTALK & Walk on World Suicide Prevention Day 2020

Authentic connections are fundamental to our wellness and can start with a simple conversation. When you incorporate conversations with physical exercise such as walking and nature, the outcomes are nothing but wellness.

On World Suicide Prevention Day - 10th September 2020, Let’sTALK & WALK with family, a friend or a colleague to talk about our own concerns, raise awareness towards suicide prevention and to remember those lost to suicide.

Let’sTALK is about “Letting Everyone Talk Safely” by cultivating an environment of psychological safety at home, school, university, workplace and in our community. We want everyone to talk about their concerns before they escalate to bigger issues including mental illness and even suicide.

#letstalkandwalk www.letstalkprogram.org
UPCOMING EVENTS

Hybrid Asia Pacific Conference Announcement

Due to the travel restrictions imposed upon us as a result of COVID-19, the Organising Committee have shifted their plans to enable maximum engagement with our members and the suicide prevention sector. To facilitate this, we are pleased to announce that we will be delivering in a Hybrid environment. This will enable delegates who are permitted and happy to travel to attend in person and those who cannot, to attend virtually.

Both Face to Face and Virtual delegates will have access to all recorded sessions in addition to the Live viewing.

Please direct your enquiries to taipei2020@iasp.info
World Suicide Prevention Day

Working Together
To Prevent Suicide

The International Association for Suicide Prevention invites you to light a candle at 8 PM

On September 10th

World Suicide Prevention Day

Light a candle near a window at 8 PM
to show your support for suicide prevention
to remember a lost loved one
and for the survivors of suicide.

World Suicide Prevention Day  www.iasp.info/wspd