Dear Members of the International Association for Suicide Prevention,

I write to you at a time when we are experiencing an unprecedented challenge as an international community. The World Health Organisation declared a Global Public Health Emergency of International Concern on 30 January 2020 relating to the COVID-19 outbreak. In the weeks since this declaration, this virus continues to inflict devastation on our global population by claiming the lives of thousands each day.

This is a time of anxiety and great concern. The world as we know it has changed rapidly in recent months. As professionals and volunteers in this field, suicide prevention requires our immediate attention during this time. While a marked increase in deaths by suicide during the COVID-19 crisis is not certain, it is important that we are mobilised and prepared to act. The need for surveillance has never been more significant. I encourage you within your regions and countries to continue to undertake mental health surveillance throughout this crisis and beyond. This information can help us better understand who is most vulnerable and how we can protect and help those individuals that are at heightened risk.

Mental health service providers and voluntary support organisations are undoubtedly doing their best to overcome the logistical challenges presented by the strict quarantine and distancing measures imposed by governments to suppress the spread of the virus. Continuity of care is crucial at this time. I am particularly impressed by the flexibility of services to swiftly move to digital delivery of care including consultations, therapy sessions, psychoeducation, and other relevant supports.

The restrictions have also resulted in a number of key conferences, including the IASP 2020 Asia Pacific Conference due to be held in Taipei, Taiwan from 7 - 9 July 2020 to be postponed until further notice. However, this does not mean that our knowledge sharing and networking opportunities have to be put on hold entirely, with some conferences moving to webinar formats to ensure that our research can still be shared with colleagues.

This is also a time for each one of us to reflect, but particularly those in positions of power and wealth. We must protect the vulnerable and at-risk; health and wealth are not bartering tools. Publicly-funded healthcare systems with universal health cover (UHC) that provide care to all patients, regardless of their socioeconomic background or ability to pay for healthcare are needed now, more than ever. This virus does not discriminate between the rich or poor. The protection of human rights is vital, especially of those whose rights are often overlooked or violated, including migrants and refugees, prisoners, residents in other closed settings such as psychiatric or social care institutions, and individuals with disabilities.

COVID-19 is a global crisis with long-lasting and wide-reaching consequences. Stressors such as prolonged physical distancing and isolation measures, boredom, loss of employment, fear of infection contraction, andbereavement can all contribute to a worsening of mental health conditions and the development of anxiety, depression and post-traumatic stress; conditions linked with an alleviated risk of suicide. The proactive establishment of mental health programs specifically designed for the aftermath of this pandemic is wise. The psychosocial needs of those affected will be unique and interventions for crisis-oriented mental rehabilitation should be designed as such.

I wish to extend my gratitude to the incredible frontline workers who are providing life-saving clinical care for those infected by the virus. These professionals are not only risking their lives, but they are also carrying the huge emotional burden related to difficult ethical decisions based on resource allocation and prioritization of care. Their only ask of us is to respect the public health guidance; practice physical distancing, hand hygiene and respiratory etiquette. By doing so, we can make their job that bit more manageable. It has been extraordinary to witness the world unite in this challenging time. I am extremely proud of our community and the enormous amount of social impact and value you are contributing to support people throughout this crisis and to enable them to prepare for the challenges ahead. It is early days but the initial response is testament to a community that has accepted this challenge with resilience.

The lack of a timeframe as to when we can be reunited with our loved ones is no doubt a very daunting prospect for us all. One important offering of this pandemic is a profound appreciation for every moment spent with those we love, a gift that we should never again take for granted. For now, we can connect virtually and share our fears, our experiences and our expressions of love and gratitude for one another until we meet again. This storm will pass and when we emerge in the calm, I am confident that we will have a renewed vigour and appreciation for life. This is our chance to create a better world but it will require collective effort, reflection and remembrance of lessons from this crisis.

I would like to wish you and your loved ones the very best during this challenging time. Please keep yourselves safe and well during the coming weeks.

Professor Murad Khan, IASP President
Finding Connections During Times of Adversity

From the Co-Chair of the SIG on Lived Experience
Bronwen Edwards of Roses in the Ocean

In times of adversity we find ourselves digging deep, look inwards for our safe place, our internal compass to help make important decisions amongst external chaos and uncertainty. The human spirit often belies the greatest challenges, and we emerge stronger, more resilient and hopefully with a renewed clarity of purpose and compassion for our fellow community members.

These same times can truly challenge our emotional wellbeing, and this is most certainly true for those with a lived experience of suicide. In the current situation our world faces levels of anxiety are high for many and the ‘temporary unusual’ we find ourselves in has significant implications. People who are struggling with thoughts of suicide, the desire to end their emotional pain, find themselves less easily able to access the support networks that help them stay safe; the role of carers is amplified, and those who are bereaved through the suicide of a loved one often relive their loss deeply and find it hovering just below the surface. The feelings of isolation and loneliness exemplified for many. For those where home is not a safe place, this time is especially frightening.

This is the time when connection is vital. This is the time when everyone can proactively connect to another - send letters, make a call, jump on the numerous video connection platforms - people need to connect, to see someone beyond the walls of their home. This is the time for random acts of kindness.

There is also an army of people with lived experience of suicide keen to walk alongside others who need them. In Australia, we are tapping into this incredible resource and mobilising them to provide ‘light touch’ connection with others who have a lived experience of suicide and are craving compassion, acceptance, respect and empathy at this time. Helping others creates a sense of purpose for people while they are bound by physical distancing laws.

When my brother Mark died by suicide in 2008 I couldn’t find a silver lining, there was none. So, I set about creating one and it has been my driving force ever since. There will be silver linings that come from this time in the world – a greater appreciation of how isolated many in our communities are all of the time; creative and innovative ways to connect with each other and the people we all strive to support every day; a renewed view of what is actually important in life and hopefully more connected, compassionate communities who will look out for each other more in times to come.

We are all acutely aware of the impact COVID-19 will have on the mental and emotional health of people. As we all work to reduce emotional pain and distress, and connect people to life and living, we must be sure to look after ourselves too so we can help others.

Take care and stay safe.

Who you are, what your values are, what you stand for... they are your anchor, your north star. You won’t find them in a book. You’ll find them in your soul.

Anne M. Mulcahy

International Association for Suicide Prevention

news bulletin
Responding to the COVID-19 Pandemic

The COVID-19 Pandemic has affected the world since the start of this year and may continue to do so for some time to come. The adverse effect of this pandemic on people’s mental health is a major concern and as such mental health considerations need to be prioritised whilst tackling this crisis. IASP continues to ensure that the prevention of suicide remains a priority and has provided recommendations, support, guidance and signposting related to preventing suicide and suicidal behaviour through a series of COVID-related communications.

IASP Briefing Statements from the IASP Executive Committee have aimed to focus on supportive messages prioritising self-care and the protection of everyone's physical and mental wellbeing. Specific consideration has been focused on grief, the impact of COVID on vulnerable groups and supporting essential workers through this time. In addition, a number of IASP's Special Interest Groups have issued specific guidance and recommendations related to their work. Key recommendations on 'Reporting on Suicide in the Media During COVID-19' and 'Helping Workplaces and Professional Associations During COVID-19' have been particularly well received.

As well as our own resources, IASP continues to collaborate with international partners throughout this time primarily through sharing relevant resources issued by the WHO. The Lancet Psychiatry comment titled, 'Suicide Risk and Prevention During the COVID-19 Pandemic,' published with endorsement from IASP, the American Foundation for Suicide Prevention and the International Academy for Suicide Research provides a clear consensus and recommendations for suicide prevention efforts for the future.

We aim to continue to support our IASP members and through this difficult time and beyond with further resources in the coming weeks and months. Make sure to visit both the IASP website and our social media channels for further information;

Twitter: https://twitter.com/IASPinfo
Facebook: https://www.facebook.com/IASPinfo/
Linkedin: https://www.linkedin.com/company/international-association-for-suicide-prevention/
Instagram: https://www.instagram.com/iaspinfo
Basic Concepts to Understand COVID-19 Statistics

There are two main areas of interest among people when COVID-19 statistics are presented: deaths from the disease and how many people can catch it. This column aims to clarify the statistical measures used to describe both.

When we want to describe deaths, we talk about two main measures: the case fatality rate of the disease and the mortality rate. The case fatality rate attempts to measure the severity of the condition. It focuses on estimating how many of those sick from the condition die. In Puerto Rico, as of April 27, there were 1,400 identified COVID-19 cases, 86 of which died. By dividing the total number of deaths by the number of cases, we get a case fatality rate of 6.1%, that is, about 6 out of every 100 people with the condition have died.

If we want to describe the occurrence of deaths throughout Puerto Rico, we must talk about the mortality rate. The difference is that we are now looking at the entire population. It is computed by dividing the total number of deaths by the number of people in the population. If we divide those 86 deaths among the 3,193,694 inhabitants on the island, we have that 27 people have died from COVID-19 for every million inhabitants in Puerto Rico.

Another measure of interest is the one that indicates how many people a person with the disease can infect. That measure is known as the basic reproduction rate or Ro. The Ro indicates how many people, on average, a diseased person or case can infect, during the entire period that he or she is infectious, when that case enters a totally susceptible population. That is, it measures the potential for the spread of an infection in the population. For example, if the Ro is 2, an infected person can spread the disease to 2 persons. Each of those 2 people in turn infect 2 additional people and so on. If Ro is greater than 1, then there will be an epidemic. The Ro calculated for COVID-19 ranges between 2 and 4 in most countries, that is, each sick person can infect an additional 2 to 4 people, although in some populations the Ro has been slightly higher. For an epidemic to end, the reproduction rate has to be below one.

The actions we take can help decrease this reproduction rate. Isolation, quarantine, and social distancing measures help decrease this measure. Once the reproduction rate drops below one, then we will see that the epidemic will eventually end. That is why it is so important that all these preventive measures continue to be taken. Together we can ensure that COVID-19 does not continue to be an epidemic in our countries.

Linnette Rodríguez-Figueroa, PhD,
Graduate School of Public Health,
University of Puerto Rico

FROM THE NATIONAL REPRESENTATIVE, PUERTO RICO

MINDUP

January 2020 saw the start of an EU-funded project ‘Mental Health Promotion and Intervention in Occupational Settings - MINDUP’. The MINDUP Consortium, coordinated by Prof. Ella Arensman, School of Public Health and National Suicide Research Foundation, University College Cork, met for its first project meeting in Cork, Ireland. The consortium, consisting of 17 high-ranked international partners, discussed the approaching work packages, milestones and desired impact of MINDUP in order to develop, implement and evaluate various (online) interventions and training materials.

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.
At a presentation the day before the IASP Australian Research Workshop on Suicide and Self-harm, I was introduced to the audience as 'nice'. At the workshop itself, Professor Jane Pirkis introduced me as 'old'! I prefer the old to the nice. In fact it was a privilege to be a more senior person at this event and interact with some of the brightest and best early career researchers around.

The essential principle of the workshop is sharing research ideas, sometimes at a fairly early stage, and getting advice and feedback in a supportive, friendly environment. On the first day, I took the opportunity to present our National Quality Improvement Project for suicide prevention. I soon realised I didn’t know as much about evaluation as I thought! Fortunately, Professors Pirkis and Arensman were on hand to help me. It was wonderful that Christine Morgan (the Prime Minister’s National Suicide Prevention Adviser) was also able to join us to give us some unique insights into where suicide prevention policy was heading in Australia.

This event was proudly supported by the Queensland Mental Health Commission. The Commission oversees the development and implementation of Every life: The Queensland Suicide Prevention Plan 2019-2029, a whole-of-government plan that provides a renewed approach for suicide prevention in Queensland, as well as renewed drive and urgency to reduce suicide. Please visit the Commission’s website at the link below to read more about the Every life suicide prevention plan and the Commission’s other work.


Testimonials from participants:

- Many thanks again for organising the workshop and events - loved every minute of it!
- I just wanted to thank you for putting together what was an awesome research workshop...really got my creative juices flowing.
- It was a great experience for me to be able to discuss some of my work, hear from others about theirs. Whilst I felt a little sad to be going back to my remote little corner of the Top End, I left absolutely buzzing with ideas and inspiration. Such a wonderful group of talented and supportive people. I am eternally grateful for having been given the opportunity to present.
- I thought it was a great event, the quality of the research was seriously incredible!
- Thanks for a really wonderful workshop. It was inspiring, community building and a great learning opportunity!
As the worst pandemic in more than 100 years unfolds around the world, many, many, people are feeling a range of emotions that are also unprecedented in their lifetime. Together with mental health organisations, experts and leaders, the Australian government led by the National Mental Health Commission developed a national conversation build around the theme #InThisTogether.

#InThisTogether is designed to help explain and guide individual and community mental health responses to support the mental health and well-being of Australians during COVID-19. Central to #InThisTogether is the driving message that our mental health is just as important as our physical health. At the same time, physical distancing does not mean physical isolation or disconnection. While all Australians need to distance themselves physically, it is imperative that we stay connected. Human connectedness is both central and imperative for effective mental health promotion and suicide prevention. #InThisTogether also provides a collection of simple and practical guides and tips to support Australians’ mental wellbeing. Early intervention for mental health and suicide related distress can be achieved through conversation, connection, kindness and sharing.

A range of online forums have been developed to help enable this to happen. For example

- **Beyond Blue** have a dedicated COVID-19 online forum for people to share their concerns and connect online to support one another.
- **ReachOut** have online youth forums and online parents forums for COVID-19 offering peer support in safe and established online communities.
- **SANE** have an active online forum focused on unpacking fact from fiction about COVID-19 and providing self-care strategies.

**24/7 support lines** have also been bolstered. These include a dedicated Coronavirus Mental Wellbeing Support Line 1800 512 348 and crisis support through Lifeline 131114.

Also released nationally in the wake of COVID-19 has been a revised version of the **R U OK? Mateship Manual**. The Manual is a practical resource providing steps to help understand and respond to someone experiencing mental health crisis or suicide related distress. It has been updated with support and guidance from people with lived experience of trauma and crisis. It is available for free download here [https://www.ruok.org.au/natural-disaster-and-emergency-mateship-manual](https://www.ruok.org.au/natural-disaster-and-emergency-mateship-manual)

**Professor Nicholas Procter**

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**SIG Suicide clusters and contagion:**

An Update from Nicole Hill and Jo Robinson

New research, published in *Plos Medicine* in April, shows that exposure to suicide is associated with a three-fold increase in both suicide and suicide attempt, and exposure to suicide attempt is associated with a 3.5 fold increase in later suicide attempts. The results indicate that, like exposure to suicide, individuals who have been exposed to the suicide attempt of another may benefit from interventions during the period following exposure to suicidal behaviour. These findings are the first to quantify the independent effects of exposure to suicide and suicide attempt on suicide related outcomes, and have important implications for the prevention of contagion following exposure to the suicide attempt or suicide of a relative, friend or acquaintance. The study was led by Early Career Group (ECR) Cluster and Contagion SIG representative Nicole Hill, and co-authored by Jo Robinson, chair of the Clusters and Contagion SIG.

Also new is this: An important aim of the Suicide Cluster and Contagion SIG is to translate evidence into practice so that communities have access to the tools and resources to prevent and respond to suicide contagion and suicide clusters when they occur. This month, researchers from Orygen, The Centre for Youth Mental health, led by Jo Robinson, released the resource ‘Using social media following the suicide of a young person and to help prevent suicide clusters.’ The resource includes access to social media assets that were developed as part of the #chatsafe guidelines and can be shared across multiple social media platforms to help guide young people safely communicate about suicide online, following exposure to suicide in the community. The resource addresses a significant resource gap in the field and harnesses some of the many protective factors that social media offers for preventing suicide clusters and contagion.

FROM THE NATIONAL REPRESENTATIVE, AUSTRALIA
Lots has been happening within the IASP Early Career Group over the last months. In September, the IASP World Congress in Derry-Londonderry saw the IASP ECG organise a number of events for Early Career Researchers (ECRs), including a social event jointly-held with our colleagues at NetECR. The event was a great success and we as the IASP co-chairs were thrilled to see so many people attend, including some new faces. The ECG also organised the first ever “ECR Keynote,” which saw two fantastic presentations from Emma Nielsen (University of Nottingham, UK) and Dr Trishaa Forbes (Queen’s University Belfast, UK). We are extremely grateful to the congress chairs, Professor Siobhan O’Neill, Barry McGale and Professor Rory O’Connor for their support in organising these events. The Derry-Londonderry IASP World Congress also saw the official handover of one of the three ECG co-chair positions from Dr Carl Maria Mörch (Université du Québec à Montréal, Canada) to Dr Tiago Zortea (University of Glasgow, UK). Tiago joins existing ECG co-chairs, Caroline Daly (University College Cork, Republic of Ireland) and Dr Olivia Kirtley (KU Leuven, Belgium). In October, the IASP ECG Taskforce on ECR Wellbeing and Emotional Health, led by Nicole Hill and Eleanor Bailey, in collaboration with Orygen (University of Melbourne), launched a survey about early career researchers’ experiences of their own wellbeing, in the context of conducting suicide and self-harm research. We hope that these results will be able to inform provision of support and supervision for researchers in this field. Most recently, with extensive support and encouragement from CRISIS Editor-in-Chief, Professor Jane Pirkis (University of Melbourne), another IASP ECG Taskforce saw their proposal to introduce the Registered Reports article format at CRISIS implemented. This is a major step forward in addressing transparency, reproducibility and replicability in suicide research.
Suicide prevention using Interpersonal Psychotherapy (IPT) techniques during the COVID-19 outbreak

The COVID-19 outbreak has challenged everything, everyone, everywhere. This is written when whole countries are still on lockdown. At this time, most attention is still obviously focused on medical needs but efforts have already started in the mental health field in general and suicide prevention specifically. The virus is affecting us psychologically, but we should actually all be prepared for an “emotional corona” which may be just around the corner. In Israel it appears that suicide rates are currently stable, but we expect that there might be an increase in the future. Treating depression is one of the main strategies for suicide prevention.

Interpersonal psychotherapy (IPT) is an evidence-based intervention for depression, which has been adapted for various age groups and is also in use as a preventive intervention in a group format. In recent years, IPT has been adapted to patients who are suicidal and there are currently a few studies examining it. IPT’s framework and techniques are highly relevant to the prevention of risk during these challenging COVID-19 pandemic days. The basic assumption of IPT is that depression is associated with interpersonal functioning and therefore the aim of the intervention is to reduce depressive symptoms and improve interpersonal/social functioning.

In the current situation one can use IPT’s conceptualization and techniques to prevent depression and suicide risk. For example, we can all invest in trying to feel better emotionally and stay safe although we are in the midst of a critical situation; this is an extremely important life-saving skill in suicidal crises. In addition, we all need to learn to be better connected to people at home as well as to others using alternative online/electronic ways. Creativity and flexibility are needed to maintain a supportive interpersonal network during lockdown.

These days are an opportunity to practice being aware, accepting and expressing negative emotions; learning to regulate our emotions so that even if we are extremely depressed and feel hopeless, we will not hurt ourselves; increase our adaptive communication skills including asking for help and receiving support, being direct and clear about our needs vis-à-vis adjusting our expectations and taking responsibility in relationships. For those of us who unfortunately do not receive adequate support from family members and/or friends it is important to learn ways to seek support from others. These skills are common to all peoples and we all continue to need to improve on our use of them throughout our lifetimes. If people can use the current challenge as an opportunity to practice and improve these emotional and interpersonal skills, we can make this lemon into lemonade in terms of suicide prevention.

Professor Anat Brunstein Klomek
I feel this is a fitting time to share with you some simple steps on how to connect and care for yourself and others, especially during these difficult times. With COVID-19 creating much fear, anxiety and despair to millions of people throughout the world; and social distancing isolating so many in our communities, there is no better time than right now to connect and care for each other.

**A simple conversation can make a difference, even save a life.**

The question is, how do we have an effective and caring conversation with someone in distress? How do we know what to say, and what not to say? How do we even approach someone who is showing tell-tale signs of distress? And if we can’t help them, who else can? To help answer these questions, I would like to share with you 4 steps that I developed in 2016 as part of the Let’sTALK Program, which I truly believe will give you the structure and confidence to have an effective and caring conversation during these unprecedented and difficult times.

This is a very brief outline of the TALK steps of the Let’sTALK Program. You can read the full article on the website. I hope you find them useful and it provides you with the structure and confidence (with a little bit of practice) to help yourself and someone you care about to get through these difficult times.

Please know that you are not alone and talking about a concern highlights a character strength in you.

Remember - You Can Make a Difference with One Simple Conversation. Start that Conversation Today.

Jetha Devapura is the author of the Let’sTALK Program and has implemented the Let’sTALK Program in schools and businesses. He is also the Founder CEO of CCC Foundation Australia Inc, that started CCCline, the first Lifeline Centre in Sri Lanka. Jetha sits on the Boards of ShareTree, CCC Foundation and Lifeline International.
A collaboration between 4 Mental Health and NHS England has developed a new WellbeingAndCoping website offering free calming and practical advice for anyone emotionally struggling during the coronavirus pandemic. Designed with expert input from international academics, health professionals, mental health specialists, educators and individuals who are currently struggling emotionally, the website offers compassion, calmness and practical ways to help cope during this incredibly challenging time. Resources are suitable for professionals and the general public alike, and maybe particularly helpful to individuals in a ‘carer’ role, including young carers.

iFight Depression: Online self-management of Depression

The European Alliance Against Depression's iFight Tool is normally only to be used in combination with professional guidance by doctors or psychological psychotherapists - studies have shown that online programs are particularly effective in this case. Since many people affected by the corona virus must stay at home and general practitioners may reach their capacity limits, the programme is temporarily accessible without guidance.
February 4th saw us launch the 2021 World Congress to potential sponsors at the Marriott Resort, Surfers Paradise. Despite the ‘severe weather warnings’ the night went exceptionally well, lovely music provided by Straight Up Jazz, delicious food and drink and great speakers.

A huge thank you to those who joined us on Wednesday evening and helped to make the launch a great success. It was a privilege to meet so many from within the sector and local business who are ready and eager to develop strong connections both in the lead-up to the World Congress on the Gold Coast and into the future.

A special thanks to our MC Mark McConville for his generosity and wonderful spirit, to Brett Nutley for his warm Welcome to Country and stories, to Jane Pirkis for championing the Congress and IASP, to Jaelea Skehan for her time and dedication to the cause that brings us all together and to Martina McGarth for her strength to share her story. And lastly, thank you to EveryMind/Life in Mind for their support.

If you or your Organisation would like to explore sponsorship options download the prospectus: https://www.iasp.info/goldcoast2021/sponsors/
Due to the impact of the COVID19 virus, the IASP Asia Pacific Conference Organising Committee has rescheduled the Conference to November 22nd - 24th, 2020 at the Taipei World Trade Center. 

https://www.iasp.info/taipei2020/

The abstract submission portal has now been re-opened, and we encourage you join us for this wonderful Asia Pacific event: https://www.iasp.info/taipei2020/abstract-submission/ Early bird registrations have also been extended through to July 30th. https://www.iasp.info/taipei2020/registrations/

WE HOPE TO SEE YOU IN TAIPEI THIS NOVEMBER

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September 21st - 24th, 2021 31st IASP World Congress, Gold Coast, Australia.

https://www.iasp.info/goldcoast2021/ 

Abstract Submissions will open later in 2020