

## **IASP Taskforce Postvention**

Meeting held at the XXIIth World Congress of the International Association for Suicide Prevention, IASP, Stockholm, 10-14 September 2003

Minutes of the meeting – 13 September 2003 – 8.30h-10.00h

### **Background**

The IASP Taskforce Postvention was established on the proposal made by prof. Norman L. Farberow during the XXth IASP Congress held in 1999 in Athens. The aim of the Taskforce is to increase the awareness for suicide survivors and postvention activities within IASP and its members.

A first objective of the Taskforce was to publish a Directory of suicide survivor services. The European directory was published in 2002 and the information will become available as a searchable database in due time. Currently the Directory of services in Australia and New Zealand is in preparation.

### **Attendees** (per country, alphabetically)

1. Sheila Clark, Department of General Practice, University of Adelaide, Australia
2. Alan Staines, Suicide Prevention Australia
3. Karl Andriessen, Flemish Working Group on Suicide Survivors, Belgium
4. Rita De Bruyker, Flemish Working Group on Suicide Survivors, Belgium
5. Nico De fauw, Flemish Working Group on Suicide Survivors, Belgium
6. Airi Värnik, INSS, Estonia-Swedish Institute for Suicidology, Estonia
7. Elina Mäenpää, Association for Mental Health, Finland
8. François Besançon, University Paris, France
9. Chiyo Yamashita, Self Defence Forces Central Hospital, Japan
10. Kirsti Foss, Family therapist, Norway
11. Karol Svanøe, University College of Vestfold, Norway
12. Onja Grad, University Psychiatric Hospital, Centre for Mental Health, Slovenia
13. Anka Zavasnik, University Psychiatric Hospital, Centre for Mental Health, Slovenia
14. Margit Ferm, Association for Suicide Prevention and Support to Suicide Survivors, Sweden
15. Prakarn Thomyangkoon, Rajavithi Hospital, Thailand
16. Jerry Weyrauch, Suicide Prevention Action Network, USA

### **Apologised**

Norman L. Farberow, Chair of the Taskforce

### **Agenda**

1. Opening of the meeting
2. Introduction of the participants
3. Expectations
4. Discussion
5. Conclusions

## **1. Opening of the meeting**

Because the Chair of the Taskforce was apologised, Karl Andriessen chaired the meeting. He welcomed the participants and gave a brief introduction of the aim of the Taskforce and this meeting.

## **2. Introduction of the participants**

- Each participant had the opportunity to introduce him/her self, to tell about their postvention activities with suicide survivors, and to formulate their expectations for the Taskforce.
- It was decided to circulate the list of addresses of the participants of this meeting.

## **3. Expectations**

- to have contacts in this field
- to learn how to develop services
- to learn to work with survivors
- to exchange ideas and information of services
- to know programmes to care for suicide survivors
- to learn from others in this field
- to know what works, what is helpful
- to evaluate psychotherapeutic processes
- to improve research and evaluation of activities
- to be connected with others, to develop contacts on a long term basis
- to set up more support groups and postvention activities

Several of these expectations were formulated by more than one person. Important expectations were to have more contacts and to exchange information. Further, there is a need for more evaluation and research for psychotherapeutic work, group work and community work.

## **4. Discussion**

The introductions were followed by a discussion during which several topics were raised.

- It is not always easy to invite survivors to attend a group. How to tell them that it might be helpful to join a support group, or to continue to attend ? What would be the role of the stage of bereavement ? For example, in France survivors are not invited to a group during the first six months of the bereavement. What is the role of gender ? Is there a difference in this between men and women ?

What is the role of the format of the meeting ? For example, the telephone support groups in Australia and support systems that include outreach (for example: USA) seem to work well.

- Can IASP website include a notice board or discussion list on postvention ? The participants felt that this would be helpful to meet the need for exchange of information and experiences. This notice board or discussion list should be open for IASP members only and protected by password. But then we will need someone who has sufficient time available to maintain the forum.

The format of a chatroom was not favoured because the contributions are not stored.

- Service chains were developed in Finland. It involves crisis therapy with debriefing sessions followed by rehabilitation groups (6 months). Participants of these groups started a survivor organisation. Survivors are reached through the police.

- It was agreed that the participants of this meeting will keep the other participants informed about their activities, and to send to each other information on postvention policies, leaflets, etc.
- In addition, participants asked to include this information in the database of the Directory.
- General practitioners and politicians are important stakeholders. Is it possible that IASP invites representatives of GPs and politicians, for example of the hosting country ? Experiences in the USA show that this has an awareness raising effect. We should communicate that postvention is a low cost prevention work.
- In addition, Airi Värnik informed the meeting that in January 2005 a WHO/Euro ministerial conference on suicide prevention and mental health will be held in Helsinki, Finland. It will be on invitation only. Is IASP involved ?
- The participants expressed their wish/hope that there will be more presentations, also in plenary session, on postvention policies during next IASP Congress in 2005.
- To have more presentations is an important target. However we must be alert that these presentations are not scheduled in competition with each other, as it almost happened during the current congress. It was agreed that we would ask this in advance from the next convenor.

## **5. Conclusions**

There was not much time left to formulate together extensive conclusions of this meeting. However, the participants were very positive that this meeting was held. It offered a platform to exchange ideas and to meet people who are doing similar work and have similar interests. The participants wished that there would be more meetings like this.

### **Action list**

Nr.	Action	Responsibility
1.	To send the list of addresses of the participants of the meeting to them.	Karl Andriessen to send the list together with the minutes, a.s.a.p.
2.	Can IASP website include a notice board or discussion list on postvention ?	Karl Andriessen to ask prof. Lars Mehlum.
3.	To maintain the notice board or discussion list.	?

4.	The participants of this meeting will keep the others informed about their activities, and will send to each other information on their postvention policies, leaflets, etc.	All to send documents, agenda's to the other participants.
5.	To include this information from the participants in the database of the Directory.	Karl Andriessen to discuss with prof. Lars Mehlum (and his web master).
6.	Is it possible that IASP invites to their Congresses representatives of GPs and politicians, for example of the hosting country ?	Karl Andriessen to bring this question/suggestion to prof. Lars Mehlum.
7.	A WHO/Euro ministerial conference on suicide prevention and mental health will be held in Helsinki, Finland, in January 2005. Is IASP involved ? Can we play a role in this conference ?	Karl Andriessen to ask prof. Lars Mehlum.
8.	To increase the number of presentations on postvention policies and activities during next IASP Congress in 2005.	All.
9.	We must be alert that these presentations are not scheduled in competition with each other, as it almost happened during the current congress.	Karl Andriessen to ask prof. Lourens Schlebusch and prof. Lars Mehlum.

Minutes,

Karl Andriessen & Onja Grad