

*INSIDE
THIS
ISSUE*

A House Built Upon A Rock

Lars Mehlum

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The field of Suicidology has developed rapidly in recent years thanks to scientific innovations, changes in attitudes and beliefs, political initiatives, collaborative actions in national and international contexts and lots of hard work by countless individuals. Still, we have a long way to go before we reach our goals in suicide prevention. Still, there are many bridges to be built if we are to succeed in reducing the huge problem of suicide. In his paper in the last issue of the newsletter,

John Peters expresses some of his worry and frustration over the lack of progress and lack of collaboration between researchers and survivors and – inspired by president Obama – he calls for several substantial changes to be made to the way researchers work and changes for IASP as an organization. He asks “Is it impossible to envisage such dramatic changes?”

In an attempt to answer this question, let me begin with making another reference to president Obama – more specifically to his recent address at the Georgetown University when alluding to the Sermon on the Mount - “We must build our house upon a rock” - he advocated for change built on a firm foundation, not on the same pile of sand as before. In the field of suicide prevention we truly need change, but this change must have strong foundations. As I see it, the job for researchers and others who are involved in collecting, systematizing and disseminating new knowledge is to help build the foundations of a new and strong evidence based Suicidology. Their job is, however, not to occupy every room in the house and to act as landlords with privileges of defining or deciding over all of the house, its inhabitants and contents. To the extent that some experts may have adopted such an understanding of their role, I would say that they indeed need to change.

Not all researchers and professionals involved in Suicidology are helping build our house upon a rock. Some researchers have a tendency of studying what is easiest available to them rather than what is most relevant to the field of practice or what would be most helpful to those who are in need of help. Some researchers seem never able to move beyond conducting descriptive studies into studies of interventions or potential solutions to problems. Some researchers seem never able to translate their findings to actions or even to discuss implications of their research to the field of prevention. Some researchers are not inclined to interact with interventionists, clinicians, survivors, volunteers, policy makers or others who could be important partners for them in translating their research into action. Some researchers are only interested in adhering to codes and rules defining quality and excellence internally in academic circles and fail to relate to the society at large who have funded them and who need their research results. I am afraid that these researchers will – for various reasons – risk failure if their target is to help building a useful and relevant evidence base for our future house of suicide prevention.

However, there is little doubt that many researchers are devoted to finding new, useful and relevant knowledge. There is little doubt that many researchers are more than willing to share and interact.

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Many have dual roles as clinicians and researchers or have adopted other combinations of roles. There are more than enough professional suicidologists out there who could team up with survivors and others who have become involved with suicide prevention from other perspectives than as a professional career. The question is how, then, we could most effectively facilitate sharing, exchange and collaboration between the different groups. Allow me to make some suggestions.

More opportunities to interact and collaborate should be established; at conferences in the form of roundtables where survivors, volunteers, users, researchers and clinicians participate on equal terms. But just as every conference organizer needs to select good key note speakers and get funding to bring them in, we should carefully think about what human and financial resources would be needed to create really attractive cutting edge roundtable discussions and other meeting points where those currently neglected issues could be debated.

Perhaps self-evident, but survivors, volunteers or user representatives should carefully consider what engagement and resources they are willing to invest in developing international and interdisciplinary organizations in Suicidology such as IASP. On one hand, to change organizations and the way they work requires long-term and strong involvement. On the other hand, organizations involved in suicide prevention will probably find it hard to grow and develop a stronger impact in society without the direct involvement and support of survivors, users and volunteers. A direct involvement means political action, entering into development processes, sharing ideas and views, donating work hours and help raising funds just to mention a few examples.

Having followed the field of suicide research for a long time, I have seen a gradual shift of focus from descriptive and phenomenological studies over to intervention studies. Still, there is a substantial potential for improvement. If we want more research and development to be focused on interventions or translational research, one way to go is to help funding that kind of research. However, compared to other sectors of society, there is a remarkable lack of charity funds and donations made to suicide research and prevention. We should ask ourselves why, and we should come together and find more effective fundraising strategies. Funding is a very powerful change strategy.

An additional potent change strategy is to start monitor and highlight the problem which is the focus of our attention. If we feel that there is far too little translational research, interaction between important groups involved in the field of Suicidology, we should start observing and reporting the problem, just like Mr Peters has done. Sometimes this is quite an effective intervention in its own right. I hope Mr Peters will continue to voice his observations and suggestions for change in the months and years to come – to the benefit of our joint mission.

Is then change possible? Yes, even radical change is possible. However, an obstacle to change would be for us to keep our voices, resources, insights and achievements to ourselves in fear of criticism, competition or loss of control or privileges.

Lars Mehlum, M.D. Ph.D. is Professor of Psychiatry and Suicidology at the University of Oslo and head of the National Centre for Suicide Research and Prevention in Norway. He was one of the founders of the now 10 year old Norwegian Association for Suicide Survivors (LEVE) and he is a past president of IASP.

American Foundation for Suicide Prevention National Survivors of Suicide Day Goes International

Rebecca Thorp, Manager of Survivor Initiatives

“Chances are that you’ve heard of and maybe even participated in World Suicide Prevention Day, but did you know that there is also an annual day of healing and support specifically for those who are bereaved after a suicide loss?” says Rebecca Thorpe from the AFSP.

National Survivors of Suicide Day has been sponsored by the American Foundation for Suicide Prevention every November since 1999, and in recent years, international participation has begun to increase. As loss by suicide knows no national or cultural boundaries, AFSP welcomes this expansion, and invites individuals and organizations from around the world to organize their own local conference sites for the 11th Annual National Survivors of Suicide Day on November 21, 2009.

How it works:

Every year, local conferences are independently organized in cities across the U.S. and other global sites by a wide variety of individuals, organizations, and schools. Survivors gather at these conferences for mutual support and healing, and to watch a 90-minute educational broadcast on coping with bereavement after suicide that AFSP provides, for free, to each site via webcast or DVD. Local site organizers also have the option of customizing the Day for their community by adding local speakers, support groups, or healing activities before or after the broadcast.

Survivors who don’t live near a conference site can sign up at www.afsp.org/survivorday to watch the 2009 webcast live on November 21, 2009 from their home computer. After the live premier, the webcast is then saved on the AFSP website for viewing at any time.

In 2008, there were 168 independently organized conference sites throughout the U.S. and another 10 in cities throughout Canada, Australia, India, and Kenya. After participating, feedback suggests that those who formerly felt isolated and alone feel connected to a worldwide community. As a survivor from Australia said, *“Knowing that the same program was happening all over the world gave me [a sense of] connectedness. It was healing for me.”*

Whilst every site is organized locally and independently, they are connected by watching the AFSP broadcast in unison on National Survivors of Suicide Day. The broadcast features a question-and-answer panel with experienced survivors and mental health professionals sharing their stories and addressing some of the questions that so many survivors face. Organizations, universities, and agencies have many reasons for organizing a site. Bereavement support groups find that they can reach new people with this event, mental health organizations use the opportunity to publicize their overall services, and universities often use the program as a way to open dialogue with students about the issue of suicide in general.

How to participate

The 11th annual National Survivors of Suicide Day is on Saturday November 21, 2009. Interested local sites can access a free broadcast by webcast or DVD to screen on that day from 1.00-2:30 pm local time and can also add subtitles in their local language to the DVD.

AFSP invites those interested to watch broadcasts from previous years and view the online step-by-step guide on organizing a site at www.afsp.org/survivorday.

Rebecca says “No one should have to cope with the aftermath of suicide alone. We hope you may tell others about this initiative and tell survivors in your country that if there isn’t a 2009 site in their area, they can watch the 2009 webcast live on November 21, 2009.

For information about speakers and panellists see the website or email rthorp@afsp.org .

'Sharon'

By Paul Kelly

Adapted with permission from "Suicide—Ireland's Story"

Paul Kelly, Founder of Console, the bereaved by suicide foundation, lost his 22 year old sister Sharon to suicide in October 2001. Sharon was the baby of the family.

As a child she was deeply loved – her sisters took her under their wing. She had big brothers who were crazy about her and who were always looking out for her. Viewing Sharon's life from different perspectives, she appeared to have everything going for her.

At University, Sharon's life continued to go really well - she graduated with an excellent degree and was offered a top job in a multinational company based in Dublin. However, she wanted to travel the world initially with her friends and they decided they were going to travel to Asia for a year. Sharon took a year off work and, with her friends, made the bookings. She would never take that trip.

A couple of nights before they were due to head off, she went out with friends from work. She dropped into Mum that night, dressed up beautifully. As she was leaving the house she said to Mum 'You know I love you, don't you?' and threw her arms around Mum. She rang Mum twice that night and kept saying 'I love you, Mum'.

I was at work the next morning when my phone rang. It was a Policeman who asked could he meet me at Blanchardstown Hospital but wouldn't say why. On arrival, I was greeted by an unmarked Police car; my mother was in the back seat. A Policeman got out of the car and said to me "I've bad news for you. Your sister Sharon is dead and we suspect its suicide".

I was then faced with the horrendous task of identifying my sister's body and telling my mother her little baby was dead. As the other members of the family were informed about the tragedy, they each came to the hospital. The whole family was in total shock.

The bewilderment and disbelief felt by all intensified as the family learned that Sharon must have been planning her death for a while. She had left letters for each of us. We don't know how long before she knew what she was going to do. As a brother, I felt I failed her. She was obviously in crisis to do what she did, for her to choose to end her life. There had to be something seriously wrong, because our instinct is to survive.

The toll Sharon's death would take on the family made for further devastation. Mum couldn't come to terms with the loss of her baby. We tried to help her but she neglected herself and stopped eating. She died of a broken heart. When my father lost his life partner as well as his baby daughter, he too gave up. He didn't want to live, he stopped looking after himself.

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He had a massive stroke at the age of 69. In the space of 12 months, I lost my sister, mother and father

I now feel my sister must have been in crisis. I and the rest of the family, like all families bereaved by suicide, kept asking “Why?” and asked ourselves whether we could have prevented it.

Did we fail her? I was angry with her at times and would ask “Why did you do this?” However, the feelings of anger went away very quickly. At the end of the day, I lost my little sister.

Sharon was brave, sensitive and loving – a wonderful, caring human being. Sharon always brought immense joy to the family and when she died, this was all turned upside down. The pain of losing Sharon in such a terrible way will be with my family and I for the rest of our lives. I now want to do as much as I can for others whose lives have been shattered by the loss of loved ones.

Paul is one of the founding directors of Console, the Bereaved by Suicide Foundation. Console provides professional counselling and support services to those bereaved by suicide. They also organise conferences and seminars and produce a selection of literature for those bereaved on the subject of living with suicide.

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The Princess Grace Humanitarian Award



**Paul Kelly collecting the award
from Prince Albert II**

The Princess Grace Humanitarian Award is the only one of its kind dedicated to the memory of the late Princess. His Serene Highness, Prince Albert II, is patron of the Ireland Fund of Monaco, and has presented this prestigious award since its inception.

Mr. Kelly was selected for the award in recognition of his efforts to address the tragic aftermath families experience in the wake of a suicide. With the statistics of suicidal behaviour among adolescents and young adults increasing at an alarming rate globally, the World Health Organization has declared the tragic problem ‘a global pandemic.’ Mr. Kelly

has created an organisation in Ireland, unique at the time of its founding, that supports and helps those bereaved by suicide.

The Ireland Fund of Monaco adopted as its primary strategic focus the support of research in Ireland and along the Cote d’Azur to provide a better understanding about the causes of depression which may lead to suicidal behaviour among young people with outcomes that will result in better therapies and methods of prevention of these tragedies.

As he announced this year’s recipient, Mr. Michael Fitzgerald, President of The Ireland Fund of Monaco, said, “We are honoured that His Serene Highness, Prince Albert II, presents this important award which is named in honour of his late mother, Princess Grace. We are very pleased to single out Mr. Kelly and to call attention to the important work he is doing. His tireless efforts and his personal dedication to addressing and correcting tragic situations such as these are exemplary and extraordinary.”

“The late Princess Grace was adored in Ireland and by Irish people everywhere. She promoted compassion and care for people who suffer, and we are very honoured that Her family have allowed us to memorialize the late Princess by naming this Award after her.”

The Ireland Fund of Monaco, part of a worldwide philanthropic organization, was established in 1998 in the Principality. The Ireland Funds comprise the leading network of people of Irish ancestry and friends of Ireland dedicated to raising funds to support programmes of peace and reconciliation, arts and culture, education and community development for the island of Ireland. With operations in 11 countries, the Ireland Funds have to date raised almost \$300 million for over 1,200 non-profit organizations in Ireland.

Upcoming Events

September 10th, 2009:

World Suicide Prevention Day

October 27-31, 2009:

International Association for Suicide Prevention, 25th World Congress, Montevideo, Uruguay. www.iasp2009.org

November 21st, 2009:

11th Annual National Survivors of Suicide Day. www.afsp.org/survivorday

April 21st—24th, 2010:

43rd Annual AAS Conference, Orlando, Florida. “Family Community Systems and Suicide”. *Call for Papers Deadline: 15th August 2009*

September 1st—4th 2010:

13th European Symposium on Suicide and Suicide Behaviour. Rome, Italy

Newsletter Editorial

This edition of the newsletter featured a response from Lars Melhum to our main article by John Peters in the last edition of the IASP Postvention Newsletter. This conversation is also a reflection of the increasing interest and activity in the areas of postvention research and practice currently taking place globally.

The Newsletter team welcomes the opportunity to provide a platform for these discussions and also to feature specific initiatives such as the AFSP National Survivor’s Day and the Princess Grace Humanitarian Award presentation. Importantly Paul Kelly’s contribution in honour of his sister Sharon reminds all of the purpose and necessity of postvention support and care.

As all in the Suicidology field acknowledge the death of Edwin Schneidmann whose work underpins so much in this area we also embrace the challenge of his claim that “postvention is prevention for the next generation”.

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