Postvention Task Force Receives new Status as Special Interest Group within the International Association for Suicide Prevention

Over the last number of months, we have been working towards getting a change in the status of the Postvention Task Force within the International Association for Suicide Prevention (IASP). Formal notification was received on 1st May that the change of status has been agreed by the Board of IASP. Subsequently, we now have Special Interest Group (SIG) status within the IASP.

As a result of this change, the SIG is now mandated to establish time limited Task Forces to address particular issues within the field of postvention and bereavement support to suicide survivors. Over the next number of months we shall be establishing such Task Forces and we will be seeking members of the Special Interest Group to undertake the role of Chairperson of specific Task Forces and to work as part of the Task Force to ensure that specific pieces of work or project gets progressed.

Should you have an interest in contributing to these Task Forces, please let us know as it will only be through your involvement and active contribution that the Special Interest Group will be successful!

Already we have established the first such Task Force under the Chair of Mr John Peters. The purpose of this Task Force is to work towards ensuring appropriate involvement of postvention throughout IASP Conferences and those Conferences supported by IASP. The initial focus of this Task Force shall be the IASP conference in Oslo in September 2013.

We look forward to working with you all in the upcoming months towards raising the profile and position of postvention within the field of Suicidology.

Sean McCarthy, Karl Andriesen
Co-Chairs
Special Interest Group
Workshop “die Last vertilen”

To share the burden – How to reach survivors in the community?

A workshop entitled “To share the burden” took place on 26th October 2012 in Flensburg, Germany. The aim was to find out why, despite high rates of suicide in the town (26.9/100,000 in 2010 and 2011), only a limited number of survivors come to the organisations who offer support. Subsequently, the workshop aimed to develop a support strategy that could be put into practice as soon as possible.

Flensburg, an independent town with 90,000 inhabitants, has a high rate of unemployment (11% in 2012) and subsequently a high rate of people dependant on social welfare benefit. The town is on the Danish border in the German Federal State Schleswig Holstein (State suicide rate: 13.7/100,000 in 2010).

The workshop organisers were the organisation Lichtblick Flensburg e. V. Life (help in life-threatening situations and crises) and the Department for Psychiatry, Psychotherapy and Psychosomatics of the Flensburger Diakonissen Hospital (DIAKO), an academic teaching hospital of the University Campus of Schleswig-Holstein. Among the 14 participants, some of whom are survivors, were members of municipal administrations, the nationwide organisation AGUS (“Survivors after Suicide”) and members of the IASP.

The workshop discussed the possible reasons for the low rate of acceptance of offers of survivor support, and how to better reach and to serve the survivors. A survivor can seek support him/herself, other people involved can do this for him/her, or others can pave the way.

There was a general consensus that survivors would hesitate to seek support themselves. There are many reasons for this; shock, the development of feelings of guilt and shame, and also fear of transferring guilt may lead to the stifling of initiative and lack of communication. The biography and cultural background and different needs for help also play a role as do many other unknown reasons. The relationship of the survivors to the suicide victim is of major importance, whether they are children, parents, partner, siblings or friends.

The social network of the deceased could play a role in whether or not the survivor seeks out help and support. These can be physicians, teachers, fellow pupils, colleagues, or neighbours. They all can assist the call for help; but they can also hinder it. Other people involved can also play a role in making sure that the survivor seeks help. These may be policemen, railway employees, ambulance drivers, church ministers.

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Coming to the **recommendations**, the workshop participants must bear in mind the limited financial resources that the organisers have for the realisation of their ideas. First contact should be by the police and other institutions. After that, it can be decided in which order to proceed with the other recommendations.

In **conclusion**, it is important to note that the cooperation between participants from various walks of life on the same level contributed to the varied thoughts and proposals of the workshop. The feeling of being involved in the solving of an urgent regional problem with the perspective of pragmatic and prompt realisation of the aims was stimulating. A follow up of the workshop to keep check on the developments was recommended.

In the meantime, the workshop may well have been instrumental as a catalyst for the intention of cementing the co-operation of Lichtblick and the DIAKO by contract, and the further establishment of survivor support in the region.

**Peter Lorenzen**

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Breaking the Silence in the Workplace

A Guide for Employers in Ireland on Responding to Suicide in the Workplace

In an organisation like Console, we are only too aware of the chaos, pain and devastation that can result after a death by suicide. Those left behind can face very tough questions, relationships can easily become fraught and everyone ever connected with the deceased, will question “why”, “how” and “what if?”. Understandably, it may be a time when those close to the deceased, their family, friends and colleagues, require some extra support from their community.

The workplace is one community, where many people spend up to half their waking hours. We form close relationships in the workplace, both professional and social. Our work can influence our whole identity, our attitudes and play an integral part in the direction our lives take.

Over recent years, Console has noted a dramatic increase in the number of requests from businesses and employers for support and guidance in the aftermath of a workplace suicide tragedy. Some of these are large corporate entities, others are small close-knit workplaces. Commonly, they express concern that bereaved employees are supported in a helpful manner, and that other colleagues are ultimately kept safe. There can be a fear of contagion, or a worry about the overall safety of the team. First steps, such as informing the team about a colleague’s death, can be a huge worry. Further on, concerns can grow in relation to the health, wellbeing and performance of the bereaved workforce, or an individual.

This guide outlines four main scenarios that can occur in the workplace;

1. When an employee dies by suicide on-site
2. When an employee dies by suicide off-site
3. When an employee is affected by the suicide of someone who is close to them
4. When a former employee dies by suicide

Each scenario is discussed, and helpful strategies are outlined. Importantly, the guide does not require the reader (perhaps a HR professional, a manager or employer) to be an expert in this field. Still, they should have a basic understanding of the issues, emotions and reactions involved.
No employer is ever alone in handling the after-effects of a suicide.
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This guide gives helpful information on the very simple strategies they can employ themselves and where they can turn to for advice on more problematic or complicated situations.

We know that when employers or those in responsibility handle such crises well, there is a positive impact on other employees’ reactions to the loss and the resulting long term effect it may have on them. Years ago, most employers were only concerned with the job a person did, and not so much, with the person themselves.

“A Guide for Employers on Responding to Suicide in the Workplace” is an important addition to the ever-increasing library of resources and valuable knowledge that every employer should refer to, in order that they support and stay mindful of, the whole person in their employ.

Ciaran Austin, Console

“Breaking the Silence in the Workplace; A Guide for Employers on Responding to Suicide in the Workplace” is available to download on the websites of Console and The Irish Hospice Foundation, or by contacting either organisation directly.

Console is an Irish charity supporting people in suicidal crisis and those bereaved by suicide through professional counselling, support and helpline services. Console provides a wide portfolio of suicide prevention and bereavement resources, information and training.

www.console.ie.

The Irish Hospice Foundation is an Irish charity that promotes the hospice philosophy and supports the development of hospice care. Bereavement training and advocacy are core activities of the charity.

www.hospice-foundation.ie.
Profile
Karl Andriessen, MSuicidology
Norman Farberow Award Recipient, 2005
Tele-Help Federation (Tele-Onthaal), Gent, Belgium &
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My professional career in the field of suicidology started in 1988 in the Flemish Suicide Prevention Centre in Brussels. At that time, despite high suicide rates (20/100,000 inh.), suicide research and prevention was not a priority in Belgium (Flanders) and only a handful of people/organizations were involved. As in many other countries at that time, the field of suicide bereavement was neglected.

In the year 2000, when I was the Director of the Centre, we successfully applied for a research grant to study the needs of people bereaved through suicide. This was a milestone study, because it was the first time that the survivors (in our country) were given a voice to express their experiences of the loss and their search for support in their social circle and in wider society.

Simultaneously, but independent of the study, a collaboration started between self-help groups and a variety of mental health and social services, including the Suicide Prevention Centre and the Tele-Help line (Tele-Onthaal). This collaboration led to the establishment of the Flemish Working Group on Suicide Survivors, which advocated for the support of suicide survivors through, e.g., the yearly organization of a “Suicide Survivor Day” (held in November 2012, for the 12th time) and through a collaboration with the media.

As a co-founder of the Working Group, I was Vice-Chair (with Nico De Fauw as the Chair) and International Representative and the Working Group established the Media Award for responsible portrayal of suicide and survivors, the Charter of Rights for Suicide Survivors and a set of quality criteria for support groups. The Working Group was a pioneer initiative which helped to bring together survivors, volunteers and professionals with a common goal to develop suicide survivor support. Since then, the Working Group is led by a new dynamic group and its concerted postvention activities have been included in the governmental Flemish Suicide Prevention Action Plan.

In 1999, the IASP Taskforce on Postvention was created. It was an international landmark event in the postvention field. This was initiated and first chaired by Professor Norman Farberow.

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I joined this taskforce—the start of a fruitful collaboration with Prof. Norman Farberow—and I became its chair in 2003 and I had the honour and pleasure to share this task with Sean McCarthy as a Co-Chair. The Taskforce aims to bring together survivors, clinicians, researchers from all over the world in order to facilitate communication in the field and to exchange expertise.

Since its inception, the Taskforce has successfully organized postvention streams during all IASP world congresses and the ESSSB, and held open meetings during these congresses, which provided ample networking opportunities and allowed us to discuss priority actions. The IASP website now includes postvention resources and the Taskforce publishes a postvention newsletter on a regular basis.

In the past year, the Taskforce was successfully transformed into a “Special Interest Group” within IASP, which should strengthen our activities and would allow more people to become actively involved in the international postvention field.

During all these years it has been fascinating to see how the “new” and “old” researchers, field workers and survivors meet each other, how ideas and experiences are being debated, and how collaborations emerge. In addition, during the past decades there has been a growing body of research and lived-experience articles and books about suicide bereavement and support, as well as websites and other online resources (e.g., online chat).

Despite the worldwide growth of postvention, the field still faces many challenges. On the local level, there remains a question how to reach the survivors, what are the needs in specific communities, and how can these needs be met.

There remains also, both on the global and the local level, an on-going need for communication and commitment among all people involved (survivors, researchers, policy makers); between volunteers and paid professionals, between researchers and field workers.

In my view, this is the key to putting the slogan “Postvention is Prevention” into practice.
Spearheads in Postvention
Presented at the ESSSB 2012

The bi-annual European Symposium on Suicide and Suicidal Behaviour (ESSSB) is a major Suicidology Congress attracting presenters and participants from all over the world. This was certainly the case at the recent 14th ESSSB, held in Tel-Aviv, Israel, 3-6 September 2012. Though the plenary program was of a high quality covering a variety of topics related to epidemiology, risk factors, treatment prevention and public health, there was no plenary on suicide bereavement and postvention.

The program did include four parallel sessions on postvention and suicide bereavement with presenters from the UK, the Netherlands, Slovenia, Belgium, Israel, Australia and the US. The first session included four research presentations related to the needs of survivors, the course of bereavement and cultural sensitivity of bereavement. The second session discussed the topic of patient suicide with two presentations. The two presentations in the third session focused on suicide bereavement in children and parental bereavement.

The symposium organized by the IASP Special Interest Group on Suicide Bereavement and Postvention included four presentations:

“The development of a parental suicide bereavement training pack for health professionals” (S. McDonnell et al.);
“The importance of introducing ‘lived experience’ in postvention education programs” (S. Wilks);
“How can we help suicide survivors via the Internet? Evidence, major issues and food for thought” (K. Andriessen & K. Krysinska);
“Negotiating access to data for a study of suicide bereavement: challenges and opportunities” (S. McDonnell et al.).

Finally, there were two poster presentations on characteristics of suicide bereavement.

The sessions took place in a warm and friendly atmosphere and were well attended. The presented topics could be called “spearheads” in postvention research and practice. Several crucial themes emerged across presentations. What are needs of survivors during the course of bereavement in different age end gender groups? How to reach the bereaved in the community and online? How to apply narratives and lived-experience in psycho-education and training for health professionals who work with the bereaved?

These topics certainly warrant further research and hopefully we will welcome presentations and discussions related to these topics at future congresses.

Karl Andriessen, Co-Chair, SIG Postvention
Upcoming Events

22-25 May, 2013
International Association for Suicide Prevention Regional Symposium in the Caribbean
*Suicide Prevention in Rural Caribbean* - Paramaribo, Suriname

24-28 September, 2013
XXVII IASP World Congress
*Preventing suicidal behaviour on five continents - Innovative treatments and interventions*
Norway, Oslo
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