



FROM THE PRESIDENT

I A S P

*'Twas brillig, and the slithy toves
Did gyre and gimble in the wabe:
All mimsy were the borogoves,
And the mome raths outgrabe.*

Lewis Carroll's immortal *Jabberwocky*, published in 1871, is known as a nonsense poem. I am reminded of it whenever I struggle to make sense of something, notably an issue of relevance to Suicidology and suicide prevention – like suicide trends.

Years ago, when youth suicide rates in the States increased – no less more recently came down – I couldn't reasonably explain the trend line.

More recently, as we in the States experienced a dramatic shift in peak suicide rates from the elderly to the middle-aged, I searched for some explanatory hypotheses that I could test with available data and found no reasonable association between these increased rates and those of unemployment, mental disorder (depression, in particular), chronic disease, divorce, etc. Only parallel increases in illicit drug use and alcohol use among those middle-aged offered a degree of association of some partial explanatory value.

Similarly, I have explored variation in rates of suicide relative to the recent global economic downturn, but where there appears to be an association, as in the US where our 2009 and 2010 national suicide rates have increased during the period of recession, I was dismayed to find that the increase in rates began well before the start of our recession (16% since 2005). No less, I then explored trends in rates in other countries also impacted by significant late decade economic downturns and simply could not find any consistent pattern of association. In the UK, for example, which has experienced a double dip recession since the third quarter of 2008, suicide rates, notably among males of working age, have declined, 15% in fact since the year 2000. New Zealand's unemployment rate more than doubled between December, 2007 and September, 2009, yet their suicide rate only marginally increased by 2.3%.

Australia, which did not suffer a recent economic downturn, has witnessed a decline (17%) in male

suicide rates since 2000. So, this led me to wonder (hopefully) if their declining rates might be responsive to their national suicide prevention strategy; no less, perhaps, if the UK's declining rates might also be similarly tied to their national strategy.

So I emailed some international colleagues, David Gunnell and Keith Hawton in England and Bob Goldney and Greg Carter in Australia. David Gunnell responded that the downward trend in England predated their 2002 strategy by some long period of time and raised serious concerns about the quality of national suicide data, notably responsive to changes in Coroner practice (Carroll et al, 2011; Gunnell et al, 2011) in his country that would make suspect any population level association. Keith Hawton concurred and appended a recent paper by Barr et al (2012) that, returning to the question of a possible association between suicide rates and the economic recession, indeed found just that, notably among males living in regions of England that had the largest rises in unemployment.

Greg Carter reminded me that De Leo and Evans (2004) had found no short-term impact of national suicide prevention strategies, where they were in place, on suicide rates, and included published papers concluding no discernible impact on youth suicide rates in Australia in areas where locally targeted youth suicide prevention activities occurred (Page et al, 2011). Further, he noted that in most western countries male suicide rates have waxed and waned over time, although not in all countries, nor all at the same time, nor in the same age groups. He offered a large number of potential explanatory hypotheses for within- and among-country variations, but concluded merely that these invited good epidemiological work that hasn't yet seen the light of publication.

Bob Goldney thought that we needed to accept less rigorous standards of research, given the low base rate of suicide, to understand these phenomena and offered a much more "pragmatic" and optimistic view (Goldney, 2005) toward how these understandings could be tied to prevention activities. Moreover, he referenced a recent editorial by Appleby (2012) that tied the possible link between the global economic downturn to evidence

that good clinical care lay at the heart of making a difference. As Appleby argued, we should not "assume that a recession-induced rise in suicide is a social rather than a clinical phenomenon," given that mental health patients may be particularly vulnerable to unemployment and other recession caused cuts to social care services (p. 27). Bringing us full circle to the issue of national strategies, he opined further that a major test of suicide prevention strategies rests on their ability to target clinical services and health policies and that international evidence for the impact of these programs is beginning to grow.

Jabberwocky may be nonsense, about which we can do nothing; but struggling to make sense of a phenomenon is something about which we can do a great deal – especially with the help of our IASP colleagues. With international efforts to implement and evaluate coordinated suicide prevention strategies, notably at a clinical services level with individuals identified as at risk, we might also find suicide rates more consistently trending down both within and among our member countries.

Lanny Berman, Ph.D., ABP.

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IASP SPECIAL INTEREST GROUPS

New: Prevention of Intentional Poisoning with Pesticides

IASP has recently formed a new special interest group on prevention of intentional poisoning with pesticides. Pesticide poisoning is recognised by the WHO to be the single most important global means of suicide and is a significant burden on health services. In a recent systematic review the global estimate of deaths due to pesticide self-poisoning was between 250–370,000 people each year. The widespread availability of highly toxic pesticides in rural communities in Asia and some other parts of the world has made ingestion of pesticides the most common means of suicide in these communities.

A special interest group has been developed to directly address the issues of prevention of intentional poisoning with pesticides. This group hopes to collate information for dissemination, provide updates on ongoing projects, facilitate linkages between current projects, and to act as a focal point for information on the prevention of intentional pesticide poisoning.

The special interest group will be officially launched during the upcoming Asia Pacific Suicide Prevention Conference in Chennai <http://www.iaspchennai2012.org/home>.

We are currently looking for members to join the special interest group. For more information or to join the mailing list please send your name, organisation, contact details and email to Melissa Pearson (melissa@sactrc.org).

Prof Keith Hawton, Prof Michael Phillips,
Melissa Pearson, Co-Chairs



Keith Hawton



Michael Phillips



Melissa Pearson

IASP SPECIAL INTEREST GROUPS

NEW: Suicidal Behaviour in Adolescents

At least 100,000 adolescents die by suicide every year and among youngsters aged 15 to 24, suicide is the third cause of death. Moreover, the real number of suicides is higher than the statistics show and suicide in adolescence is often underestimated.

Suicidal behaviour (fatal and non-fatal) in adolescents is often associated with a psychiatric disorder, and often unrecognized or untreated. More than 90% of adolescents who die by suicide suffered from an associated psychiatric disorder (mood disorder and substance or alcohol abuse) at the time of their death and more than half had suffered from a psychiatric disorder for at least 2 years. Suicidal behaviour frequently co-occurs with other health risk behaviours such as binge eating, binge drinking, tobacco use, weapon carrying, and having unprotected sex.

Adolescent suicide is a serious problem that affects all countries in the world, and, even if research and prevention programs are being developed increasingly, much more must be done.

The Special Interest Group "Adolescent Suicide" will aim at creating an international network of people involved in research and prevention of suicide among adolescents. The main objectives will be:

- Sharing knowledge and build capacities in order to develop and promote effective preventive interventions
- Discussing problems, opportunities and resources encountered in research and preventive activities
- Disseminating findings and strategies and sensitizing local, national and international policymakers and communities.

The Special Interest Group is chaired by Prof. Marco Sarchiapone (Italy) and Prof. Madelyn Gould (USA) and composed of international experts in this field: Judit Balazs (Hungary), Romuald Brunner (Germany), Vladimir Carli (Sweden-Italy), Marianna D'Aulerio (Italy), Miriam Losue (Italy), Helen Keeley (Ireland), Merike Sisask, (Estonia), Peeter Varnik (Estonia), Naohiro Yonemoto (Japan).

If you would like to become a member of this SIG, please contact Prof. Marco Sarchiapone for more information at marco.sarchiapone@me.com



Marco Sarchiapone



Madelyn Gould

REPORT FROM A NATIONAL REPRESENTATIVE

USA updates and revises its National Strategy for Suicide Prevention

A national strategy is much more than a document created by experts that lives on a bookshelf. It provides a way, a plan, a well thought out series of steps that a nation can use as a roadmap to address a compelling and challenging national issue. With suicide being a leading cause of death in the US and many other countries, that is why every nation would serve its citizens well to have a national strategy for suicide prevention.

On World Suicide Prevention Day 2012 in the nation's capital, the United States officially released a new National Strategy for Suicide Prevention that will lead the nation in combating the problem of suicide, nonfatal suicide attempts and helping those bereaved by a suicide for the next generation. Following a decade of advances and changes in data, science, policies and the environment, a task force led by US Surgeon General Regina Benjamin and the Suicide Prevention Resource Center's Director Dr. Jerry Reed, set out to develop a blueprint for success at reducing the burden of suicide in the US. The newly revised strategy was written to appeal to a broad base - everyone can find their role in preventing suicide, it parallels the nation's National Prevention Strategy with a focus on mental health and public health approaches to prevention and contains 13 Goals and 60 Objectives within 4 Strategic Directions.

Strategic Directions:

1. Healthy and Empowered Individuals, Families and Communities
2. Clinical and Community Preventive Services
3. Treatment and Support Services
4. Surveillance, Research and Evaluation

The new NSSP was written to foster and engage a public dialogue about suicide, to counter shame and prejudice, address the needs of the full lifespan approach to suicide prevention and the needs of special populations/vulnerable groups. In addition, the Strategy was written with a "community-based" mindset to build upon the understanding and belief that suicide prevention efforts take place among family, friends, neighbors, and in local communities as well as in state and national government bodies.

You can download the new US National Strategy for Suicide Prevention at: <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html>

Dr. Dan Reidenberg, US National Representative, e-mail: dreidenberg@save.org



Dan Reidenberg

Young Researchers

The IASP News Bulletin has started a new series of Young Researchers to provide them with an opportunity to promote their research for an international forum. In each issue, a young researcher who is currently completing his/her PhD will be invited to present their research. The first column in this series has been prepared by Jennifer McLaughlin, PhD Student at the University of Stirling, Scotland.

Understanding Intimate Partner Abuse and Suicide Risk

Background: Intimate Partner Abuse (IPA) can be defined as any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, or emotional) between adults who are or were intimate partners. Previous research indicates that there is a higher prevalence of suicide attempts among those with experience of IPA, and that this group is also twice as likely to make multiple suicide attempts than those with no experience of IPA. A recent systematic review of the relationship between IPA and suicidality demonstrates a strong association between IPA and both suicidal ideation and suicidal behaviours (McLaughlin, O'Carroll & O'Connor, 2012). However, further research is needed to better understand the factors and mechanisms which increase suicide risk in this group.

Aims & Objectives: This study aimed to investigate the relationship between intimate partner abuse (IPA) and suicidality, within the context of the Integrated Motivational-Volitional (IMV) Model of Suicidal Behaviour (O'Connor, 2011). This study was largely exploratory to help determine the utility of the IMV Model in understanding the relationship between IPA and suicidality, as well as investigating the factors and mechanisms by which suicide risk is increased in those with experience of IPA.

Method: An online survey design was implemented to measure lifetime experience of IPA, experience of stalking and harassment behaviours, suicidal thoughts and behaviours, as well as a number of key personality and cognitive variables. The survey was completed online, and participants with (n=219) and without (n=484) experience of IPA were compared.



Jennifer McLaughlin

Results: Participants with experience of IPA (M=30, F=189; mean age = 30 years) and participants with no IPA experience (M=112, F=372; mean age = 24 years) were compared. Participants with experience of IPA were more likely to report having experienced stalking and harassment, and to report more severe levels of such behaviours. Those with experience of IPA also reported higher suicidal ideation and a higher incidence of suicide attempts. Importantly, this was demonstrated for those who had experienced IPA in the past, as well as for those with current IPA experience. This relationship was mediated by the incidence of psychological aggression, the frequency of IPA, and external and internal entrapment. The incidence of injury or sexual coercion within the relationship was found to predict suicidal ideation. The results also demonstrated a number of other mediating pathways between IPA and suicidality, and predictors of suicidality within the IPA group.

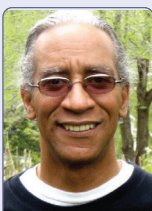
Conclusions and added value: This study found a strong association between IPA and suicidality, and expands on previous research in this area by investigating the mechanisms by which suicide risk is increased in this group. The IMV model was found to be a useful framework for understanding the relationship between IPA and suicidality. This study highlights the importance of taking into account a range of IPA behaviours in this type of research, and it also highlights the continuing poor outcomes faced by those who have had a previous abusive relationship. The strong association found between IPA experience and suicidality suggests that this is a high-risk group, and that screening for suicidality is indicated. When screening for IPA, it may also be relevant to investigate lifetime exposure as well as current or recent exposure as this is a group that appears to continue to be at increased risk.

By Jennifer McLaughlin, PhD student, University of Stirling (jennifer.mclaughlin@stir.ac.uk)

References:

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World Suicide Prevention Day 2012: Expanding activities across the globe



Kenneth Hemmerick

World Suicide Prevention Day was an outstanding success with over 450 activities in 74 countries listed. In addition, our Facebook World Suicide Prevention Day Event page had a record 87,319 guests, an increase of 46,000 from the previous year. Banners were created in 48 languages and we translated the Light a Candle Near a Window E-card or postcard into 42 languages. Further, a letter from the President was published in over 800 newspapers promoting the Day in Annie's Mail Box column. In addition 1,700 individualized Certificates of Appreciation were sent out. Angola, Colombia, El Salvador, Fiji, Guatemala, Guyana, Iran, Kenya, Kazakhstan, Latvia, Lithuania, Macau, Mauritius, Namibia, Serbia, Sri Lanka, Sweden, Tahiti, Trinidad and Tobago and Turkey were new participating countries this year. Groups and organizations in these countries offered a wide range of activities, including information sessions, round tables, conferences, workshops,

seminars, essay competitions, memorial walks, candle lightings and more all aimed at increasing suicide prevention awareness.

Seventy-four videos were created by individuals across the globe specifically for World Suicide Prevention Day. The videos were posted on IASP's YouTube channel. This year, World Suicide Prevention Day was successfully launched from regional centres. We are grateful for the support and initiative of the organizations who took on this task. Their work was invaluable in disseminating our positive suicide prevention message of strengthening protective factors and instilling hope. World Suicide Prevention Day 2012 activities can be viewed at:

http://www.iasp.info/wspd/2012_wspd_activities.php. We invite you to join us on our 2013 World Suicide Prevention Day Facebook event page at <https://www.facebook.com/events/415169808532653/>.

Kenneth Hemmerick, Webmaster, International Association for Suicide Prevention



PHOTOS:

1. WSPD in Kenya
2. IASP, Indian Medical Association and students taking part in a rally on the occasion of WSPD in Khamman
3. WSPD in Alaska



Andrej Marusic Awards 2012



At the 14th European Symposium on Suicide and Suicidal Behaviour in Tel Aviv, 3-6th September 2012, the International Association for Suicide Prevention, the Institute Andrej Marusic and the ESSSB14 organising committee assigned the Andrej Marusic Award to three young researchers in the field of suicidology: Dr Olatunde Olayinka Ainde, Dr Alja Videtic and Chris Hagan. Summaries of the research proposals of the successful candidates:

Dr. Olatunde Olayinka Ayinde

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Olatunde
Olayinka Ayinde

Suicide and suicidal behaviour are major contributors to morbidity and mortality worldwide, with steady global increase in suicide rates projected to reach 1.53 million by the year 2020. Prevention strategies spearheaded by the World Health Organisation and the United States can only succeed if based on accurate data on this subject.

Research on suicide and suicidal behaviour in Africa is bedeviled by several challenges attributable to stigma, cultural and religious beliefs, lack of systematic method of data collection with associated gross under reporting, and lack of coordination among the various fields allied to suicidology. It is therefore imperative to review the state of knowledge on suicide and suicidal behaviour in sub-Saharan Africa in order to refocus research and develop formidable prevention strategies.

The Pubmed database (1966-2012) was electronically searched for studies conducted in sub-Saharan Africa and published in peer reviewed journals, supplemented by hand search.

132 articles relevant to the study were reviewed. Emerging themes such as beliefs about suicide and suicidal behaviour, prevalence of suicide and suicidal behaviours, socio-demographic and other correlates, predictors, methods of suicide and suicidal behaviours, problems of suicide research in Africa and prevention strategies were explored.

Recommendations were made concerning future direction of research and prevention strategies based on available information so far.

Dr. Alja Videtic Paska

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Alja Videtic
Paska

Our laboratory has done the pioneer work on the implementation of the methodologies, research and recognition of Slovenian research in this field. Our initial studies were focused on the serotonergic system and the single nucleotide polymorphisms (SNPs). We were also able to show that genetic background is importantly linked with the environmental factors, like stressful life events (marriage problems, job loss, etc.).

In further studies we included genes from the neurotrophin family, particularly brain-derived neurotrophic factor (BDNF). BDNF mediates neural plasticity (development and survival of neurons in the CNS) and homeostasis, neurite outgrowth, synthesis of differentiating factors, mood, different behaviors (aggressiveness, anxiety), and stress response. BDNF protein and mRNA levels

have been found decreased in the brain (prefrontal cortex and hippocampus) of suicide victims, which makes it a promising candidate gene. BDNF harbors also a common functional polymorphism amino acid substitution from Val to Met at position 66 (196G>A; rs6265). This polymorphism has been reported to influence the effects of stressful life events or childhood adversity on depression and suicidal behavior in various psychopathologies. It may also modulate antidepressant response. Therefore would the exposure of the relationship between peripheral BDNF expression and treatment response be useful for routine testing in future.

In an international study we were able to show that gene specific hypermethylation could contribute to repression of expression of brain-derived neurotrophic factor (BDNF), which meant a new connection between epigenetic changes in the brain and suicide. Further work on the neurotrophic system, on the receptor TrkB, did not confirm the change in methylation pattern of this gene between the controls and victims in the Wernicke area. It would be necessary to replicate these experiments on a broader range of brain areas to see the changes in neurotrophic system and associate them with the particular roles.

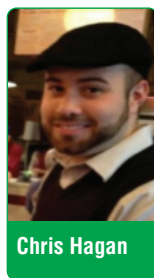
Based on the results from previous studies we designed plans for the future. We are already collecting brain samples from different brain regions from controls and suicide victims, which will be accompanied with psychological autopsy data. We will analyze different specimen from the blood e.g. to see the level of neuro-transmitter degradation. Furthermore, we will analyze the existing sampled for another polymorphism rs962369 from Genome-based Therapeutic Drugs for Depression (GENDEP) study, which also showed a significant interaction between variants in BDNF and TrkB. mRNA expression analysis on brain tissue samples will be performed and data from different regions compared and linked to the SNP status.

Analysis of methylation patterns of promoter CpG sites will be performed on global scale and a restriction enzyme-based single-cell methylation assay, RSMA used for particular points of interest. The study will be concluded with the characterization (number of cells, mRNA, methylation degree) and analysis of a particular type of neuron that is unique to higher apes. With accumulating knowledge that will be comprised of the data on DNA, mRNA, epigenetic, proteomics and particular (endo)phenotype we might be able to predict and timely intervene in the critical points, and therefore save lives... sometime in the future.

All studies are conducted in collaboration with the Institute of Forensic Medicine, Faculty of Medicine University of Ljubljana and University Psychiatric Clinic Ljubljana. For all studies the permission of the Ethical Committee was obtained.

Chris Hagan

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Chris Hagan

I am proposing a study to investigate, a prominent theoretical model of suicide, using molecular genetics, which can be helpful in informing the direction of important treatment research. Joiner's Interpersonal Psychological Theory of Suicide (IPT);

Joiner, 2005; VanOrden et al., 2010) proposes three inter-related, jointly necessary, and sufficient causes that lead to suicidal behavior. These three factors are perceived burdensomeness, thwarted belongingness, and the acquired capability for enacting lethal self-harm. The IPTS asserts that for someone to die by suicide he or she must desire to die and be capable of enacting lethal self-injury. It is posited that the co-occurring presence of perceived burdensomeness and thwarted belongingness cause the desire for suicide. Perceived burdensomeness is present when someone believes that his or her death is worth more than their life to those he or she cares about. Thwarted belongingness is defined as having feelings of loneliness and a belief that one's life is devoid of caring relationships. The IPTS does not argue that factors such as depression or hopelessness do not play a role, but rather that when these and other known risk factors develop into or are accompanied by simultaneous feelings of perceived burdensomeness and thwarted belongingness is when someone will be most likely to have suicidal ideation.

I hypothesize that possession of the SS genotype of 5-HTTLPR will be significantly associated with increased acquired capability for suicide, but not perceived burdensomeness or thwarted belongingness. Perceived burdensomeness and thwarted belongingness are strongly tied to reactions to environmental situations, so I do not expect there to be a strong genetic component for these specific factors, despite prior research finding that this genetic marker is associated with the development of depression (Kaufman et al., 2004). This hypothesis is also consistent with the one existing study of genetics and suicide using a twin study design that considered the IPTS but used proxy measures for the variables (Smith, et al., 2012). Also consistent with prior research, I hypothesize that acquired capability will be significantly influenced by genetics, as it is composed of factors of pain tolerance and fearlessness which have been shown to be tied to suicide risk and is heritable in human and animal models (Smith, et al., 2004; Mogil & Adhikari, 1999; Birklein, et al., 2008). Since this specific marker has been tied to suicide in multiple studies, I expect it to be most strongly associated through the acquired capability component of suicide risk.

This study will be conducted on college undergraduates selected for a prior history of suicide attempts as well as controls. Buccal cells will be collected for the genotyping of 5-HTTLPR. The genotypes' association to suicide will be evaluated through measures of previous suicide attempt history as well as well evaluated tools used to measure the facets of the IPTS, the Interpersonal Needs Questionnaire and the Acquired Capability for Suicide Scale (VanOrden, et al., 2012; VanOrden, et al., 2008). Acquired capability will also be measured using two measures of pain tolerance, one is a digital pressure algometer which measures mechanical pressure pain tolerance and a machine that measures electrical shock tolerance. The Mini-International Neuropsychiatric Interview will also be conducted with all participants so that the effects of mental illness, especially depression, can be statistically controlled for (Sheehan, et al., 1998). Multiple regression analyses will be conducted to examine these relationships and to control for covariates such as depression.

Obituary Maria Kopp



1942—2012

*M*aria passed away all of a sudden, in her sleep, unexpectedly - as if she had had no time to hesitate about the issue of death, the natural part of life. She had been characterized by an amazingly abundant energy until the very last day of her life. Age had no importance in her case, she lived and talked with the vigour of a young scientist at the beginning of her career. She was ageless and indestructible - yet destiny had a final say.

*I*n 1968 she graduated from the Semmelweis Medical University with „summa cum laude”, thereafter she completed her psychology studies, then she became a clinical psychologist. She qualified in person-centred psychotherapy, thereafter in cognitive behavioural. She was the founder of the Institute of Behavioural Sciences at Semmelweis University, acting as the director of the institute for 14 years, thereafter as research director. Her research career, which culminated in becoming a Doctor of the Hungarian Academy of Sciences in 1999, included the research fields of psychosomatics and behaviour epidemiology, in which she was internationally acknowledged. Her scientific work includes nearly 300 publications. She was the Hungarian representative and executive committee member of many international societies and editorial board member for many national and international scientific journals.

*H*er main area of research was the „Hungarian state of mind” - looking for the reasons behind the East-European paradox, meaning the low life expectancy of men despite the improving level of life and new democracy in the ex-Socialist countries. She found chronic stress as the main factor, which, through depression, leads to the deteriorating mental health status, somatic diseases - and to the high level of suicide. She had publications in the area of suicide pointing out to the social factors behind, and also led international projects to prevent depression and suicidal behavior. The successful European Alliance Against Depression (EAAD), Optimising Suicide Prevention Programmes and their Implementation (OSPI-Europe), and the ongoing Preventing Depression and Increasing Awareness through Networking in the EU (PREDI-NU) were led by her charismatic person, integrating the social aspects as well as the result of the most recent scientific results. Though her inspiring personality is not with us anymore, the work she started will be taken on and dedicated to her memories.

Prof.Ferenc Túry and András Székely

Institute of Behavioural Sciences at Semmelweis University,
Budapest, Hungary

C O N F E R E N C E S

IASP 5TH ASIA PACIFIC REGIONAL CONFERENCE

SUICIDE PREVENTION IN ASIA PACIFIC - BARRIERS, BOUNDARIES AND BEYOND



Lakshmi
Vijayakumar

A warm welcome to Chennai, India to attend the 5th Asia Pacific Conference of the International Association for Suicide Prevention to be held from 29th Nov to 2nd Dec 2012.

The conference will be organised by SNEHA and IASP. SNEHA an NGO established in 1986 is involved in suicide prevention at the local and national level.

The International Association for Suicide Prevention (IASP) is a non-profit organisation for those interested and working in the field of suicide prevention. The organisation functions as a network for individuals and the community and national and international organisations.

The organisation is in official relations with the W.H.O and extends to over 50 countries. The conference aims to provide participants an insight into various aspects of suicide and its prevention. Opportunity to exchange knowledge and share experiences will clearly be of key importance and emphasis will be placed on encouraging new areas of research and young researchers.

Chennai, in the south of India, is a city of great historic and commercial importance. Despite being an important city for manufacturing, health care and IT, Chennai manages to retain a charm of its own. It is a sprawling and busy metropolis with deep - rooted traditions and culture.

We hope to make your visit and participation both memorable and enlightening. We look forward to having you with us.

Professor Lakshmi Vijayakumar
Organising Secretary, SNEHA

Congress Secretariat:

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barriers, boundaries & beyond

**5th Asia-Pacific
Regional Conference
of the International Association
for Suicide Prevention**

November 29 - December 2, 2012
Chennai, India

SUICIDE PREVENTION IN RURAL CARIBBEAN

INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION REGIONAL SYMPOSIUM IN THE CARIBBEAN



22 May–25 May 2013, Paramaribo, Suriname



Tobi Graafsma

Suicide is a major and growing mental and public health problem in almost all rural areas in the Caribbean. This Symposium is being organised by IASP and the Institute for Graduate Studies and Research (IGSR), part of the Anton de Kom University of Suriname. IGSR is involved in research and programs concerning the prevention of suicide. This Symposium aims to provide local participants with an update on suicide research and prevention in Suriname.

The Regional Symposium will embrace two events each covering two days of lectures, discussions and seminars:

- May 22nd and 23rd: Suicide Prevention in Suriname: a national symposium
- May 24th and 25th: Restricting Access to the Means of Suicide-Pesticide: a regional overview

Regional participants will have the opportunity to explore and analyse the latest knowledge and developments on preventing suicide by restricting access to very lethal means such as pesticides.

There will be ample opportunity to discuss these findings and how to adapt evidence based research into suicide prevention activities in Caribbean cultures.

Chairman of the Symposium:

Prof. Dr. Tobi Graafsma, Leysweg 86 Paramaribo, Suriname. Email: tobograafsma@sr.net

Venue: Institute for Graduate Studies and Research, Paramaribo.

Workshop website: iasp.info/suriname-symposium.php

Deadline for submissions: 1 February 2013

THE 27TH IASP WORLD CONGRESS IN OSLO

PREVENTING SUICIDAL BEHAVIOUR ON FIVE CONTINENTS - INNOVATIVE TREATMENTS AND INTERVENTIONS



Lars Mehlum

The 2nd announcement and call for papers for the XXVII World Congress of the International Association for Suicide Prevention has been published. The conference will take place in Oslo, Norway between the 24th and 28th of September 2013.

The congress will be organized by The National Centre for Suicide Research and Prevention at the University of Oslo in collaboration with IASP, supported by the Norwegian Directorate of Health and sponsored by the World Health Organization (WHO).

Delegates will be presented with a rich scientific programme highlighting the latest developments in suicidological research and prevention. A key word to all content is **innovation**. The enormity of the problem of suicidal behaviour world-wide calls for creative and courageous efforts to bring new ideas and new knowledge into practical work in effective approaches of treatment and intervention. We will provide delegates with ample opportunities to share their own experiences and take part in formal and informal discussions over a wide range of topics.

The conference programme also includes expert supervision sessions for young researchers, lunch with experts sessions, and discussion sessions addressing regional challenges and solutions in suicide prevention.

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A rich social and cultural programme and an opportunity to experience the flavour of Oslo and Norway with its many touristic attractions will hopefully make your conference experience complete.

Set aside the dates in your calendar now and join us for the XXVII World Congress of the IASP in Oslo in September 2013!

Lars Mehlum M.D. Ph.D.

Congress President
Professor of Psychiatry and Suicidology
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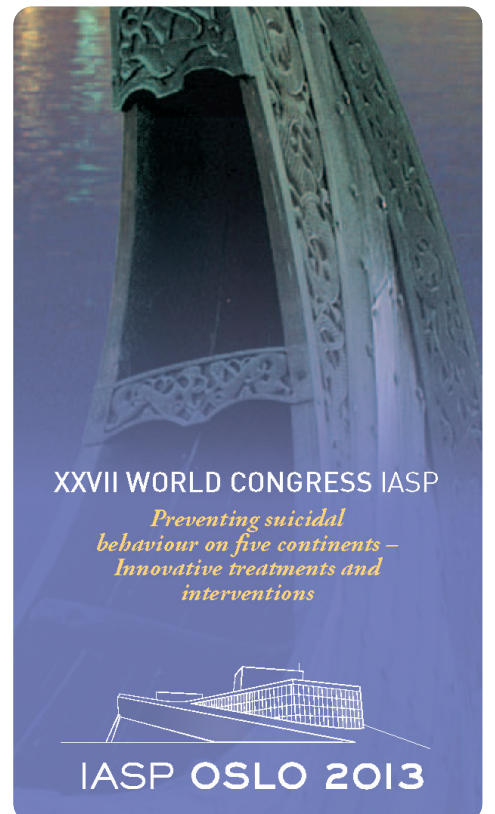
Important dates:

31st January 2013: Deadline for proposals for symposia and workshops

31st March 2013: Deadline for Submission of Abstracts

15th May 2013: Deadline for early-bird registration fee

15th July 2013: Paper submission for Expert Supervision for Young Researchers





International Association for Suicide Prevention (IASP)

The International Association for Suicide Prevention (IASP) is a world-wide non-governmental organization dedicated to the prevention of suicide. In official relations with the World Health Organization, IASP's members come from over 50 countries across the world.

IASP connects people working in Suicide Prevention and Research across the world! Become an IASP member today!

Your benefits:

- Free access to *Crisis* - The Journal of Crisis Intervention and Suicide Prevention - 6 issues per year
- Reduced registration fee for IASP conferences
- Free membership of IASP Task Forces and Special Interest Groups

Why wait any longer? Become part of IASP now!

MEMBERSHIP DUES (Opportunity to pay for 3 year membership at a reduced fee)
Membership dues according to the zones used by the World Bank.

Individuals	Organization (Less than \$1 million pa budget)	Organization (More than \$1 million pa budget)	Students, Volunteers and Associate Members US \$97 (3 years \$261)
Zone 1: US \$177 (3 years \$481)	Zone 1: US \$207 (3 years \$571)	Zone 1: US \$227 (3 years \$621)	
Zone 2: US \$147 (3 years \$401)	Zone 2: US \$157 (3 years \$421)	Zone 2: US \$177 (3 years \$481)	
Zone 3: US \$127 (3 years \$331)	Zone 3: US \$137 (3 years \$361)	Zone 3: US \$157 (3 years \$411)	
Zone 4: US \$107 (3 years \$281)	Zone 4: US \$107 (3 years \$291)	Zone 4: US \$127 (3 years \$321)	

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