



## FROM THE PRESIDENT

**IASP**

Writing the first column in my position as President of the IASP, I would like to underline that I feel very honoured that I have been given the opportunity to take on this important position with IASP. I am very grateful for the experience of having worked intensively with the previous President, Lanny Berman and my colleagues over the past 4 years whilst in the position of Vice-President.

I very much look forward to working with my colleagues of the newly elected Board, and to represent IASP in taking on new priorities and challenges over the next 2 years.

The departure of the new Board took place in a very positive atmosphere at the closing of the successful 27th World Congress of the IASP in Oslo on September 28th. This congress: **"Preventing Suicidal Behaviour on Five Continents – Innovative Treatments and Intervention"**, has been one of IASP's conferences with the highest attendance rates: over 800 delegates from 60 different countries! Congratulations to Lars Mehlum and the conference organising and scientific team on achieving a very inspiring and high quality programme representing many relevant areas in suicide research, intervention, prevention and postvention.

For some delegates, it may have been a challenge to find their way through the programme which covered 75 parallel, 7 plenary and 6 poster sessions. However, listening to comments during the coffee/lunch breaks, this seemed to be a positive challenge: *"it's difficult to choose from the many parallel sessions, because there are so many interesting sessions"*, and *"there's a lot of new information presented here"*.

### What was new?

Siri Hustvedt encouraged us to 'think outside the box' by exploring the role of self-consciousness in suicide by drawing from a wide range of different disciplines including phenomenology, psychiatry, sociology, neuroscience, epigenetic and narrative theory.

Shekhar Saxena from WHO informed us about a new programme, the WHO Mental Health Gap Action Programme (mhGAP), which aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income. The programme asserts that with proper care, psycho-social assistance and medication, tens of millions could be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives, even where resources are scarce.

Pim Cuijpers informed us about the growing evidence supporting the acceptability and effectiveness of web-based treatments for depression and anxiety, and he highlighted the need to expand this further to suicide and self-harm prevention.

Barbara Stanley addressed major ethical and clinical management issues associated with intervention research with suicidal individuals, such as appropriate procedures

for monitoring suicidal individuals, appropriate comparison conditions in treatment trials, and competency of suicidal individuals to consent to research and treatment.

Katherine Shear addressed the recognition and treatment of complicated grief, and she presented first outcomes of a complicated grief treatment, based on CBT, Interpersonal Psychotherapy and Motivational Interviewing.

This is only a snapshot of the many presentations on innovation in suicide research and prevention presented at the conference.

I would like to use this opportunity to convey my sincere congratulations to the winners of the IASP Awards. Professor Maria Oquendo was awarded the Stengel Research Award; Professor Øivind Ekeberg received the Ringel Service Award, and Mr Alain Staines received the Farberow Award.

IASP Task Forces and Special Interest Groups had made great efforts to organise high quality symposia and early morning working group sessions with exceptionally good attendance rates.

From my perspective, this conference has made a great impact on sharing knowledge, building new relationships and stimulating working together with the aim to improve suicide research and prevention globally. Let's keep the momentum going!

I would like to wish all members a healthy, happy and inspiring New Year.

Ella Arensman, PhD.



10-14 June, 2014 **The 6th Asia Pacific Regional Conference of the IASP Suicide Prevention – a journey through Asia and the Pacific Islands** *Un voyage à travers l'Asie et les îles de l'Océan Pacifique*  
Tahiti, French Polynesia

The 6th Asia Pacific Regional Conference of the **International Association for Suicide Prevention (IASP)** aims to provide regional participants with an update on suicide research and prevention. It will provide the opportunity to explore and analyse the latest knowledge and developments and how to adapt evidence-based research into suicide prevention activities. <http://iasp.info/tahiti>

The association, **SOS Suicide**, with the support of French Polynesia and France Governments and the IASP, wishes to strengthen regional cooperation for a better understanding of the problem and its prevention, and to adapt policy and good practice to the socio-cultural background of the countries in this region.

## Suicide prevention across Italy in a time of economic crisis

**S**uicide prevention across Italy has never been so popular before. Suicide awareness programs including World Suicide Prevention Day gained reputation both because of promotion activities over the past years and for the increase in suicide rates over the past few years. Despite the fact that association between such increase and economic crisis should be interpreted with caution, in Italy, the crisis impacted heavily on families, unemployment rate and, ultimately, at least at the individual level according to media reports, on completed suicide. Recent reports highlighted that the Italian economic crisis resulted in an increase of attempted and completed suicides. However, although such findings are reliable they are based on data released by Italian Statistical Bureau (ISTAT) which does not include all suicides across Italy. Though such data does include those suicides that involve Police or Military Police which are not always included in such reports. On the other hand, what we noticed analyzing 2009-2010 (last period for which official and reliable data are available) using figures from the official comprehensive database of the Italian Health Institute is that there was a ten percent increase in suicide deaths among men 25 to 69 years of age, that is, those involved in the labor force. We also found a decrease in suicides among those aged above 70 years pointing to a lesser impact of the economic crisis on suicide among the elderly.

**A**cross Italy many local suicide prevention actions were launched over the past two years, among which those based in two Northern Regions (Lombardia and Emilia Romagna) as well as in various local environments both in the Centre and in the Southern regions.

**A**nother achievement was the attention of mass media on the issue of suicide. The main national public television channels (RAI) included in their website guidelines for reporting suicide and for three consecutive years the first channel of Italian television reported World Suicide Prevention Day as a main topic in their news bulletin on Sept. 10.

**W**orld Suicide Prevention Day has become an important event not only for suicide prevention but also to make sense of human suffering and to promote network between individuals of the community.

**A**s part of the suicide awareness programs, a few years ago I launched a sporting event which was labeled Race for Life and that shed light on suicide using the universal language of sport.

**L**ast year was also marked by a request that I received from the Vatican to provide a seminar on warning signs for suicide and practical procedures to deal with those who may threaten suicide. The event took place in a magnificent setting of the Old Room of Synod. About 90 people attended this historical event with delegates from the Secretary of State, the Gendarmerie, Fire Brigade as well as member of clergy and lay people.

**R**ecently, also there were two IASP seminars at the University of Chieti, one by Karl Andriessen and one by John Mann.



Maurizio Pompili

Maurizio Pompili, M.D., Ph.D.  
IASP Italian National Representative

## Dr Maria Oquendo - Recipient of the Stengel Award



**M**aria has been an outstanding translational clinical investigator in the field of suicide prevention for more than 20 years. Her work has had a major impact on the field of suicide research and on the clinical practice of suicide prevention. She has published extensively in the leading international psychiatric journals, covering topics ranging from clinical, neurobiological and therapeutic aspects of suicide prevention. She has published papers on suicidal behaviour in the context of major depression, bipolar disorder, post-traumatic stress disorder, traumatic brain injury, and borderline personality disorder.

**O**ne of her earliest influential papers was published in 1999, describing the results of a study of the impact of outpatient treatment on outcome in patients with a history of suicidal behaviour. She was able to show that treatment of major depression, even in a setting where the patient was participating in a study of risk factors for suicidal behaviour, was woefully inadequate even among suicide attempters. This widely cited paper led to greater emphasis on the fact that most suicides are suffering from an untreated psychiatric illness at the time of their suicide, and therefore highlighted the need for better treatment and follow-up as a major component of prevention.

**A** second example of the influential papers produced by Maria concerns the 2003 paper in the American Journal of Psychiatry, describing the results of one of the first neuro-imaging studies of suicidal behaviour using Positron Emission Tomography. An important aspect of the study was the examination of the lethality dimension of suicidal behaviour, showing the brain

areas where suicide intent and trait impulsiveness affect suicidal behaviour lethality.

**I**n 2011, she published the first randomized controlled study comparing the antisuicidal properties of lithium and valproate in bipolar suicide attempters in the American Journal of Psychiatry. The accompanying editorial extolled the quality of the design and the courage of the investigator, despite the negative finding. The study showed the feasibility of conducting randomized controlled clinical studies safely in such high-risk patients, and the findings put in perspective the claims for the anti-suicidal effect of lithium. Up until this study, the evidence suggested that lithium should be considered a first line medication for every bipolar patient who reports a history of suicidal behaviour or ideation.

**D**r. Oquendo is a superb recipient of this prize not only for her research contributions to suicidology, but also because she is an excellent mentor who has taught, supported and encouraged many young, brilliant researchers into research on suicidal behaviour.

**G**iven her important findings and their impact on our field and her prodigious volume of high quality research, Maria Oquendo is the highly deserving recipient of IASP's 2013 Stengel Award for outstanding research in the field of suicide prevention.

Kees van Heeringen, chair  
Stengel Award Committee





## Professor Øivind Ekeberg Recipient of the Ringel Service Award

**P**rofessor Øivind Ekeberg has for over 30 years been an outstanding and active researcher in suicidology, and the co-author of the only Norwegian textbook of suicidology. In 1993 he was appointed by The Norwegian Directorate of Health to develop a Suicide Prevention Programme for Norway (one of the first in the world). He was a member of the advisory group for The Norwegian Directorate of Health's national guidelines for suicide prevention (2008).

**H**e has been a Treasurer of IASP (1995–99), Election Committee Co-chair (2002–2013), and national representative for Norway (2001–05). He has been a member of the WHO International Network for Suicide Prevention. He remains actively involved in clinical services, including those directed at suicide attempters, crisis intervention, and consultation-liaison psychiatry. He was actively involved in providing clinical services after the tsunami (2004) and after the terrorist attacks in Norway (July 22, 2011).

Professor Ekeberg's career, contributions (nationally and internationally), teaching, supervision, clinical service and accomplishments well exemplify the criteria for the Ringel Service Award.

Mort Silverman, chair  
Ringel Service Award Committee

## Alain Staines OAM OF (Envoy) - Recipient of the Farberow Award 2013

**Alain Staines OAM OF (Envoy)**, was the Founder and Director of Hope for Life, the Salvation Army's Suicide Prevention Bereavement Support Services from 2006 up to June 2013. He was a driving force behind the establishment of the Salvation Army's suicide bereavement services. For over 30 years Alan has played a pivotal role in the recognition and development of Postvention Services in Australia.

**A**lan was responsible for convening the Inaugural Australian Postvention Conference in 2007 and subsequent Australian Postvention Conferences in 2009 and 2012 for the bereaved by suicide. He was also responsible for developing the Australian Lifekeeper Memory Quilt initiative which provides families with a tangible and therapeutic way of remembering their loved ones. In 2012 this initiative was researched and evaluated by Dr Kath Peters (University of Western Sydney) in collaboration with Alan. The Quilt Project has now expanded to include almost every State in Australia. In 2013 Alan was responsible for the formation and establishment of Postvention Australia - A National Association for the Bereaved by Suicide. The need for this body was highlighted at the Postvention Conferences Alan convened. He is a Board member of Postvention Australia and serves as National Secretary of the Association.

**A**lan has been actively involved in Suicide Prevention/Bereavement Support programs for more than three decades. He played a key role in establishing the Salvo Care Line (1983) and the Salvation Army OASIS Youth Care Centre in Surry Hills (1992). In 1991 Alan founded and helped establish Suicide Prevention Australia (SPA) and for 18 years he served on the SPA Board as National Secretary. He undertook a range of additional responsibilities including organizing SPA's National Conferences.



**A**lan's ongoing vision is to establish and build a strong network that provides holistic, physical, emotional and spiritual support, comfort and understanding to enhance the health and well-being of every person bereaved by suicide. He continues to serve as a Board Member of The Salvation Army's Hope for Life national programs.

**I**n 2003, in recognition of Alan's perseverance and tireless efforts in suicide prevention, he was awarded a Medal of the Order of Australia (OAM) for services to young people through Suicide Prevention Australia and the Salvation Army. In 2004, he was honored with Life Membership of Suicide Prevention Australia. In 2007, Alan received the Order of the Founder (OF), the highest Salvation Army honor for distinguished service.

Karl Andriessen, chair  
Farberow Award Committee



## SECOND MEETING FOR THE WHO WORLD SUICIDE REPORT AND SYMPOSIUM

On 16–18th December 2013, IASP Board members contributed to the second meeting in preparation of the WHO World Suicide Report and a Symposium covering media and suicide, and national suicide prevention strategies.

The 66th World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013–2020 in May 2013. The Plan includes targets such as a 10% reduction in suicide rates in countries by the year 2020. It emphasizes the importance of effective suicide prevention activities in conjunction with collaboration between health/mental health sectors and other sectors to achieve this target. The WHO plans to publish the World Suicide Report on the World Suicide Prevention Day in September 2014. Following a planning meeting at the WHO headquarters in Geneva in June 2013, a second work meeting took place in Japan with more than 40 suicide prevention experts from around the world. The meeting was chaired by Dr Shekhar Saxena and Dr Alexandra Fleischmann from the World Health Organization.

Following the 2-day meeting, IASP Board members presented at a Symposium focusing on reinforcing partnerships for suicide prevention between media professionals and experts in suicide prevention, and clarifying international implications of Japan's comprehensive suicide prevention measures developed under the Basic Act for Suicide Prevention.

The meetings and Symposium were hosted by the National Center of Neurology and Psychiatry (NCNP), WHO, and WHO Western Pacific Region, and co-hosted by the Japanese Society of Mood Disorders, Japan Public Health Association, Japanese Association for Suicide Prevention, and Japanese Society of Psychiatry and Neurology. Support was provided by the Cabinet Office, Ministry of Health, Labour, and Welfare, and Japanese Association for Directors of Mental Health Centers.

Ella Arensman,  
IASP President



Host of the meeting, Prof. Takashima, Director, Japan Center for Suicide Prevention







IASP member and Past President **Professor Robert Goldney** was named on the 2013 Australia Day Honour's list and was named an Officer in the Order of Australia (AO) for his "for distinguished service to medicine in the field of psychiatry, as a researcher and academic, through international contributions to the study of suicide and its prevention".

**Emiretus** Professor Robert Goldney at the University of Adelaide and previously head of the University's Discipline of Psychiatry, has enjoyed a long association with the University of Adelaide. He gained his medical degree there in 1967 and commenced psychiatry in 1969. Between 1974 and 1981 he was a lecturer in the Discipline of Psychiatry before establishing a research unit at Glenside Hospital.

In 1987 Professor Goldney went into private practice and continued with his research into suicide.

He was appointed Clinical Professor at the University of Adelaide in 1992 and in 1996 became Professor and Medical Director at The Adelaide Clinic, a leading provider of psychiatric services in South Australia.

1<sup>ST</sup>  
ANNOUNCEMENT



## 28<sup>TH</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION

New Discoveries and Technologies  
in Suicide Prevention

JUNE 16-20, 2015, MONTRÉAL, CANADA



16–20 June, 2015 **XXVIII IASP World Congress *New Discoveries and Technologies in Suicide Prevention*** Montréal, Québec, Canada

The 28th World Congress of the International Association for Suicide Prevention, in collaboration with the **Quebec Suicide Prevention Association**, the **Canadian Association for Suicide Prevention** and **Suicide Action Montreal**, will be held from June 16–20, 2015 in Montreal, Quebec, Canada. The congress theme is: New Technologies and Discoveries in Suicide Prevention.

[www.iasp2015.com](http://www.iasp2015.com)



# From the Outgoing President, Lanny Berman



The World Health Organization (WHO) has noted that suicide is a preventable cause of death, specifically stating that “not all suicides can be prevented, but a majority can” <http://www.who.int/features/qa/24/en/index.html>.

In late May, the World Health Assembly put teeth into that statement by adopting the *Comprehensive Mental Health Action Plan 2013–2020*. The Plan represents a commitment of all 194 member states to take specific actions to attain global targets, among which is to reduce suicide rates in countries by 10% by 2020. Let me repeat this – to reduce suicide by 10% in only 7.5 years!

This is a lofty goal, but that is what aspirations are for, to set targets for achievement that drive our behavior. Ministers of Health in each and every country now will be asked to take a leadership role in engaging policy planners and health professionals to overcome barriers and challenges, to organize needed collaborations, to build and implement national strategies.

The process must begin with good data. Each country must first understand its problem, i.e. the scope and prevalence of suicide with its borders, to inform and educate, to prioritize the use of scarce resources, to construct logic models to accomplish objectives, to create an action plan

and associated activities, etc. No doubt, IASP's membership can play a significant and life-altering role in this process, country by country, as we bring the knowledge and expertise to offer invaluable consultations, support, and advice.

Mathers et al (2005) appropriately inform us that policies and programmes to prevent suicide should properly be based on current, timely information about the nature and extent of suicide. If we are to implement interventions, we need to monitor and evaluate outcomes to demonstrate that objectives (targeted goals) were met, or, if not, to revise our strategies.

Currently available data world-wide ranges from the reasonable to the non-existent. The WHO tells us that there are “approximately a million suicides per year” world-wide. This, indeed, is an estimate, and one that may be far from any reasonable estimate. It dates back to 2004, when the estimate was 844,000 suicides as defined by the WHO database and was rounded up due to known under-reporting. Unfortunately, the WHO database has suicide data reported from only about one-half the Member States and, at that, for some reporting countries, data that dates as far back as the 1950s.

Mathers et al (2005) found, at that time, that 115 Member States had supplied death registration data to the WHO, but was considered complete in only 64 (56%) of these.

Further, 75 countries (almost 2/3) re-reported data no recent than 1990! Of the 115 reporting Member States, only 23 were considered to have high quality death registration data.

It is evident that we (IASP) can do a great deal to help a large number of countries move out of the darkness. It is clear that, if the Comprehensive Mental Health Action Plan 2013–2020 is to be a sufficient catalyst to make change happen, it will begin and end with measurement, and our efforts to make that measurement meaningful.

#### Reference

Mathers, C. D., Ma Fat, D., Inoue, M., Rao, C., & Lopez, A. D. (2005). Counting the dead and what they died from: An assessment of the global status of cause of death data. *Bulletin of the World Health Organization*, 83, 171–177.



Lanny Berman

## Task Forces and Special Interest Groups Update on the Emergency Medicine and Suicide Task Force and the Suicide Clusters and Contagion SIG

### Emergency Medicine and Suicide Task Force

Following a brief meeting of the Task Force at the Oslo Congress in September 2013, we are proposing a multisite RCT of an intervention for Emergency department (ED)-discharged patients to minimize repeat ED presentations for self-harm. We hope to have sufficient interest to be able to conduct this study in several different international sites. Local funding would need to be found but the project would not be costly. We can provide central organization and analysis. If you are interested please contact the TFco-chair (details below). Also planned by the TF are:

1. A 'virtual network' of individuals and organizations with an interest in suicide and emergency medicine;
2. Symposia on suicide and emergency medicine at the:
  - i. ESSSB conference in Tallinn, 27–30 August 2014
  - ii. IASP Asia Pacific conference in Tahiti June 2014

If you would like to join the TF and if you are interested in being part of the multi-site RCT, and/or conference symposia or establishing a virtual network, please contact Co-Chair Annette Beautrais at [louis.beautrais@gmail.com](mailto:louis.beautrais@gmail.com)

### Suicide Clusters and Contagion SIG

A brief meeting of the SIG was held at the IASP Oslo Congress in September 2013. Those present decided to plan symposia at upcoming conferences as a way of addressing interest in the issues and recruiting new members. Accordingly, we have organized a symposium at the AAS meeting in Los Angeles in April, 2014, and we plan to hold symposia at the ESSSB conference in Tallinn in August 2014, and at the IASP Congress in Montreal in June 2015. If you are interested in contributing as a symposium speaker at either of these conferences, or wish to join the SIG, please contact the TF co-chair (details below). We also plan to update and list relevant resources on the IASP website. If you have suggestions for any further activities for the SIG, please email the Co-Chair, below. A meeting of the SIG will next be held in Tallinn, August 2014.

If you would like to join the SIG, or participate in conference symposia please contact Co-Chair Annette Beautrais at [louis.beautrais@gmail.com](mailto:louis.beautrais@gmail.com)



Annette  
Beautrais



# World Suicide Prevention Day 2013 Report

Report on International Suicide Prevention Day 2013 conducted by Samaritans Kenya in Mathare slum area in Nairobi, Kenya



The 2013 International Suicide Prevention Day was marked at a colorful event held at Mathare slum in Nairobi with participants drawn from a number of youth groups under the umbrella of Ghetto Foundation. Ghetto Foundation works within Mathare slum area of Nairobi and seeks to rehabilitate and empower the youth in the area most of whom have been involved in crime, in drugs and in other socially unacceptable lifestyles. Many of these youth tend to lose meaning in life and give up hope so it was befitting that Samaritans Kenya chose to have the Suicide Prevention Day activities here in this setting.

The objective of the day was to launch the day, raise awareness and educate the youth in this area on suicide and related topics including depression and to also give hope to the youth most of who are struggling to lead more acceptable lives and struggling for acceptance in the wider society.

The day started with a warm welcome from Daniel Wainaina, the Coordinator of Ghetto Foundation and Merab Mulindi, the Director of Samaritans Kenya and Befrienders Worldwide Africa Regional Coordinator who emphasized that

today's outreach was however different as it was to join the rest of the world in marking the International Suicide day which is a day set aside through World Health Organization and the International Association for Suicide Prevention to draw attention to the pressing matter of suicide occurrence which is one of the leading causes of death in the world and the need to address this issue. She emphasized the importance of the day noting that in Kenya there are many cases of suicide some of which are never reported as there is still a lot of stigma associated with suicide and a lot of silence on this happening which continues all around us. She emphasized that the Kenya launch of the day was also the Africa regional launch.

This was followed by the symbolic lighting of 4 candles in memory of those who have lost their lives to suicide and in solidarity to those who have lost loved ones through suicide and a moment of silence was observed towards the same.

Merab Mulindi led the first session on depression, which included talk on treatment and available support. Peninah Mugo a counseling Psychologist and volunteer at Samaritans Kenya handled the next session, which focused on Suicide, suicidal feelings and behavior and encouraging help-seeking behavior.

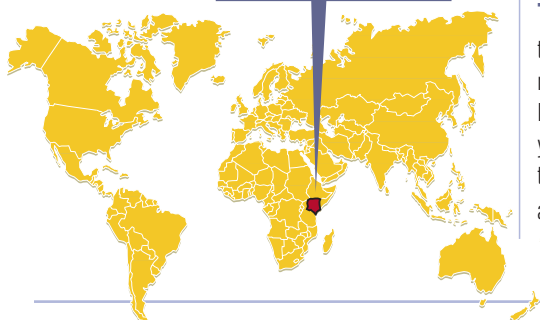
The day's sessions were concluded with a motivational talk from James Karuru a counseling psychologist, a motivational speaker and a volunteer with Samaritans Kenya. With practical illustrations, he challenged the youth to realize the potential in them and not be limited to how other people view them. He emphasized self-acceptance and self-development.

The day ended with Samaritans Kenya distributing to participants T-shirts and caps which were contributed by Safaricom Ltd one of the leading telephone companies in Kenya and a photo session.

World Suicide Prevention Day was launched and well marked in a small but focused manner and expanded knowledge to a vulnerable group of youth who are living with many challenges rendering them vulnerable to mental health challenges including depression and suicide.



## WSPD Kenya



# World Suicide Prevention Day 2013 Report

## IASP National Representative of Argentina

In order to expand the impact and visibility of suicide prevention, this year we held two parallel events, which covered two important points of our country.

One point was the city of Rio Gallegos, Santa Cruz province, strategically chosen to be the representation of those in the southernmost continent. The other event was held in Buenos Aires the capital of Argentina.

In both these places, events and activities were implemented in partnership with (amongst others) the National Government, the Ministry of Health, the Ministry of Mental Health and the Government of the Province of Santa Cruz, Crisis Intervention Centres and Programs and Psychosocial Rehabilitations of the Province of Santa Cruz.

In the city of Rio Gallegos, Patagonia Argentina, the activities that took place included the Opening Ceremony, a formal ceremony where the authorities referred to the importance of addressing the problems of the suicidal process as a state policy in strategic partnership with NGOs and a Day of Training Professionals from the province. We also gave recognition certificates to persons and institutions engaged in activities or promote work on the topic of suicide prevention processes. Topics discussed during the day included:

- Boarding School Education Process Suicide
- Analysis and Intervention of High Complexity Suicide Prevention
- Intervention suicidal process in the City of Heras
- Suicide Provincial Epidemiology
- Psychiatric Tackling Youth population from Suicidology
- Community Intervention Suicidology
- School program Monitoring and Suicide Risk
- The Role of Social Workers in Suicide Prevention

The day ended with artistic presentations by different local, cultural, orchestral and workshop art therapy groups.

In Buenos Aires the event was held in the Cabinet of Ministers of the Presidency of Argentina. Introduction was given by the National Representative for the Province of Corrientes and the National Deputy for the Province of Jujuy; who both made reference to the Bill of Suicide Prevention which had been put before Parliament in the Chamber of Deputies. The Director of Mental Health and Addiction of the Ministry of Health of the Nation talked of progress in suicide prevention and the incorporation of the issue of suicide process as one of important points of public policy and IASP National



Representative Mr Ernesto Paez, talked of the issues of suicide in different sectors in the Republic of Argentina.

Also included in the day was, Team Talks Youth for Life, an internship agreement program in suicide prevention encouraging students to give talks aimed at: High School, Parents and the Community in general.

A campaign was put out on social networks utilising email, Facebook and twitter to spread the word of suicide prevention and World Suicide Prevention Day.

Mr Ernesto Paez  
IASP National Representative Argentina



## World Suicide Prevention Day 2014

IASP would like to announce that the theme for World Suicide Prevention Day 2014 is:

*Suicide Prevention: One World Connected*

## 27-30 August, 2014 15th European Symposium on Suicide and Suicidal Behaviour

*Suicide prevention  
is mental health  
promotion*

**Tallinn, Estonia**



The ESSSB is a bi-annual event, where people acting in the field of suicide research and prevention – researchers, clinicians, volunteers – can meet, share experiences and present recent achievements in order to save lives all over the world. The ESSSB offers not only a high-

level scientific programme with plenary lectures, parallel sessions, workshops and posters, but also social events that connect conference participants in an informal way. The slogan of the ESSSB15 – "Suicide prevention is mental health promotion" – emphasizes

an integrated and hopeful approach to suicide prevention. The ESSSB15 will be held in the vibrant Nordic city of Tallinn, the capital of Estonia. Conference organizers are the Estonian-Swedish Mental Health and Suicidology Institute (ERSI, [www.suicidology.ee](http://www.suicidology.ee)).

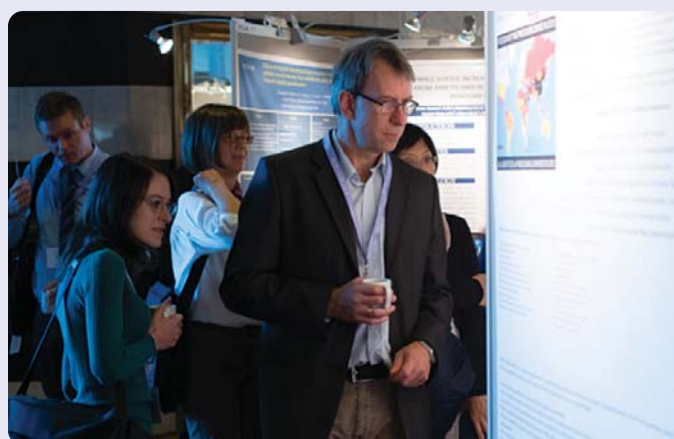


# The XXVII World Congress of THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION

Oslo, September 24.–28. 2013



Images from the Oslo Congress. More photos at <http://www.iasp2013.org>

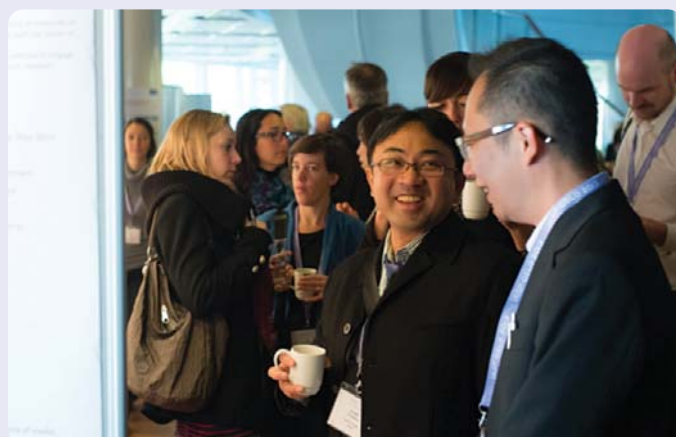


# The XXVII World Congress of THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION

Oslo, September 24.–28. 2013



Images from the Oslo Congress. More photos at <http://www.iasp2013.org>







## International Association for Suicide Prevention (IASP)

### Membership Application - 2014

Name: \_\_\_\_\_  
Work telephone: \_\_\_\_\_ Work fax: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Website: \_\_\_\_\_

**Specific Interest in the field of suicide research and suicide prevention: Choose Maximum 3 Topics:**

Please see overleaf on page 2.

**IASP will share your contact details with all other IASP members.** If you do not wish your contact details to be shared, please tick this box:

**Membership Dues and Supplement: (Opportunity to pay for 3 Years membership at a reduced fee)**

Zone	Individuals	Organisations
Zone 1	US\$190 (3 years \$515)	US\$235 (3 years \$635)
Zone 2	US\$160 (3 years \$430)	US\$180 (3 years \$485)
Zone 3	US\$135 (3 years \$365)	US\$160 (3 years \$430)
Zone 4	US\$115 (3 years \$310)	US\$125 (3 years \$340)

**Students, Volunteers and Sponsored Associate Members: \$115 (3 years \$310)**

#### De Leo Fund

Launched at the General Assembly in South African September 2005, the purpose of the De Leo fund is to "To develop suicide prevention activities in areas of greatest need." Please contribute to this fund.

#### Sponsor an Associate Member in 2014

You are invited to sponsor one of our Associate Members to IASP to full membership for a year (or 3 years), by paying the annual membership fee of \$115 (or 3 years \$310), therefore entitling them to receive full membership status including the CRISIS journal.

#### TOTAL FEE

\_\_\_\_ One year or \_\_\_\_ Three years.....\$  
Sponsored Associate Member (One year \$115 Three years \$310).....\$  
De Leo Fund contribution.....\$  
Bank Wire Transfer fee (\$15).....\$  
TOTAL \$

#### 1. BANK TRANSFER

**HSBC**  
1130 Connecticut Ave NW 12th Floor,  
Washington DC 20036, USA

**Account Name:** International Association for Suicide Prevention  
**ABA:** 021 001 088  
**Account Number:** 759018979  
**SWIFT:** MRMDUS33

#### 2. CREDIT CARD (Master card or Visa card only)

Name of Person on Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
Card Expiration Date \_\_\_\_/\_\_\_\_ Security Code on Back of Card \_\_\_\_\_

#### Billing address if different from above:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

**The credit card is the most efficient and economic way of paying membership fees and we would therefore encourage you to utilise this facility.**

#### 3. INTERNATIONAL US\$ CHEQUE

If you select to transfer your membership fee by wire transfer or by US\$ cheque, please ensure that you include administrative banking costs to the amount transferred (approximately \$15).

#### Fee Structure (Taken from the World Bank Development Indicators)

#### World Bank Development Indicators

##### Zone 1:

Andorra, Antigua and Barbuda, Aruba, Australia, Austria, The Bahamas, Bahrain, Barbados, Belgium, Bermuda, Brunei, Canada, Cayman Islands, Channel Islands, Chile, Croatia, Curacao, Cyprus, Czech Republic, Denmark, Equatorial Guinea, Estonia, Faeroe Islands, Finland, France, French Polynesia, Germany, Greece, Greenland, Guam, Hong Kong SAR, Iceland, Ireland, Israel, Italy, Japan, Korea Rep., Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macao SAR, Malta, Monaco, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Poland, Portugal, Puerto Rico, Qatar, Russian Federation, San Marino, Saudi Arabia, Singapore, Sint Maarten, Slovak Republic, Slovenia, Spain, St. Kitts and Nevis, St Martin, Sweden, Switzerland, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States, Uruguay, Virgin Islands

##### Zone 2

Albania, Algeria, America Samoa, Argentina, Angola, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Fiji, Gabon, Grenada, Hungary, Iran, Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Macedonia, Malaysia, Maldives, Marshall Islands, Mauritius, Mayotte, Mexico, Montenegro, Namibia, Palau, Panama, Peru, Romania, Serbia, Seychelles, South Africa, St. Lucia, St. Vincent and the Grenadines, Suriname, Taiwan, Thailand, Tonga, Tunisia, Turkey, Turkmenistan, Tuvalu, Venezuela

##### Zone 3

Armenia, Bhutan, Bolivia, Cameroon, Cape Verde, Congo Rep., Côte d'Ivoire, Djibouti, Egypt, El Salvador, Georgia, Ghana, Guatemala, Guyana, Honduras, India, Indonesia, Kiribati, Kosovo, Lao PDR, Lesotho, Mauritania, Micronesia, Moldova, Mongolia, Morocco, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Paraguay, Philippines, Samoa, São Tomé and Príncipe, Senegal, Solomon Islands, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Timor-Leste, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Yemen, Zambia

##### ZONE 4:

Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Congo Dem. Rep., Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Korean Dem. Rep., Kyrgyz Republic, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sierra Leone, Somalia, South Sudan, Tajikistan, Tanzania, Togo, Uganda, Zimbabwe

**Please return to:**

**Email:** [admin@iasp.info](mailto:admin@iasp.info)

**An online version of this membership application form can be found here:**

<https://www.iasp.info/application.php>

Specific Interest in the field of suicide research and suicide prevention		
Please Tick (✓) Specific Interest or Published Work in Columns Provided Maximum 3 Topics	Specific Interest	Published Work
Advocacy		
Aging / elderly		
Anthropology of suicide		
Awareness		
Certifying Suicidal Deaths		
Children and adolescents		
Clinical Suicidology		
Clusters and Contagion in Suicidal Behaviour		
Correctional Institutes		
Country Specific Suicide (Country Name: )		
Crisis helplines		
Crisis intervention		
Deliberate Self harm		
Depression and anxiety		
Diagnostic concepts and nomenclature		
Eating Disorders		
Emergency Medicine		
Epidemiology		
Ethnic and Cultural Factors		
Forensics		
Gender		
Genetics		
High Risk Groups		
Holistics		
Ideation		
Indigenous people		
Interventions - early and others		
Law and Ethics		
Means restriction		
Media and the Internet		
Medical illness		
Migration and Minorities		
Military and police		
Mood disorders		
National strategies		
Neuroimaging		
Non-suicidal self-harm		
Personality disorders		
Philosophy		
Postvention (Suicide Bereavement)		
Poverty		
Protective factors		
Psychological Factors		
Psychopharmacology		
Psychotherapy		
Railway suicide		
Religion and Philosophy		
Research		
Resilience / Protective factors		
Risk factors		
Schizophrenia/ psychotic disorders		
School and workplace		
Sexual orientation		
Social media		
Social Risk Factors		
Socio-cultural and economic factors		
Spirituality		
Substance abuse		
Suicide survivors		
Training and Education		
Traumatic stress		
Volunteers		
Workplace		

Please use form below to add  
Additional Comments