



Lanny Berman



At the start of the New Year it is certainly worthwhile to reflect on IASP 2011 highlights - The 26th World Congress in Beijing was a success and major IASP milestone in many ways. Despite long travels for many, close to 500 participants representing 48 countries attended this conference, and during the Conference many new members joined IASP. The quality standards of the keynote lectures and other sessions were high as reflected by the high attendance rates from early morning until late evening up to the last day. Looking back, it was an intensive and productive week with a unique opportunity for IASP to move forward in *Integrating Cultural Perspectives in the Understanding and Prevention of Suicide*. This successful conference wouldn't have been possible without the great hospitality and input from Professor Yueqin Huang and the excellent work of Professor Michael Phillips, Professor Paul Yip, the Scientific and Organising Committee.

World Suicide Prevention Day (WSPD) 2011 was another successful IASP event. The WSPD theme: *Preventing Suicide in Multicultural Societies* was widely addressed through 165 events taking place in 51 countries, an increase from the previous year. Across the world, 700 WSPD Certificates of Appreciation were issued. In addition, IASP hosted a day long seminar and press conference in Hong Kong to kick off WSPD.

In 2011, the IASP Board was particularly active and focused on developing new projects for the organization and overseeing our transition of the Central Office to Oslo. The number of IASP Task Forces and Special Interest Groups increased, with important deliverables such as international collaborative workshops and symposia, reviews, guideline documents and discussion forums.

Moving into 2012, I am pleased to announce the IASP 5th Asian Pacific Conference, which will be hosted by Professor Lakshmi Vijayakumar in Chennai, India between 29th November and 2nd December 2012 which will address *Suicide Prevention in the Asia Pacific: Barriers, Boundaries and Beyond*. Preparations are also underway for the 10th anniversary of World Suicide Prevention Day on September 10th 2012 which will cover the theme: *Suicide Prevention across the Globe: Strengthening Protective Factors and Instilling Hope*. Please, submit your ideas for innovative events!

IASP is also organising collaborative activities with the 45th Annual Conference of the American Association of Suicidology, April 18–21st 2012, Baltimore (USA), and the 14th European Symposium of Suicide & Suicidal Behaviour (ESSSB14), 3–6th September, Tel Aviv, Israel.

Lanny Berman, Ph.D, ABP, IASP President



Lakshmi Vijayakumar

IASP 5TH ASIA PACIFIC REGIONAL CONFERENCE

Professor Lakshmi Vijayakumar welcomes you to Chennai, India to attend IASP's 5th Asia Pacific Regional Conference to be held in Chennai, 29 November–2nd December 2012.

The Conference theme: *Suicide Prevention in the Asia Pacific: Barriers, Boundaries and Beyond* aims at strengthening networks of

academic and practitioners in working towards a common goal within a diverse environment. The Conference will address the requirement to focus on putting research into practice, and implement innovative suicide prevention activities within well defined strategies that call on the participation of Governments, institutions, clinicians and NGOs. The conference will be organised by SNEHA and IASP and aims to provide participants an insight into various aspects of suicide research and suicide prevention. Opportunities to exchange knowledge and share experiences will clearly be of key importance; an emphasis will be placed on encouraging new areas of research and the new era of young researchers

Chennai is a city of great historic importance in India. Chennai boasts of several fascinating tourist spots that include the museum, the second longest beach in the world and many ancient temples and churches. Chennai is known as the gateway to South India. Despite being an important city for manufacturing, health care and IT, Chennai managed to retain a charm of its own. It is a sprawling, busy and yet a conservation city with deep

traditions and culture. Throughout the conference, delegates will be provided with a variety of social and cultural experiences. A range of pre and post conference tours will be made available.

Professor Lakshmi Vijayakumar
Organising Secretary, SNEHA

Congress Secretariat:

5th IASP Asia Pacific Regional Conference
Marundeshwara Enterprises
A2, Shanthi Apartments 18, T.T.K. 1st Cross Street
Alwarpet Chennai 600 018, India

Phone: +91 (0)44-2435 3079 /
7194 2432 8152
Tel/Fax: +91(0)44-2432 0605
Email: info@marundeshwara.com
www.iaspchennai2012.org

Important dates:

January 2012: Second Announcement and Call for Papers
April 30th 2012: Deadline for Submission of Abstracts
September 2012: Programme announced
November 29th - December 2nd: 2012 Conference.



barriers, boundaries & beyond

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

November 29 - December 2, 2012
Chennai, India

FROM THE PRESIDENT

I am in the process of devouring a terrific book about the history of cancer, the belief systems that have guided its research and treatment for, oh let's say, the past 2,500 years, and, notably, the significant advancements and accomplishments that have been achieved just the last half century or so. The book – *The Emperor of All Maladies*, by oncologist Siddhartha Mukherjee is sub-titled “*A Biography of Cancer*.” A strange sub-title, no doubt, but one the author clarifies as appropriate in that he attempts “to enter the mind of cancer, to understand its personality, to demystify its behavior.” D deservedly, this book won the 2011 Pulitzer Prize for non-fiction.

The parallels between cancer and suicide may seem far-fetched at first, but I could not help note a number of them while working my way from Galen's perspective that both cancer and melancholia were associated with trapped black bile to the fits and starts of hoped for breakthroughs attendant to the modern era of treatments for both.

Here's just one other parallel reflective of the stigma attendant to cancer that ought to be readily translated into the world of Suicidology:

In the early 1950s, when a breast cancer survivor called the *New York Times* to post an advertisement for a support group for women with breast cancer, she was informed by the paper's editor that the Times cannot publish either the word breast or the word cancer in its pages. Instead, it was suggested that she could say there would be a meeting about diseases of the chest wall!

There are many types of cancer; there is no typical suicide; both are extraordinarily complex to understand. Returning to Mukherjee's sub-title, Suicidologists, as well, spend their life trying to enter the minds of those suicidal, to understand life and death pathways of those who die by suicide, and to demystify, hence understand those who are suicidal and intervene successfully before that vulnerability turns into a tragic and otherwise preventable death.

The most striking parallel and, at once, the most striking difference between the history of cancer prevention and the history of suicide prevention occurred in the United States. In the late 1960's, a Commission on the Conquest of Cancer was proposed to advise the US president on what was needed to accomplish that conquest. Long story short, the Commission proposed the establishment of an independent agency with considerable federal funding (\$1.5 billion by the late 1970s) and the U.S.'s National Cancer Institute was born. Equally important, the “conquest of cancer” morphed into what became known as a “war on cancer.”

The United States is one of fewer than twenty countries worldwide to similarly form task groups of scientists and concerned others to develop national suicide prevention plans and strategies. Few if any of these countries have further developed the federal support (infrastructure, funding...) needed to implement and sustain prevention programs over many years. Moreover, the suicide prevention movement has never developed rhetoric parallel to that of the cancer prevention movement. Perhaps it is time that we, too, call for a war on suicide. Perhaps it is time for us to demand of our governments that they establish and support independent agencies to oversee and fund our national suicide prevention efforts. Perhaps it is time we increase the reach and persistence of our individual and collective voice so that the field of suicide prevention in each of our countries, forty years from now, will be able to tout similar successes and, most importantly, sustained sources of funding to reach them.

We can learn from the achievements and failures of other preventive efforts. Cancer prevention is but one of these and Mukherjee's epic treatise, for me, is a great tutorial regarding where we are not and where we need to be.

Lanny Berman, Ph.D., ABP.

REPORT FROM A NATIONAL REPRESENTATIVE

COUNTRY REPORT FROM SLOVENIA

With an average annual suicide rate of 30 per 100 000 (in the last decades of former century) Slovenia was traditionally mentioned and regarded as a high suicide rate country. In the last decade however, in particular from 2004 onwards, we can report an encouraging and continuous trend. The total suicide rate has dropped from 29.9 (1997) to 20 per 100,000 (2008) which is the lowest suicide rate recorded in the last 30 years (a total decrease of 32.9% in ten years!). The decrease occurred in both genders, and was particularly prominent in men – a drop from 49.3 to 32.2 per 100,000 and in all age groups, especially in the middle aged group (35-50 years). It is unfortunate though, that despite all efforts, the age group 65 + seems to be “intervention and prevention resistant”.



Saška Roškar

Various initiatives that emerged in recent years, many of them set in motion and advocated by the late Prof. Dr Andrej Marušič, are likely to have contributed to this positive development. Through several projects (e.g. the European Alliance Against Depression) efforts and attention has systematically and continuously been directed onto different levels of prevention including working respectively with professionals (GP's, nurses, social workers, teachers etc.) and risk groups (young people, older people, those engaging in suicide attempts, bereaved etc). Furthermore, significant actions have been directed towards the general public (e.g. activities of destigmatization and awareness raising). For this year we plan to increase and intensify the work with the media and prepare media guidelines for reporting on suicide.

Regarding political support, we are delighted to report that the Ministry of Health has launched the Mental Health Act in 2008 and is now about to launch the National Programme for Mental Health, part of which is directed towards suicide prevention. Importantly, in 2003 an act on restriction of alcohol beverages was launched (i.e. prohibited selling of alcohol beverages before 10 am and after 9 pm in shops), which might have had a positive effect on suicidal behaviour, particularly on middle aged men.

We will certainly continue with our work in this field and we sincerely hope to be able to report on ongoing positive trends and developments in Slovenia in the future.

IASP National Representative for Slovenia, Dr. Saska Roskar,
e-mail: saska.roskar@ivz-rs.si

CORRECTION - COUNTRY REPORT NORWAY (MAY/JUNE 2011)

Contributors to the suicide field are:

- 1) Research on suicidal behavior is conducted in many units in Norway. Four major independent groups are: a) The National Centre for Suicide Research and Prevention (led by Prof. Mehlum), b) the group at Oslo University Hospital Ullevål (led by Prof. Ekeberg), c) The Norwegian Institute of Public Health, the Department of Suicide Research and Prevention (led by dr. Dieserud), and d) The Norwegian University of Science and Technology (led by Prof. Hjelmeland).
- 2) The Regional Centers for Violence, Traumatic Stress and Suicide.
- 3) The Norwegian Association for Suicide Survivors (LEVE).

COUNTRY REPORT FROM CANADA

In communication from my colleagues with the Canadian Association for Suicide Prevention (CASP) the following activities have been undertaken that relate to our goal of having the federal government endorse a national suicide prevention strategy for Canada. In the past year, CASP has made presentations in order to actively lobby for a National Suicide Prevention Strategy and the development of a coordinating body. The presentations have been made to:

- The Parliamentary Committee on Palliative Care;
- The Parliamentary Committee on Injury Prevention;
- The Parliamentary Committee on Veteran's Affairs;
- The Public Health Agency of Canada.



Paul S. Links

CASP was given some funding to do an environmental scan across the country to identify what is being done in suicide prevention and where the gaps lay. This report has been submitted to the Mental Health Commission of Canada for review and development of next steps.

A private member's bill for a National Suicide Prevention Strategy was introduced in Parliament and has garnered a significant amount of attention. This bill is now in process. CASP has sent letters to all the mayors of major centres in Canada requesting support for this bill. Generally, private member's bills do not succeed in being passed and being endorsed as legislation.

Letters have gone out to all of the federal, provincial and territorial ministers who are responsible for injury prevention asking for support of a Nat'l Suicide Prevention Strategy and national co-ordinating body.

A suicide prevention handbook was developed from the Blueprint for use by service organizations. Hamilton Ontario Canada has developed a community Suicide Prevention Strategy and Ontario Suicide Prevention Network is working on a Provincial Strategy. CASP is currently working on developing a resource list for survivors across the country who have been bereaved by suicide. There is currently discussion amongst stakeholder groups exploring the meaning, impact, and utilization of the term "survivor" as it relates to those bereaved by; attempted; or cared for someone who is suicidal.

Professor Paul S. Links, IASP National Representative for Canada,
e-mail: paul.links@utoronto.ca

IASP SPECIAL INTEREST GROUPS

New – IASP Special Interest Group on Culture and Suicidal Behaviour

The IASP Special Interest Group (SIG) on Culture and Suicidal Behaviour was launched at the IASP Conference in Beijing, September 2011 and aims to establish a network of people interested in cultural issues in suicide research and prevention. Although the initial aim is to establish a network of interested people, we hope in time to be able to develop projects on specific sub-themes (e.g. suicide prevention strategies in different cultural settings; spirituality/religion; human/women rights; gender issues including gender-based violence and domestic/family violence; suicidal behaviour in low income countries; arts and culture; culturally sensitive/appropriate research methods) based on the interest of members.



Erminia Colucci

More specifically, the SIG will have the following goals:

1. Share resources and information relevant to the topic of culture and suicidal behaviour (including publications and funding opportunities);
2. Discuss ideas and provide suggestions around culturally sensitive suicide research and prevention activities;
3. Increase awareness and advocate for a greater consideration of culture in the understanding of suicidal behaviour and the development of suicide prevention strategies;
4. Represent a point of reference for individuals and organizations seeking expertise on the SIG theme and sub-themes;
5. In the long term, the SIG will seek financial support to initiate and carry out specific research and prevention projects and organize themed meetings/conferences/ workshops.



Heidi Hjelmeland

A two-day workshop on the topic "Suicidal Behavior of immigrants and their descendants in Europe" was held in Berlin (Charité-University Medicine) on 26th and 27th January 2012. During the workshop, invited researchers from across Europe presented and discussed their findings in relation to this topic. The aim of the workshop was to generate a broader understanding of suicidal behaviour among immigrants and their descendants, and to develop theories of suicidal behaviour. This event was organized by two members of the IASP-SIG on Culture and Suicidal Behaviour: Diana van Bergen and Amanda Heredia Montesino under the auspices of the SIG.

We are currently looking for people interested in joining this SIG. If you are interested in becoming a member of this Special Interest Group, please contact

Dr Erminia Colucci (ecolucci@unimelb.edu.au).
Chair: Dr Erminia Colucci; Co-chair: Professor Heidi Hjelmeland

NEW - IASP Special Interest Group on Clusters and Contagion in Suicidal Behaviour

A new IASP Special Interest Group (SIG) on Clusters and Contagion in Suicidal Behaviour has been established with the aim to bring together interested people in research, prevention and policy, who can share information and expertise in clusters and contagion effects in suicidal behaviour worldwide.

Internationally, there is growing public and professional interest in clusters and contagion in suicidal behaviour (fatal and non-fatal). There are indications of increasing clustering and contagion effects in suicidal behaviour associated with the rise of modern communication systems. Yet, the research in this area and information on effective response procedures and prevention strategies is limited. Over the last 5 years we have seen an increase in research and prevention initiatives addressing clustering and contagion in suicidal behaviour in various countries. However, international comparisons are limited and therefore it is unknown whether the evidence on clustering and contagion effects is consistent across countries and cultures. The SIG will contribute to progressing research, prevention and policy priorities in this important and challenging area. In time, the SIG will explore possibilities to develop specific projects or actions to be undertaken by designated Task Forces.



Ella Arensman



Annette Beautrais

Specific objectives of the SIG:

- Share information on definitions and the methodologies used in identifying clusters and contagion in suicidal behaviour
- Share information obtained in research into clusters and contagion in different countries and facilitate comparative international research
- Share information on policy, response procedures and prevention strategies for clusters and contagion in suicidal behaviour from different countries and compare effectiveness
- Increase awareness of clusters and contagion in suicidal behaviour and associated risk factors
- Share and transfer expertise across countries when clusters in suicidal behaviour emerge
- Facilitate international collaborative grant applications to progress international comparative research, prevention and policy in this area.
- Act as an expert group for individuals and organisations seeking information and advice.

We are looking for people who are interested in working with us to progress this very important work. If you are interested in becoming a member, please contact Dr Ella Arensman: Ella.Arensman@nsrf.ie or Assoc. Professor Annette Beautrais: Annette.Beautrais@otago.ac.nz

Chair: Dr Ella Arensman, Co-Chair: Assoc. Professor Annette Beautrais

AWARDS – INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION

At the 26th IASP Conference in Beijing, IASP presented awards for those who have contributed in a significant way to the furthering of the aims of the Association.

2011 Stengel Research Award to Paul Yip

Professor Paul Yip is an outstanding and active researcher with more than 20 years of scientific activity in the field of suicide research. He has published more than 200 articles about suicide in internationally acknowledged journals. He has also published 2 monographs and more than 10 book chapters about suicide. He has been a leading person in the area of suicide research in the Asia-Pacific region and at a global level, and his research work is held in high esteem.

Paul Yip's scientific work covers a wide area, ranging from statistical methods and public health surveillance to intervention studies on suicide prevention. One of his pioneering studies on restricting the means of charcoal for suicide prevention published by the British Journal of Psychiatry in 2010 has led to a drastic reduction of the number of charcoal related suicides in Hong Kong. It has received extensive media coverage and has a profound impact on Taiwan, Korea and Japan, which are severely affected by charcoal burning suicides.

Paul Yip's recent publication entitled "Evidence based Suicide Prevention Program", published by West Pacific Region of the World Health Organization, has expanded understanding of the intricate factors leading to different types of suicides and the development of effective suicide prevention strategies. Paul Yip's research work has challenged many commonly held assumptions and generates new knowledge and understanding. He has been awarded more than HK\$ 50 million in research funds. He has received many prizes and awards for his scholarly achievement and contributions.

Paul Yip is a strategic partner for suicide prevention in the Asia-Pacific region. Being the director of Hong Kong Jockey Club Centre for Suicide Research and Prevention



Paul Yip receiving the Stengel Research Award

and a consultant or advisor of a dozen institutes and organizations, Professor Yip has inspired many colleagues and students in a wide range of intellectual pursuits, particularly in the area of suicide research.

There is no doubt that, with his commitment and engagement in suicide research and prevention networks, suicidology has been, and will continue to be, his main area of interest/work. With his achievements in suicide research and potential contribution in the area, Professor Yip is the well-deserved recipient of the Stengel Research Award.

Professor Kees van Heeringen, *Chair of the Stengel Research Award Committee*

2011 Ringel Service Award to Jose M. Bertolote

Jose M. Bertolote, M.D., Ph.D. has been selected as the IASP 2011 Ringel Service Award recipient. Dr. Bertolote has worked tirelessly for suicide prevention while at the WHO, and has collaborated closely with IASP on many initiatives, conferences, and media campaigns. He gathered WHO support to launch the first World Suicide Prevention Day, and coordinated WHO-IASP publications on suicide prevention. He has worked for many years to coordinate suicide preventive initiatives nationally and internationally, to help raise the awareness of suicide prevention on the public agenda, and to promote new methods and knowledge in the field of suicidology.

Dr. Bertolote joined WHO in 1989. In 1996 he collaborated with the United Nations Organization to produce the seminal document, "Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies," that has shaped the majority of national suicide prevention strategies thereafter. In 1999 he established the WHO International Network for Suicide Prevention and Research, which resulted in eight international Regional Workshops on Suicide Prevention. He has been instrumental in the development and implementation for many of the most important WHO initiatives, including the WHO's SUPRE activity, and was the principal coordinator of the SUPRE-MISS project. SUPRE-MISS was the largest multi-site controlled trial of a brief intervention and contact for suicide attempters. He was also the leader of the WHO Initiative on Pesticides and Health, concentrating on finding the best strategies to reduce the impact of pesticides on intentional and accidental poisoning.

He retired from WHO in 2008, and currently serves as Professor at the Australian Institute for Suicide Research and Prevention, Griffith University (Brisbane, Australia),



Jose Bertolote receiving the Ringel Service Award

and Associate Professor at the Botucatu Medical School (Botucatu, Brazil). Dr. Bertolote has written more than 100 articles, books, and other publications. He remains an international ambassador and champion for suicide prevention. His career embodies the essence of the objectives of the Ringel Service Award.

Professor Morton Silverman, *Chair of the Ringel Service Award Committee*

2011 Farberow Postvention Award to Jill Fisher

The IASP Farberow Postvention Award Committee had received four valid nominations, each nominee being a very valuable potential recipient of the Award. After thorough assessment with regards to the four selection criteria, the Committee recommended the recipient: Jill Fisher (Australia), who meets the four criteria in a highly distinctive way.

- Jill has been actively involved in the establishment and operation of programs for the bereaved by suicide. Her involvement spans 20 years, initially as a facilitator of the Sunshine Coast Bereavement Support Group. Since 2001 Jill has been responsible for the establishment and operation of the StandBy Response Service. From a local project, Jill has directed its development in a wide range of Australian communities. The project has been extremely successful and received the 2002 Queensland Commonwealth Family and Community Service CanDo Award.
- As the Standby National Coordinator Jill's role requires significant leadership in the program's regions and in the overall field of suicide bereavement in Australia. She has been a speaker at (inter)national conferences. She had a leading role in the redevelopment of "Living is for Everyone", the Australian suicide prevention framework; the Lifeline's National Suicide Bereavement Standards Project; and the Suicide Bereavement & Postvention Position Statement 2009. Currently, Jill serves as the editor of the IASP Postvention Newsletter.
- Jill has contributed to the research and evaluation of such programs. She oversaw the evaluation of the National Support Pack for those Bereaved by Suicide. She assisted in the 2006 Beyond the River Suicide Research Project which trialled instruments for suicide survivor research. Currently, Jill is involved in the economic evaluation of the StandBy Program.



Jill Fisher receiving the Farberow Award

- Jill intends to continue to be involved in this important area of work. In 2012 she will start doctoral studies related to suicide bereavement models, practice, and cultural perspectives. Future plans include research into suicide bereavement and media with the Hunter Institute Media and Suicide Bereavement Project.

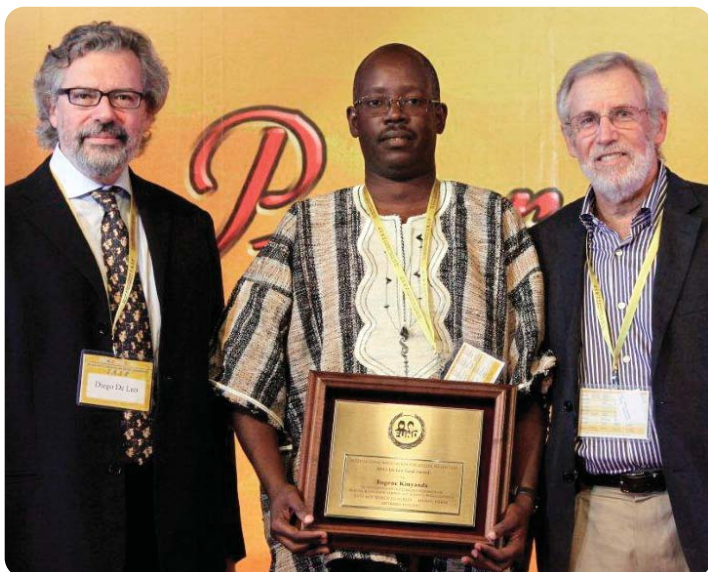
Karl Andriessen, *Chair of the Farberow Postvention Award Committee*

2011 De Leo Fund Award to Eugene Kinyanda

On the occasion of the second De Leo Fund Award, which is given to researchers internationally, it gives me particular pleasure to declare the winner in Dr. Eugene Kinyanda, from Uganda.

Dr. Kinyanda is a psychiatrist, who got a PhD degree in Europe, from the Norwegian University of Science and Technology in Trondheim. Eugene now works with the Uganda Medical Research Council on AIDS but continues to be very active in suicide research and prevention, which represents his main interest.

Apart from possessing an impressive CV and list of publications, Dr. Kinyanda fulfills all the criteria for the award: he is born in a developing country; has performed his research also in a developing country (mainly Uganda, but he also participates in a current research project in Ghana); and is a young/mid-career researcher.



Eugene Kinyanda receiving the De Leo Fund Award

Eugene had his Bachelor Degree in Surgery and Medicine from Makerere University (Uganda) in 1992 and his Master's Degree in Medicine (Psychiatry) in 1998, with the same University. He has held different positions both in hospitals (Butabika National Psychiatric Referral Hospital) and at Makerere University (College of Health Sciences). Eugene was already the winner of different awards (Young Fellows Award of the XI World Psychiatric Association Congress, Hamburg, Germany, 1999; Young Investigators Award of the World Congress of Biological Psychiatry, Berlin, Germany, 2001, and is a member of the MP-Scientist Pairing scheme of the Uganda Academy of Health Scientist Parliament of Uganda, 2010–2011).

Eugene is co-author of 17 papers (mostly published in international journals), and several book chapters and research reports; has presented to more than thirty conferences and is currently supervising two PhD students together with Prof. Heidi Hjelmeland, with whom he has been a PhD student and then a scientific collaborator for more than ten years. Prof. Hjelmeland has kindly supported the nomination of Dr. Kinyanda for this award. I want to express my gratitude to the colleagues that have shared with me the commitment of selecting the winner for this edition of the award: Mrs. Vanda Scott OBE, Prof. Murad Kahn, Prof. Lakshmi Vijayakumar, and Prof. Silvia Ganetto.

Professor Diego De Leo, *Chair of the De Leo Fund Award Committee*

IASP POSTER AWARDS

At the 26th IASP Conference in Beijing, IASP poster awards were awarded to the following presenters

- Y Yeh Chen
- G Cox
- K Deuter
- M Durante
- F Lee
- T Madsen

Obituary Israel Orbach

It is already some time since Professor Israel Orbach (6th November 1943–23rd November 2010) passed away, but his colleagues and students have yet to come to grips with this tragic loss.

Professor Orbach was a world leader in the field of suicide research with many seminal contributions to the literature. He was, in addition and perhaps even primarily, a clinician researcher whose therapeutic instincts were an essential part of his being. In therapy he showed a tremendous capacity for empathy, creative thinking, authenticity, ability to listen, and respect for his patients.

Israel Orbach belonged to the generation that believed that therapy was the basis of all research, and that research not informed by therapy had little to offer. He moved effortlessly between the battlefield against suffering in his clinic and the ivory tower of academia. All his studies were based on ideas gleaned from his therapeutic worldview and from his encounters with his suicidal patients. His enormous and productive research efforts were all aimed toward understanding human self-destructiveness, believing as he did that this understanding was the only hope for relieving the suffering of these unfortunate individuals and turning them back to the path of positive self-fulfilment. Thus, he developed a taxonomy of suicide risk factors which enabled him to systematically tackle the different facets of the suicidal person – and also tried to operationalize the experiential characteristics of people who want to die.

In the early 1980s Professor Orbach pioneered the interest in very young suicidal children. He was not afraid to broach this very sensitive topic, and chronicled the thoughts and feelings of these children. In the 1990s he developed his theory of the countervailing forces attracting and repulsing the individual to and from life and death, and applied them to understanding suicide. He also spent much effort in trying to elucidate the “experience of problem irresolvability” and the experiencing of the “irresolvable problem.” He studied how suicidal persons indeed did attempt to solve their problems and described how to use these notions in therapy.

The final years of his life were devoted to the concept of “mental pain.” In this he was indebted to his mentor Shneidman, whose early ideas formed the basis of this idea. Orbach further developed the notion, and as he had done many times before he was able to operationalize this rather abstract thought and produce a measure that could be used in empirical research. Mental and psychic pain became the fulcrum through which suicide could be understood and prevented.

Believing as he did in the close relationship between clinic and research, Orbach was a founding member of the Israel Association for Suicide Prevention, which then became the Foundation for Life.

He had a tremendous influence on suicide research and prevention in Israel, was for many years a member of the Committee for Suicide Prevention of the Israeli government, a member of the steering committee for the National Suicide Prevention Program, an advisor to the Israel Defense Forces, and was very active in both telephone and Internet hotlines for people in distress.

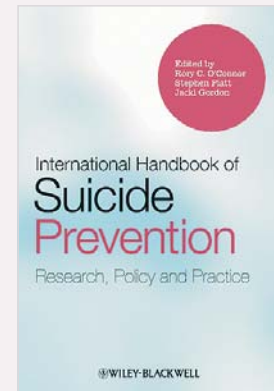
Israel Orbach was a very special person who knew how to stand up for his ideas, was not afraid to be controversial, and whose influence on the understanding and prevention of suicide will have a lasting impact on our field.

By: Maya Iohan Barak and Alan Apter,
Schneider Children's Medical Center of Israel, Tel Aviv, Israel.
See also Crisis: Vol.32 (6), 2011, 353-354.
Correspondence: Maya Iohan Barak Harari: maya.iohan@gmail.com.

NEW PUBLICATION

International Handbook of Suicide Prevention: Research, Policy and Practice

Editors: Rory C O'Connor, Stephen Platt, Jacki Gordon.
Chichester, UK: Wiley-Blackwell (2011)



This impressive handbook provides the most up-to-date research, policy and practice in suicide prevention with contributions from many international experts.

Part one presents an update of determinants of suicidal behaviour and theoretical frameworks and offers a detailed overview of risk factors associated with suicidal behaviour and underlying processes.

Part two covers treatment models, evidence based interventions, prevention programmes and care pathways for at risk groups and people who have engaged in suicidal behaviour. In part three evidence, policy and practice are integrated and a wide range of examples of effective suicide prevention strategies are presented. The concluding part provides an overview of achievements in suicide research, policy and practice over the past 25 years and challenges ahead. I concur with the statement of the editors that “a major step forward is to bring together different exponents of suicidology irrespective of professional background or country of origin, because only through learning together internationally and across disciplines will we rise to the challenge of reducing suicidal behaviour in every country”.

A *must read* for clinicians, researchers, policy makers and scholars!

Ella Arensman, IASP Vice-President, Director of Research,
National Suicide Research Foundation, Ireland,
ella.arensmann@nsrf.ie

UPCOMING EVENTS



45th Annual Conference of the American Association of Suicidology (AAS):
Collaborations in Suicidology: Bridging the Disciplines
 April 18-21, 2012 Baltimore
 For further information: www.suicidology.org



14th European Symposium of Suicide and Suicide Behavior:
Integration of different perspectives
 3-6 September, 2012 Tel Aviv, Israel. Submission of abstracts until 1st April 2012
 For further information: www2.kenes.com/esssb14



5th Asia Pacific Regional Conference Suicide Prevention in the Asia Pacific: *Barriers, Boundaries and Beyond*
 29 November – 2 December, 2012, Chennai, India. Submission of abstracts until 30th April 2012. For further information: www.iaspchennai2012.org



XXVII IASP World Congress: *Preventing suicidal behaviour on five continents – Innovative treatments and interventions*
 24–28 September, 2013, Norway, Oslo. For further information: www.iasp2013.org

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

- Zone 1: US \$170 (3 years \$460)
- Zone 2: US \$140 (3 years \$380)
- Zone 3: US \$120 (3 years \$310)
- Zone 4: US \$95 (3 years \$260)

Organization

- (Less than \$1 million pa budget)
- Zone 1: US \$200 (3 years \$550)
 - Zone 2: US \$150 (3 years \$400)
 - Zone 3: US \$130 (3 years \$340)
 - Zone 4: US \$100 (3 years \$270)

Organization

- (More than \$1 million pa budget)
- Zone 1: US \$220 (3 years \$600)
 - Zone 2: US \$170 (3 years \$460)
 - Zone 3: US \$150 (3 years \$390)
 - Zone 4: US \$120 (3 years \$300)

Students, Volunteers and Associate Members

- US \$90 (3 years \$240)

National Centre for Suicide Research and Prevention
 Sognsvannsveien 21, building 12; N-0372 Oslo, Norway
 Email: admin@iasp.info Web: www.iasp.info
 Tel: +47 22 92 37 15 / Fax: +47 22 92 39 58