FROM THE PRESIDENT

Welcome to the summer edition of the IASP newsletter. The 8th Asia Pacific Regional Conference on Suicide Prevention, New Zealand is only fresh in our minds and what a success it was! Enriched by 276 attendees, there were so many highlights and learnings from the event. Ultimately it was wonderful to come together as a unified community to work towards our shared goals in such an enriching and inspiring environment. Amongst a wealth of insightful discussions, symposia and presentations there were networking events and opportunities for groups and SIGs to meet and plan their future works. A new SIG on Lived Experience was also celebrated at this conference, with more information within this newsletter. The conference also incorporated a formal launch of the Clinical Advisory Services Aotearoa’s new Postvention Guidelines for the Management of Suicide Clusters (casa.org.nz/resources).

I would like to take this opportunity to formally thank all of the conference attendees for making this such a memorable and enlightening conference. I would also like to thank Witeria Lewis Ashby for his excellent assistance in this wonderful event. I would also like to thank the conference partners, the conference sponsors and the scientific committee for their input and direction. Finally, I would like to thank those who worked so hard to make this conference so successful, namely Ms. Wendy Orchard and Ms. Wendy Cliff. Now we very much look ahead to a similarly successful IASP World Congress in Derry next year (iasp2019.com).

In this issue we start off by sharing with you some of the highlights of the Asia Pacific Conference. Following this we have included an update on the ongoing work and direction of from our Special Interest Group (SIG) on the Prevention of Intentional Poisoning. We hear about Dr Pandit Devijyoti Sharma who is coordinating the running of a Life Skills Dynamic Meditation and Yoga training in India. Dr Sharma has also achieved formal recognition for World Suicide Prevention Day (WSPD) in India, as also described in this newsletter. Our conference notices will keep you informed of upcoming events and opportunities in the area of suicidology. In this edition we introduce you to WSPD 2018 and welcome you to beginning planning your WSPD efforts.

This year we celebrate WSPD under the theme “Working Together to Prevent Suicide,” which will be a running WSPD theme for the next three years. We chose this theme as it highlights the most essential ingredient for effective global suicide prevention - collaboration. Suicide is a complex phenomenon affected by a breadth of factors. Therefore, while devising prevention and treatment interventions, it is essential that we remember that a coordinated, multi-faceted and multidisciplinary approach is necessary in order to achieve our aims and goals. To keep up to date with WSPD please follow: iasp.info/wspd2018/.

Professor Murad Khan

Launch of postvention guidelines for the management of suicide clusters

The Clinical Advisory Services Aotearoa, New Zealand has launched a new set of guidelines which provide a framework to support communities following a suicide cluster and provides guidance on preventative action to follow these events.

These comprehensive guidelines provide an overarching framework that recognises that each community has different considerations and unique needs in planning and implementing the management of a suicide cluster. The guidelines are intended to be applicable to any community and these guidelines may be particularly useful for: frontline workers, agency managers, community leaders and healthcare professionals to mention but a few key groups.

These guidelines can be downloaded via the following webpage: www.casa.org.nz
We are delighted to offer IASP Members the opportunity to view highlights from the recent Asia Pacific Regional Conference held in the beautiful Bay of Islands, New Zealand. With the generous sponsorship from Suicide Prevention Australia we were able to film our Keynote Address, a large number of our Plenaries and Special Lectures, 2 Symposia and a selection of Oral presentations. We hope you will benefit from these resources, all of which will soon be available in the Member only section of the IASP website.

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“I just want to take the opportunity to say that I thought this was the best conference I have been to in several years. The quality of the speakers was intergalactic. I wished I could be in three places at once for an awful lot of the time. I have been raving about it since I left New Zealand. Thank you so much for the opportunity to be a part of it. I will definitely look at future IASP conferences as a result. I hope they are all so incredible!”

“This is my first time on such an event, I thought it will be more about science, but it’s more about real practical work. But I like it even more! Really enjoying it, thank you so much!”

“Overall this conference was fantastic. I enjoyed 97% of it and the 3% that wasn’t enjoyable was easily overlooked by the content being presented and the breath taking location.”

“I felt privileged to be in such a special place. Thank you for providing that opportunity.”

IASP ECG Member Ms. Tess Cutler was kind enough to share her experience, as an early career person attending the conference.

“The Asia Pacific conference was filled with great content, covering a wide range of topics in the area of suicide prevention. I learnt a great deal about local and international suicide prevention programs and research projects. There were so many opportunities to meet with other early career researchers as well as very experienced researchers and I built connections with people in both groups who I hope to work with in the future.”

With 276 attendees from across the globe, this year’s Asia Pacific Conference was a great success! The pre-conference workshops were well-received and the overall programme produced many excellent knowledge-sharing and networking opportunities. The success of the conference is testament to the quality and variety of presentations shared, covering topics from suicide across the lifespan, suicide prevention with YouTubers, to attracting funding for suicide prevention research. For those of you who could not attend we are happy to share with you some wonderful feedback and imagery from attendees.
IMAGES from the 2018 IASP Asia Pacific Conference

Team from LeVa, conference partner and sponsor
Hangi & cultural performance
From the conference welcoming ceremony
Conference attendees
Conference attendees
Conference attendees
IMAGES from the 2018 IASP Asia Pacific Conference

Some conference posters

Clusters and Contagion symposium members

Professor Sir Mason Durie, keynote speaker

Conference attendees

Conference attendees

Conference attendees

Conference attendees
Where to now for the prevention of intentional pesticide poisoning?

The publication of the lockable storage trial from Sri Lanka represents the largest published suicide prevention trial. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31961-X/fulltext

Over 50,000 households and nearly 250,000 individuals were followed for 3 years to test in a pragmatic way whether the provision of storage devices to households could reduce pesticide poisoning. Unfortunately the trial concluded that there was no statistically significant reduction in intentional pesticide poisoning, pesticide poisoning in children, or fatal pesticide poisoning. This represents a major challenge to current policy positions (1).

In many Asian and Pacific countries where intentional pesticide poisoning remains an important method of suicide (2), locked storage of pesticides appealed as a way to tackle the easy access to pesticides (3). WHO, IASP, Industry, NGOs and Academia supported pilot projects that were popular with local participants (4-7). One of the issues to emerge from the trial was the challenges of scaling up interventions from popular small scale projects to larger population effects. Communal storage in villages has been trialled with local participants (4-7). One of the issues to emerge from the trial was the challenges of scaling up interventions from popular small scale projects to larger population effects. Communal storage in villages has been trialled in small scale projects also but is likely to encounter similar problems of maintaining the intensity of engagement to produce an effect at the population level. The challenge of engaging a community in a small scale project is hard to replicate in a district-wide, state or national level.

One pillar of national suicide prevention strategies has been the recommendation to restrict access to the most lethal means (8). Despite some hopeful findings from small-scale studies about the secure storage of pesticides, this study shows that scaling-up such projects may not work and, thus, questions the presumed effectiveness of means-restriction strategies for suicide prevention that are based on voluntary changes in individuals’ behaviour. Given the extreme difficulty of reliably changing individual behaviour and of maintaining such changes over time, researchers, policy makers and others interested in suicide prevention may need to put more effort in promoting legal or institutional means of restricting access to means. For pesticide restriction this would include legal restrictions on the production (e.g., ban or tax more lethal agents, add emetics, etc.), sale (e.g., licensed distributors, size of package, concentration, etc.) and usage (e.g., licensed users, disposal of unused product, etc.) of pesticides. These top-down methods of restricting access require mobilizing community and governmental support, often require overcoming technical problems, and usually need some level of continuous monitoring, but in the long run they may prove more cost-effective than bottom-up approaches that depend on voluntary changes in community behaviour. These types of measures have been reasonably successful for preventing access to other means of suicide: things like limiting package size of paracetamol (9), barriers on bridges (10), catalytic converts to make care exhaust less toxic (11), legal restrictions on the access to or purchase of firearms (12), and so forth.

This trial raised two important questions. Can community-based means-restriction interventions which rely on behaviour changes for preventing suicide work? If not, what strategies are most effective for mobilizing local support for implementing top-down legal and administrative means-restriction polices? The next generation studies need to develop and test innovative ways to address these two questions.

References

Middle adulthood, defined as the time between ages 40 to 64 years old, is generally a period of good physical health but is marked by heavy personal, social and familial obligations and responsibilities. People in middle adulthood continue to develop relationships and adapt to the transitional changes in relationships that may be the interacting with growing and grown children and aging parents. Social involvement is common of this stage of adulthood, as well as continued career development. While physical and mental capacities begin to decline, the middle-aged might become more sensitive to stress and health problems. Suicide and suicidal behavior in middle adulthood are thus often associated with the trials and tribulations experienced by this specific age group and are related to personal reasons and brought on by situational factors.

Suicide and self-harm in middle-aged adults contribute to a large proportion of potential years lost due to ill-health, disability or early death in society, and could have a profound and persisting influence on family relatives of three generations: children, spouse and siblings, and parents. However, suicide research, as well as prevention priority, focusing on this age group has been insufficient when compared with the efforts invested in other age groups.

This newly established SIG aims to enhance our understanding of suicide and self-harm in middle adulthood as important health and social problems, and to support research and network between researchers dedicated to the study and prevention of suicide and self-harm in this group population.

Our specific tasks and objectives are:
- to provide a platform for exchange of knowledge regarding suicide and self-harm in adults of middle ages;
- to facilitate and develop international research collaboration and networking in this topic area;
- to provide statistic overview and conduct systematic reviews;
- to organize symposia on suicide in middle-aged adults at international conferences;
- to support and coordinate other SIGs for their initiatives relevant to middle-aged population.

We cordially invite all people who are interested on this topic to the SIG launching symposium “Suicide and Self-harm in Middle-aged Adults” on the 17th European Symposium on Suicide & Suicidal Behaviour, taking place in Ghent, Belgium on 5 - 8 September 2018. The symposium, to be chaired by Professor Ping Qin and Professor David Gunnell, has been scheduled from 17:15 to 18:15 on Thursday, September 6.

If you would like to join the SIG please contact: professor Ping Qin: ping.qin@medisin.uio.no

Co-chairs of the SIG: Professor Ping Qin, National Center for Suicide Research and Prevention, University of Oslo, Professor Paul Yip, Center for Suicide Research and Prevention, University of Hong Kong, and Professor David Gunnell, Department of Population Health Sciences, University of Bristol.

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New SIG on Lived Experience

Professor Murad Khan, IASP President announced a new SIG for Lived Experience, to be chaired by Ms. Bronwen Edwards of Roses In The Ocean, Australia. This SIG seeks to engage with and involve people who have lived experience expertise, in order to understand and promote the contributions of people with experience of suicidal behaviour and to share knowledge relating to lived experience with other organisations. We will keep our members updated on the progress of this SIG and on opportunities for joining in due course.
Collaboration and coordination are essential ingredients for effective global suicide prevention. Collaboration across disciplines and integration at all levels is required - between government and stakeholders, funding bodies and public and private sector organisations, NGOs and those that they serve, healthcare professionals and their patients and persons at risk and their family, friends and co-workers. Only when we bring together the knowledge, skills, resources and efforts of wide ranges of individuals and organisations can we collectively address the challenges presented by suicidal behaviour in society today.

Each year we invite you to take part in this global movement and to engage with WSPD. You can do this by hosting an event (for ideas visit: https://www.iasp.info/wspd/pdf/2018/2018_wspd_suggested_activities.pdf) or by taking part in a local event, details of which will be kept up to date on our website, at: iasp.info/wspd2018/activities/.

This year we at IASP will also be hosting our annual Cycle Around the Globe and Light a Candle events which everyone can join.

Last year together we cycled over 9 times the circumference of the globe and this year we are hoping for even more! Be sure to keep an eye on our website and social media for any updates on these activities.

You can also download many materials via our website, in a range of languages. Resources include the WSPD brochure, banner, infographic, media toolkit, Cycle Around the Globe materials and Light a Candle postcards. This year you can also purchase and share WSPD lapel pins, buttons and wristbands to ensure your WSPD event is as bright as can be!

Whatever your ideas we welcome your participation and engagement the WSPD!

To keep up to date with WSPD please follow: iasp.info/wspd2018/ or sign up for regular updates on: iasp.info/wspd2018/update-request/.

If you have any questions regarding WSPD, please direct them to Caroline at: Research@iasp.info.

Follow us on:
Twitter: @IASP.info
Facebook: facebook.com/IASPinfo
Youtube: youtube.com/playlist?list=PLcvOglyT9Abr9omJz8n4MqsPZuQDVpcYR
Suicide prevention remains a universal challenge. Every year, suicide is among the top 20 leading causes of death globally for people of all ages. It is responsible for over 800,000 deaths, which equates to one suicide every 40 seconds.

Every life lost represents someone’s partner, child, parent, friend or colleague. For each suicide approximately 135 people suffer intense grief or are otherwise affected. This amounts to 108 million people per year who are profoundly impacted by suicidal behaviour. Suicidal behaviour includes suicide, and also encompasses suicidal ideation and suicide attempts. For every suicide, 25 people make a suicide attempt and many more have serious thoughts of suicide.

Suicide is the result of a convergence of genetic, psychological, social and cultural and other risk factors, sometimes combined with experiences of trauma and loss. People who take their own lives represent a heterogeneous group, with unique, complex and multifaceted causal influences preceding their final act. Such heterogeneity presents challenges for suicide prevention experts. These challenges can be addressed by adopting a multilevel and cohesive approach to suicide prevention.

Preventing suicide is often possible and you are a key player in its prevention! You can make a difference - as a member of society, as a child, as a parent, as a friend, as a colleague or as a neighbour. There are many things that you can do daily, and also on World Suicide Prevention Day (WSPD), to prevent suicidal behaviour. You can raise awareness about the issue, educate yourself and others about the causes of suicide and warning signs for suicide, show compassion and care for those who are in distress in your community, question the stigma associated with suicide, suicidal behaviour and mental health problems and share your own experiences.

It takes work to prevent suicide. The positive benefits of this work are infinite and sustainable and can have a lasting impact. The work can affect not only those in distress but also their loved ones, those working in the area and also society as a whole. We must endeavour to develop and implement evidence-based suicide prevention activities, and bring them to scale, to reach those who are struggling in every part of the world.

Joining together is critical to preventing suicide. Preventing suicide requires the efforts of many. It takes family, friends, co-workers, community members, educators, religious leaders, healthcare professionals, political officials and governments. Suicide prevention requires integrative strategies that encompass work at the individual, systems and community level. Research suggests that suicide prevention efforts will be much more effective if they span multiple levels and incorporate multiple interventions. This requires the involvement of interventions that occur in communities and involve social and policy reforms, as well as interventions that are delivered directly to individuals. To reach our common goal in preventing suicidal behaviour we as the public, we as organisations, we as legislators and we as members of society must work collaboratively, in a coordinated fashion, using a multidisciplinary approach.

Everyone can make a contribution in preventing suicide. Suicidal behaviour is universal, knows no boundaries so it affects everyone. The millions of people affected each year by suicidal behaviour have exclusive insight and unique voices. Their experiences are invaluable for informing suicide prevention measures and influencing the provision of supports for suicidal people and those around them. The involvement of people with lived experience of suicide in research, evaluation and intervention should be central to the work of every organisation addressing suicidal behaviour.
This year is the first WSPD with the theme “Working Together to Prevent Suicide.” This theme will be retained for WSPD in 2019 and 2020.

We have chosen this theme as it highlights the most essential ingredient for effective global suicide prevention - collaboration. We all have a role to play and together we can collectively address the challenges presented by suicidal behaviour in society today.

On September 10th, join with us and many others across the world who are playing their part in the prevention of suicide. Be sure to involve or invite other local organisations and collaborators to organise an event to mark WSPD 2018.

**Ways to take part in WSPD 2018**

This Monday September 10th, join with us and many others across the world who are playing their part in the prevention of suicide. To optimise your activities be sure to involve or invite other local organisations and collaborators to organise an event to mark WSPD 2018.

Show your support by taking part in the annual IASP Cycle Around the Globe, in which we encourage our valiant participants to collectively cycle the globe! Participants can take part in groups, individually, at home, in the gym or anywhere! Please see [https://goo.gl/tTB9xA](https://goo.gl/tTB9xA) for more information.

You can also take part in our Light a Candle event in which we invite participants to Light a Candle near a window at 8pm on WSPD as a symbol of support for suicide prevention, and for many it is a means of remembering a loved one. For more information, please visit: [https://goo.gl/m6zyf5](https://goo.gl/m6zyf5)

**Join us on social media**

Connect with us on Facebook ([facebook.com/IASPinfo](https://facebook.com/IASPinfo)) Twitter ([twitter.com/IASP.info](https://twitter.com/IASP.info)) and YouTube ([https://goo.gl/BUAFZ8](https://goo.gl/BUAFZ8)) to share your support of WSPD 2018. #wspd #suicideprevention #suicide

**Download our WSPD materials**

Download the WSPD 2018 Suggested Activities: [https://goo.gl/w9PyDM](https://goo.gl/w9PyDM)

Find WSPD Resources relating to the theme of Working Together to Prevent Suicide: [https://goo.gl/Za3FWo](https://goo.gl/Za3FWo)

Access the WSPD 2018 Toolkit: [https://goo.gl/m1MkaD](https://goo.gl/m1MkaD), and PowerPoint Presentation: [https://goo.gl/1ZKyWx](https://goo.gl/1ZKyWx)

Download our Light a Candle Postcard: [https://goo.gl/m6zyf5](https://goo.gl/m6zyf5)

Share our WSPD Imagery available on our resources page at: [https://goo.gl/jwDbtg](https://goo.gl/jwDbtg)

**Find out more at: www.iasp.info/wspd2018/**

IASP is a Non-Governmental Organization concerned with suicide prevention, and dedicated to: preventing suicidal behaviour; alleviating its effects, and providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors.

“We, as members of the International Association for Suicide Prevention (IASP), have taken it upon ourselves to alleviate this human burden. What an enormous privilege; but also, what an enormous responsibility.”

Initiatives

The VU University of Amsterdam plays a central and crucial role in suicide prevention related research in the Netherlands. The 113 Suicide Prevention foundation is strongly collaborating with the VU and plays a major role in several initiatives around national suicide prevention. In 2014 they initiated a National Strategy Suicide Prevention which has moved to phase 2 in January 2018.

The aim of the Strategy is to intensify suicide prevention in multiple domains in order to reduce the number of suicides. The Strategy has an integrated broad approach to suicide prevention in the areas of health and prevention, the media, education, the socio-economic domain and the domain of the availability and accessibility of resources for suicide. In terms of content, the National Strategy is mainly based on the multidisciplinary guideline Treatment and Diagnostics of Suicidal Behavior, published in 2012 (Van Hemert et al, 2012). This guideline is recent supplemented with a general module for Treatment and Diagnostics of Suicidal Behavior (Beerthuis et al, 2018). The training of gatekeepers in the various domains and of health care professionals in general practice, mental health care and hospitals is an important part of the agenda.

Implementation strategy

For the implementation of the National Agenda 113 Suicide Prevention has a stimulating and coordinating role. The Ministry of Health, Welfare and Sports funds the Strategy. From September 2014, changeleads proactively and repeatedly respondents at several levels visit numerous organizations in the care, education and social-economic sectors. They conduct interviews with directors, managers and employees / care providers in which they inform those involved about the importance of suicide prevention and help and advise them in taking their responsibility. What we want is that suicide prevention is embedded in culture and daily activities, which means that suicide can be discussed from a prevention-oriented mindset of employees and managers.

National Strategy suicide prevention 2014–2018

The emphasis in the first agenda was on the healthcare sector. Here, the actions focused on informing and disseminating knowledge of suicidality, required competencies and training in the relevant professional groups, the implementation of the guideline in mental health care, first aid and general practice, improvement of the collaboration in the chain and the intensification of the role of family and loved ones.

The actions in education and the socio-economic sector focused on the development and provision of gatekeeper training that provides skills for daily practice to properly recognize suicidal behavior and how to act. With regard to the role of the media, the efforts were mainly aimed at involving them in the use of the media code, developed by the Ivonne van de Ven Foundation.

With twenty-five large institutions for mental health care, the progress of the local suicide prevention policy is discussed and monitored twice a year. The changeleads use an instrument developed by 113 with which one assesses the institutions on ten dimensions. Until now, the monitor was filled in six times from autumn 2014 and a clear progress was made on various dimensions.

This broad-based multi-year approach is important because the reduction of suicides requires that efforts are needed from the different angles of society to recognize suicidal behavior on time and then to take adequate action. Of course we hope that all efforts will lead to a decrease of the broad suffering by suicidal behavior also resulting in the reduction of suicides.

Remco de Winter,
National representative for the Netherlands

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50th Congress of Journées du Groupement d'Etudes et de Prévention du Suicide

On September 10th 2018 in Paris, France, the 50th Journées du Groupement d’Etudes et de Prévention du Suicide, an initiative co-founded by section member J. P. Soubrier, will take place. Registration is now open and a very engaging programme is planned.

More information can be found at: https://www.geps2018.com/.
It has been a whirlwind few months for the IASP ECG! Since our launch in December we feel we have been going from strength to strength. We are delighted to announce that our membership is growing and we now have representation from 14 countries and a multitude of disciplines. We have many updates which we are happy to share with you—the IASP members.

We recently offered our members and associates the opportunity to collaborate with the IASP SIGs, as SIG assistants. Our ECG assistants have now been matched to each SIG and are already actively engaged in collaborative work with the groups. We will be following up with our ECG assistants over the coming weeks to see how these collaborations are going.

We have also recently hosted our second Twitter Q&A with Dr. Jo Robinson, Head of Suicide Prevention Research at Orygen (Australia), discussing ‘Growing up in Cyberspace—Suicide Prevention for Young People’. We have another Twitter Q&A scheduled to mark World Suicide Prevention Day on September 10th. Since the last newsletter update, we held an ECG event at the recent IASP Asia Pacific conference. Here we hear from our ECG member Tess, who was a great help in facilitating this event:

“The Asia Pacific conference was filled with great content, covering a wide range of topics in the area of suicide prevention. I learnt a great deal about local and international suicide prevention programs and research projects. There were so many opportunities to meet with other early career researchers as well as very experienced researchers and I built connections with people in both groups who I hope to work with in the future”.

We will also be hosting an informal ECG meet and greet event at the upcoming ESSSB17 conference in Ghent, so follow us on social media for updates on this! We recently disseminated the second edition of our member-only ECG newsletter, “Engage,” updating members on group activities and sharing pieces from members and experts. Parallel to these deliverables, we have many diverse and exciting ideas and trajectories in the planning phase, which we will keep you updated on.

We are always looking to welcome new members and associates, so check out our eligibility criteria and join today: iasp.info/iasp-ecg/membership-early-career-group/, or just spread the word!

To stay updated on all ECG activities follow us on Twitter at @IASP_ECG or check out our website at: iasp.info/iasp-ecg/.

Your ECG Chairs, Mr Carl-Maria Morch, Dr Olivia Kirtley and Ms Caroline Daly

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World Indigenous Suicide Prevention Conference
22nd–23rd November 2018 - Rendezvous Hotel Perth, Scarborough, Western Australia

The National Aboriginal and Torres Strait Islander Suicide Prevention and World Indigenous Suicide Prevention Conference Committee invite you to Perth for the second National Aboriginal and Torres Strait Islander Suicide Prevention Conference, and the second World Indigenous Suicide Prevention Conference.

The Conferences will provide more opportunities to network and collaborate between Indigenous people and communities, policy makers, and researchers.

For more information please visit: http://ispc2018.com/
European Symposium on Suicide & Suicidal Behaviour, 2017 (ESSSB 17)

Interview with the ESSSB-conference organisers

With the conference in Ghent, Belgium only weeks away we have the answers to all of your conference queries!

1. Tell us about this conference
   The scientific standard at the biennial European symposiums is recognized as one of the best in the world, and over the years the European symposiums have become the most important international meeting in suicide and its prevention in Europe. During the symposiums, individuals involved in suicide research and prevention from all parts of Europe and from the rest of the world gather to present high-level scientific work, exchange knowledge and experience, and discuss implications for suicide prevention. But there is more than the exchange of knowledge: the symposiums have shown to be excellent platforms for getting to know others and for building networks.

2. How do you think this conference will make a difference?
   It goes without saying that we aim at organising the best ever European symposium. We have the world’s leading suicidologists in the scientific board, and they have developed an exciting scientific programme covering all aspects of suicide research and prevention. But, again, there clearly is more: colleagues who have attended the ESSSB7 in Ghent in 1998 not only remember the excellent science but in particular have vivid memories of the social aspects (including an exciting party in a medieval castle). For ESSSB17 we aspire to do better: we aim at setting the agenda for the future of science-based suicide prevention in the beautiful historical setting of Ghent, combined with Flemish hospitality and good taste. These will be the ingredients of ESSSB17!

3. Who are you targeting with this conference and who do you hope will attend?
   We hope to give a warm welcome to all individuals involved in suicide research and prevention who are eager to learn from each other and to support each other in their ambition to save the lives of suffering fellow human beings. Targeted attendees include clinicians, policy makers, researchers, teachers, prevention workers, scholars and survivors.

4. The conference programme is varied and exciting, what factors did you consider when choosing the workshops and symposiums for this event?
   The scientific committee has succeeded in providing a programme that combines high scientific levels, innovative approaches and multidisciplinary interests. A number of pre-conference workshops will address particular issues in diverse areas of suicide prevention. During the conference, IASP special-interest groups will have their symposiums, while in an important IASP-WHO workshop the implementation and evaluation of national suicide prevention strategies will be discussed.

5. What are you hoping will be the take home message for delegates attending this conference?
   Attendees should leave Ghent with hope, inspiration, new friends, knowledge, energy, and great memories of ESSSB17.

6. Outside of the conference what does Ghent have to offer the delegates?
   According to Lonely Planet, Ghent is “one of Europe’s greatest discoveries – small enough to feel cozy but big enough to stay vibrant. It has enough medieval frivolity to create a spectacle but retains a gritty industrial edge that keeps things ‘real’. Tourists remain surprisingly thin on the ground, yet with its fabulous canalside architecture, wealth of quirky bars and some of Belgium’s most fascinating museums, this is a city you really won’t want to miss.” Attendees will most certainly enjoy Ghent’s unique mixture of history, culture, gastronomy, and nightlife!
The State Institute of Health and Family Welfare (SIHFW) Gandhinagar is an apex Institute of Government of Gujarat, India. Recently SIHFW has launched SAMAAD (Dialogue) training, which aims to improve the efficiency and ensure that staff to provide better health services to patients.

Mental Health, Life Skills Dynamic Meditation and Yoga training under the SAMAAD project was organised by Dr Salim Lohar, Senior Medical Officer of District Training Centre. To date a total of 210 participants including Block Health Officers, Medical Officers of Primary Health Centres, Medical Officers of Primary Health Centers, Medical Officers of Ayush (Ayurvedic), ANM, Female Health Workers and Asha Workers have been trained by Dr Devjyoti Sharma.

This training facilitates the identification of different Mental Disorders, Adolescence Psychology, Stress Management, Suicide Prevention, Life Skills Dynamic Meditation and Yoga.

Dr Pandit Devjyoti Sharma
The Emerging Researcher LiFE Award recognises the contribution by an Australian researcher or group of researchers who are early in their career, for work of towards increasing knowledge around suicide and suicide prevention. The researchers should combine research with best practice and generate findings that drive improvements in suicide prevention practice.

How to nominate

- To nominate please complete the [online form](#).
- Nominations must be received by 5.00pm AEST on 30 March 2018.
- Self-nominations will not be accepted. This means you will need to support your supervisor to nominate you.
- You will need to provide 500 words on the nominee’s suitability for this award.
- Two (2) referees for this nomination, who will be contacted if the nominee is shortlisted.

“Winning a LiFE Award was an incredible honour personally, and has been a real benefit to my career. The Award brought my work to the attention of senior academics, and has been useful leverage to demonstrate broader impact of my findings. Through 3MT, leaders in the field knew of me and my work, which opened up postdoc and other career opportunities.”

Dr Sarah Wayland, 2014 UNE 3MT winner, 2015 PhD with Chancellors Doctoral Research Medal

The LiFE Awards is a prestigious national event that attracts nominations from all areas including business, industry, media, community, government, service delivery, research and medicine – all with an interest in suicide prevention. In 2007, Myfanwy Maple was recognised for her work in suicide prevention research as an early career researcher:

“Winning a LiFE Award was an incredible honour personally, and has been a real benefit to my career. The Award brought my work to the attention of senior academics, and has been useful leverage to demonstrate broader impact of my findings. Through 3MT, leaders in the field knew of me and my work, which opened up postdoc and other career opportunities.”

Dr Sarah Wayland, 2014 UNE 3MT winner, 2015 PhD with Chancellors Doctoral Research Medal

More info: 02 9262 1130 | admin@suicidepreventionaust.org
To register: [Click here](#)