

8<sup>th</sup> TRIPLE i: intuition, imagination and innovation  
in Suicidology Conference  
PROGRAMME AND ABSTRACT BOOK



1<sup>st</sup> – 2<sup>nd</sup> June 2017

Piran, Slovenia



Slovene  
Centre for  
Suicide  
Research





**8<sup>th</sup> TRIPLE i: intuition, imagination and innovation  
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PROGRAMME AND ABSTRACT BOOK**

Naslov: 8<sup>th</sup> TRIPLE i: intuition, imagination and innovation in Suicidology Conference  
– PROGRAMME AND ABSTRACT BOOK

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Izdala in založila: Založba Univerze na Primorskem, Titov trg 4, SI-6000 Koper, za  
Inštitut Andrej Marušič, Slovenski center za raziskovanje samomora

Kraj in leto izdaje: Koper, 2017

Glavni urednik: dr. Jonatan Vinkler

Vodja založbe: Alen Ježovnik

ISBN 978-961-7023-01-5 (tiskana izdaja; tiskana izdaja ni namenjena prodaji)

Naklada: 80

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*Triple i Conference is partly supported by the Slovene Centre for Suicide Research with the cooperation of Slovenian Research Agency (research programme P3-0384).*

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Dear Triple i guest,

We are happy to welcome you at the 8<sup>th</sup> TRIPLE i in Suicidology Conference!

TRIPLE i in Suicidology is an international conference organized by the Slovene Centre for Suicide Research (UP IAM).

In recent years, the conference has developed into a platform for fruitful discussions among distinguished experts in suicide research and prevention, interacting with young and perspective suicidologists and other mental health professionals.

For continuing this idea, we have invited a smaller number of presenters in comparison to conventional conferences also for the 8<sup>th</sup> edition of the conference. Speakers will have time to present their topics and share the newest findings in the field of suicidology with you. Also, more time is dedicated for the discussions and we encourage you to participate actively, share your views and ask questions: we aim to create a friendly environment, where participants can truly interact, connect and learn from each other.

The Triple i 2017 programme includes topics of suicide research and clinical work with suicidal patients and thus we will address theory, research, prevention and interventions in suicidology. In addition to key-note lectures, there will be short oral presentations, workshops and round table.

Scientific program will be rounded up with an evening social event on Thursday, 1<sup>st</sup> June in the lovely Piran. We will spend time together exploring the wonderful city and enjoying dinner at a local restaurant.

Let the TRIPLE i Conference be an opportunity for you to express and practice your *intuition*, *imagination* and *innovative ideas*. Our aim is to increase awareness and knowledge about suicide and thus contribute to the development of suicide prevention and postvention activities.

**Prof. Diego De Leo, Dr. Vita Poštuvan**  
**Chairs**

**Tina Podlogar, Nuša Zadavec Šedivy**  
**Organising committee**



Diego De Leo



Vita Poštuvan



Tina Podlogar



Nuša Zadavec Šedivy

## About Slovene Centre for Suicide Research (SCSR)

Slovene Centre for Suicide Research was founded in 2011 within UP Andrej Marušič Institute, University of Primorska. The initiative for establishment of an independent unit within the institute was put forward by Prof. Diego De Leo and a group of former co-workers of late Prof. Andrej Marušič in the memory of his work and with the purpose of continuing it.

Research and prevention of suicide are addressed as crucial activities of clinical-research work. The Centre is involved in international and national projects and is the initiator of numerous innovative approaches in suicidology.

The Centre's vision is to provide high-quality research for better understanding of suicidal behaviour, thus contributing to suicide prevention, intervention and postvention.

What do we do?

- We are working towards reducing suicide rates in Slovenia.
- We prevent suicidal behaviours, both fatal and non-fatal.
- We use a wide range of high-quality research methods in order to better understand and explain suicidal behaviour.
- We carry out research in a multi-level, multi-disciplinary way that can be implemented flexibly in various cultural contexts.
- We provide effective intervention, treatment options, and postvention activities.
- We fight stigma associated with suicidal behaviour.
- We disseminate the latest knowledge in the field of suicide within the general public and field professionals.
- We engage in different events and media in order to bring together people from academia, government, NGOs, and general public.
- We provide education and training opportunities for university students and other interested parties.
- We are members of national and international associations and research networks.
- We contribute to the implementation and evaluation of suicide prevention strategies (national suicide prevention strategy is in progress).

### The Core Team

**Head:** Prof. Diego De Leo, PhD

**Deputy Head:** Assist. Prof. Vita Poštuvan, PhD

**Researchers:** Dejan Kozel, Urša Mars Bitenc, Tina Podlogar, Nuša Zadavec Šediviv

### Contact details

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## TRIPLE i 2017 programme outline

### DAY 1

Thursday 1 <sup>st</sup> June 2017	
When?	What?
8 <sup>30</sup> – 9 <sup>15</sup>	Registration
9 <sup>15</sup> – 9 <sup>30</sup>	Welcome
9 <sup>30</sup> – 11 <sup>00</sup>	Dr. Alexandra Fleischmann: Suicide prevention from a global perspective
11 <sup>00</sup> – 11 <sup>30</sup>	<i>Coffee break</i>
11 <sup>30</sup> – 13 <sup>00</sup>	Prof. Brian Mishara: Challenges in using new technologies in suicide prevention
13 <sup>00</sup> – 14 <sup>30</sup>	<i>Lunch break</i>
14 <sup>30</sup> – 16 <sup>00</sup>	Preventing youth suicides in the time of extensive media portrayals of suicide (part 1: roundtable)
16 <sup>00</sup> – 16 <sup>30</sup>	<i>Coffee break</i>
16 <sup>30</sup> – 18 <sup>00</sup>	Preventing youth suicides in the time of extensive media portrayals of suicide (part 2: workshop)
18 <sup>50</sup>	Social programme: Sightseeing tour and dinner **

\*\* meeting point: the lobby of the Hotel Histron



### DAY 2

Friday 2 <sup>nd</sup> June 2017	
When?	What?
9 <sup>00</sup> – 10 <sup>30</sup>	Dr. Lisa Marzano: The continuing problem of self-harm and suicide in prisons – key issues for prevention
10 <sup>30</sup> – 11 <sup>00</sup>	<i>Coffee break</i>
11 <sup>00</sup> – 12 <sup>30</sup>	Prof. Diego De Leo: Management of suicide risk and the use of STARS interview in practice (part 1: lecture)
12 <sup>30</sup> – 14 <sup>00</sup>	<i>Lunch break</i>
14 <sup>00</sup> – 15 <sup>30</sup>	Assist. Prof. Vita Poštuvan: Management of suicide risk and the use of STARS interview in practice (part 2: workshop)
15 <sup>30</sup> – 16 <sup>00</sup>	<i>Coffee break</i>
16 <sup>00</sup> – 17 <sup>30</sup>	Short presentations
17 <sup>30</sup> – 18 <sup>00</sup>	Open discussion and closing

## Suicide prevention from a global perspective (9<sup>30</sup> – 11<sup>00</sup>)

### Dr. Alexandra Fleischmann

*Alexandra Fleischmann is a clinical and health psychologist, who defended her doctoral dissertation at the University of Vienna, Austria. She works in suicide prevention at the global level at the World Health Organization headquarters, Geneva, Switzerland in the Department of Mental Health and Substance Abuse. Her motivation for working in this field stems from her trust in the effectiveness of global work and in moving from recommendations and strategies to implementation.*

### Abstract

The WHO first-ever report on suicide prevention “Preventing suicide: a global imperative” was released in 2014, very timely, as it is a call for action to all Member States and stakeholders to take action. Close to 800 000 people take their own lives every year and suicide is the second leading cause of death in 15-29-year-olds. It is estimated that for every suicide there are more than 20 others attempting suicide.

Both the United Nations and WHO have recognized suicide as a public health priority. Suicide has been included as an indicator in the UN Sustainable Development Goals (SDGs) for health target 3.4 which is by 2030, to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Hence, the suicide rate has become part of a framework of indicators and statistical data to monitor progress, inform policy and ensure accountability of all stakeholders within the implementation of the new 2030 Agenda for Sustainable Development.

At WHO, suicide has been included as an indicator in the Mental Health Action Plan 2013-2020, which all Member States are committed to, with the global target to reduce the rate of suicide in countries by 10% by the year 2020. In order to reach this target, proposed actions for WHO Member States are to develop and implement comprehensive national strategies for the prevention of suicide, with special attention to groups identified as at increased risk of suicide. For the assessment and management of self-harm and associated mental, neurological and substance use disorders, the WHO mhGAP Intervention Guide is the key tool provided.

## Challenges in using new technologies in suicide prevention (11<sup>30</sup> – 13<sup>00</sup>)

### Prof. Brian Mishara

*Brian Mishara is Professor of Psychology and Director of the Centre for Research and Intervention on Suicide and Euthanasia (CRISE) at the Université du Québec à Montréal, Canada. He is a founder of Suicide Action Montreal, the Montreal suicide prevention centre, a past president of the International Association for Suicide Prevention and Canadian Association for Suicide Prevention. He consults and conducts suicide prevention training internationally and has helped establish helplines using telephone, chat and text services. As he likes challenges, he is an active researcher in several fields, among which we should mention the effectiveness of suicide prevention programmes, understanding suicide in children, theories of suicidality, euthanasia etc. His recent research also focuses on best practices and ethical issues in using new technologies in suicide prevention.*

### Abstract

The internet, smartphones, computer self-help programmes and other technological advances are the new frontiers of suicide prevention, with organisations around the world rapidly expanding these services, without much guidance from research knowledge about how to provide help in an effective manner. This interactive presentation will first providing an overview of our current understanding of uses of new technologies in suicide prevention, including ethical issues, research findings, relevant theories and practical challenges. We will discuss the implicit ethical choices involved in the use of these technologies, including the rights and obligations of helpers to engage in various suicide prevention activities, with or without overt requests for help from potential suicide victims. We present the variety of Internet users: what they are seeking on the Internet and the potential benefits and dangers of different Internet activities. We examine the potential of computer programmes to replace psychotherapists. Since a large proportion of current internet communications use the written word, we will discuss research on differences between written and verbal communications and their implications. We will discuss the development of ethical best practice models in suicide prevention using new technologies, and challenges we face.

## Preventing youth suicides in the time of extensive media portrayals of suicide

### Part 1: Roundtable (14<sup>30</sup> – 16<sup>00</sup>)

### Part 2: Workshop (16<sup>30</sup> – 18<sup>00</sup>)

In the context of extensive media portrayals of suicide we decided to dedicate time in the conference programme to the currently relevant topic of preventing youth suicides. In Slovenia, adolescents were recently writing an essay with the title "Suicide as an exit from the wheels of the system" as a part of their final exam (the Matura) in the last year of the high school. A turbulent public discussion about the appropriateness of this title took place in the media. On one hand the experts on Slovenian language and literature defended their position that literature is a field in which there are no taboo topics and everything should be allowed to be discussed. On the other hand, experts on suicidal behaviour explained that from the public mental health point of view the title was not appropriate. The second reason for elevated level of attention given to preventive measures for adolescents was the recent release of the television series entitled 13 reasons why (based on a book), which addresses the topic of suicide in an irresponsible way in several aspects. Again, we responded with a statement that described in which ways the media portrayal was not in line with the guidelines for responsible media reporting on suicide. In both cases our aim was to provide relevant information about suicide to people that might have been affected by the title of the essay or the series 13 reasons why (the students and their parents, guardians, teachers or educators), to encourage discussions among them on this topic and to urge them to seek help in case of distress.

We believe that by empowering the people who might have been affected and by encouraging problem sharing and help-seeking behaviour a strong preventive measure was taken. However, numerous theoretical and practical questions remain open or difficult to answer. Starting with the question on possible effects of the described media portrayals of suicide we begin to realize, that the effects of media reporting are in fact quite complex. How could we understand these effects even better? What could be done to improve the public communication and media portrayals of suicide in practice and who should be bounded to adhere to the guidelines? What more can be done on the level of society? Why are adolescents so vulnerable to the adverse effects of irresponsible media portrayals of suicide? What can be done in terms of youth suicide prevention in different specific contexts?

We will address these and related questions on the first day of the conference in the form of a roundtable and a workshop. By combining the empirical evidence from suicidology with practical experiences in the last few weeks we aim to build bridges between theory and practice and to develop intuitive, imaginative and innovative ideas for further preventive work.

## The Continuing Problem of Self-harm and Suicide in Prisons: Key Issues for Prevention (9<sup>00</sup> – 10<sup>30</sup>)

### Dr. Lisa Marzano

*Lisa Marzano is Associate Professor of Psychology at Middlesex University in London, specialising in suicide and digital mental health research. She participated in several studies on self-harm and suicidal behaviour, using quantitative, qualitative and technology-assisted methods. Her key areas of interest are suicide in prisons, policing and suicide prevention, the portrayal of suicidal behaviour in traditional and “new” media, suicide on the railways, public attitudes towards self-harm etc.*

### Abstract

Worldwide, suicide rates in prisoners are considerably higher than in the general population. Drawing on recent evidence and examples, this lecture will focus on key issues and debates regarding suicide prevention policies, practice and research in prisons. Risk and protective factors for suicide in prisoners will be considered, alongside theoretical models of prison suicide and self-harm, and issues around the assessment, management and prevention of suicide risk in custodial settings. The need for comprehensive evidence-based suicide prevention programs will be discussed, as well as the importance of monitoring and evaluating their implementation (or lack of) and other factors that may hinder their effectiveness.

## Management of suicide risk and the use of STARS interview in practice

### Part 1: Lecture (11<sup>00</sup> – 12<sup>30</sup>)

#### Prof. Diego De Leo

*Prof. Diego De Leo (the head of Slovene Centre for Suicide Research and professor of Psychiatry at the Griffith University in Brisbane, Australia), is considered as one of top five world leading experts in suicidology by international professional and scientific public. His research expertise includes definitional issues in suicidology, culture and suicide, international trends and national suicide prevention programs. He received numerous world renowned awards for his scientific work. His bibliography includes over 420 peer-reviewed articles and 180 book chapters.*

### Part 2: Workshop (14<sup>00</sup> – 15<sup>30</sup>)

#### Assist. Prof. Vita Poštuvan

*Vita Poštuvan, PhD in Psychology works as a researcher and Deputy Head of the Slovene Centre for Suicide Research (UP IAM) and Department of Psychology (FAMNIT). She leads the work related to clinical-research and public-health interventions in suicidology, bereavement, crisis interventions and psychotherapy.*

#### Abstract

STARS Screening Tool for Assessing Risk of Suicide aims to provide a framework that guides a practitioner – e.g. GP, psychiatrist, psychologist, mental health nurse, social worker etc. – through an interview with potentially suicidal person. It provides a complex set of questions that at the end do not give a “final score” of the assessment, but rather offer a deeper understanding of the person. In the first part of the programme, participants will learn about the assessment issues and later, in the workshop, the parts of the interview will be carried out. Participants will have an opportunity to reflect their experience and practice their skills.

## Short presentations (16<sup>00</sup> – 17<sup>30</sup>)

### 1.1 The relationship between childhood neglect and suicidal ideation through the lens of the Interpersonal Theory of Suicide

Lara Pirc<sup>1</sup>, Vita Poštuvan<sup>2</sup>, Bernet M. Elzinga<sup>1</sup> and Philip Spinhoven<sup>1</sup> (<sup>1</sup>Leiden University, the Netherlands, <sup>2</sup>UP IAM Slovene Centre for Suicide Research, Slovenia)

**INTRODUCTION:** Child neglect is considered the most frequent form of child maltreatment and is associated with several negative outcomes, including suicidal ideation and attempts. Although the association between child neglect and suicidal behavior is empirically supported, the processes through which child neglect creates greater risk for suicidality are still unclear. Joiner's Interpersonal Theory of Suicide (ITPS, Joiner, 2005; Van Orden et al., 2010) is a promising framework for addressing these gaps in literature. The ITPS proposes three central constructs to suicidal ideation and behavior: thwarted belongingness (TB) and perceived burdensomeness (PB), which are primarily related to suicidal ideation, and acquired capability for suicide (ACS), which relates to capability of self-harm and suicide attempt. This study was designed to explore the potential mechanisms of the association between childhood neglect and suicidal ideation/attempts by assessing two proposed theoretical models within the framework of the ITPS.

**METHODS:** The sample (N = 450) consisted of Slovenian adults, who completed self-report measures of adverse childhood events, suicidal ideation and attempts, and the constructs of the ITPS. Two mediation pathways were hypothesized and assessed, with regard to the type of neglect: emotional neglect vs. physical neglect. First, the relationship between emotional neglect and suicidal ideation was assessed through the interpersonal constructs (TB and PB). Second, the association between physical neglect and suicide attempt was assessed through the ACS. In both mediation analyses several theoretically established risk factors for suicide were included as covariates.

**RESULTS:** Childhood emotional neglect was associated with both suicidal ideation and attempts. The relationship between emotional neglect and suicidal ideation was fully mediated through the interpersonal factors: PB and TB. Childhood physical neglect was associated with suicide attempt, yet this relationship was not mediated by the hypothesized construct of the ACS.

**DISCUSSION and CONCLUSIONS:** This study proposes a new, so far unexplored theoretical model of the association between childhood neglect and suicidal ideation, emphasizing the emotional component of child neglect and the impact of interpersonal factors. Furthermore, these findings offer several potential implications for suicide prevention and for treatment of suicidal patients.

### 1.2 Suicide: a pharmacoepidemiological database study in the region Friuli Venezia Giulia, Italy

Giulio Castelpietra<sup>1</sup>, Göran Isacson<sup>2</sup>, Michele Gobbato<sup>3</sup>, Francesca Valent<sup>3</sup>, Fabio Barbone<sup>4</sup> and Matteo Balestrieri<sup>5</sup> (<sup>1</sup>Direzione centrale Salute, Regione Friuli Venezia Giulia, <sup>2</sup>Karolinska Institutet, Department of Clinical Neuroscience, Division of CPF, Stockholm, Sweden, <sup>3</sup>Epidemiological Service of region FVG, Udine, Italy, <sup>4</sup>IRCSS Burlo Garofalo, Trieste, Italy, <sup>5</sup>University of Udine, Department of Medical and Biological Sciences, Division of Psychiatry, Udine, Italy)

**AIMS:** The objective is to examine the relationship between suicide and health care in Italy's Friuli Venezia Giulia (FVG) region. First, it explores the correlation between suicide rates and antidepressant sales. Second, it analyses, at the individual level, the risk of suicide associated with

the main suicidal risk factors, such as non-fatal self-harm, psychiatric disorders and somatic disorders. Third, it investigates the differences in suicide risk related to qualitative parameters in the use of antidepressants, such as adherence and treatment modifications. The overall aim is to help improve interventions to prevent suicide.

**METHODS:** All data were retrieved from the FVG Regional Social and Health Information System (SISSR), which links data using a unique anonymous key from different regional databases. Changes in individual-based data on antidepressant use and the rates of suicide during years 1997-2006 were analysed. In the case-control studies, suicides that occurred in the region during years 2002-2008 and 2003-2013 were classified as cases, which were then age- and gender- matched to controls from the general population. Regression analysis was used to assess the association between suicide risk and its predictors.

**RESULTS:** Suicide rates decreased by one-third in all genders and age groups. In parallel, both the number of individual users of antidepressant and the number of Defined Daily Doses per patient increased by 5-fold and 7-fold, respectively. The risk of suicide was highly increased by previous self-harm (OR = 53.1 for a single episode and OR = 98. for repeated episodes), as by psychiatric disorders (OR = 19.5). Somatic disorders were strong predictors of suicide (OR = 2.9), particularly in case of comorbid disorders (OR from 2.6 to 9.8 when the number of disorders raised from 1 to  $\geq 4$ ) and in the elderly (OR = 4.3). No significant risk of suicide was found when medically-ill patients adhere to antidepressants. None of the antidepressants compounds and classes was associated to suicide except SSRI (OR = 1.6). The association to suicide tended to decrease with adherence or current use of antidepressants. In all studies, on average only 10-20% of suicide cases adhere to antidepressants and 20-40% were currently using them at the time of death.

**CONCLUSIONS:** Our findings support the hypothesis that treatment with antidepressant medication lowers the risk of suicide. The treatment at a proper dosage and for a proper length of time further decreased the risk, particularly in somatic-ill persons. Well-known risk factors, such as non-fatal self-harm and psychiatric and somatic disorders, were confirmed to highly increase the risk of suicide. Only a minority of suicides, however, had adhered to antidepressants or were under antidepressant treatment at the time of death.

### 1.3 A comparative analysis of suicide rates in the Slovenian and Austrian police forces

*Bruno Blažina (Ministry of the Interior Slovenia)*

As Slovenia and Austria have similar cultural-historical, organisational and legal frameworks, we conducted a comparative analysis of suicide data from the Slovenian police and suicide data from the police organisation in the Republic of Austria. The latter comprises 20,000 federal police officers, which is three times the number of the Slovenian police, consisting of between 7000 and 7300 members. During the ten-year period from 1996 to 2006 there were as many as 91 suicides in the Austrian police (90 men and one woman), while there were a total of 13 suicides in the Slovenian police during the same period. On average, 1.18 police officers died by suicide in the Slovenian police during that period. The suicide rate in the Austrian police was 30.2, compared to 16.35 in the Slovenian police. The suicide rate among the general population in Austria during the same period was 28.6, while in Slovenia it was 20.8. If we look at the data referring to a longer period, we can see that from 1995 to 2013 the average suicide rate in the Slovenian police was 15.02, with 21 police officers died by suicide during that period, which means 1.1 suicide a year. The

average in the Austrian police was 8.2 suicides a year. The average age of suicides in the Austrian police was 41.9 among male officers and the average years of service 19.3. The most critical age group of Austrian police officers is between 40 and 44. In addition to statistical data, the main primary and secondary causes of suicide will be presented in this analyse, both for the Slovenian and Austrian police. We will also attempt to define weak points of both institutions as regards their structure that directly or indirectly affect the suicide rate among police officers. The comparative method was used for collecting and evaluating data and interviews with persons responsible for the selection of police candidates in both police forces were conducted. The data on suicide trends was obtained from the Ministry of the Interior of the Republic of Slovenia and the Ministry of the Interior of the Republic of Austria as well as from an in-depth analysis of suicide in the Austrian police between 1996 and 2006, published in the bulletin of the Austrian Ministry of the Interior.

#### 1.4 Suicide prevention in Slovenian prisons

*Melita Zver Makovec<sup>1</sup> and Tanja Madjar<sup>2</sup> (<sup>1</sup>Prison Ig, Slovenia, <sup>2</sup>Prison Maribor, Slovenia)*

INTRODUCTION: National Prison Administration conducted a study on imprisonment suicidality in 2003. The research showed that suicide was the most frequent cause of death in Slovenian prisons. 30 cases of all deaths (56) that occurred during imprisonment between 1995-2003 were caused by suicide. Hanging was the most usual method for suicide (76,7%), followed by drug overdose (16,7%) and self-inflicted cuts (6,7%). The dead inmates were all male. The period of the highest risk for suicide was the first week of the detention. The most endangered category of inmates were the remand prisoners. Statistical overview showed that the rate of suicides was twelve times higher than the rate among the rest of Slovene population. National Prison Administration adopted and implemented a suicide prevention strategy at the end of year 2003, using the data collected in the mentioned study, with the main objective to lower the suicide rates of imprisoned population.

METHODS: Statistical overview of data collected between 1995 and 2016, researching significant variables that contributed to suicide. We will present certain demographic variables and two case studies of suicides (one man and one woman) during imprisonment.

DISCUSSION: The main topics and strategies implemented in Prison suicide prevention strategy and program include: staff training, systematic suicide screening on admission, handling the potentially suicidal inmates, intervention, follow-up review, and debriefing. Every detainee is assessed with suicide screening tool in the time of admission. Topics covered in the screening tool are: Lacks close family or friends; History of drug or alcohol abuse; Psychiatric history; Respectful position in community or/and shocking crime; Previous suicide attempt; Thoughts about killing himself; Signs of depression; Detainee is anxious, afraid, angry; Strange or unusual behavior; Under influence of alcohol or drugs; Signs of withdrawal; First imprisonment. Inmate, who is believed to be potentially suicidal, is further assessed according to the risk level of suicidality by psychologist, pedagogue, physician or psychiatrist. The level of risk is regularly reassessed on team meetings. Every prison location has a list of potentially suicidal inmates. Once per month the Supervision group, conducted of coordinators for suicide prevention in certain prison location, meet to discuss every important incident that occur in the system, check the list of potentially suicidal inmates on each location and exchange best practice and ideas, how to handle the inmates that are recognized to be at risk.

CONCLUSIONS: Since the rates of suicide, suicide attempts and self-inflicted injuries have dropped from 2004, in comparison to previous period, there is a probable assumption that The Suicide

Prevention Strategy seem to be a successful strategy of education staff and handling potentially suicidal inmates.

### **1.5 Stigma by avoidance – the case of suicide**

*Vesna Švab (Health Centre Novo mesto and Faculty of Medicine, University of Ljubljana, Slovenia)*

Stigma of suicide is reflected in public relations, media reporting, financing mental health prevention and promotion, as well as in other structural discrimination characteristics. The signs, symptoms and consequences of stigma are to be presented as proved by ASPEN EU research, as well as ways to combat discrimination in mental disorders, especially in suicide.

## **Practical information**

### **About Piran**

One of the most photogenic cities in the Mediterranean, Piran has preserved its unsurpassed charm. Enter the picturesque Piran, get to know its rich history and culture, and listen to the stories of its people. The proximity to the sea and the rich history, which is mirrored in the architecture, draw magical scenes.

In Piran, you will feel as though you have stepped right into a picture postcard. You will be charmed by the narrow streets within the old town wall. In the main square, you will be greeted by the statue of the most famous man in Piran, the well-known Giuseppe Tartini, composer and virtuoso violinist who was born in a house just steps from the square. On the pier, you can catch sight of fisherman unravelling a fishing net. A market woman from Piran will have just delivered vegetables, fresh from her garden, to the market. Locals sitting by the sea, chatting and listening to sounds of the sea, greet you with a nod.

Piran is very proud of its various cultural and art establishments such as the Tartini theatre, coastal galleries, Maritime museum and Aquarium. Many national and international artists gather at the annual Ex-tempore. Throughout the year, many other cultural events take place.

### **Local Tourist Board**

Turistično združenje Portorož, g.i.z., Obala 16, 6320 Portorož

++386 5 674 82 60

info@portoroz.si

www.portoroz.si

### **Post Office**

Pošta Piran, Leninova ulica 1, 6330 Piran

++386 5 671 33 00

### **Bus station**

Avtobusna postaja Lucija, Obala 114, Lucija, 6320 Portorož

The Piran Bus Station is situated at the gateway to the old town centre of Piran, right by the sea.

++386 5 671 31 22

### **Police**

Policijska postaja Piran, Liminjanska 116, Lucija 6320 Portorož

++386 5 617 16 00

### **Medical centre**

Zdravstveni dom Piran, Cankarjevo nabrežje 9A, 6330 Piran

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išči



## Postaja za razumevanje samomora



### Si v stiski?

Imaš občutke nemoči, brezupa in misli o samomoru? Informacije za ljudi v stiski v stiski so le klik stran. ↕



### Kako pomagati?

Se pri delu srečuješ z ljudmi v stiski? Tukaj najdeš programe in gradiva za pomoč. ↕



### Po samomoru

Izguba bližnjega zaradi samomora je težka. Poišči informacije o žalovanju in reintegraciji. ↕



### Za medije

Odgovorno poročanje je pomemben dejavnik preprečevanja samomorov. ↕

Živ?Živ! (lit. Alive?Alive!) is a web station, where professionals and people with personal experience write about mental health. It provides information for all who are currently in distress, for their loved ones or the experts who are faced with them, and also for the bereaved and the media.

Welcome!