

TRIPLE i
in suicidology



intuition
imagination
innovation

10th TRIPLE i: intuition, imagination and innovation in Suicidology Conference PROGRAMME AND ABSTRACT BOOK



Slovene
Centre for
Suicide
Research



27th – 28th May 2019
Piran, Slovenia

**10th TRIPLE i: intuition, imagination and innovation
in Suicidology Conference**

PROGRAMME AND ABSTRACT BOOK

Naslov: 10th TRIPLE i: intuition, imagination and innovation in Suicidology
Conference – PROGRAMME AND ABSTRACT BOOK

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Dear intuitive, imaginative and innovative guest,

We are happy to welcome you at the 10th TRIPLE i – *Intuition, Imagination and Innovation* – in Suicidology Conference!

The conference an international annual event organized by the Slovene Centre for Suicide Research (Andrej Marušič Institute, University of Primorska) in collaboration with FAMNIT (University of Primorska). Our aim is to increase awareness and knowledge about suicide and thus contribute to the development of suicide prevention and postvention activities.

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, students and other mental health professionals.

To be able to fulfil the vision of discussing the intuitive, imaginative and innovative ideas, we have invited a smaller number of presenters in comparison to conventional conferences. This will give the speakers enough 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 2019 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.

Scientific program will be rounded up with an evening social event on Monday, 27th May 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*.

Prof. Diego De Leo, Dr. Vita Poštuvan
Chairs

Tina Podlogar, Maja Jurjevčič
Organising committee



Diego de Leo

Vita Poštuvan

Tina Podlogar

Maja Jurjevčič

Slovene Centre for Suicide Research (UP IAM 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 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.

Current interesting project

- *New approaches to recognizing and preventing suicidal behaviour and other risk factors in the field of mental health of adolescents (ARRS)*
- *Slovene men who are exposed to suicidal behaviour: mental health, quality of life, social connectedness, and help seeking. An action research program. (ARRS)*
- *Mental health literacy, destigmatisation of mental illnesses and help-seeking behaviour in times of distress in Slovenian adult population (ARRS, Ministry of Health RS)*
- *Živ? Živ! [Alive? Alive!] Research and Prevention of Suicide (ARRS)*
- *A (se) štekaš [Do You Understand (Yourself)?] (Ministry of Health RS)*
- *Za zdravje mladih [For Youth Health] (Ministry of Health RS)*

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TRIPLE i 2019 programme outline

DAY 1

Monday 27 th May 2019	
When?	What?
8 ³⁰ – 9 ¹⁵	Registration
9 ¹⁵ – 9 ³⁰	Welcome
9 ³⁰ – 11 ⁰⁰	Prof. Keith Hawton: Self-harm and suicide in young people
11 ⁰⁰ – 11 ³⁰	<i>Coffee break</i>
11 ³⁰ – 13 ⁰⁰	Prof. Konstantinos Fountoulakis: Possible determinants of differences in suicidal rates among countries and especially in Europe
13 ⁰⁰ – 14 ⁰⁰	<i>Lunch break</i>
14 ⁰⁰ – 15 ³⁰	Dr. Derek de Beurs: The network approach to understand suicidal behavior
15 ³⁰ – 16 ⁰⁰	<i>Coffee break</i>
16 ⁰⁰ – 17 ³⁰	Short presentations 1
18 ⁵⁰	Social programme: Sightseeing tour and dinner *

* Meeting point: the lobby of the Grand Hotel Bernardin



DAY 2

Tuesday 28 th May 2019	
When?	What?
9 ⁰⁰ – 10 ³⁰	Prof. Errki Isometsä: Suicide in mood disorders – importance of temporal factors
10 ³⁰ – 11 ⁰⁰	<i>Coffee break</i>
11 ⁰⁰ – 12 ³⁰	Prof. Diego De Leo: Loneliness and suicide
12 ³⁰ – 13 ³⁰	<i>Lunch break</i>
13 ³⁰ – 15 ⁰⁰	Dr. Patryk Stecz: Attitudes towards suicide and suicide prevention
15 ⁰⁰ – 15 ³⁰	<i>Coffee break</i>
15 ³⁰ – 17 ⁰⁰	Short presentations 2
17 ⁰⁰ – 17 ³⁰	Open discussion and closing

Self-harm and suicide in young people (9³⁰ – 11⁰⁰)

Prof. Keith Hawton

Prof. Keith Hawton is a Director of the Centre for Suicide Research at the University of Oxford and a Consultant Psychiatrist at the Oxford Health NHS Foundation Trust. For more than 40 years he and his research group have been conducting investigations concerning the causes, treatment, prevention and outcome of suicidal behaviour. Prof. Hawton has received research awards from all the major international suicide prevention organisations. His interests include epidemiology and clinical management of self-harm, suicide and self-harm in adolescents, media influences on self-harm and evaluation of suicide prevention initiatives. Key factors that motivate him to continue working in the field of suicidology are the emergence of new challenges and phenomena, such as the role of the internet in suicidal behaviour, new types of suicidal behaviour; the satisfaction of making contributions to prevention of suicide; rewarding collaborations with a wide range of people, both nationally and internationally; and the fact that the field attracts many people who share the same values.

Abstract

Internationally, there has been increasing attention to the problems of suicide and self-harm in young people. In some countries there has been a noticeable increase in rates of both suicide and self-harm, particularly in females. In this presentation the nature and importance of suicide and self-harm in young people will be discussed. The Iceberg model of self-harm and suicide will be presented. Factors that may contribute to suicide and self-harm will be addressed, highlighting recent interest in the impact of social media and other aspects of the internet, cyberbullying, sleep disturbance and mood instability. Recent findings on the association between self-harm and subsequent suicide will be presented. Aspects of prevention and treatment will be considered, followed by discussion of the impact of self-harm on families.

Possible determinants of differences in suicidal rates among countries and especially in Europe (11³⁰ – 13⁰⁰)

Prof. Konstantinos Fountoulakis

Prof. Konstantinos Fountoulakis is a Professor of Psychiatry, Aristotle University of Thessaloniki, Greece. He has published several articles concerning suicides and attempts in Greece during the austerity period and also in Europe and the world. He has received several national and international awards in the field of research. He is motivated for his work in the field of suicidology because he finds it a riddle.

Abstract

It is well known that suicidal rates vary considerably among European countries and the reasons for this are unknown, although several theories have been proposed. Of all possible causes, the effect of economic variables has been extensively studied. Climate, religion as well as ancestry have been considered as possible determinants and there is an everlasting debate on the relative contribution of each one of them as well as of the possible effect of confounders but not that of climate. So far economic factors (unemployment and generalized recession in the society), cold continental climate and ancestry related to Ural origin and late migration to Europe have been reliably connected with high rates of suicidality while the effect of religion seem to reflect mainly geographical rather than sociocultural areas. Biological research so far has failed to provide reliable and replicable results and this could be at least in part because of a possible qualitative effect among suicidal cases from different geographical regions.

The network approach to understand suicidal behavior: moving towards complex dynamical systems within the field of suicidology (14⁰⁰ – 15³⁰)

Dr. Derek de Beurs

Dr. Derek de Beurs is a senior GGZ researcher at Netherlands institute for Health Services research (NIVEL) and at the clinical psychology department of the Vrije Universiteit Amsterdam. Within the Nivel, he is the principal investigator on the topic of machine learning. Currently he is working on the application of network analysis psychometrics to data with information on suicidality. He was one of the editors of a dutch/flemisch handbook of suicidal behavior, together with renowned suicidologists Kees van Heeringen, Gwendolyn Portzky and Ad Kerkhof. He is motivated by the challenge of suicidal behaviour and embraces novel statistical techniques as a new potential to improving our understanding of it.

Abstract

In recent years, the network perspective on psychopathology has gained popularity. The central tenet of this perspective is that psychopathology can be usefully conceptualized as a collection of symptoms that directly interact with each other in a network structure. The network approach incentivizes researchers and clinicians to move towards adopting more complex theories and models derived from the field of complex system theory. Defining clinical disorders such as depression as complex system networks shows that focusing on single variables may not be optimal. Whereas, how a network emerges and behaves as a whole, might reveal more insights into the dynamics of psychopathology and suicide risk, leading to more fruitful therapeutic approaches. In this paper, we will discuss the concept of a network perspective of suicidal behaviour, and explore how suicidal behaviour can be understood as a complex dynamic system.

I will describe the theory and evidence underpinning network analysis and complex dynamic models of psychopathology. I will argue that suicidal behaviour might also be understood as a complex dynamic model. Complex, because it generally recognised that suicidal behaviour is the end result of the interaction between many different risk factors, and cannot be explained by single factors. Dynamic, because the network of psychological risk factors for suicidal behaviour develop over time, as evidence by ecological momentary assessment studies. A system, because the risk factors are considered part of a system such as proposed by theories such as the integrated motivational-volitional model of suicidal behaviour. Additionally, I will introduce related concepts such as critical slowing down and tipping points from dynamical system theory as novel perspectives to understand suicidal behaviour.

The audience will have been introduced to topics such as network analysis, centrality, tipping points, hysteresis and other concepts related to the field of complex systems. For each topic, its potential implication within the field of suicide prevention has been made explicit. Implications for future studies and data collection strategies are discussed. With this presentation, I hope to guide researchers and clinicians towards more complex and dynamic thinking about suicidal behaviour.

Short presentations 1 (16⁰⁰ – 17³⁰)

Suicides in Russia: Epidemiology and current problems of prevention (demographer's view)

Ilnur Aminov (Higher School of Economics, National Research University, Russia)

Introduction: According to the European Health for All database, Russia has traditionally been among the countries with one of the highest suicide death rates. Despite significant losses, Russia is still one of the countries that do not have their own national strategy for the prevention of suicide. In this connection, the issue of comprehensive discussion and development of a set of measures aimed at suicide prevention, including from the standpoint of demography, is being updated.

Methods: Mortality from suicides is investigated using the demography methods for analysing mortality by causes of death. The information base of the study was composed from the official statistics, the Russian Fertility and Mortality Database, the European Health for All database. Measures taken in modern Russia to prevent suicide have been studied through the analysis of official documents and literature.

Results: Since the beginning of the 2000s, the death rate from suicides in Russia has steadily decreased. Despite the positive dynamics of recent years, the suicidal situation in Russia remains one of the most difficult among the countries of the WHO European Region. Also, considering the improvement of the suicidal situation in Russia in recent years, it is necessary to take into account the possible underestimation of suicide by official statistics. In this regard, as the most striking example, the situation in the Astrakhan region can be considered. Along with the “anomalous” decrease of the death rate from suicides, the death rate from “event of undetermined intent” has also increased in recent years. Characteristic of suicidal mortality in Russia are: higher mortality of men compared with women, high mortality in rural areas compared to cities, significant regional differences in mortality, seasonality. An analysis of measures to prevent suicides in modern Russia indicates that they are inconsistent with the scale of the most complicated suicidal situation in the country, which has been observed for most of the post-Soviet period. Some measures in suicide prevention which are taken at the federal and regional levels, as a rule, do not take into account the socio-demographic characteristics of suicide mortality.

Conclusions: Despite a significant reduction in the death rate from suicides in Russia in recent years, the suicidal situation in the country remains one of the most difficult in the WHO European Region. Noting the positive trends in the dynamics of suicidal mortality in Russia, it is necessary to take into account the possible underestimation of suicides by official statistics, especially at the level of a number of regions. The problem of high suicide mortality in Russia is underestimated at both the federal and regional levels. The measures currently being taken to prevent suicides in Russia almost do not take into account the socio-demographic characteristics of suicide mortality.

Suicide related posts on the youth web – This is Me counselling service

Domen Kralj¹, Saška Roškar¹, Marjan Cugmas², Ksenija Lekič¹, Petra Tratnjek¹, Nuša Konec Jurinčič¹ (¹National Institute of Public Health, ²Faculty of Social Sciences, University of Ljubljana)

Introduction: Adolescence is a transitional developmental stage, highlighted by enhanced psychological and physiological maturation that can trigger minor or greater distress in adolescents. Since 2001 the adolescents have the opportunity to turn to the web counselling service This is Me which enables them to anonymously, cost free and quickly ask an expert for advice or opinion on a given topic. Even though the majority of posts refer to dilemmas regarding physiological maturation and relationships, there is also a worrying number of posts related to deliberate suicidality. The aim of our study is to scrutinize the suicidality related posts during the seven-year period (2012 – 2018) from This is Me editorial database.

Methods: Firstly, we analysed trends and prevalence of adolescents' posts with suicidal content as well as potential age and gender differences. In the second part, suicidality related posts and counsellors' responses to them were qualitatively assessed in order to determine core components of suicidal posts and adjacent responses.

Results: Among 14,990 posts, 228 (1.52 %) were such in which adolescents revealed suicidal distress. In the studied period, we observed the following trend: in 2012, altogether 31 posts (0.96 %) referred to suicidality as compared to 2018 when altogether 51 posts (3.03 %) were recorded. The probability that the post will be related to suicidality is higher when posted by girls and older adolescents. The qualitative analysis revealed that prevalent problems related to suicidality are family difficulties, problems with self-esteem, different losses and bullying. As for the answers, the majority of responses included reflection and »listening«, empathy and support, clear distinction of competencies and responsibilities and informing and encouraging to turn to in vivo help sources.

Discussion: The increasing trend in suicidal posts calls for different initiatives. It is important to implement and maintain different large-scale Public Health interventions with the right balance between a population and high-risk approach. The latter is of particular importance if we want to address the observed age and gender gap (i.e. boys being less likely to post about their distress). Furthermore, suicidality related posts call for an immediate and thoughtful response since it may be the first and the last contact with the adolescent. Thus, it is of utmost importance that counsellors provide instant emotional debriefing as well as empower and motivate adolescents to seek help.

Conclusions: E-counselling provides an important online tool for adolescents in (suicidal) distress. Turning to a web counselling service can be lifesaving and it is thus of high importance that the editorial board disposes of and acts according to a crisis protocol in the case of acute suicidal risk.

Adolescents' expectations for future digital resources to manage non-suicidal self-injury: A qualitative study

Anja Čuš¹, Julian Edbrooke-Childs², Susanne Ohmann¹, Paul L. Plener¹, Türkan Akkaya-Kalayci¹
 (¹Medical University of Vienna, Austria, ²University College London and the Anna Freud National Centre for Children and Families, UK)

Introduction: Self-injury is an important mental health problem that has its peak in adolescence. One in ten adolescents reports to have engaged in behaviours, such as cutting or burning the skin. Such mental health conditions are increasingly managed by the use of technology-enabled interventions. However, important shortcoming of these interventions is that they often do not include the “voice” of their target group which may in turn decrease user engagement. The aim of our study was to explore what young people need and expect from the future technology-enabled resources to manage self-injury.

Methods: We conducted 14 semi-structured interviews with female patients aged 12-18 who were in contact with Viennese mental health services due to repeated self-injury. The data was analysed using thematic analysis within a constructivist framework. Atlas.ti was used to assist the analysis.

Results: We derived two main themes: “Experiences of Non-suicidal Self-injury” and the “App in Context”. The theme “Experiences of Non-suicidal Self-injury” describes the needs of young people who engage in NSSI. The subthemes in this theme are: “the needs of people who self-injure” and “gaining control over NSSI urges”. The “App in Context” theme reflects the diverse contexts in which an app may be used and related attitudes. The indicated subthemes include: “managing NSSI”, “apps cannot replace people”, “apps are interesting”, “apps to connect” and “does it help me?”

Discussion: This qualitative study derives two themes that outline shared patterns in participants' responses. The theme “Experiences of Non-suicidal Self-injury” highlights the importance of understanding motives behind NSSI and acquired strategies to cope with NSSI. The theme “App in context” acknowledges the importance of the context in which an app to manage self-injury may be used. These contexts relate to people using the app, their motives for NSSI, technological limitations of apps and the importance of apps to be captivating and engaging. The last subtheme “does it help me?” refers to the wish of young people to have a tool that is relevant to their needs and reflects their interests.

Conclusions: Through exploring the expectations of young people who self-injure, we observed that they are interested in the future digital resources if they find them credible and relevant for their experiences and interests. To assure the relevance for the target users, the developers of technology-enabled tools should consider collaborating with mental health professionals and people with lived NSSI experience.

The “Blue Whale” in Lithuania: Teen suicide “game” and overcoming its potential harmful consequences for vulnerable children and adolescents

Rimantas Misevičius¹, Marius Strička¹ (¹Suicide Prevention Bureau, State Mental Health Centre, Vilnius, Lithuania)

Study objectives: This presentation aims to overview the so- called self-harm “game” the “Blue Whale”, spreading in social network in 2016-2017 in Lithuania, and the actions of Suicide Prevention Bureau, that sought to minimize potential harmful consequences.

Background: The “Blue Whale” is a social network phenomenon dating from 2016 to 2017 (in Lithuania). It is a “game” reportedly consisting of a series of tasks assigned to players by administrators, initially unconscious before introducing elements of self-harm and the final challenge requiring the player to commit suicide. Suicide Prevention Bureau, managing proactive monitoring of media reporting on suicide or self-harm content, has initiated coordinated actions to ensure control of harmful information: (1) sensitizing media's responsibility, (2) enabling coordination between the organizations from different sectors (the Police, Lithuanian communications regulatory service, pedagogical psychological service, NGO), (3) creating general advice for parents and educators on suicide prevention, mental health awareness to create online safety in advance.

Results: (1) No direct evidence of children and adolescents self-harm, linked to the “game” has been found. (2) An appropriate response coordination path has been developed.

Conclusion: Although the damage of the “game” has not been proved, the case enabled the creation of a proper model of cooperation between different sectors for prevention.

Challenges of Treating Transgender Persons in Prison

Tjaša Ulčar Jesih (Prison Koper, Slovenia)

Like in many other countries, it was just a matter of time when the prison system in Slovenia would face a challenge of treatment of transgender persons. With arrival of the transgender person in Koper Prison the system faced the first challenge: although the person identified herself as female, she did not have any identification documents establishing her female identity. According to the documents she was still a man, so the Court decided that she was housed in a male prison. Since her gender identity was “male to female”, she needed a proper medical treatment, a proper accommodation and since the system identified her vulnerability and therefore risk of self-harm, the isolation from other prisoners was not an option. But how to prevent discrimination, potential bullying and sexual harassment? One challenge after another. The contribution will try to present some of the good practices from abroad and suggestions for applying some of them in our strategy, concerning proper treatment of transgender persons.

Suicide in mood disorders – Importance of temporal factors (9⁰⁰ – 10³⁰)

Prof. Erkki Isometsä

Prof. Isometsä is Professor of Psychiatry at the Department of Psychiatry, University of Helsinki and Chief Physician at the Department of Psychiatry of the Helsinki University Hospital and a former Head of the Mood Disorders and Suicide Research Unit at the National Public Health Institute. He started research on suicide in a psychological autopsy study of the National Suicide Prevention Project in Finland and the WHO/Euro Study of Parasuicide and has led major longitudinal research projects. His recent work focuses on the general population and clinical epidemiology of mood disorders and associated suicidal behavior, resulting in register-based and clinical risk factors studies. He is motivated by experience from treating suicidal patients.

Abstract

In psychological autopsy studies, at least half of all suicides are found to have suffered from depressive or bipolar disorders, and a Danish national longitudinal study estimated lifetime suicide risk for psychiatric patients with mood disorders at 4-8%. However, recent Finnish studies show that suicide risk in inpatients with depression halved between 1991 and 2014. Thus, risk of suicide in mood disorders depends on time and context. Recognition and treatment of suicide risk among patients with mood disorders is a central task for suicide prevention. However, despite vast literature on risk factors, recent studies have questioned possibility of meaningful risk prediction or stratification. In part, the difficulty is inherent to prediction of any rare events. However, another set of limitations is related to methodological factors. In particular, very few studies have investigated state-related variations in risk over time. Among psychiatric patients with mood disorders, incidence of suicide attempts has been found up to 120-fold during bipolar mixed states, and 60-fold during major depressive episodes compared with euthymic periods in prospective life chart studies. Their suicide deaths and attempts cluster remarkably strongly into major depressive and mixed illness episodes, and time spent in them is a major determinant of accumulating risk. It is important for research on suicide risk in mood disorders to examine the degree to which central risk factors (e.g. hopelessness) represent permanent traits or state-related phenomena, and to clarify the causal pathways through which the effects of numerous distal and proximal risk factors are intertwined with the marked impact of mood states. Integrating psychiatric and psychological measures in research is desirable to advance this aim. For example, recent studies indicate, that borderline personality features may mediate the impact of early adversity to adulthood, and personality features may increase risk by both moderating risk when high-risk illness states are present, or by increasing their duration. Ecological momentary assessment may further open the temporal dynamics of suicidal behavior, and active and passive mobile monitoring be clinically helpful in recognition of high-risk states.

Loneliness and suicide (11⁰⁰ – 12³⁰)

Prof. Diego De Leo

Prof. Diego De Leo is Emeritus Professor of Psychiatry at the Griffith University in Brisbane, where is Director Emeritus of the World Health Organization Collaborating Centre for Research and Training in Suicide Prevention. Prof. De Leo is a former President of the International Association for Suicide Prevention and co-founder and former President of the International Academy for Suicide Research of which he also co-founded the journal Archives of Suicide Research. Prof. De Leo is the Editor Emeritus of the journal Crisis and has been the initiator of the World Suicide Prevention Day (2003). Presently, he is Vice-President of the Italian Psychogeriatric Association, head of the Slovene Centre for Suicide Research, and director of the Department of Psychology, University of Primorska, Slovenia.

Abstract

Loneliness has recently jumped to scholars' attention due to a number of longitudinal studies' results, showing its impact on health and quality of life of individuals. These evidences brought the UK Government to the appointment of a dedicated ministry. A number of other governments published national reports on this frightening phenomenon and its growing diffusion. All of these initiatives have stimulated the need for better knowledge on loneliness and its consequences on physical and mental health on different gender and age groups. This presentation will particularly deal with the mental health side of the phenomenon, emphasising in particular influences on suicidal behaviour, possibly the most extreme consequence of thwarted belongingness. Today, raising awareness on the seriousness of loneliness for an individual's health and wellbeing appears today of paramount importance. Actions need to be taken at different levels to counteract the consequences of loneliness.

Attitudes towards suicide and suicide prevention: discussion on measurement tools and their applications in suicide prevention (13³⁰ – 15⁰⁰)

Dr. Patryk Stecz

Dr. Patryk Stecz is a Young Researcher with the background in psychology at the Department of Preventive and Addiction Psychology at the Institute of Psychology of the Faculty of Educational Sciences, University of Lodz, Poland. He is a member of the Polish Suicidology Association and Section Editor of Suicydologia Journal (Poland). He has authored monographs and articles on suicide attitudes and suicide prevention and co-organized the International Conference on Suicidology in Poland (Łódź, 2017). His research focuses on stress, coping, well-being and suicide prevention. He wants to contribute to the development of positive suicidology and improve understanding of helping behaviour of providers and gatekeepers. He believes that suicide research can gain by focusing on holistic approach, as well as embracing knowledge on dysfunction and optimal functioning.

Abstract

Attitudes towards suicide and suicide prevention have been studied in different parties, including general population, vulnerable groups, politicians, gatekeepers etc. It has been established that suicide attitudes are related to help-seeking behaviour, stigmatization of those with mental problems, helping behaviour of the providers and social policy.

Literature review suggests there is no agreement regarding the definition, structure and role of attitudes towards suicide. Current psychometric tools for measuring attitudes towards suicide are discussed to be important for suicide prevention, despite their methodological and theoretical flaws. The primary aim is to report the findings from the Polish validation of ATTS (Questionnaire on Attitudes Towards Suicide) in the sample of the potential gatekeepers. The revised version of the ATTS demonstrated mixed results on its psychometric properties.

The conclusions address the need of integrating different aspects of attitudes towards suicide which should be theoretically sound and have predictive power for assessing the preventive orientation of the gatekeepers.

Short presentations 2: Contributions of the UP IAM Slovene Centre for Suicide Research (15³⁰ – 17⁰⁰)

Working with suicidal clients: A qualitative perspective on therapists' experiences and views

Tina Podlogar¹, Gregor Žvelc², Diego De Leo¹ (1 University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research, 2Faculty of Arts, University of Ljubljana)

Working with suicidal clients is commonly considered as one of the most demanding aspects of therapeutic work. Our aim was to explore psychotherapists' experiences with working with clients that report suicidal ideation and/or have engaged in suicidal behaviour before or during treatment.

Eleven psychotherapists with one or more such experiences participated in the study. We conducted semi-structured interviews between January and November 2018, focusing on topics of therapeutic alliance, therapists' attitudes and knowledge about suicidality, experienced difficulties and resources. The data was analysed by the principles of grounded theory.

Therapists' experiences and views are described within six core themes: (i) understanding suicidality, (ii) the role of alliance, (iii) attitudes, (iv) emotional responses, (v) responsibility, and (vi) focus of therapy. Suicidality is understood on the general (knowledge) and specific level (understanding the subjective experience of the individual). Therapeutic alliance is seen as a protective factor, although not a guarantee of client's safety. Therapists' attitudes toward suicide are balanced between acceptant and life oriented. Therapists' emotional responses consist of worry and fear for the client as well as trust that the client will endure. Their views on responsibility include awareness and emphasis of own professionalism and the recognition of client's autonomy. The focus of therapeutic work switches between suicidality and individual as a person. The findings are presented within a model of dynamic balance in therapists' experiences and views on working with suicidal clients. Importance of contextual factors (variables related to system regulations and therapeutic setting) and variables, related to the therapist and the client, is also noted.

The model may be useful for therapists to better understand different aspects of their experience and potential difficulties in working with suicidal clients. It may help them to identify aspects of their experience that should be considered and worked on, e.g. in different forms of professional support.

Suicidal behaviour among psychoactive substance users reported by professionals

Taja Lozinšek¹, Vita Poštuvan² (Faculty of Arts, University of Maribor, ²University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research)

The suicide risk rate among illegal drug dependent persons is high. Due to a high exposure to risk factors, it is estimated to be 14 times higher compared to the risk rate in general population. In the course of their professional activity, healthcare workers, responsible for the care of illegal drug dependent persons, are very likely to face the loss of a patient due to suicide. The main topic of this research is experiencing suicidal behaviour of drug dependent persons with therapists employed in centres for prevention and treatment of illegal drug dependence (CPZOPD).

CPZOPD Heads, with more than 20 years' working experiences, were included in the research, which is based on the qualitative research method. According to the theory principles, we analysed 10 semi-structured interviews, which lasted for about 50 minutes in average.

According to the data, 93 codes have been linked into 11 content sets forming a suicidal behaviour experiencing model: Beliefs and Viewpoints on Suicidal Behaviour among Drug Dependent Persons, Manipulative Suicidal Behaviour, Treatment of a Suicidal Patient, Experiencing Suicide Behaviour, Postvention, Prevention, Self-care, Attitude to a Drug Dependent Patient, Positioning and Acknowledgement of Work in the System, The View on Dependence and a Drug Dependent Person and Experiencing the System. These sets represent identified affective, cognitive and behavioural responses of therapists, dealing with suicide risked patients, as well as mediatory factors which influence experiencing directly or indirectly and are specifically significant for therapists working in the field of drug dependence.

The model of the window on the world in the field of dealing with drug dependence opens up three levels of experiencing suicide behaviour: drug dependence treatment, therapist's own beliefs and viewpoints on suicidal behaviour and dealing with suicidal behaviour. These levels are distinguished from one another by the strength of indirect connection with experiencing suicidal behaviour. The level of dealing with suicidal behaviour shows the most direct connection to experiencing suicidal behaviour, whereas the least connection is showed with the level of dependence treatment. All the three levels together define the contents of experiencing suicidal behaviour of illegal drug dependent persons. The model of the window on the world in the field of dealing with drug dependence explains the contents which accompany the suicidal behaviour of drug dependent persons and enables the comprehension of complexity of the topic.

Attitudes towards seeking professional psychological help, mental health literacy and stigmatization of mental health disorders among students in Slovenia

Nuša Gašparac¹, Vita Poštuvan², Tina Podlogar² (¹Faculty of Arts, University of Maribor, ²University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research)

Although many effective treatment approaches exist for mental health issues, only a small percentage of people with mental health problems seek and receive appropriate help. Consequently, mental health issues often remain untreated. Slovenia is no exception; especially alarming information is for depressive disorder and suicidal behaviour. Ability of seeking professional psychological help is one of the protective factors for mental health improvement and as such, reduces the risk of suicide. Main reasons for (not) seeking professional help in case of mental health problems are attitudes towards seeking professional psychological help (hereinafter referred to as ATSPPH), low mental health literacy and stigmatization of mental disorders. In Slovenia, there is not a lot of research on that topic, especially not among young adults, although they are vulnerable group that often suffers from mental health issues.

Our study focuses on attitudes towards seeking psychological help among Slovenian students and how those attitudes correlate with socio-demographic and some other factors that previous studies did not give enough emphasis. Approximately 340 participants from various study programs participated in our study. We included both genders, aged 18 and over. We collected socio-demographic data and data about accessibility to psychological services, knowledge about sources of help and past experience with mental health services. We used the following instruments: Attitudes towards seeking professional psychological help scale (ATSPPH-S), Mental Health Literacy Scale (MHLS), Attitudes Toward Depression Questionnaire (ATDQ), Questionnaire on Attitudes Towards Suicide (ATTS), Stigma Scale for Receiving Psychological Help (SSRPH) and The Stigmatizing Attitudes-Believability Scale (SAB). Analyses include correlation analysis and some multivariate methods.

We expect mostly negative ATSPPH; positive correlation between higher age and acceptable ATSPPH; more positive ATSPPH among medical students and psychology students compare to students of other study programs; positive correlation between good knowledge about sources of help and acceptable ATSPPH; more positive ATSPPH among students with better accessibility to mental health services compare to students with poor accessibility; more positive ATSPPH among students with past experience with mental health services compare to students with no experience. We also expect positive correlation with higher mental health literacy and acceptable ATSPPH; positive correlation between acceptable attitudes towards depressive disorder and suicidal behaviour and positive ATSPPH and finally, negative correlation between stigmatization of mental disorders and positive ATSPPH. Until the conference, we expect more accurate results.

Mental Health Literacy among adult population in Slovenia

Maja Jurjevčič, Tina Podlogar, Vita Poštuvan (*University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research*)

Mental health literacy is linked to knowledge on mental health disorders, attitudes towards them and sources of help and it greatly influences help-seeking in distress. We have researched mental health literacy and knowledge of sources of help in distress among the adult population of Slovenia.

In a web-based research, 1019 adults from all Slovenian regions participated, aged 18 – 65, the highest share of participants falling into the age group of 45 – 65. The majority of participants are employed and have completed high-school education. About 30% of participants report of having mental health issues in the past, among those significantly more women.

Mental health literacy was assessed by the Mental Health Literacy Scale (MHLS). Results show, that participants' scores on the MHLS scale and all of its subscales (Recognition of disorders, Knowledge of how to seek mental health information, Knowledge of risk factors and causes, Knowledge of self-treatments, Knowledge of professional help available) are statistically significantly higher than the scale average. Participants also assessed their knowledge of sources of help on a scale from 1 (very bad) to 5 (very good). Only a minority of participants assessed their knowledge as good or very good, women assessed their knowledge statistically significantly higher as men. Attitudes towards seeking professional help were assessed by the Attitudes toward seeking professional psychological help scale – short form (ATSPPH-SF). Participants' scores were not statistically significantly different from the scale average. We also assessed attitudes towards suicide using the Attitudes towards suicide (ATTS) scale. Results have shown that participants' scores were statistically significantly higher to the scale average.

We can conclude that although there are no statistically significant differences in the levels of mental health literacy, women rate their knowledge of sources of help in mental distress higher than men. There have been no observed differences to average scale scores on attitudes toward seeking professional help, but statistically significant differences were observed in attitudes towards suicide.

The social risk factors for suicidal behaviour among older adults: The degree of social isolation, the feeling of loneliness and the presence of a death wish caused by personal relationships

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Regarding the suicides of people older than 65 years, Slovenia ranks very high among countries in Europe and countries around the world. Suicides can be categorised as a complex phenomenon, which is described as the result of biological, psychological, social and economic risk factors. After reviewing previous studies from the field of suicidal behaviour we can find that the field of social risk factors for suicidal behaviour is rather less well researched. The main purpose of this study is to research the interaction among social factors, specifically between the degree of social isolation, the feeling of loneliness, the feeling of perceived burdensomeness and the feeling of thwarted belongingness in the relationship and between the risks for suicidal behaviour on the sample of older adults. Furthermore, the question arises if in the sphere of suicidal behaviour social factors can take up a part of the preventive role in such cases.

The sample (N=120) consists of people older than 60 years living in Slovenia. For the purpose of the study, we used a test battery consisting of questions about the demographic data and the social isolation of a person. We measured the degree of suicidal risk with the help of Paykel's suicidal scale (PSS), the feeling of perceived burdensomeness and the feeling of thwarted belongingness in the relationship, on the other hand, were measured with the help of the Interpersonal Needs Questionnaire (INQ-15). The feeling of loneliness was rated with the help of a shorter form of the Loneliness Scale (UCLA).

The study is still in progress and the final results will be available until the conference. The present study examines the following hypotheses: H1: Among older people, there will be important differences in the risks connected to suicidal behaviour regarding their gender. H2: Social isolation will be positively connected to the risk of suicidal behaviour. H3: Loneliness will be positively connected to the risk of suicidal behaviour. H4: Among older people, there will be important differences in the risks connected to suicidal behaviour regarding their form of residence (nursing home, living alone, living with partners or other family members). H5: Among older people, there will be important differences in the risks connected to suicidal behaviour regarding their marital status (being married, widowed or divorced). H6: The risk of suicidal behaviour will be positively connected to the individual's expression of his or her desire for death (perceived burdensomeness and thwarted belongingness in the relationship). H7: Loneliness and social isolation will be among all the studied social factors the most important predictors of suicidal risk.

It is crucial to give meaning of old age and maintaining social ties, which according to previous studies present not only an important preventive factor of suicidal behaviour but also good mental health and a source of support.

Youth suicides: case-reports of prevention and postvention interventions

Vita Poštuvan, Tina Podlogar (*University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research*)

A recent report (Roh et. al, 2018) has shown that Slovenia is among top 10 countries in OECD with the highest suicide rates both for 10 to 14-year olds and 15 to 19-year olds.

During the last decade we ran many suicide prevention programmes. We ran experiential awareness raising workshops for youth, gatekeepers' trainings for teachers, school staff and other youth workers, educational workshops for parents, educational lectures for professionals and semi-professionals working in the field, as well as published leaflets, brochures and a website, all with the aim of providing reliable information to broadest audience.

We also continuously provide postvention interventions in cases of youth suicides for the classmates, teachers, parents and school counselling services at the schools, dorms, youth organisations. Common myths or dilemmas that are frequent in those situations are how to approach someone who is either suicidal or has lost someone due to suicide, if and how to open the conversations about it.

Our experiences show that a very warm, carrying person-centered approach with the recognition that suicide is a very complex phenomenon, provides a valuable framework in those situations.

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

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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

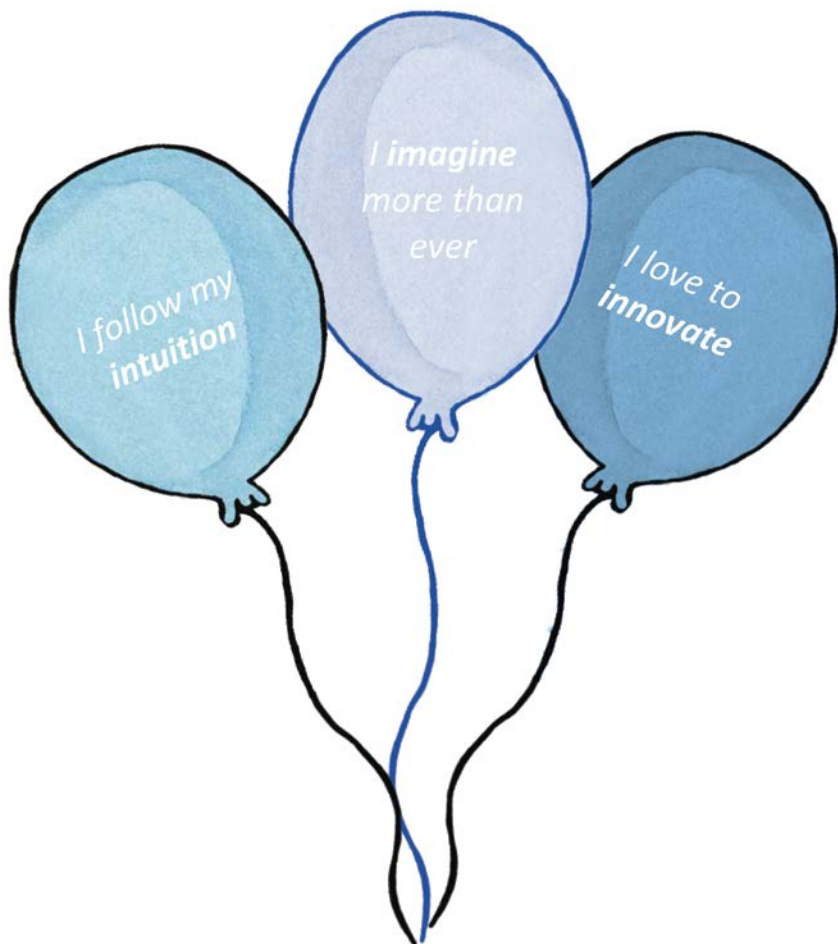
Policijska postaja Piran, Liminjanska 116, Lucija 6320 Portorož

++386 5 617 16 00

Medical centre

Zdravstveni dom Piran, Cankarjevo nabrežje 9A, 6330 Piran

++386 5 677 33 20



UP IAM Slovene Centre for Suicide Research provides high-quality research for better understanding of suicidal behaviour, thus contributing to suicide prevention, intervention and postvention.

More info: zivziv.si