

9th TRIPLE i: intuition, imagination and innovation

in Suicidology Conference

PROGRAMME AND ABSTRACT BOOK



7th – 8th June 2018

Piran, Slovenia

TRIPLE i
in suicidology



intuition
imagination
innovation



Slovene
Centre for
Suicide
Research



**9th TRIPLE i: intuition, imagination and innovation
in Suicidology Conference
PROGRAMME AND ABSTRACT BOOK**

Naslov: 9th TRIPLE i: intuition, imagination and innovation in Suicidology Conference
– PROGRAMME AND ABSTRACT BOOK

Urednika: dr. Diego De Leo; dr. Vita Poštuvan

Uredniški odbor: Diego De Leo, Vita Poštuvan, Tina Podlogar, Nuša Zdravec Šedivy

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Contents

About Slovene Centre for Suicide Research (SCSR).....	5
TRIPLE i 2018 programme outline	6
Prof. Silvia Canetto: Older men and suicide: A gender and cultural analysis (9 ³⁰ – 11 ⁰⁰)	7
Prof. Marco Innamorati: Cognitive behavioral approaches to the suicidal patients (11 ³⁰ – 13 ⁰⁰)	8
Dr. Becky Mars: The transition from suicidal thoughts to attempts (14 ⁰⁰ – 15 ³⁰)	9
Research work at Slovene Centre for Suicide Research (16 ⁰⁰ -17 ³⁰).....	10
Short presentations (9 ⁰⁰ – 10 ³⁰).....	12
Dr. Lakshmi Vijayakumar: Suicide in Women (11 ⁰⁰ – 12 ³⁰).....	16
Prof. Ella Arensman: Gatekeeper Awareness and Skills Training (13 ³⁰ – 15 ⁰⁰ , 15 ³⁰ – 17 ⁰⁰)	17
Practical information	18

Dear Triple i guest,

We are happy to welcome you at the 9th 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 9th 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 2018 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 and gatekeeper training.

Scientific program will be rounded up with an evening social event on Thursday, 7th 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 Zadravec Šedivy
Organising committee



Diego De Leo



Vita Poštuvan



Tina Podlogar



Nuša Zadravec 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 Šedivy, Maja Rahne

Contact details

Slovene Centre for Suicide Research
Institute Andrej Marušič, University of Primorska
Muzejski trg 2, 6000 Koper, Slovenia, EU
Phone: +386 40 490 580
Email: info.scsr@upr.si
Website: zivziv.si

TRIPLE i 2018 programme outline

DAY 1

Thursday 7 th June 2018	
When?	What?
8 ³⁰ – 9 ¹⁵	Registration
9 ¹⁵ – 9 ³⁰	Welcome
9 ³⁰ – 11 ⁰⁰	Prof. Silvia Canetto – Older men and suicide: A gender and cultural analysis
11 ⁰⁰ – 11 ³⁰	<i>Coffee break</i>
11 ³⁰ – 13 ⁰⁰	Prof. Marco Innamorati – Cognitive behavioral approaches to the suicidal patients
13 ⁰⁰ – 14 ⁰⁰	<i>Lunch break</i>
14 ⁰⁰ – 15 ³⁰	Dr. Becky Mars – The transition from suicidal thoughts to attempts
15 ³⁰ – 16 ⁰⁰	<i>Coffee break</i>
16 ⁰⁰ – 17 ³⁰	Research work at Slovene Centre for Suicide Research
18 ³⁰	Social programme: Sightseeing tour and dinner **

** Meeting point: the lobby of the Hotel Histron



DAY 2

Friday 8 th June 2017	
When?	What?
9 ⁰⁰ – 10 ³⁰	Short presentations
10 ³⁰ – 11 ⁰⁰	<i>Coffee break</i>
11 ⁰⁰ – 12 ³⁰	Dr. Lakshmi Vijayakumar – Suicide in Women
12 ³⁰ – 13 ³⁰	<i>Lunch break</i>
13 ³⁰ – 15 ⁰⁰	Prof. Ella Arensman – Gatekeeper Awareness and Skills Training part 1**
15 ⁰⁰ – 15 ³⁰	<i>Coffee break</i>
15 ³⁰ – 17 ⁰⁰	Prof. Ella Arensman – Gatekeeper Awareness and Skills Training part 2**
17 ⁰⁰ – 17 ³⁰	Open discussion and closing

**This training programme is co-sponsored by the International Association for Suicide Prevention.

Older men and suicide: A gender and cultural analysis (9³⁰ – 11⁰⁰)

Prof. Silvia Canetto

Prof. Silvia Sara Canetto is a clinical psychologist and a Full Professor in the Applied Social and Health Psychology and Counseling Psychology programs at the Department of Psychology, College of Natural Sciences, Colorado State University, USA. Her research focuses on cultural scripts of gender and suicide. Prof. Canetto finds suicide research and prevention work compelling because it involves a diversity of issues, from existential to cultural, social, and individual.

Abstract

This presentation is about cultural and gender factors in men's suicidality. The specific suicide pattern at the center of this presentation is that of U.S. "White" (European-descent) men. In the United States, older "White" men are overrepresented among suicide decedents—with older "Black" women recording the lowest suicide rates. "White" men are not group that is typically studied from a cultural and gender perspective. The assumptions are that culture is something others (U.S. ethnic minorities or non-U.S. populations) "have," and that gender is about women. Dominant theories (e.g., aging adversities) of older adult suicide will be reviewed and challenged for their failure to explain the suicide vulnerability of older "White" men. The theory and evidence on U.S. dominant scripts of masculinity, aging, and suicide will then be examined. Finally, dominant scripts of masculinity, aging, and suicide in the cases of three older "White" men who took their lives will be discussed. This presentation will show how consideration of dominant scripts of masculinity, aging and suicide expands our understanding of older "White" male suicide, as well as our tools for its prevention.

Cognitive behavioral approaches to the suicidal patients (11³⁰ – 13⁰⁰)

Prof. Marco Innamorati

Prof. Marco Innamorati is the current Italian National Representative for the International Association for Suicide Prevention (IASP), Member of the IASP special interest group Suicide Among Older Adults. He is the Coordinator of the AIAMC (Italian Association for Behavior Analysis and Modification and Behavioral Cognitive Therapy) Study Group for the study of Suicide. He teaches Management of the Suicidal Patient to CBT trainees. He is motivated by the scale of suicidality as a public health problem and by the impact, that suicide has on the bereaved.

Abstract

Psychotherapists who work with suicidal clients need to consider several issues, including whether all the systems of psychotherapy may be used safely with suicidal clients. Cognitive therapy has become one of the major system for treating suicidal clients in recent years. The cognitive approaches have incorporated techniques to improve problem-solving, as well as meditational techniques, as in dialectical behavior therapy. The cognitive therapies are based on the notion that negative emotions and disturbing behaviors are a consequence of irrational thinking. Cognitive psychotherapy involves teaching the client that his or her emotional states result not from the activating experiences, but from the irrational, absolutistic, and demanding beliefs they activate. The client must be taught to dispute his or her irrational beliefs. Beck and other authors refined their original cognitive model to address suicidal patients. However, suicide is one of the few topics that almost uniformly trigger anxiety and apprehension in clinicians, whether novice students or seasoned practitioners probably because of medical-legal implications and the fact that few training programs offer any formal training in managing suicidal patients.

The transition from suicidal thoughts to attempts (14⁰⁰ – 15³⁰)

Dr. Becky Mars

Dr. Becky Mars is a Research Fellow working within the suicide and self-harm research group at the University of Bristol, UK. Her research interests focus on the epidemiology of self-harm and suicide; using longitudinal data to explore changes in behaviour across the lifecourse. Her work specifically aims to understand the factors that predict not only who will develop suicidal thoughts, but which individuals will go on to act on these thoughts (i.e. make a suicide attempt or die by suicide).

Abstract

Suicidal ideation is reported by 30% of adolescents and is a well-established risk factor for suicide. Although many risk and protective factors for suicidal behaviour have been identified, little is known about the factors that differentiate those most likely to attempt suicide from those who only think about suicide. This is a crucial issue, as only a third of young people will act on their suicidal thoughts. Recent findings from epidemiological and meta-analytical studies suggest that many well-established risk factors for suicide strongly predict the development of suicidal ideation, but only weakly predict attempts among those thinking about suicide. Most of the research in this area has been cross-sectional, and is limited by retrospective reporting of both risk factors and suicide-related outcomes. Longitudinal studies exploring the transition from suicidal thoughts to attempts are extremely scarce.

Several theoretical frameworks have been proposed to explain the development of suicidal ideation, and the translation of ideation into behaviour. These include the interpersonal theory (IPT), the integrated motivational-volitional model (IMV), and the three-step theory (3ST). In this presentation, I will provide an overview of these suicide theories and present findings from my own work using data from the Avon Longitudinal Study of Parents and Children; a population-based birth cohort study in the UK.

Research work at Slovene Centre for Suicide Research (16⁰⁰-17³⁰)

Challenges in therapeutic work with suicidal clients: preliminary results of a Slovenian study

Tina Podlogar, Diego De Leo, Gregor Žvelc

Suicidal clients are often considered to be among most complex clients to work with and represent one of the biggest therapeutic challenges and anxiety-provoking tasks for mental health professionals. Working with suicidal clients, therapists commonly encounter different kinds of difficulties, including negative emotions that might arise in them and relational difficulties that they might experience in communication with the client. For example, they might feel distress, burnout and have difficulties in preserving their own well-being. It can be difficult for them to demonstrate empathy towards the client's wish to die and refrain from attempts to talk the client out of it. They might feel fear, anger and helplessness regarding their ability to help or protect the client. Another group of possible challenges refers to the technical aspects and includes difficulties such as lack of training, knowledge and specific instruments and protocols. Further on, they might experience a variety of other challenges due to lack of time, lack of social support structures, unsuitable settings or they might have difficulties in working with the family. Our study aims to explore these challenging experiences among Slovenian mental health professionals. This presentation is based on the preliminary results of the study, providing first insights into the most commonly experienced difficulties among Slovenian professionals and factors associated with these experiences.

Understanding male suicide: A qualitative perspective

Nuša Zadravec Šedivy, Diego De Leo, Gregor Žvelc

Men represent the majority of those who die by suicide worldwide and in Slovenia, where suicidal behaviour is an important public health issue since it still ranks among the countries with the highest suicide rates in the world. However, little research examines men's experiences of mental health problems, how attitudes toward suicide and help-seeking affect their behaviour and what are the signs of depression and suicidality among them. Aim of the research was to examine the characteristics of suicidal behaviour in men, how masculine roles and attitudes influence this behaviour among male suicide attempters and what are age-specific trends of suicidal behaviour in this population. Using a qualitative method, we conducted 1-hour long interviews with 20 male participants with a previous suicide attempt. We used grounded theory principles to analyse the data. We connected 284 codes into 10 theoretical concepts that we combined into a Dynamic model of suicidal behaviour in men. The model includes 6 content categories of factors that affect the suicidal behaviour of men and relations between them; a dynamic component which represents gradual changes of suicidal behaviour during the suicidal process; and a time perspective from the life before to life after a suicide attempt including possible outcomes of the suicidal process. On the basis of our model, we identified specifics among different age groups of men, which showed a need for age-specific preventive strategies, where preventive strategies for older men would address the deficit in social contacts and those for younger men would focus more on destigmatization of professional help. Due to qualitative research method, our conclusions can't be generalised. However, it can contribute to better detection of men at risk for suicide and to more effective preventive strategies in the future.

Psychological autopsy studies: Implementation, challenges and outcomes

Urša Mars Bitenc, Diego De Leo, Onja Tekavčič Grad

Psychological autopsies are widely used for identifying the risk factors for suicide. Retrograde interviews with proxy informants about the life of the deceased, their characteristics, and the events leading to suicide are performed. Despite the extended use, psychological autopsies possess several methodological issues; the most prominent is biased reporting by the informants. To our knowledge, two psychological autopsy studies have been carried out in Slovenia so far; one in the eighties and one recently. Our study aimed to implement psychological autopsy as proposed in the newest literature and to highlight the factors contributing to suicide. In-depth interviews with 18 proxy informants on 12 suicide cases were conducted. We performed qualitative analyses based on the grounded theory principles. The challenges and the hindering factors for the implementation of psychological autopsy study, mainly the recruitment of the proxy informants, are presented in detail. Furthermore, the overall model of emerging risk factors for suicide is presented. The model includes hindering factors for suicide risk recognition and prevention, verbal and non-verbal warning signs, circumstances and events leading to suicide, several suicide risk factors (traumatic experiences, addictions, mental health issues, previous suicide attempts, relational factors, upbringing, and unfavourable personality characteristics). Based on our overall model, the metaphorical model, named *The Hot Air Balloon Model* was designed. It can contribute to an easier understanding of the suicide risk factors and circumstances preceding suicide. *The Hot Air Balloon Model* can serve suicidologists, clinicians, and others interested in suicide as a tool in counselling work with bereaved by suicide, in suicide prevention activities, and others. Last but not least, we present the guidelines for future psychological autopsy studies.

After suicide: case-studies of group and individual postvention activities

Vita Poštuvan, Tina Podlogar, Nuša Zadravec Šedivy, Maja Rahne

The recent studies imply that the number of people affected by suicide is far greater than the usually cited number of 6. Many authors agree that the loss of a close person due to suicide is still one of the most painful and traumatic experiences, but the consequences are more vivid in those closest to the deceased. Since autumn 2017 we have delivered a number of postvention activities in different settings. The aim of presentation is to draw attention to the specific interventions and what we learned from them; first of all those that we implemented a few days after the event and in the second part those that addressed the process of bereavement a few months after. Majority of the firstly mentioned interventions were implemented with cooperation of the system of education. After the cases of suicide different institutions (usually schools) made the contact with us and we then on their request delivered group debriefings for classmates, other pupils/students at schools, teachers and/or parents. Besides, for the second part of interventions we introduced a Mindfulness-Based Bereavement Support groups and individual support sessions for parents or closest family members. The implemented postvention activities were considered as helpful, as they offered information on cognitive level (such as explanations about suicide and bereavement process), emotional processing and ways of expressing the feelings (such as through expressive arts, mindfulness exercises etc.), as well as offered social support and strengthen the cohesion of the survivors in cases of group interventions.

Short presentations (9⁰⁰ – 10³⁰)

1.1 Suicide prevention in Friuli Venezia Giulia, Italy, and Slovenia: defining a pathway from policy plans comparison to active cooperation

Giulio Castelpietra¹, Urška Stepanek², Milan Krek³ (¹Central Health Directorate, Primary Care Services Area, Region Friuli Venezia Giulia, ²Ministry of Labour, Family, Social Affairs and Equal Opportunities, ³National Institute of Public Health)

Introduction: Suicide is one of the major public health problems. As stated in the World Health Organization (WHO) Mental Health (MH) Action Plan 2013–2020, the decrease of suicide rate in WHO Member countries by 10% by 2020 is a global target. Suicide prevention, thus, needs a comprehensive and multisectoral strategy at the local level. In this context, Friuli Venezia Giulia (FVG) and Slovenia had identified suicide prevention as a main area of collaboration, within a wider cooperation project on MH policy and organization.

Methods: Data on suicides and undermined deaths from FVG and Slovenia were identified for years 1997-2016 using the Death Register of the Regional Social and Health Information System and National Institute of Public Health, respectively. Suicide rates (SRs) were calculated as the number of deaths per 100,000 inhabitants, using the mortality data and the population of FVG and Slovenia, according to sex and age groups (0-29; 30-59 ≥60). Objectives with regard to suicidal behaviour prevention strategies available in FVG MH Action Plan 2018-2020 and Slovenia National MH Plan were compared.

Results: Suicides and undermined deaths were 2632 in FVG and 11,045 in Slovenia during years 1997-2016. SRs decreased by 36.7% in FVG and 40.4% in Slovenia. A greater decrease was observed in older age in both areas (from 23.5 in 1997 to 9.5 suicides per 100,000 inhabitants in 2016 in FVG, while from 65 in 1997 to 31.3 suicides per 100,000 inhabitants in 2016 in Slovenia). Similar objectives in the two MH plans were identified. They regarded, for instance, the need of more detailed data on suicidal behaviors, especially suicide attempts, and a focus on suicidal risk factors, with particular emphasis on social determinants and young ages.

Discussion: Although a decrease in SR had been observed during our 20-years study period, rates are still high compared to European average rate, especially in Slovenia, and more in general in males and in elderly. Main objectives of FVG and Slovenian MH plans identified the need to implement primary and secondary prevention strategies, carried out on the bases of better epidemiological data on completed suicides and attempts. Particular focus should be applied to young and adolescents, to social aspects, to alcohol addiction and to most vulnerable groups, such as inmates and migrants. Both plans highlighted the necessity to enhance integration between different health services and social services in order to ensure early recognition and accessibility to care for suicidal individuals.

Conclusions: A firm cooperation between FVG and Slovenia on suicide prevention seems crucial in order to elaborate effective strategies in geographically adjacent, even culturally and socially different, areas. This can generate innovative multisectoral interventions through active mutual exchanges, consistent with WHO statements. The goal of a significant decrease of SR, hence, may be more easily achieved.

1.2 Treatment of prisoners with suicidal behaviour in Slovenia

Miran Pustoslemšek, Sabina Finžgar (Department for psychiatry, University Medical Centre Maribor)

Prisoners with suicidal behaviour with indication for hospitalisation in Slovenian prisons are admitted to the Unit for forensic psychiatry, University Medical Centre Maribor. In the presentation we will present the means of suicide attempts, comorbid mental disorders, percentage of cases with malingering, comorbid use of psychoactive substances, percentage of patients with recidivism of suicidal behaviour and the outcome. The cooperation with prison services will be presented and activity in the Service for reduction of suicidal behaviour in Central prison administration.

1.3 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 a 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 presentation 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.

1.4 Online Reporting on Suicide: Analysis of Media Articles and Readers' Comments (Insight into Research)

Vanja Gomboc¹, Vita Poštuvan² (University of Maribor, Faculty of Arts, ²University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research)

NIJZ evidence suggests that each year in Slovenia more than 300 people die by suicide. Suicide prevention is therefore essential and needs diverse approach. Important part of suicide prevention represents media reporting. For this reason, various organizations across the world have produced media guidelines to promote responsible reporting on suicide and so far numerous studies have demonstrated its positive effects. However, studies also suggest that the field of New media and its reporting on suicide has not been explored thoroughly, despite the fact that the Internet nowadays takes on an increasingly important informational role.

The aim of the study is to determine how online media reports on suicide, how much does online media comply with guidelines to promote responsible reporting, how much is there suicide-protective impact and what type of readers' comments are there under media articles that report on suicide.

Research includes 114 media articles with the topic of suicide that were published from 1. 1. 2017 to 31. 12. 2017 by MMC RTV, 24ur and SiolNET online media. Research also includes 2559 readers' comments altogether that were posted under included 114 articles.

In the first part of our research, we formed a list of media articles that were suitable for our research. Media articles were obtained from MMC RTV, 24ur and SiolNET online media, through Mozilla Firefox, Google Chrome and Internet Explorer. We searched for media articles on internet sites (rtvslo.si, 24ur.com and siol.net) and search engines (Google, Bing and Najdi.si).

Until 29. 3. 2018, we retrieved 114 media articles altogether using the key word 'suicide' (slo. samomor). On site 24ur.com and through search engines Google and Bing, we collected 36 suitable media articles altogether, that were published on 24ur. On specialized Internet sites, connected to 24ur, a search was performed through Google and Bing and on vizita.si, moskismet.com and zadovoljna.si. We collected 4 new media articles. On rtvslo.si and on Google, Bing and Najdi.si we collected 52 media articles that were published on MMC RTV. On siol.net, Google, Bing and Najdi.si we collected 22 media articles, published on SiolNET.

An additional search was performed using synonyms of the word suicide. We randomly used synonyms in search on various browsers and search engines and collected 8569 media articles altogether, published on previously mentioned online media. Only 2 media articles out of 8569 were suitable for our research, so we concluded, that the use of other key words, except 'suicide' is not reasonable.

In further analysis we will seek answers to how online media reports on suicide and what type of readers' comments are posted under those media articles. We assume that different online media publish different types of media articles related to suicide. But, to test our hypothesis, we will go to the next phase of our research and develop evaluation scheme for articles, comments and codes for comments.

1.5 Correctional Officers' Experiences of Suicidal Behaviour

Meta Lavrič¹, Nuša Zadravec Šediv², Vita Poštuvan² (¹University of Maribor, Faculty of Arts, ²University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research)

The prisoners are in great risk of suicides – the suicide rate in prison is 12 % higher than in the general population and suicide is recognised as the most common cause of death in prison. Consequently, the correctional officers are more exposed to suicides than general population, especially the correctional officers that work in 12-hour shifts.

The purpose of this research is to explore how correctional officers experience prisoners' suicidal behaviour with emphasis on suicides and attempted suicides; more explicitly, the aim of the research is to explore their reactions on the emotional, behavioural and cognitive levels. We are also interested in psychological support they receive within their organization, as well as in their personal environment.

We included only male correctional officers that work in 12-hour shifts in our study and based the research on the principles of qualitative research. We analysed with the grounded theory approach 11 in-depth interviews which lasted 55 minutes on average.

After initial coding of all interviews we obtained 1281 citations and 56 codes. From the first 56 codes we formed 14 concepts: (1) the beliefs of correctional officers about the prisoners' suicidal behaviour, (2) preparedness of correctional officers to deal with prisoners' suicidal behaviour, (3) understanding of their role in interventions to prevent the prisoners' suicidal behaviour, (4) relationship of correctional officers with prisoners, (5) experiencing prisoner's suicide, (6)

experiencing events after prisoner's suicide, (7) well-being of correctional officers after prisoner's suicide, (8) developing of coping mechanism, (9) "thick skin" of correctional officers, (10) relationships between correctional officers, (11) work-overload of correctional officers, (12) recognized lack of management support after a suicidal event, (13) opinion on the psychological support received after prisoner's suicide, (14) experiencing shift work.

We conceptualized the concepts in the model or grounded theory. The model of a house includes 5 parts of the house that represent 5 different aspects of the experiences of correctional officers with the prisoner suicidal behaviour. Those aspects are (a) the foundation of the house that includes concepts 1, 2 and 3, (b) the walls of the house that include concepts 9, 10, 11, 12 and 14, (c) the rooms in the house that include concepts 4, 5, 6 and 7, (d) the roof of the house that includes concepts 8 and 9, (e) the chimney of the house that includes concept 5.

The model provides an overall understanding of how correctional officers experience prisoner suicidal behaviour. It represents how the suicidal event is confined within the general functioning of correctional officers within the actual and psychological walls of prisons. It also explains the potential role of psychologists in giving support to correctional officers in coping with suicidal events.

Suicide in Women (11⁰⁰ – 12³⁰)

Dr. Lakshmi Vijayakumar

Dr. Lakshmi Vijayakumar is the Head of SNEHA Suicide prevention Centre in Chennai. She is particularly interested in the combination of clinical and public health interventions and suicide prevention possibilities within them. Dr. Vijayakumar was a guest of the Triple i conference for the first time in 2014 when she spoke about the relevance of formulating locally relevant, culturally appropriate, cost-effective and sustainable interventions.

Abstract

The phenomena of women and suicide has been underrepresented as more women attempt suicide compared to men, however more men die from suicide than women. Therefore, to have a clear understanding of the impact of suicide, morbidity must also be considered. When mortality and morbidity data are combined it is evident that the burden of suicide falls disproportionately on women. The issue of women and suicide has been neglected by policy makers, governments, public health programmes and there is a lack of literature examining the specific nature of suicide in women.

Men and women differ in their roles, responsibilities, status and power and these socially constructed differences interact with biological differences to contribute to differences in their suicidal behaviour. More is known about differences in males and females in conditions like Depression and Schizophrenia than suicide.

Prevention of suicide in women is closely linked to the cultural and social status that women occupy. For suicide prevention to be effective the status of women in society needs to be systematically raised through empowerment programs focusing on education, employment which will ultimately lead to social and economic independence.

Reducing suicidal behavior in women should be a public and social objective rather than a traditional exercise in mental health sector.

Gatekeeper Awareness and Skills Training (13³⁰ – 15⁰⁰, 15³⁰ – 17⁰⁰,)

Prof. Ella Arensman

Prof. Ella Arensman is Research Professor with the School of Public Health, University College Cork and Chief Scientist with the National Suicide Research Foundation (NSRF), Ireland. She is Vice President of the European Alliance Against Depression, and past President of the International Association for Suicide Prevention. She is also Visiting Professor with the Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane. She has been involved in research and prevention of suicide, self-harm and related issues for more than 30 years, with emphasis on risk and protective factors associated with suicide and self-harm, and effectiveness of preventive programmes. In Ireland, she played a key role in developing the first and second National Suicide Prevention Programme: Reach Out, 2005-2014, and Connecting for Life, 2015-2020.

Abstract

In essence, gatekeepers open the gate to help for people at risk of suicide. Gatekeepers are individuals within health and community based services who may be in a position to identify people at risk of suicide by recognising risk factors for suicide. Early identification of depression and suicide risk is crucial in order to prevent self-harm and is the starting point of suicide prevention. Gatekeeper training has been identified as a promising component of multi-level suicide prevention programmes. Studies examining the effects of gatekeeper training consistently show that training positively impacts on knowledge, attitudes and skills of professionals in different settings, such as psychologists, counsellors, social workers, police officers etc.

The training programme is based on the training model developed by the European Alliance Against Depression (EAAD) and Optimising Suicide Prevention and its implementation in Europe (OSPI-Europe). The training programme has been independently evaluated among different professional groups with consistently positive outcomes in terms of improved knowledge, attitudes and confidence in the management of self-harm patients presenting to ED's (Coppens et al, 2018; Coppens et al, 2014; Hegerl et al, 2013).

The Gatekeeper training programme is subdivided into:

1. Knowledge and skills related aspects:

- Attitudes towards depression and suicidal behaviour
- Extent of the problem of depression and suicidal behaviour
- Symptoms and causes of depression
- Suicidal behaviour/acute crises
- Risk factors for suicide and self-harm
- Indications for acute risk of suicidal behaviour
- Crisis intervention
- Bereavement following suicide

2. Practical and interactive elements on questions such as:

- How to raise the issue of depression associated mental health problems?
- How to recognise risk and warning signs?
- How to talk about suicidal thoughts and behaviour?
- How to detect and handle acute suicidal risk?

****This training programme is co-sponsored by the International Association for Suicide Prevention.**

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
++386 5 677 33 20





At Slovene Centre for Suicide Research we want to provide high-quality research for better understanding of suicidal behaviour, thus contributing to suicide prevention, intervention and postvention.

You can find more information about our activities on our website

zivziv.si

Welcome!