

6th TRIPLE i: intuition, imagination and innovation
in Suicidology Conference
PROGRAMME AND ABSTRACT BOOK



1st – 2nd June 2015

Piran, Slovenia



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in Suicidology Conference

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Naslov: 6th TRIPLE i: intuition, imagination and innovation in Suicidology Conference
– PROGRAMME AND ABSTRACT BOOK

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Slovene
Centre for
Suicide
Research



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Dear Triple i guest,

We are happy to welcome you at the 6th 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 6th 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 2015 programme is addressing research of suicidal behaviour and interventions for suicidal patients and the inter-connectedness of both. In addition to key-note lectures, there will be short oral presentations and poster presentations.

Scientific program will be rounded up with an evening social event on Monday, 1th 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, Urša Mars, Janina Žiberna, Nuša Zdravec Šedivy
Organising committee



Diego De Leo



Vita Poštuvan



Tina Podlogar



Urša Mars



Janina Žiberna



Nuša Zdravec 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 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 a 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, Tina Podlogar, Alenka Tančič Grum, Nuša Zdravec Šedivy, Janina Žiberna

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Programme DAY 1

Monday 1 st June 2015	
When?	What?
8:15 – 9:00	Registration
9:00 – 9:15	Welcome
9:15 – 10:45	Navneet Kapur: Clinical (and other) approaches to preventing suicide: improving care and saving lives in the UK
10:45 – 11:15	Coffee break
11:15 – 12:45	Nestor Kapusta: Lithium's effect on suicide mortality in Atacama Desert Chile
12:45 – 13:15	Open discussion
13:15 – 14:30	Time for lunch
13:15 – 14:30	Poster session
14:30 – 16:00	Ivanka Živčić-Bečirević: Cognitive-behavioural model for understanding and treating suicidal clients (workshop)
16:00 – 16:30	Coffee break
16:30 – 18:00	Short presentations 1
18:00 – 18:30	Open discussion
19:00	Social programme: Sightseeing tour and dinner **

** meeting point: the lobby of Hotel Tartini



Programme DAY 2

Tuesday 2 nd June 2015	
When?	What?
9:00 – 10:30	Celine Larkin: What is different about suicidology? Unique ethical and methodological issues associated with research on suicidal behaviour
10:30 – 11:00	Coffee break
11:00 – 12:30	Øivind Roar Ekeberg: Psychotherapy with suicidal patients
12:30 – 13:00	Open discussion
13:00 – 14:30	Time for lunch
13:00 – 14:30	Poster session
14:30 – 16:00	Diego De Leo: Ten years of suicide in Queensland, Australia. Commonalities and risk factors.
16:00 – 16:30	Coffee break
16:30 – 18:00	Short presentations 2
18:00 – 18:30	Open discussion and closing

Lecture 1 (9:15 – 10:45)

Prof. Navneet Kapur



Prof. Navneet Kapur (Professor of Psychiatry and Population Health, University of Manchester, UK) is a psychiatrist and Head of the Research Centre for Suicide Prevention. His research mostly targets epidemiological methods, the aetiology and treatment of suicide behaviour, as well as patient safety. His main contributions have been focussed in the area of health service responses to suicide. Prof. Kapur is particularly enthusiastic about the research work, because, even though clinical work can be very rewarding, research offers the possibility to impact on the lives of many people not just the person in front of you.

Lecture title

Clinical (and other) approaches to preventing suicide: improving care and saving lives in the UK

Abstract

He will start his lecture by discussing his early career and how he came into suicide research, left it for a while, and then returned. He will discuss some of his most important findings with respect to the causes, management and prevention of suicidal behaviour. Much of his work has been focussed on health service responses and he has generally used epidemiological and health service research methods. He will try to demonstrate how research can have a direct impact on people's lives.

Lecture 2 (11:15 – 12:45)

Prof. Nestor Kapusta



Prof. Nestor Kapusta is a psychiatrist, psychotherapist and an associate professor (Medical University of Vienna, Austria). His experience and interests in the field of suicidology have a wide range from epidemiology research, prevention, intervention to treatment. The constant development in research and the new insights are a source of energy he loves and that keeps him motivated to continue working in this field.

Lecture title

Lithium's effect on suicide mortality in Atacama Desert Chile

Abstract

Lithium salts are well known to have anti suicidal properties when administered as a psychopharmacological substance in therapeutic dosages. There is increasing evidence that even lithium salts at naturally occurring levels in drinking water may have a moderating effect on suicide rates of the affected population. The Atacama Desert in northern Chile has been shown to have the highest concentrations of environmental lithium salts worldwide, affecting lithium intake in humans, and possibly influencing suicide rates.

The aim of this study was to examine whether there is a mathematical correlation between the geographical distribution of lithium salt deposits and suicide mortality rates in Chile.

Suicide data from the period 2000–2009 was acquired from the Chilean Ministry of Health. The data was received as aggregated suicide rates and numbers per health service region and sex. Socio-economic variables per region and sex were obtained for the census year 2002 for all regions of Chile from the national statistical institute. The regional measures comprised population size per sex, percentage of indigenous population, urbanity as the percentage of population living in urban settlements, per-capita household electricity consumption, unemployment numbers per sex, and the median household income from salaries. The median monthly income was expressed as 1000s of Chilean Pesos. For geographical correlations, the latitude of the most inhabited city served as the representative latitude for each region, measured negative from the equator southwards.

Suicide rates on a regional level in Chile are negatively correlated with latitude and urbanity. The lithium rich Atacama Desert shows a significantly lower suicide rate (9.99 per 100,000) in comparison to other parts of Chile without Santiago de Chile (12.50 per 100,000; $t = 4.75$, $df = 18$, $p < 0.001$).

While ecological examination can not by its nature prove causality, the findings highlight the possible effects of naturally occurring lithium salts on suicide mortality which warrant further research.

Lecture 3 (14:30 – 16:00)

Prof. Ivanka Živčić-Bećirević



Prof. Ivanka Živčić-Bećirević (professor at University of Rijeka, Croatia) is leading a student counselling centre, where she treats suicidal clients among others. She also supervises younger therapists who work with suicidal clients, and educates students and future therapists in cognitive-behavioural (CBT) model for understanding suicidal behaviour. She is mostly motivated to continue educating young therapists in dealing with suicidal clients, as she notices that many of them feel great fear and avoid working with them.

Lecture title

Cognitive-behavioural model for understanding and treating suicidal clients

Abstract

The cognitive model of the suicidal thinking and behaviour, with the emphasis on hopelessness, will be presented. The cognitive conceptualization of suicidal clients will be illustrated with case examples. The lecture will also offer some recommendations with the main cognitive and behavioural techniques for dealing with suicidal thoughts and prevention of suicide attempts in young adults.

Short presentations 1 (16:30 – 18:00)

1.1 Enhancing competences in the field of mental health in the SUPER PSYCHOLOGIST project

Vita Poštuvan¹, Anja Podlesek², Mateja Štirn³, Per A. Straumsheim⁴ and Vlasta Zabukovec⁵

¹University of Primorska, Andrej Marušič Institute, Slovene centre for suicide research; ²University of Ljubljana, Faculty of Arts; ³Institute for Developmental Projects in Psychological Counselling – ISA institute⁴Norwegian Psychological Association; ⁵Slovenian Psychologists' Association)

Abstract

The main objectives of the project are implementation of the principles of EuroPsy, enabling young psychologist to make quality first steps into psychological work and to promote high quality of psychological work. We recruited 155 professionals to be involved in different activities within the project. We invited experienced psychologists to become mentors and supervisors and young psychologists and psychology students to be mentored throughout the project.

Mentors to-be and supervisors undergo training in three different modules: (i) in Module 1 they learn about the EuroPsy competence model, (ii) in Module 2 they learn about the qualities of good mentoring from experienced Norwegian psychologists and (iii) in Module 3 they learn about different topics within the field of mental health and they participate in several workshops dedicated to enhancing their professional skills and learning the ways to better take care of themselves.

Workshops in Module 3 are based on topics that are important for psychologists in different fields of profession and can be used during work with different target groups. Topics in Module 3 are: Burnout, Self-reflection and seeking help, Addiction, Ethics and data protection, Suicide, Motivational interview, Psychological debriefing, Counselling in critical events, Coping strategies and Mindfulness. The main objective of Module 3 is to educate and empower mentors to-be, who can then carry on the knowledge to the young psychologist they are mentoring. Module 3 is also open for other psychologists who are interested in the topics and are not involved in the mentor training. Project SUPER PSYCHOLOGIST is co-funded by Norway grants.

1.2 MOČ – Help for people, knowledge for professionals

Saška Roškar (National Institute for Public Health), Vita Poštuvan (University of Primorska, Andrej Marušič Institute, Slovene centre for suicide research)

Abstract

The project MOČ (if translated that would mean Strength) has a general goal of increasing the level of mental health services in Slovenia. Its specific goals are: (i) increase the number of trained professionals (in primary health care as well as in other social and health related services) for recognition of mental health distress and suicidal risk; (ii) upgrade the existing counselling services as well as establish new ones in those regions where they are deficient; offer a program for mental self-care to professionals working in primary health care as well as other social and health related services (Program NARA – strength to professionals through mindfulness).

The project is led by the Slovene National Institute for Public Health (NIJZ) in cooperation with Slovene Association for Suicide Prevention – POSVET (a regional counselling service), National association for quality of life OZARA and the University of Primorska, Andrej Marušič Institute, Slovene centre for suicide research.

The target groups of the project are (i) professionals working at the primary care level and other professionals coming into contact with people at risk and, (ii) adult persons experiencing acute distress.

Accordingly, the project aims at delivering specific deliverables for different target groups. As for the group of professionals, working in the primary health-care sector as well as other health related sectors (social services and the police) trainings for recognition of mental health problems and suicidal behaviour will be offered. Furthermore a mindfulness-based program for professionals called NARA – strength to professionals through mindfulness will be provided to professionals. Namely, when dealing with people with mental health problems or in acute distress on daily bases this might lead to burnout of professionals. Taking care of their own mental health is hence just as important as taking care of patients or clients. Throughout this program (NARA) they will have a chance to learn how to handle stressful situations differently in their professional and private lives.

As for the group of people in acute distress, one of the most important goals of this project will be to establish new easily accessible counselling services in regions with the lowest health-care accessibility. Individual counselling, couple counselling and family counselling will be offered.

All services offered in this project (counselling, education of professionals, NARA ...) will be free of charge during the duration of the project. This project approaches public mental health in an integrative manner by enhancing local health care support, spreading knowledge among professionals and empowering them to better cope with stressful situations.

The project is funded by the Norway Grants. We thank the Slovene Government Office for Development and European Cohesion Policy who make this project possible.

1.3 Perception of suicidal behaviours and end-life issues in GPS' patients

Stefano Zanone Poma (Mental Health Centre of Rovigo, Italy)

Abstract

A survey was performed on 1,171 subjects in the waiting room of GPs' practices in the territory of Rovigo (Northern Italy). The questionnaire was composed by two parts: one about history of non-fatal suicidal behaviour and the second one about opinions on end-life matters. The mean age of interviewed subjects was 52.9 ± 17.0 , with a majority of female individuals. Two and two percent admitted previous experience of non-suicidal self-injury, 4.7 % admitted having had serious suicidal thoughts/plans, and 1.8 % reported at least one suicide attempt. Compared to the rest of the sample, people with history of suicidal behaviours resulted to be of younger age ($p < .05$), whilst their level of well-being was poorer ($p < .001$). When compared to the results of the Italian arm of the European Study of the Epidemiology of Mental Disorders, carried out on general population samples, the present study produces higher rates of suicidality, despite the much higher mean age of the interviewed subjects compared to the general population.

To what concern the second part of the survey, most subjects did not consider suicide as a reasonable option even in cases of a serious and incurable disease. Moreover, subjects did not consider euthanasia as a possible option either; however, they did express an opposite attitude when considering euthanasia in a third-person perspective. People with a personal history of suicidal behaviour appear to present as a different population, overall expressing more open attitudes.

Lecture 1 (9:00 – 10:30)

Celine Larkin, PhD



Celine Larkin, PhD (National Suicide Research Foundation, University College Cork, Ireland) is interested in quantitative and qualitative research, and in broad range of study designs and topics within the field of suicidology. Besides her desire to save lives, she is motivated by her curiosity and by the new questions that always arise from the research results.

Lecture title

What is different about suicidology? Unique ethical and methodological issues associated with research on suicidal behaviour

Abstract

There are few human behaviours that are as striking and devastating as suicide. Although this means that research into suicidal behaviour is worthwhile and rewarding, it also leads to specific difficulties and limitations that are unlikely to be encountered in other areas of study. This presentation will focus on exploring unique ethical and methodological issues associated with research on suicidal behaviour.

The most obvious of these are the ethical issues associated with engaging with vulnerable (at-risk, actively suicidal, or bereaved individuals) on what is often an emotive and sensitive topic. Some of the most pressing of these ethical issues will be described, and feasible solutions and precautions will be discussed. For example, there will be discussion on how to gauge the level of risk of self-harm patients and bereaved family members during a research interview, and what safeguards can be put in place when engaging such participants.

In the topic of suicide, there are also unique methodological issues to be addressed. For example, how can we study a person's circumstances and motivations to engage in suicidal behaviour when the person is no longer alive to tell their story? The psychological autopsy approach will be discussed in terms of its value and limitations, and steps that can be taken to optimise the quality of the data gathered. There are also several issues on which the methodological rigour of the study design must be weighed against ethical constraints, and a trade-off must be made to protect the safety of participants at the cost of the "ideal" study design. Despite its unique challenges, there are many unique opportunities in suicide research that will be discussed, such as the study of protective factors against suicide, and thriving and recovery in the aftermath of suicidal behaviour.

Lecture 2 (11:00 – 12:30)

Prof. Øivind Roar Ekeberg



Prof. Øivind Roar Ekeberg is a senior psychiatrist at the Department of Acute Medicine (Oslo University Hospital, Norway) and is working mainly with patients admitted for suicidal behaviour. Suicidology is also the main focus of his teaching and research. His motivation to continue working in this field is affected by knowing that he is helping the patients who are the most in need of help. He also finds it very rewarding to get to know the patients, listen to their life experiences and to see them getting a better life.

Lecture title

Psychotherapy with suicidal patients

Abstract

Treatment of patients with suicidal behaviour is challenging. Some principles are: 1) Assess suicide risk – repeatedly, 2) Organize measures to gain control, a) admission to hospital?, b) immediate follow-up, c) support from family and others, 3) Assessment of psychiatric, somatic, social problems and precipitating factors, 4) Sort out main focus of intervention, 5) Intervene accordingly, 6) Appropriate follow-up 7) Terminate the intervention when the main problems are solved.

The use of medication may be indicated. The great increase in the prescription of antidepressants has not been accompanied by a corresponding decrease in the suicide rates.

Different cognitive behavioural methods have been promising. Many patients, however, have problems with their self and relationship with others that call for long term treatment with the use of psychodynamic approaches. Understanding of the self, conscience and drives are crucial elements.

Three patient stories are presented. One illustrates how a psychodynamic assessment during a hospital stay after a suicide attempt may provide an understanding of family history that may get the family closer and avoid compulsory admission to a psychiatric ward. Another illustrates how a patient may change the presentation and understanding of herself and the family history during psychotherapy. It also shows how that a significant period may be necessary before core conflicts become evident in the therapy.

The use of dreams in therapy is also an issue. Transference and countertransference issues that turned out to be crucial in the treatment of the last two patients will also be discussed. In general, most patients with suicidal behaviour have experienced many years of adverse experiences during their upbringing, which may adversely influence their understanding of themselves and others. Processes to alter these perceptions will take time.

Lecture 3 (14:30 – 16:00)

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. He has published extensively with over 700 publications, including 290 peer-reviewed articles, 150 book chapters and 35 volumes.

Lecture title

Ten years of suicide in Queensland, Australia. Commonalities and risk factors.

Abstract

This presentation analyses suicide trends in Queensland, Australia, for the ten-year period between 2002 and 2011. It provides an updated profile of main commonalities in suicide cases of Queensland residents in order to inform prevention strategies. Sources of data are represented by the Queensland Suicide Register, a world-renown databank that includes police and toxicology reports, post-mortem autopsy and Coroner's findings. Information is crosschecked with the National Coronial Information System of Australia. A total of 5,752 suicides by Queensland residents was registered between 2002 and 2011; 76.9% were by males and 23.1% by females. The average age-standardised rate was 14.3 per 100,000, with a significant decrease from 16 in 2002 to 13.5 in 2011. Rates declined significantly in males, not in females, and were 3.41 times higher in males. Overall, suicide rates were particularly high in the most disadvantaged areas in terms of socioeconomic indexes, as well as in remote areas. One third of suicide cases presented history of previous suicidal behaviour, and half a detected and treated mental disorder. Hanging, drug overdosing and CO poisoning were the most common methods of suicide. Suicide rates have declined in Queensland in the first five years of the observed period, then they have slightly increased. It is problematic to correlate this trend to any suicide prevention programs or other factors.

Short presentations 2 (16:30 – 18:00)

2.1 The incidence and patterns of hospital-treated self-harm on the island of Ireland: Findings from two national registries

Eve Griffin, Paul Corcoran, Caroline Daly, Ella Arensman, Ivan J Perry and Brendan Bonner (National Suicide Research Foundation, Ireland)

Abstract

Introduction: The Irish National Registry of Deliberate Self Harm in the Republic of Ireland is a national system of population monitoring for occurrence of self-harm. The Registry was established in 2002 and has had full coverage of all Irish hospital emergency departments (EDs) since 2006. The Northern Ireland Registry of Self-Harm was established in 2007, obtaining full coverage across all regions in 2012. It uses a methodology adapted from the registry in the Republic of Ireland. The purpose of both registries are to determine and monitor the incidence and repetition of hospital-treated self-harm.

Methods: Using standardised operating procedures, presentations made to all hospital EDs in Northern Ireland involving self-harm since 2012 and in the Republic of Ireland since 2006 have been recorded. Data from the most recent available year, 2013, is utilised in this study.

Results: In 2013, the total, male and female age-standardised incidence rate for Northern Ireland was 327, 333 and 321 per 100,000 population. The highest rates were observed among 15-19 year-old females (935 per 100,000) and 20-24 year-old males (908 per 100,000). In the Republic of Ireland, the total, male and female age-standardised rate were lower than that in Northern Ireland, at 199, 182 and 217 per 100,000, respectively. The age profile was similar to that observed in Northern Ireland, with peak rates among 20-24 year-old men and 15-19 year-old women (510 and 619 per 100,000, respectively). The profile of self-harm presentations was similar in both countries. The most common method of self-harm was drug overdose, involved in almost three-quarters of all presentations. The only other common method recorded was self-cutting, present in almost 25% of presentations. Alcohol involvement was higher in Northern Ireland (51% vs. 37%). 20% of patients in Northern Ireland and 21% of patients in the Republic of Ireland made more than one presentation during the study period. Self-harm rates varied according to geographical region in both countries, and were significantly associated with area-level characteristics. The incidence of self-harm was higher among urban populations than rural populations.

Discussion: The data collected by these registries have, for the first time, compared the incidence and profile of hospital-treated self-harm on the island of Ireland. Despite higher rates being recorded in Northern Ireland, the profile of self-harm presentations is remarkably similar. In both countries, the highest rates were observed among young people and in deprived urban areas, highlighting the challenges faced by health services in responding to self-harm, and drawing attention to social issues such as alcohol misuse.

Conclusions: These findings have important implications for service provision and the prevention for suicidal behaviour. The findings also allows for international comparison with similar registries.

2.2 Epidemiological study of attempted suicide in R. Macedonia

Mira Polazarevska, Mirjana Jazandziska and Jana Petreska (University Clinic of psychiatry Skopje Macedonia, R. Macedonia)

Abstract

Objectives: To provide basic epidemiological data on suicide attempts resulting in admission to Clinic of toxicology and urgent medicine in Skopje, Republic of Macedonia, during the 10-year period 1998 -2008.

Background: There is a lack of any published information regarding suicide and suicide attempt in Macedonia, including Skopje, for the period of the last ten years. Basic epidemiological data regarding these issues have not even been provided to World Health Organization.

Methods: Participants were 1683 patients from the territory of Skopje, during the period of ten years (1998-2008), who committed suicide attempt and because of that were hospitalized in the Clinic of toxicology and urgent medicine in the Clinical Centre in Skopje. The following measures were available: age, gender, religion, method of suicide attempt and admission date.

Results: During the period of 1998-2008 on the territory of Skopje, significantly higher number of suicide attempts were registered in females than in males. Men who attempted suicide were older than the women. Women of Orthodox religion attempted suicide more frequently than women of Muslim religion. The greatest number of attempts was during summer season. The most common mode of suicide attempt was poisoning.

Conclusions: Our study shows that attempted suicide rate has stable trend over the last decade. It also shows female dominance in number of suicide attempts with a greater number of attempts during the summer months. There is a need for intervening strategies to be targeted at younger females.

2.3 Technology-based suicide prevention programs – Slovenian stakeholders' attitudes and needs

Anja Magajna (National institute of public health, Regional office Maribor, Slovenia)

Abstract

Introduction and objectives: Suicidal behaviour is a serious public health problem within the European Union and as well in Slovenia. In recent years there has been an increase in use of technology-based suicide prevention (TBSP) programs among member states. The study was set to examine the attitudes and needs regarding TBSP programs among stakeholders, who work in the field of suicide prevention in Maribor region, Slovenia. Objectives were (1) to consider knowledge of TBSP programs among stakeholders, (2) to consider differences in frequency of use of TBSP programs between younger and older stakeholders and (3) to consider which are the factors enhancing and hampering the use of TBSP programs among stakeholders in Maribor region.

Methods and materials: The survey involved 30 participating stakeholders, 10 in decision and policy makers, 11 in mental health professionals and 9 in NGO `s or welfare services stakeholders' category. The survey based on three different questionnaires in accordance to the three categories of stakeholders. The survey was performed from December 2012 until January 2013. Descriptive statistical analysis including the description of frequency distributions and the differences within and between stakeholder groups were tested with chi-square test.

Results and discussion: Level of knowledge of TBSP programs among stakeholders in Maribor regions is rather low (37% stakeholders are familiar with TBSP). Mental health professionals are unexpectedly less familiar with TBSP than decision and policy-makers and representatives of NGO`s or welfare services ($p>0.05$). Younger participants do not show more knowledge of TBSP than the older ones ($p>0.05$). Analysis showed that factors hampering the use of TBSP programs among stakeholders in Maribor region are no knowledge of TBSP programs, no knowledge about the evidence of the usefulness of TBSP

programs and belief that no TBSP programs are available. On the other hand, factors that are definitely encouraging the use of TBSP programs among stakeholders in Maribor region are factors regarding cost-effectiveness (free, no extra cost; cost saving; time saving) and guaranteed anonymity.

Conclusions: Stakeholders in field of suicide prevention in Maribor region are not familiar with TBSP programs, which is the main reason for rarely use and recommendation of these programs to their users (e.g. patients). Usage of TBSP programs among stakeholders in Maribor region could be encouraged with promotion of cost-effectiveness of TBSP programs and with increasing the confidence in TBSP programs as programs with guaranteed anonymity.

Acknowledgments: The study was part of the Euregenas (European Regions Enforcing Regions against Suicide) project funded by European Union under the Public Health Programme 2008-2013. More information about Euregenas project is available on www.euregenas.eu.

2.4 Clinically relevant risk factors for suicide: Comparison between clinical group with passive suicidal ideation, active suicidal ideation and without suicidal ideation

Lence Miloseva, P. Cuijevs , S. Stojcev, G. Niklewski and K. Rihter (Faculty of Medical Science, Goce Delcev University Stip, R. Macedonia)

Abstract

Introduction: The main aim of this presentation is to present project supported by Goce Delcev University, Stip, R. Macedonia, which will be realize during 2015-2016 year. This research study is clinically prospective, cross-sequential, but also partly retrospective because it involves also variables from the past, such as patients' history data (number of suicidal attempts, stressful life events, etc.).

Research objective: This research clinical study is aimed at exploring the differences and similarities between the three groups of depressed patients - respondents: with passive suicidal ideation, with active suicidal ideation, and without suicidal ideation, in respect of certain clinically relevant risk factors for suicide (depression, suicidal ideation, hopelessness, negative life events, suicidal attempts). Special emphasis will be placed on the role of passive suicidal ideation.

Sample and psychological instruments: The research will be conducted in two stages. In the first stage (pilot study) the reliability of psychological instruments on a sample from R. Macedonia will be established (Cronbach's alpha coefficient) on a non-clinical sample from Stip and Skopje, aged 19-65. In the second stage, a clinical sample of 200 respondents who met the criteria for major depression was provided in Clinical Hospital in Stip and City Hospital 8th September in Skopje). The variables are operationalized through the following psychological instruments: The sheet of paper with personal data; M.I.N.I. psychiatric interview; Beck Depression Inventory II, (Beck, 1996); Beck Scale for Suicide Ideation (BSSI: Beck, Kovacs, & Weissman, 1979); Passive Suicidal Ideation Scale (Moran, 2013); Beck Hopelessness Scale (BHS: Beck, Weissman, Lester, & Trexler, 1974); Modified scale for negative life experiences (Modified Life Experience Scale, MLES, Moran, 2013); Beck Suicide Intent Scale (BSIS, Beck et al., 1974). Based on psychological instruments: Beck Scale for Suicide Ideation and the Passive suicidal ideation scale three groups of depressive patients will be formed that would later be compared: with passive suicidal ideation; with active suicidal ideation; and without suicidal ideation.

Expected results: There is a significant association between suicidal ideas (passive and active suicidal ideation), hopelessness, negative life events, suicidal attempts, and depression. There is a significant association between negative life events, suicidal attempts and suicidal ideas. It is expected that the group of active, passive and the group without suicidal ideation will significantly differ among themselves

in terms of suicidal ideas, hopelessness, negative life events, depression and suicidal attempts. Suicidal ideas (passive and active suicidal ideation), hopelessness, negative life events, and depression were significant predictors of suicidal attempts.

2.5 Examining the associations between suicides in Northern Ireland and the Troubles: an analysis of the NI suicide database

Siobhan O'Neill, C. Corry, T. Benson, D. McFeeters, S. Brady, S. Murphy and B. Bunting (Ulster University, UK)

Abstract

Introduction: Theories of suicide conceptualise the behaviour as a consequence of an interaction between social and cognitive processes which, along with acquired capability, result in death. People who die by suicide are also believed to have experienced more stressful life events. Consequently, understanding how life events and exposure to conflict can increase suicide risk may help identify opportunities for intervention.

Methods: The current study uses data from coronial files to analyse the cases of death by suicide in Northern Ireland (NI) from 2005-2011 and examines the potential associations with direct exposure to the NI conflict and the legacy of the conflict.

Results: Due to the lack of systematic recording of information following a death by suicide, events relating to the NI conflict are reported in only a minority of cases. However using evidence from medical records, toxicology reports and adverse events prior to death we can begin to understand the proportions of the deaths which may be conflict related. The legacy of the conflict is reflected in population rates of mental disorders, economic and social problems and personal and relationship difficulties.

Discussion and conclusions: The associations between the NI conflict and suicide rates are demonstrated in the proportions of people who die by suicide who have mental and general medical disorders and who use medication and other substances to address mental health symptoms. The patterns of suicides in NI match several theories of suicidal behaviour. These include theories about the associations between post-conflict disconnectedness and suicides and theories linking exposure to violence with increased capability for enactment of suicidal thoughts. The study concludes that the NI conflict has impacted upon the suicide rates in several ways. Those who have had direct exposure to the conflict may be at increased risk and risk of suicide should be routinely considered in needs assessments for people affected by the conflict.

Poster presentations

P1 SymLink Restructuring as a complementary method in the prevention of suicidality

Dušan Enova (University Medical Centre Ljubljana, Slovenia)

Abstract

Introduction: The ability to control life situations is gradually developed from childhood, and should result in a solid self-esteem and self-confidence. Rational management of human living conditions, which is based on objective experiences and learned knowledge, is the most highly valued ability in Western culture. The ability to understand a problem intuitively, search for a solution and employ problem-solving based on the additional information thus obtained is therefore gravely neglected and underappreciated. Intuitive insight and thoughts can be learned and improved. A new method of developing intuition is called "SymLink Restructuring" (SLR), or "Restructuring of the symbolic links", and is based on concepts developed by Carl Gustav Jung. With this strategy, a person expands their internal locus of control.

Method: In case of an intervention crisis, the counsellor should offer basic support and should have a highly developed intuitive sense. In rapid interventions, e.g. to spread the internal locus of control of a suicidal person, the counsellor can use the following tools: The Archetypal roulette, the book "To the Sources of Health and Wisdom Through Art", and the following four techniques: "Brainstorming synchronicity", "The symbolism of the poem", "Archetypal experiences of life" and "Seasons".

Research results: In ten patients with somatic disease and comorbid anxiety-depressive symptoms, in addition to standard clinical psychological treatment, the effectiveness of the SymLink Restructuring method in offering important insights into the patients' current psychological issues was also tested. Such insights should contribute to facilitating the transition to a new, more functional quality of psychological functioning. In all patients, the results showed clear insights, which in all cases related to the current psychological problems of the patients. The results are of a qualitative nature, in the form of case studies.

Conclusions: Skills of intuitive insight and thoughts can be learned and improved. A new method of developing intuition is called "SymLink Restructuring" (SLR) and is based on concepts developed by Carl Gustav Jung. With this strategy, a person is expanding their internal locus of control. SymLink Restructuring could be a complementary method to the basic crisis counselling of suicidal people, as well as a primary and secondary prevention of suicide. In the near future, sufficient research data for designing the first randomized study with a larger number of depressed participants will be obtained. The usefulness of this method in the prevention of suicidal behaviour, however, will need to be confirmed with a specific study.

P2 Seeking helpness in feeling painful loneliness

Vesna Pešić and Eduard Pavlović (Archbishop of Rijeka, Croatia)

Abstract

Introduction: Loneliness constitutes a destructive form of self-perception. The lonely feel left out, forgotten, unneeded and ignored. **Aim:** To evident the person of helping in the condition of painful feeling of loneliness.

Individuals and methods: For this research one's own short questionnaire was used in adult respondent individuals in the condition of voluntariness. Respondents had to circularize one of six offered persons

(general medical practitioner, psychiatrist, psychologist, hagiotherapeut, priest and person for alternative care) in whom they would seek helping for their painful feeling of loneliness. This research was realised during January 2015 in Rijeka and Opatija (Croatia). The results were analysed by the descriptive method.

Results: 52 persons (m-18, f-34) participated in the research. Men as well as females usually would seek helpness in a psychologist for their feeling of painful loneliness (total-20 i.e. 38%), after that is the position of psychiatrist (total-11 i.e.21 %) and the third position was divided quite equally between others (total-5 to 6 i.e. about 10%).

Instead of conclusion: Results of this research show that the feeling of painful loneliness is more conceived as one psychological problem than one psychiatric, moral/ethical or general medical suffering.

P3 Slovenia's transition and its impact on self-destructive behaviour of Slovenians through the lenses of Durkheim's (sociological) conceptualisation of suicide

Urban Vehovar (University of Primorska, Faculty of Education, Slovenia)

Abstract

Introduction: As a point of departure, Durkheim's sociological conceptualisation of suicide is presented. The case of Slovenian transition and its consequences on social integration and regulation is used to assess the impact it has had on self-destructive behaviour of Slovenians in the last 25 years. Two more points have to be put forward. Firstly, Durkheim has assumed that periods of transition are the most disturbing as regards the power of society to regulate individual's passions, since in the transitional period the regulative power of society is the least effective. Secondly, Durkheim has criticised freeing of capital from regulation, since its deregulation leads to social disintegration, a point which resonates even today.

Method and results: In the empirical part, the relationship between social regulation, social integration, and self-destructive behaviour is presented. As measures of social integration, following variables are used: interpersonal trust, unemployment, poverty, and social exclusion. As measures of regulation, trust in democratic institutions, i.e. parliament, political parties, government, and judiciary will be used. Relationship between both sets of data, rate of suicides, and share of heavy alcoholics in Eastern and Western Slovenia is established. Results show that the population of Eastern Slovenia feels less integrated, and less regulated, and is by far more afflicted by self-destructive behaviour than its Western counterpart.

Discussion: In the Eastern Slovenia, the economic downturn due to decline of heavy industry, bad performance of Slovenian economy, and globalisation, has left unemployed individuals in an extremely exposed position. The old subsistence model, which enabled individuals from Eastern Slovenia to combine official employment income, income from the shadow economy, welfare benefits, and farm or home produce, has been depleted to a large degree, leaving individuals to their own scarce means, and individual fates. Moreover, Slovenians don't trust their government, and political representatives, and are therefore oriented to fend for themselves. Since regulation at the level of state is perceived as largely ineffective, it is a must to integrate at the lower, local and familial, level.

Conclusions: We can conclude that the type of suicide, representative for the Eastern Slovenia, is the type that was only scarcely presented by Durkheim, i.e. fatalistic suicide. Eastern Slovenians are forced to subjugate to demands of a tightly knit, closed familial networks, and are highly dependent on local labour market. Both dependencies are prohibitive. Moreover, local and familial social networks in Slovenia are

overburdened and unable to satisfy the emotional and material needs of their members, due to depletion of their resources, while employment opportunities at local labour markets are scarce. An environment has been formed, permeated by the feeling of a fatal entrapment, that leaves no exit or hope for salvation.

P4 Characteristics of psychiatric patients with suicide attempts

Nina Mićović, B. Batinic and N. Stevanovic (Faculty of Philosophy, Department of Psychology, University of Belgrade, Serbia)

Abstract

Introduction: Psychiatric patients have higher rates of suicidal behaviour compared to the general population. It is well known that presence of lifetime suicide attempts significantly increases the risk of potential future death by suicide. Therefore, it is important to identify characteristics of psychiatric patients under a suicide risk, in order to develop suicide prevention strategies.

Objectives: Our objective was to examine: a) the rate of suicide attempts among psychiatric patients; b) the most common methods of suicide attempt; c) a socio- demographic (gender, age, education level, marital and employment status) and clinical characteristics (diagnosis of mental illness, number of hospitalizations, duration of psychiatric treatment, intensity of current suicidal ideation) of suicide attempters.

Methods: The study sample consisted of 150 psychiatric patients who were treated at the Clinic of Mental Disorders 'Laza Lazarevic' and the Clinic of Psychiatry, Clinical Centre of Serbia, mean age of 37.87 (SD 10.22) years. Psychiatric patients were categorized into three groups according to their diagnosis: schizophrenia spectrum disorders, mood disorders and anxiety disorders. Assessment instruments included the Beck Scale for Suicide Ideation and semi-structured questionnaire for socio-demographic and clinical characteristics.

Results: Of the total sample, 30.7% patients reported a lifetime suicide attempt (18.7% patients reported only one suicide attempt and 12.0% two or more suicide attempts). Among the registered suicide attempts, most common method was self- poisoning with drugs (41.38%), followed by cutting (25.86%) and hanging (13.79%). Psychiatric patients with a history of suicide attempts compared to non-attempters differed significantly in terms of current suicidal ideation ($F=38.978$, $df=1$, $p<0.01$) and type of psychiatric diagnosis (Fisher's exact test= 18.041 , $p<0.01$; Cramer's $V=0.334$): suicide attempters exhibited significantly higher levels of current suicidal ideation, with majority of them diagnosed with mood disorders (53.5%), followed by schizophrenia spectrum disorders (44.2%), and anxiety disorders (2.3%). The analyses revealed no other group differences.

Discussion: Consistent with other studies, the current study demonstrates that psychiatric patients with history of suicide attempts are characterized with higher intensity of current suicidal ideation, more severe psychopathology (mood disorders and schizophrenia spectrum disorders) and self-poisoning with drugs as the most common method of suicide attempts.

Conclusion: As psychiatric patients with suicide attempts are under higher risk for potential suicidal behaviour, effective interventions should be more focused on early detection and the treatment of major psychiatric disorders, the decrease of suicidal ideation and the reduction of availability of drugs and other means that could be used for suicide attempts.

P5 Trauma and suicide

Robert Oravec (Psychiatric hospital Ormož, Slovenia)

Abstract

Introduction: During the last few years, there has been an increase in the number of international publications connecting traumatic life events with suicide. Even more and more studies have confirmed a statistically relevant relationship between actual or childhood trauma and self – destructive behaviour. Adolescent suicide research has reported a strong correlation between abuse during childhood and suicidal tendencies during adolescence.

Surprisingly, it seems that general clinical and suicidological data have not succeeded in clarifying the interplay between trauma and suicide.

Objectives: The authors intend to describe the trauma – related suicide process, which lead to the development of negative self representations and consequent painful feelings as well as the possible neurobiological correlation between the two phenomenon. It will be interesting also to discuss the place and role of unbearable psychological pain in the development of a “goal directed process,” leading to 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
++386 5 677 33 20



Changes to the programme

- In abstract **1.2 MOČ – Help for people, knowledge for professionals** (p. 10) the list of authors is incomplete. You can see correct list of authors here:

Saška Roškar¹, Nuša Konec Juričič¹, Vita Poštuvan², Bogdan Dobnik³ and Mojca Vatovec⁴

(¹National Institute for Public Health; ²University of Primorska, Andrej Marušič Institute, Slovene centre for suicide research; ³National association for quality of life OZARA; ⁴Slovene Association for Suicide Prevention - POSVET)

- Poster presentation **P5 Trauma and suicide** by Robert Oravec (p. 22) has been cancelled

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O POSTAJI O SCRS FOTO SOS KONTAKT ENGLISH

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Postaja za razumevanje samomora

Si v stiski?

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Živ?Živ! (lit. Alive?Alive!) is a showcase of our work and a platform for all things mental health.

Welcome!