



••• 13th Triple i

Intuition, Imagination and Innovation in Suicidology Conference

Koper · Slovenia
31 May–1 June 2022

Programme and Abstract Book



Slovenski
center za
raziskovanje
samomora



deleofund
onlus

Intuition, Imagination and Innovation in Suicidology Conference
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Diego de Leo



Vita Poštuvan



Vanja Gomboc

Welcome Address

Dear intuitive, imaginative and innovative guest,

We are pleased to welcome you to the TRIPLE i in Suicidology Conference, an event hosted by UP IAM Slovene Centre for Suicide Research, and De Leo Fund Onlus.

The conference is an international annual event organised by the UP IAM Slovene Centre for Suicide Research in cooperation with UP FAMNIT. By holding a conference, we aim to raise awareness and knowledge about suicide and thus contribute to the development of suicide prevention and postvention activities. Additionally, we seek to provide what the conference has developed over the years: a platform for fruitful discussions between distinguished experts in suicide research and prevention, interacting with young and aspiring suicidologists and other mental health professionals.

In 2020, we have moved the conference to an online environment due to the epidemiological situation surrounding Covid-19 disease. This has allowed us to offer participants the opportunity to listen to and speak with world-renowned suicidologists. This has proved to be a great opportunity, with hundreds of people attending the conference over the last few years. This year we have decided to hold a hybrid conference to continue to share knowledge and experiences in the field of suicide prevention and to make the knowledge as accessible as possible. Participating in the hybrid conference offers just that – the opportunity to hear new and innovative findings in the field of suicidology while networking and sharing knowledge with participants from countries around the world.

The programme of TRIPLE i 2022 covers topics such as suicide during the epidemic, suicide prevention in adolescents, the association between loneliness and suicidality, psychological autopsy, etc. and thus deals with theory, research, prevention and interventions in suicidology. Each lecture will be followed by a discussion in which participants are invited to share their views. Existing difficulties in both research and clinical work will be addressed.

Let the TRIPLE i Conference be an opportunity for you to express and practice your *intuition*, *imagination* and *innovative ideas*.

Prof. Diego De Leo and Assoc. Prof. Vita Poštuvan, Chairs
Prof. Diego De Leo, Assoc. Prof. Vita Poštuvan, and Vanja Gomboc,
Organising Committee

Organizers

Slovene Centre for Suicide Research (UP IAM SCSR)

Slovene Centre for Suicide Research (www.zivziv.si) was founded in 2011 at Andrej Marušič Institute, University of Primorska. The initiative to establish an independent unit within the Institute was taken by Prof. Diego De Leo and a group of former colleagues of the late Prof. Andrej Marušič in memory of his work and to continue it. Research and prevention of suicide are the main activities of the clinical and academic work of the Centre. Through its involvement in national and international projects, the Centre is the initiator of numerous innovative approaches in suicidology. The Centre's vision is to provide high-quality research for a better understanding of suicidal behaviour, thus contributing to suicide prevention, intervention and postvention.

You are welcome to read more about us at zivziv.si!

De Leo Fund Onlus

De Leo Fund Onlus was founded with the desire to provide a source of support for parents, children, relatives and friends who are suddenly faced with the death of a loved one due to traffic accidents, workplace accidents, suicide, natural disasters, and crime. At such times, human and professional support can play a role of tremendous importance in alleviating the pain and isolation that the bereaved of these deaths inevitably suffer. Parallel to the care activities, the De Leo Fund organizes training courses, meetings and seminars. Through scientific projects, the De Leo Fund collaborates with universities and other institutions to carry out research programs and educational activities in the field of suicide and traumatic bereavement issues in children, adolescents and adults.

You are welcome to read more about us at <https://www.deleofund.org/>!

Programme Outline

Tuesday, 31 May 2022

- 9.00 Prof. Stephen Platt: 'Time to Address the "Causes of the Causes:" Effective Suicide Prevention Also Requires Sound Policy Interventions'
- 10.00 Prof. David Gunnell: 'Suicide Risk and Prevention during the Covid-19 Pandemic'
- 11.00 Dr. Nuša Zdravec Šedivy, Ms. Martina Mravlja, & Ms. Vanja Gomboc: 'Loneliness as a Risk Factor for Suicidality: Characteristics of Vulnerable Populations and Preventive Approaches'
- 13.00 Prof. Holly C. Wilcox: 'Youth Suicide Prevention: The Evidence Base and Moving to Scale'
- 14.00 Dr. Daiane Borges Machado: 'Relationship between a National Cash Transfer Programme and Suicide Reduction: A Quasi-Experimental Study?'
- 15.00 Assoc. Prof. Vita Poštuvan: 'A Professional Path of a Suicidologist: An Interview with Danuta Wasserman'

Wednesday, 1 June 2022

- 9.00 Prof. Kairi Kõlves: 'Common Mistakes and Problems in Suicide Research'
- 10.00 Prof. Nicola Veronese: 'Types of Review Articles on Suicidality'
- 11.00 Assoc. Prof. Vita Poštuvan: 'Ethical Issues in Suicide Research and Clinical Work'
- 12.00 De Leo Fund Onlus: 'Presentation of the Erasmus+ Project: Saving Lives: Suicide and Survivors'
- 13.00 Ms. Jacinta Hawgood: 'Systematic Tailored Assessment for Responding to Suicidality (STARS) Protocol: Development and Understanding of its Application'
- 14.00 Prof. Lanny Berman: 'The Psychological Autopsy: Applications, Benefits, and Limitations'
- 15.00 Prof. David A. Jobes: 'An Overview of the Collaborative Assessment and Management of Suicidality (CAMS): Research and Practice'

Time to Address the ‘Causes of the Causes:’ Effective Suicide Prevention Also Requires Sound Policy Interventions

Invited lecture · Stephen Platt

Prof. Platt has a long-term research interest in socioeconomic, sociocultural and epidemiological aspects of suicide, self-harm and mental health. He has conducted research on a wide range of topics, including self-harm as a subculture (written up as a doctoral dissertation), the labour market and suicidal behaviour, the treatment and management of self-harm, national suicide prevention programmes, inequality and inequity in suicidal behaviour, contextual effects, suicide clusters, contagion and imitation in self-harm, and the impact of Covid-19 on suicide and self-harm. He is an adviser on suicide prevention research and policy to Public Health Scotland and Scotland’s National Suicide Prevention Leadership Group (NSPLG), and co-chair of the NSPLG’s Academic Advisory Group. He chairs the Steering Group for the Scottish Suicide Information Database (ScotSID), a central repository for information on all probable suicide deaths in Scotland, which supports epidemiology, policy-making and suicide preventive activity in the country. He is a consultant to the Irish National Office for Suicide Prevention, advising on the development, implementation and evaluation of the country’s suicide prevention strategy (‘Connecting for Life’) and chairing the associated Evaluation Advisory Group. He is an ex-Vice-President of the International Association for Suicide Prevention (IASP) and current co-chair of the IASP Special Interest Group (SIG) on the Development of Effective National Suicide Prevention Strategy and Practice.

Abstract. It is increasingly recognised that suicide is a multi-determined, ‘complex’ behaviour, requiring inputs from a wide range of academic disciplines and a comprehensive, wide-based public health approach to its prevention. Recent models of suicide presented in academic articles and suicide prevention strategy statements portray the interactive, multi-level nature of the behaviour, distinguishing between population and individual risk factors (grouped into predisposing, mediating and precipitating factors), or adopting a socioecological framework (individual-level risk factors embedded within life experiences/relationships factors, which are embedded within community risk factors, which are embedded within societal risk

factors). The claims in national strategies of adopting a 'whole-of-society' and/or 'whole-of-government' approach are consistent with these models. Nevertheless, there is limited strategic and operational focus on societal or macro-level determinants of suicide in most national suicide prevention strategies. Rather, the locus of interventions tends to be the individual or group or community, with suicide conceptualised primarily as a mental health problem (or, more elaborately, as an outcome of the interaction between mental ill-health and the socioeconomic and sociocultural 'context'). Moreover, success in achieving cross-governmental ownership of suicide prevention remains elusive and contested. A concerted effort to address the 'causes of the causes' is long overdue. Effective suicide prevention needs to recognise and target macro-level and sociological determinants of suicide via sound policy interventions.

Suicide Risk and Prevention during the Covid-19 Pandemic

Invited lecture · David Gunnell

Prof. David Gunnell, FFPH DSc FMedSci, is a Public Health Physician and Professor of Epidemiology at the University of Bristol (UK). He has worked in the field of suicide prevention for almost 30 years, publishing over 350 peer reviewed papers, largely focussing on: (1) national and international approaches for preventing suicide and improving population mental health; (2) early life and life course influences on suicidal behaviour and mental health. He has contributed several WHO reports – most recently their work on pesticide regulation. He is a member of the National Suicide Prevention Strategy Advisory Group for England and contributed to numerous medicine safety reviews. Areas of current research include: the mental health and risk of suicide of young people (including students); the impact of Covid-19 on population mental health and suicide; the global burden of pesticide suicide. In early 2020 he brought together a group of suicide prevention researchers from around the world to form the International Covid-19 Suicide Prevention Research Collaboration (ICSPRC).

Abstract. It's over 2 years since the onset of the Covid-19 pandemic. Over 6 million people have lost their lives and over 500 million people have been diagnosed with COVID. Although research findings on trends in suicide during the early months of the pandemic have generally been reassuring, the substantial global disruption to populations, health systems and economies caused by the pandemic may lead to adverse effects on suicidal behaviour and suicide deaths in the medium to long term. The magnitude and duration of these effects is likely to differ in different countries and in different cohorts within countries depending on the severity of the pandemic, national and local responses, and underlying characteristics of the communities. Drawing on the work of the International COVID19 Suicide Prevention and Research Collaboration (ICSPRC) – a collaboration with members from over 40 countries – this talk will highlight the most recent evidence about the effect of the pandemic on suicidal behaviour in several locations around the globe, assess the implications of these findings for suicide prevention and outline priorities for suicide research in coming months.

Loneliness as a Risk Factor for Suicidality: Characteristics of Vulnerable Populations and Preventive Approaches

Invited lecture · Nuša Zadavec Šedivy, Martina Mravlja, and Vanja Gomboc

Assist. Nuša Zadavec Šedivy is a post-doctoral researcher at the UP IAM Slovene Centre for Suicide Research and is engaged in research and prevention of suicidal behaviour, focusing on the study of mental health and quality of life of specific vulnerable groups and on the design of preventive activities for suicidal behaviour. As a researcher, she is involved in various national and international research and intervention projects in the field of mental health and suicidal behaviour. In addition to her research work, she teaches in the undergraduate program in Biopsychology and the master's programs in Applied Psychology and Biopsychology at the University of Primorska. She authored and co-authored original scientific articles, scientific abstracts and papers at the conference, and chapters in a monograph.

Martina Mravlja is a PhD student at the University of Primorska. Her research focuses on the elderly population and on how the social environment, especially social isolation and loneliness as risk factors, can influence the (mental) health of the elderly population. She has a strong background in anthropology and cultural studies and has received several scholarships for her academic performance during her previous studies. In her professional work, she is involved in developing guidelines and policies in the field of quality in higher education. She trains experts and representatives of higher education institutions on the topic of quality in education and research. She is currently exploring various frameworks linking ageing, public mental health and higher education to bring the latter closer to the advancement of public mental health and healthy ageing.

Vanja Gomboc is a PhD Student at University of Primorska and a researcher at the UP IAM Slovene Centre for Suicide Research. She participates in the implementation of various national and international research and intervention projects in the field of mental health and suicidal behaviour. Her primary research focus is on suicide media coverage and the public response to media content about suicide. Thus, she cooperated in the preparation of the Recommendations for responsible reporting of suicide during a pandemic. As a member of the Department of Psychology and a teaching assistant in Faculty of Mathematics,

Natural Sciences and Information Technologies, University of Primorska, she also participates in the pedagogical process.

Abstract. Loneliness is an important public health issue as it predicts a low quality of life and leaves adverse mental and physical health consequences. It is closely related to suicidal behaviour, although it is not entirely clear whether the connection goes both ways or just one. It is also unclear whether these contradictory findings are related to the concept of loneliness, inconsistent definitions of loneliness or the different approaches to measuring loneliness. The relationship between loneliness and suicidality also seems to depend on the characteristics of the population studied. Loneliness has been studied and confirmed primarily as a risk factor for suicidality in adolescents and older adults. As adolescents strive for autonomy and fulfilling contacts with peers, unfulfilling contacts may lead to feelings of loneliness and thus contribute to the risk of suicidality. On the other hand, older adults face a variety of losses that can lead to social isolation as well as loneliness. Loneliness is also an independent predictor of reduced functionality and neurological problems in later life. In addition, lonely older adults have as much as 45% higher risk of mortality than non-lonely individuals, which includes the risk of suicide. According to the interpersonal theory of suicide, the feeling of thwarted belongingness in interpersonal relationships is a psychologically painful state resulting from an unmet fundamental need for connection. Previous studies have shown that feelings of thwarted belongingness are associated with loneliness, low social support and reduced meaning in life. Strengthening the sense of belonging can therefore be an important aspect of improving mental health and enhancing quality of life. By addressing loneliness and social isolation with different approaches and interventions, we can make an important contribution to reducing the risk of developing mental health problems as well as suicidality. In this lecture, we will give a brief overview of loneliness in relation to suicidal behaviour in different age groups. Further, we will also look at the specific characteristics of older adults and the factors associated with loneliness and mortality in this population. Finally, we will also present different approaches to reducing feelings of loneliness, the impact of such approaches in the population of older adults and the results of research on the impact of specific interventions conducted on a Slovenian sample of older adults.

Youth Suicide Prevention: The Evidence Base and Moving to Scale

Invited lecture · Holly Wilcox

Dr. Holly Wilcox is a Professor in the Johns Hopkins Schools of Public Health, Medicine and Education. Her areas of expertise are in population-based prospective studies of suicidal behaviors; studies of the effectiveness of community-based programs and policies embedded into service sectors; data linkage and harmonization; and intergenerational studies. More recently, she has become focused on translating research results into practice and scaling up and sustaining best practices. Dr. Wilcox is the president elect of the International Academy of Suicide Research. She has served as an advisor to several national and international organizations to make the case for a more public health-oriented suicide prevention agenda including the National Institutes of Health, National Academies of Sciences, Engineering, and Medicine, World Health Organization/UNICEF, Pan American Health Organization (PAHO), National Collegiate Athletic Association (NCAA), and the National Network of Depression Centers. She also holds an Affiliate Investigator affiliation with the Centre for Research Excellence in Suicide Prevention (CRSEP) of the Black Dog Institute in Australia.

Abstract. Over the COVID 19 pandemic, the Adolescent Behaviors and Experiences Survey (ABES) in the United States showed that over 1 in 3 high school students reported poor mental health, and nearly half reported emotional distress. The pandemic has exacerbated health disparities in historically marginalized populations with more than 25% of LGBTQ+ students, reporting attempting suicide during the past year compared to 5% in cisgender students. There are several examples of approaches that reduce suicidal thoughts/behaviors in youth at the universal level by targeting aggressive disruptive behaviors in primary schools (e.g., Seattle Social Development Project, Good Behavior Game, Family Check Up, Fast Track) as well as by directly addressing suicide risk in teenagers in school (e.g., Signs of Suicide, Youth Aware of Mental Health). Several evidence-based programs aim to reduce suicide in higher risk populations including youth with depression (e.g., antidepressant medications + CBT), youth with exposure to trauma and post-traumatic stress disorder (e.g., Prolonged Exposure Therapy for Adolescents, Project Chrysalis), youth in the child welfare system (e.g., Multidimensional Treatment Foster Care), Hispanic middle school students (e.g., Familias Uni-

das), parentally suicide bereaved children and adolescents (e.g., Family Bereavement Program), and indigenous youth (e.g., American Indian Life Skills). Evidence-based treatment approaches include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Attachment-Based Family Therapy, Multisystemic Therapy, Youth-Nominated Support Team, Promoting CARE, Family-Based Crisis Intervention, and Systemic Crisis Intervention Program. One of the largest challenges for the field of suicide prevention is that many of these programs never reach those who could benefit from them. There is an urgent need to align suicide prevention with policy and advocacy goals, and embed suicide prevention practices in schools, hospitals and other settings so they are just part of the way we deliver services. There is a need to maintain high quality of implementation and embrace technology as well as continuous learning and quality improvement.

Relationship between a National Cash Transfer Programme and Suicide Reduction: A Quasi-Experimental Study

Invited lecture · Daiane Borges Machado

Dr. Daiane Borges Machado is a psychologist. She holds a Master's degree in Collective Health, and a PhD in Epidemiology & Global Mental Health from the London School of Hygiene and Tropical Medicine, UK. She currently holds a research associate position at CIDACS/FIOCRUZ (Center For The Integration Of Data And Knowledge For Health), and a research fellow position at the Harvard Medical School. She is also a member of The Lancet Commission for Suicide Prevention. She has worked as a consultant for PAHO/WHO, a Mental Health Specialist for NGOs, and also coordinated a NGO dedicated to suicide prevention in Brazil in 2014. Her research has been focused on understanding and evaluating the effects of social determinants, poverty-relief and mental health (MH) interventions on suicide in Brazil. Her current endeavour is applying quasi-experimental impact evaluation methods for 'big data' on the evaluation of MH related outcomes, including suicide, to support evidence-based policymaking. While there is a long tradition of addressing mental illness with the exclusive use of clinical treatment, her studies have demonstrated a significant association of MH problems with socioeconomic factors.

Abstract. Socioeconomic factors have been consistently associated with suicide, and economic recessions are linked to rising suicide rates. However, evidence on the impact of socioeconomic interventions to reduce suicide rates is limited. This study investigates the association of the world's largest conditional cash transfer programme with suicide rates in a cohort of half of the Brazilian population. **Methods and Findings:** We used data from the 100 Million Brazilian Cohort, covering a 12-year period (2004 to 2015). It comprises socioeconomic and demographic information on 114,008,317 individuals, linked to the 'Bolsa Família' programme (BFP) payroll database, and nationwide death registration data. We estimated the association of BFP using inverse probability of treatment weighting, estimating the weights for BFP beneficiaries (weight = 1) and non-beneficiaries by the inverse probability of receiving treatment (weight = $E(ps)/(1-E(ps))$). We used an average treatment effect on the treated (ATT) estimator and fitted Poisson models to estimate the incidence

rate ratios for suicide, associated with experience of BFP. The main limitation of the study was lack of control for previous mental disorders and access to means. There were 36,742 suicide cases among the 76,532,158 individuals aged 10, or older, followed for 489,500,000 person-years at risk. Suicide rates among beneficiaries and non-beneficiaries were 5.4 (95% *CI* = 5.32, 5.47, $p < 0.001$) and 10.7 (95% *CI* = 10.51, 10.87, $p < 0.001$) per 100,000 individuals. BFP beneficiaries had a 56% lower suicide rate than non-beneficiaries ($IRR = 0.44$, 95% *CI* = 0.42, 0.45, $p < 0.001$). This association was higher among women ($IRR = 0.36$, 95% *IC* = 0.33, 0.38, $p < 0.001$), and younger individuals ($IRR = 0.45$, 95% *IC* = 0.43, 0.48, $p < 0.001$). Conclusions: We observed that BFP is associated with reduced suicide rates, with similar results in all sensitivity analyses. These findings should help to inform policymakers and health authorities to better design suicide prevention strategies. Targeting social determinants using cash transfer programmes could be important in limiting suicide, which is predicted to rise with the economic recession, consequent to the Covid-19 pandemic.

A Professional Path of a Suicidologist: An Interview with Danuta Wasserman

Interview · Vita Poštuvan

Dr Danuta Wasserman is Professor of Psychiatry and Suicidology at Karolinska Institutet in Stockholm, Sweden. She is currently the head of NASP, the National Centre for Suicide Research and Prevention of Mental Ill-Health, at Karolinska Institutet and has been the director of the WHO Collaborating Centre for Research, Methods Development and Training in Suicide Prevention for almost 20 years. Prof. Wasserman is President Elect of the World Psychiatric Association (WPA) and will serve as President from 2023 to 2026. Dr Wasserman has had an impressive career as a researcher and psychiatrist. She was the first female president of the European Psychiatric Association (EPA) and the International Association of Suicide Research (IASR). Prof. Wasserman has received several national and international honours and awards. In 2022, she was selected by the jury members as the winner of the EPA Constance Pascal – Helen Boyle Prize for Outstanding Achievement by a Woman in Working to Improve Mental Health Care in Europe. Prof Wasserman has also authored numerous scientific articles, reports and book chapters. Prof. Wasserman's research activities include epidemiological, psychodynamic and genetic studies on suicidal behaviour. She has been responsible for organising several national and international conferences in the field of psychiatry and suicidology. In an interview, she will talk about why she focused on psychiatry and how she started working in the field of suicidology, who she considers her mentor during her career, how her career developed, what obstacles she had to overcome and what kept her going during difficult times. She will reveal what her best career move was, what she would do differently today and what she values most about her job. She will conclude her interview with advice, especially for young women starting their careers now.

Common Mistakes and Problems in Suicide Research

Invited lecture · Kairi Kõlves

Prof. Kairi Kõlves work as a Professor at the Australian Institute for Suicide Research and Prevention (AISRAP) and she is the Director of the WHO Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology at Griffith University. She has been working in suicide research and prevention since 1998. Between 1999 and 2008, she worked at the Estonian-Swedish Mental Health and Suicidology Institute and joined AISRAP team as a researcher in 2008. She has been involved in several Australian, Estonian and international projects and has been a member of a number of advisory committees including the Queensland Advisory Group on Suicide, the Advisory Board of 'Lifeline Research Foundation' and others. She has published over 150 peer-reviewed papers, and numerous book chapters and reports. Her work has been acknowledged and in 2010 she was the recipient of the Australian LIFE Award in Emerging Researcher category, in 2017 the Griffith Health Pro Vice Chancellor's Research Excellence Award (Mid-Career Researcher) and the Publication Award.

Abstract. Research is the underlying feature of the public health model in suicide prevention. It plays a vital role in improving our knowledge about suicidal behavior, and developing and evaluating suicide prevention interventions. Therefore, advancing high quality suicide research is essential for success in suicide prevention. The aim of the presentation is to give a short overview of common mistake and misconceptions in suicide research, which should help to overcome them in the future. Epidemiology is one of the public health tools and can be used in different ways, which has been frequently misunderstood. Common problems with the epidemiological measures and study designs in the context of suicide research will be addressed. The main misconcepts about the nature of the qualitative and mixed methods research will be discussed. A debate about utilising psychological autopsy as a quantitative or qualitative tool will be examined.

Types of Review Articles on Suicidality

Invited lecture · Nicola Veronese

Prof. Nicola Veronese is a Geriatrician: therefore, he is interested in the topic of suicidology in older people. In particular, he worked, during the Covid-19 pandemic, on this topic considering the workers of some nursing homes in Italy and how it is prevalent and important the theme of suicide in this often forgotten population. Recently he produced a systematic review regarding epidemiological facts on suicide risk among caregivers of older people affected by dementia. Therefore, his interest in suicidology is mainly epidemiological and dedicated to geriatric population.

Abstract. The number of publications is exponentially increasing leading, unfortunately, to a redundant and a less solid scientific evidence. In this regard, meta-research, i.e. the part of science interested in summarizing evidence using a systematic approach is of importance for having clear clinical indications supported by a strong scientific evidence. In this lecture, a summary regarding the importance of reviews and in particular those made using a systematic approach will be made with a particular focus on suicidality. The use of (systematic) reviews seems to be essential for this topic, often characterized by studies limited in sample sizes or with other methodological issues.

Ethical Issues in Suicide Research and Clinical Work

Invited lecture · Vita Poštuvan

Assoc. Prof. Vita Poštuvan works as a researcher and Deputy Head of the Slovene Centre for Suicide Research (UPIAM) and Department of Psychology (FAMNIT) at the University of Primorska. She leads the work related to clinical-research and public-health interventions in suicidology, bereavement, crisis interventions and psychotherapy. She has participated in major European and Slovenian studies in the field of (public) mental health, suicidology and psychology, which were published in international journals. She has worked at the National Center of Neurology and Psychiatry (NCNP) in Tokyo, Japan as well as in the Suicide Research Group, Department for Psychoanalysis and Psychotherapy, Medical University of Vienna, Austria, as a fellow researcher. Her professional work is also focused on psychological counselling, psychotherapy and prevention. As a psychological counsellor and cognitive-behavioural therapist she offers psychological support for students and individuals and implements mindfulness-based cognitive therapy. She is a member of national unit for psychological research within the civil protection.

Abstract. Suicidal behaviour arouses strong emotions and raises many ethical questions. The most obvious ethical dilemmas for professionals revolve around respect for the rights and dignity of the person, especially when someone harms himself or herself to the point of requiring involuntary hospitalisation. In these cases, respect for autonomy and principles of beneficence collide. Nowadays, we know the negative aspects of involuntary hospitalisation, such as the shame of being suicidal, the shame of a failed suicide attempt, and the high suicide rate after the first week of discharge from the hospital. In addition, suicidality often brings into conflict other ethical principles that will be discussed during the presentation.

Systematic Tailored Assessment for Responding to Suicidality (STARS) Protocol: Development and Understanding of its Application

Invited lecture · Jacinta Hawgood

Ms. Jacinta Hawgood has worked at AISRAP for nearly 23 years. She is a Senior Lecturer and Program Director of Suicidology for the Graduate Certificate in Suicidology and Master of Suicidology Programs, which she jointly developed with Professor Diego De Leo in 2001. She has developed, delivered and evaluated suicide prevention training since 2000. Jacinta has specialist clinical and research interest in suicide risk assessment processes, the impacts of client and co-worker suicide on the worker, suicide prevention training evaluation and implementation, and personal suicide stigma. Jacinta has worked clinically with suicidal people for over 20 years and has supervised other psychologists in this domain since 2005. She is the lead author of Systematic Tailored Assessment for Responding to Suicidality (STARS) protocol published first in 2015 and updated in 2018, and has gained funding for numerous research projects and consultancies, has co-authored and edited a book, book chapters, and published numerous peer-reviewed articles and government reports in the field. Jacinta is a Director of the Board of MATES in Construction (Qld/NT) and Director of the National MATES Inc Board. She is also a member on several national and international advisory boards for government and non-government organisations regarding suicide prevention.

Abstract. For the past few decades we have learned that traditional actuarial risk assessment methods are unreliable for predicting suicide and suicide attempts. The move to psycho-social needs-based assessment processes based on structured professional judgement (SPJ) is now the recommended approach for assessing suicidality. This approach focuses on understanding the individual within their ecological context or social environment; the client is seen as an expert on their unique experience of suicidality. SPJ approaches offer the opportunity to explore multiple factors guided by empirical data which informs decisions around targeted needs. Systematic Tailored Assessment for Responding to Suicidality (STARS) protocol is one such approach; supported by STARS protocol training. Aim: To present develop-

ment, assessment and evaluation of the STARS protocol, and STARS protocol training, using research outcomes to inform future development and implementation. Method: Three different study designs focused on examination of STARS protocol and associated training impacts will be presented including a mixture of quantitative and qualitative approaches. Results: Main results of the these three studies: STARS protocol (2015) improvements; STARS Protocol (2018) training impacts, and longer term perceptions of feasibility, administration and utility (including adherence to administration) will be presented in summarised form to highlight key findings supportive of STARS protocol administration, STARS training and future design and development. Conclusions: Preliminary findings on STARS protocol and training reveal positive impacts for both the clinical and non-clinical workforces in a way that enhances competencies required for collaborative, compassionate and commensurate care. Use of SPJ to guide a collaborative exploration of psycho-social needs and understanding of the suicidal state is both feasible and essential if we are to competently facilitate a life worth more living for those who experience suicidal distress. Future recommendations for applied research on STARS protocol and training will be presented, including insights into a co-design study on STARS protocol with lived experience.

The Psychological Autopsy: Applications, Benefits, and Limitations

Invited lecture · Lanny Berman

Happenstance led prof. Berman to become a Suicidologist, when he was invited to join a panel at the 3rd annual meeting of the American Association of Suicidology (AAS) in 1971 and met 'Dr. Karl' Menninger, the keynote speaker, Ed Shneidman and Norman Farberow. More than 50 years later, inclusive of presidencies of both the AAS and the International Association for suicide Prevention (IASP), the directorship on the National Center for the Study and Prevention of Suicide, 9 books and more than 175 published articles and book chapters, the study and prevention of suicide have been an almost life-long passion.

Abstract. The Psychological Autopsy was born more than a half-century ago in a research study, was weaned toward scientific respectability through a series of individual case applications in consultation with a coroner, gained early notoriety when used to help determine the manner of death of Marilyn Monroe, and has matured into its adulthood by virtue of case-control research and attempts to systematize its procedures and minimize its limitations. The presentation will offer an overview of the Psychological Autopsy's history, identify and illustrate its applications and purposes, and discuss its limitations. It will highlight the Psychological Autopsy as a gold standard tool to help determine suicide as a manner of death (versus accident and homicide), to identify discriminant risk factors of suicide, to define points of entry for preventive interventions in community systems and systems of care, and as a tool to aid the process of a survivor's bereavement. Further, it will focus the requisite skill-sets for those conducting Psychological autopsies and the need for training to achieve needed competencies in its application.

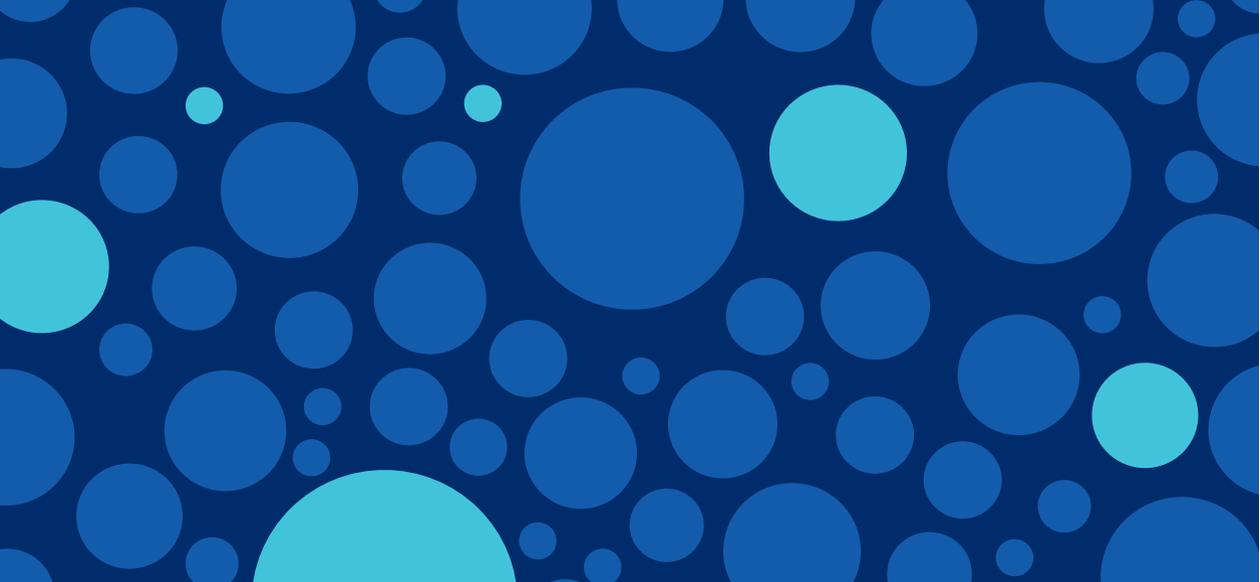
An Overview of the Collaborative Assessment and Management of Suicidality (CAMS): Research and Practice

Invited lecture · David A. Jobes

Prof. David A. Jobes has in the field of suicide prevention since graduate school with broad interests in suicide prevention for 35+ years. His particular research focus has been in clinical suicidology – the clinical assessment and treatment of suicide risk. He is the developer of the Collaborative Assessment and Management of Suicidality (CAMS) which is an evidence-based, suicide-focused, clinical framework supported by multiple clinical trials in the US and abroad. He also has an interest in clinical training and policy work related to mental health and suicide prevention.

Abstract. The Collaborative Assessment and Management of Suicidality (CAMS) is a suicide-focused therapeutic framework that is supported by 30 years of clinical trial research. CAMS is guided by a multi-purpose assessment, treatment planning, tracking, to clinical outcome tool called the Suicide Status Form (SSF). The first session SSF is completed collaboratively with a patient who is suicidal. Within 'standard' CAMS this is done by the clinician seeking with permission a side-by-side seating arrangement next to the patient so the clinical dyad can work through various assessment and treatment planning aspect that define CAMS-guided care. When using telehealth, the CAMS clinician shares their screen and completes a fillable PDF version of the SSF completing the tool as per the patient's responses using a secure online platform. A signature feature of CAMS is the goal of keeping a patient who is suicidal out of the hospital (if this is possible). But to achieve this requires the satisfactory completion of the CAMS Treatment Plan that includes the CAMS Stabilization Plan for decreasing self-harm potential and the further identification of two suicidal 'drivers' identified by the patient which are the problems that compel them to consider suicide (e.g., trauma, relational conflict, or self-hate). There is extensive medical record keeping and patients receive copies of their SSF for their own reference between sessions. CAMS 'interim' care occurs after the first session as the CAMS Stabilization Plan is further crafted and suicidal drivers are treated by different clinical interventions (CBT, insight work, couples therapy, etc) and an interim version of the

SSF is used repeatedly. There are criteria for resolving CAMS – and noting other clinical outcomes – that uses a final outcome-disposition version of the SSF, which marks the end of using CAMS. CAMS is supported by many clinical trials including five published randomized controlled trials and two meta-analyses. This presentation will review the CAMS model, its clinical research, training, and its clinical use across a range of treatment settings with different populations of patients who are suicidal.

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- I follow my *intuition*,
 - I *imagine* more than ever,
 - I love to *innovate* ...

