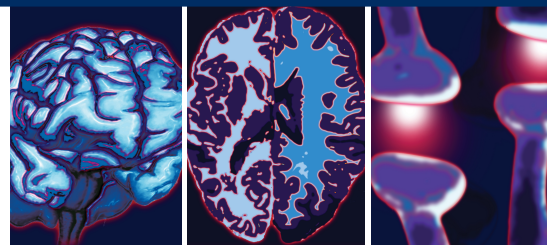


CONFERENCE SCENE



Suicidal behaviors: a multidisciplinary issue

Merike Sisask*

14th European Symposium of Suicide and Suicidal Behaviour, Tel Aviv–Jaffa, Israel, 3–6 September 2012

The 14th European Symposium of Suicide and Suicidal Behaviour (ESSSB) was held in Tel Aviv–Jaffa, Israel, on 3–6 September 2012. The ESSSB is a biannual event, where people acting in the field of suicide research and prevention – researchers, clinicians, ‘gatekeepers’ (community facilitators who are in a position to direct vulnerable and high-risk persons into effective treatment), volunteers and survivors – can meet, share experiences and present recent achievements in order to save lives all over the world. The 14th ESSSB offered a high-level scientific program with plenary and keynote lectures, symposiums, parallel session presentations and posters. The 14th ESSSB was visited by more than 1000 participants from 36 countries.

Suicide is a major public health problem and it has been estimated that globally 877,000 lives were lost to suicide in 2002 [1]. For several years, the highest suicide rates have been found in Europe, particularly in Eastern Europe [2]. A recent study on the epidemiology of suicide shows that, during the last 50 years, the heart of the problem of suicide mortality has shifted from Western Europe to Eastern Europe and now seems to be shifting to Asia [3].

Suicidal behaviors – completed suicides, attempted suicides and suicidal ideation – should be handled as a multidisciplinary issue, hence it is vital to study various aspects of this complex biopsychosocial phenomenon [4]. The presentations at the 14th European Symposium of Suicide and Suicidal Behaviour covered a wide range of

relevant ‘hot’ topics in suicidology: the epidemiology of suicidal behaviors in different European regions, genetics and neurobiology, epigenetics, gene–environment interactions, mood and other psychiatric disorders as major risk factors for suicide, nonsuicidal self-injuries, peculiarities of suicidal behaviors in different age groups (e.g., adolescents and the elderly) and professions (e.g., the military), psychological models of suicidal behaviors, evidence-based treatment strategies and effective interventions for suicide prevention, postvention of suicide survivors, and several other more specific areas. The following paragraphs give a brief overview of selected plenary sessions and keynote lectures.

John Mann (New York State Psychiatric Institute, Columbia University, NY, USA)

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gave a lecture during the opening session, 'Where is suicide research going in the next decade?' The pressing needs identified included biopsychosocial predictive models, clear outcome measurement of interventions, multidisciplinary teams capable of using multimodal methods, utilization of clinical assessment applications (laboratory measures) with laptops and tablets, and the adjustment of suicide prevention programs to local needs. Last but not least, he emphasized the importance of genetic and epigenetic studies, inclusion of large numbers of subjects and conducting better studies on high-risk families. Several other keynote speakers had biologically oriented presentations. Gil Zalsman (Child Psychiatry Division at Geha Mental Health Center and Sackler School of Medicine, University of Tel Aviv, Israel) presented 'Gene environment and timing interaction in depression and suicide – from genetics to animal model'; Kees van Heeringen (University of Ghent, Belgium) spoke on 'Images of suicide: the contribution of neuroimaging to our understanding of suicidal behavior'; and Marco Sarchiapone (University of Molise, Italy) presented 'Aggression and suicide: is there a biological link?'

An interesting debate between Alan Apter (Feinberg Child Study Center, Schneider's Children's Medical Center of Israel and Sackler School of Medicine, University of Tel Aviv, Israel) and Diego De Leo (Australian Institute for Suicide Research and Prevention, Griffith University, Australia) was held about non-suicidal self-injuries: 'Is non-suicidal self-injuries a separate diagnosis?' The debaters argued why it should or should not be a separate psychiatric diagnosis and finally let the audience vote. A final decision was not reached and both debaters had plausible pros and cons.

An important vulnerable target group for suicide prevention is children and adolescents. Madelyn Gould (College of Physicians and Surgeons, Mailman School of Public Health, Columbia University) had a keynote lecture, 'Epidemiology of adolescent suicide – an update'. Danuta Wasserman (National Centre for Suicide Research and Prevention of Mental Ill-Health, Karolinska Institute, Sweden)

introduced the subject 'Lifestyles, mental health and suicidal behaviors in European adolescents. Results from the SEYLE study: Saving and Empowering Young Lives in Europe'. Ella Arensman (National Suicide Research Foundation and Department of Epidemiology and Public Health, University College Cork, Ireland) had a presentation about a problem common among young people, 'Suicide clusters and contagion: evidence, early identification and responding'.

The following speakers handled the issue of suicidal behaviors from a psychiatric point of view: Maria Oquendo (New York State Psychiatric Institute, Columbia University, USA) presented 'Predicting and preventing suicidal behavior in bipolar disorders'; and Franz Resch (Department of Child and Adolescent Psychiatry, Centre for Psychosocial Medicine, University of Heidelberg, Germany) presented 'Deliberate self-harm and suicidal behavior in the development of borderline personality disorder'.

There is always a need for effective interventions and treatments for suicidal patients in general and for specific sub-groups. Barbara Stanley (College of Physicians and Surgeons, Columbia University) spoke about 'Brief interventions with suicidal patients' and David Brent (Child and Adolescent Psychiatry at Western Psychiatric Institute and Clinic, and University of Pittsburgh School of Medicine, PA, USA) discussed 'The art of wooing nature: searching for evidence-based treatments for adolescent suicidal behavior'. Lars Mehlum (National Centre for Suicide Research and Prevention at the Faculty of Medicine, University of Oslo, Norway) presented 'Dialectical behavior therapy for self-harming and suicidal adolescents'.

A public health approach was considered during the presentations by Alan L Berman (International Association of Suicide Prevention and the American Association of Suicidology, DC, USA), whose talk was titled 'Rethinking suicide prevention: a public health problem with a mental health solution' and Keith Hawton (Centre for Suicide Research at Oxford University Department of Psychiatry,

UK), who presented ‘Preventing suicide by restriction of access to means: rationale, successes and limitations’. A presentation providing a psychological view on the topic of suicide was given by Rory O’Connor (University of Stirling and the International Academy of Suicide Research, Scotland), ‘Psychological processes and suicide risk: an integrated theoretical perspective’, and Gustavo Turecki (McGill University, QC, Canada), ‘How life events get ‘under the skin’: insight into the relationship between life adversity and suicide risk’. Surprisingly few presentations touched on the subject of associations between economic crises and suicide; only one keynote lecture, by Paul Corcoran (National Suicide Research Foundation, Ireland), targeted this issue specifically with his presentation ‘The impact of the economic recession on suicidal behavior in Ireland’.

Along with already well-known suicide risk factors such as depression, substance abuse, feelings of hopelessness and challenging life events, new social factors that intensively influence people’s lives have emerged and caught the attention of suicidologists – the media and the internet. These factors can have an impact on suicidal behaviors in different ways; they can act as a resource that either provokes suicidal behaviors or contributes to suicide prevention. The sociologically oriented plenary lecture by the current author, Merike Sisask, was titled ‘Role of media in suicide prevention – friend or enemy’ and the main standpoints of this presentation will be introduced hereinafter in more detail.

Media portrayal of suicidal behaviors can cause suicidal contagion (also known as imitative, copycat or mass cluster suicides); therefore, responsible media reporting on suicidal behaviors is an important public health approach for suicide prevention [5–9]. Several organizations dedicated to suicide prevention have launched and disseminated resources and educational materials for media professionals; for example, WHO [10], the Samaritans [101] and the American Foundation for Suicide Prevention [102]. These materials have been translated and adapted by a number of countries and in some cases integrated

into national suicide prevention strategies. However, not all countries in the world have such strategies. The resource for media professionals for suicide prevention published by WHO gives a short list of criteria that should be followed absolutely in order to cover the subject of suicide in the least harmful manner for vulnerable persons [10]:

- Take the opportunity to educate the public about suicide
- Avoid language that either sensationalizes or normalizes suicide, or presents it as a solution to problems
- Avoid prominent placement and undue repetition of stories about suicide
- Avoid explicit description of the method used in a completed or attempted suicide
- Avoid providing detailed information about the site of a completed or attempted suicide
- Word headlines carefully
- Exercise caution in using photographs or video footage
- Take particular care in reporting celebrity suicides
- Show due consideration for people bereaved by suicide
- Provide information about where to seek help
- Recognize that media professionals themselves may be affected by stories about suicide

Several studies have analyzed whether the manner of reporting about suicide is in line with the recommendations for the media, or whether the modification of media reporting about suicide can be achieved by educating media professionals (editors and journalists). The answer to the first question is too often ‘no’ and the answer to the second question is mostly ‘yes’. Another important and more sophisticated research question is whether interventions such as educating media professionals and changing the manner of suicide portrayal can have clear measurable outcomes in terms of a decrease or increase in suicidal behaviors. Far less research is

available measuring actual suicidal behaviors – completed suicides, attempted suicides and suicidal ideation – before and after implementation of the media interventions. However, a systematic review discovered that the vast majority of studies about the possible effects media reporting of suicidal behaviors might have on actual suicidality, support the idea that these two phenomena are associated [9].

The association can work in both ways. For indicating the negative, provocative effect of media portrayal, the expression ‘Werther effect’ was introduced by Phillips [11]. It refers to Goethe’s novel *The Sorrows of Young Werther*, published in 1774, in which a young man takes his life for love by shooting himself. For indicating the preventive effect the expression ‘Papageno effect’ was proposed recently by Niederkrotenthaler and his colleagues [12]. This refers to Mozart’s opera ‘The Magic Flute’ (1791), in which a young man in love becomes suicidal, but copes well thanks to his friends’ intervention. The systematic review by Sisask and Värnik revealed that more research is available about how irresponsible media reports can provoke suicidal behaviors (the ‘Werther effect’), and less research has evaluated the protective effect media can have by newspaper

blackout or by changing the quality and content of media reporting [9].

In conclusion, irresponsible media professionals can be enemies to and responsible media professionals can be friends for people acting in the field of suicide prevention. Suicidologists should take the responsibility for educating and motivating media professionals to report about suicide adequately in a preventive manner. More evidence about the effects of introducing media guidelines on suicide reporting are needed.

Next conference

The next European Symposium of Suicide and Suicidal Behaviour will be held in Tallinn, Estonia, on 27–30 August 2014 (www.esssb15.org).

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