Allow me to after hearing and having presented our book also, showing my only non-boring I hope, non-technical book which is a book for lay people. It's my first experience and it's something that quite unusually may bring lay people through the Journey Of Suicide of Mind, because the stories that the book contains are told by the protagonists who are people surviving just by chance to a very fatal attempt of suicide, so something completely unexpected and the beautiful message of this book is that these people changed their life after. And so they gain new insights and new meanings of their new life after a very closely escaped death. But thank you for listening to this. What I'm here to tell you today is the challenge and the appeal that a difficult topic like suicide that no doubt is the worst of all human tragedies, may constitute for those who are involved in trying to improve it by preventing new cases of suicide. Catherine has mentioned that our institute is quite solidly located in the international scenario of researchers. We have been designated a few years ago as a World Health Organisation Collaborating Centre for helping and educating people and training people in doing research and more recently as we'll see a bit later, we've been also recognised by the Commonwealth of Australia as the National Centre of Excellence in suicide research.

The Institute is in Mt Gravatt. We are 26 people divided basically into branches. We have the pure researchers so to speak coming from a variety of fields and this is particularly important in suicide because suicide is everything, it's Medicine, Psychiatry, Psychology, but it is also Sociology, it's also Philosophy, Religion, Epidemiology, Public Health, it's everything, History, Traditions, Culture. And so there are a million occasions for feeling ignorant and very few for feeling arrogant in this field. And the other branch of the Institute is the Life Promotion Clinic which is a research clinic. We've been very brave, we are the first clinic in Australia in dealing only with suicide out patients and so it is dangerous work from one side, but is very much needed because clearly these people are usually in very difficult life conditions and need to be treated in a very special way which not only should include the best of the protocols and that's why it's a research clinic because we continuously test new protocols for suicide prevention, but because there is an enormous need for the human touch. The connection with those people that is very infrequently, unfortunately found in public environments. We have also post graduate studies. We have been the first in the world to create a Masters in Suicide Research and they are now for a number of years already completely on line and we have a number of partner with whom we work usually.

Our role as the National Centre of Excellence means that we are in continuous contact with Canberra, with the Commonwealth, for all type of themes related to suicide and the media and the needs to provide answers to the several different requests from many domains, but we work also for our State Government and we have a mandate for the World Health Organisation. There are two centres like ours in the world. The other is in
Stockholm at the Karolinska Institute and we will see shortly what they ask us to do and then we have NGO's and other private entities asking for example, we have been just finished our work with the Building Industry. We're working for the Police and other partners of this kind. But the reason that actually attracted me to Australia to this position, I'm Italian, is that the Institute has probably the most beautiful data bank on suicide in the world. Most beautiful because it is a high quality and because it is very large, it contains more than 10,000 cases of suicide and all of them or nearly all of them have Police reports concerning the investigation. A type of specific interviewing which we call Psychological Autopsy, we're presenting the attempt of reconstructing the circumstances that drove an individual to commit suicide, so interviewing proxies etc, collecting clinical records where available etc. Then we have all forensic evidence available, the autopsy and the toxicology related to all situation. And this is really an immense treasure because it provides the ground for performing really high quality research if people want it to.

AISRP started very, very small, nearly 15 years ago. It was located here in the House of Students in '96 and when I came there was only one full time person, the Secretary and then a Psychiatrist 20% and to 50% Psychologist and in seven, eight years, we became a WHO Centre and in 2008 the National Centre of Excellence after much pondering from the Commonwealth Government. Our vision is to provide the best as possible in terms of researching both with National and International partners and our type of research is by choice only outcome oriented research, so we accept and we perform that type of research that can then change policy making attitudes or views or strategies and I believe that we have been quite influential in a number of decisions that the Commonwealth has made in the past three or four years.

And these are the terms of reference for the World Health Organisation, so doing clearly good Epidemiological research, being obsessed with defining précising phenomena because one of the difficulties in this domain is that there is usual confusion on what is a suicide attempt, what is deliberate self-harm, is it really a suicide, how can you define a suicide? A dead body can't speak clearly and so what are the elements that judge that the act was deliberate and that there was clear intention to die, so this is a major issue and in Australia lately we had a big problem with official statistics for suicide which were providing a picture with a strong decline in suicide, but incidentally our Institute discovered that it was very wrong and that suicide is not declining at all unfortunately. And ABS for the first time was in a way obliged to revise the official data and they have commenced by realising 2007.

Then we have the part more typically imbedded with research which is publishing the outcome of research and distributing, and diffusing this outcome particularly to low and middle income countries. Educating and training and coordinating research activities. We are running now a very large research project involving 22 nations in the Western Pacific region and the project is called START which is the usual acronym that you choose on purpose to be more sexy and START is also a meaning in the fact that nine of the countries that are participating to this research don't even have mortality statistics, so we are helping them to construct for the first time the registries of deaths in general,
malaria or tuberculosis or whatever, including clearly suicide. And any informing and advising on issues related to this topic.

One example of what we are performing, this is the START study, the first one on your right, that I was just mentioning, but we are performing now for ASC funded projects and one of the most recent is on children. The problem of suicide in children is of growing importance. We have to know that ABS doesn’t publish data on children in Australia for their choice which in my view contributes to the stigma which is imbedded to suicide, but in reality WHO has been forced to publish data on children just since 1999 and this by reason of the increasing dimension of the phenomenon. We are also involved with a study that is a very beautiful study on the last contact with a health facility before suicide. What went wrong, what were the sign detected, what were the words that were wrongly said, what was the level of distraction of time allocated to the patient and why the signs of suicidality, if present, were not picked up? And another thing that I mentioned that was influential through the Commonwealth Government was the big problem that we have in the country with separation in males and Australia is probably the western country with the highest rate of suicide in separated males, and not only this fits a different type of agenda in assisting the family process level during the separation, but also in trying to create a different culture toward this phenomenon because clearly males between the age of 25 and 44 are particularly vulnerable when they break up with their partners.