



International Association for Suicide Prevention

International Association for Suicide Prevention (IASP): Protocol for Responding to Global and Cross-National Public Health Emergencies and Natural Disasters

“The COVID-19 pandemic is more than a health crisis; it is an economic crisis, a humanitarian crisis, a security crisis, and a human rights crisis. This crisis has highlighted severe fragilities and inequalities within and among nations. Coming out of this crisis will require a whole-of-society, whole-of-government and whole-of-the-world approach driven by compassion and solidarity.”

(United Nations, Comprehensive Response to COVID-19, 2020).

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OVERVIEW

Introduction

Following the WHO's designation of COVID-19 as a global pandemic on 11 March 2020, Professor Murad Khan, President of the International Association for Suicide Prevention (IASP), established a Presidential Special Task Force on COVID-19. Given the potential risk of increased suicide, attempted suicide and suicidal ideation (hereafter 'suicidal behaviour' (WHO, 2014)) and of a decreased capacity of national governments and local agencies to deliver effective suicide prevention services during the pandemic and similar global crises, the Task Force was charged with the development of a protocol for the rapid implementation of IASP's response to future multi-country public health emergencies and natural disasters (hereafter 'global crises').

This protocol provides a framework that the organisation's leadership can use to make an initial assessment of a developing global crisis and, based on this assessment, to develop and implement a strategic response appropriate to the specific crisis and its potential short- and long- term impact on suicidal behaviour and on suicide prevention activities. It highlights the importance of immediate activation and coordination of national member organisations and other partners to obtain timely quantitative and qualitative data about the progress of the crisis and its impact in different locations around the world.

In the event of a global crisis, the IASP Executive Committee will appoint a crisis-specific Emergency Response Team that will be responsible for developing the organisation's strategic response to the crisis, a response that will typically involve collaborating with key partners and stakeholders, including national governments, international organisations, international and national non-government organisations (NGOs), mass media, and IASP's own membership, in planning, developing, implementing, and evaluating specific activities. To enhance IASP's response time at the time of a crisis, the details of the protocol should be familiar to, and regularly revisited by, members of the Executive Committee, the Central Administrative Office and the co-chairs of the Council of National and Regional Representatives.

The protocol should also be shared widely with key partners, stakeholders and IASP members.

Scope

This protocol sets out key components of IASP's organisational response to future global crises. It considers:

- Rapid assessment of the potential effects of evolving global crises on suicidal behaviour;
- Assessment of potential effects of the evolving crisis on suicide prevention services;
- Development of a crisis-specific strategy and action plan;
- Coordination of relevant stakeholders' activities as they implement the action plan;
- Identification of methods for obtaining access to real-time data to monitor the impact of the crisis on suicidal behaviour and on suicide prevention activities during the crisis and its aftermath;

- Action to boost research activities that can directly inform the development and evaluation of crisis-specific strategic action plans.

The protocol describes IASP's organisational response to a global crisis in four phases:

Phase 0. Ensure organisational preparedness: develop the generic logic model for the overall strategic response to global crisis that includes short-term, intermediate-term and long-term outcomes; maintain familiarity with the protocol within the organisation and among collaborative partners; regularly review the protocol's fitness-for-purpose; and nurture ongoing interactions in other (non-crisis) areas with the partner organisations that need to collaborate at a time of a crisis.

Phase 1. Initiate and activate: understand the global context of the developing crisis; IASP's Executive Committee takes the decision to activate the protocol; engage with key stakeholders and collaborative partners; appoint a crisis-specific Emergency Response Team to lead a substantive organisational response to the crisis; and assess the personnel and financial resources required to undertake the activities recommended by the Emergency Response Team.

Phase 2. Develop, implement and communicate: establish a communications sub-committee and develop a short-term communications strategy; assess and prioritise communications resources; establish a research sub-committee and develop a short-term research strategy; regularly update and disseminate information about the evolving crisis and its impact on the general population, on subgroups at high risk of suicidal behaviour, and on the work of crisis centres; establish a resources sub-committee and develop a short-term strategy for acquiring the necessary resources; assess and prioritise requests for assistance from governmental and non-governmental organisations; adapt the logic model for the overall strategic response to the crisis; and implement the strategic plan by actively engaging with partner organisations and conducting continuous monitoring and evaluation of the collaborative activities.

Phase 3. Monitor and evaluate monitor implementation of the proposed plans and achievement of targets; identify and modify barriers to progress; and conduct periodic reviews of IASP's organisational response to the crisis.

Eight toolkits (summarised in the appendix) provide detailed operational guidance about implementing the phases described in the protocol.

THE PROTOCOL

Phase 0. Ensure organisational preparedness

0.1 Preparedness

As the leading international organisation in suicide research and prevention, IASP has an obligation to be at the forefront of international efforts to prevent suicidal behaviour when a global crisis arises. Given its official relationship with the World Health Organization, IASP is well positioned to identify, coordinate and integrate the contributions of different stakeholders towards the development, implementation and evaluation of nationally and locally relevant strategic plans to prevent an increase in suicidal behaviour during and in the aftermath of the global crises.

IASP is committed to a multi-sectoral and multi-stakeholder approach in implementing an organisational strategy. IASP contends that all actions undertaken collectively are potentially transformative through incorporation of a wide range of knowledge and experience that will result in enhanced coordination and greater impact. Thus, collaborative networks and existing partners have a central role in the advancement of this protocol. The continuing engagement of these key parties strengthens preparedness for, and a rapid response to, global crises and increases the likelihood of achieving key outcomes.

This protocol is a living document that will be assessed and updated with experience and the ongoing support of IASP's membership and partnerships, and through established governance arrangements. Periodic reviews and internal testing will bolster the readiness of the organisation to assess any potential or developing scenario for which the protocol should be activated. Familiarisation across IASP stakeholders will facilitate prompt and informed engagement in the case of such activation.

IASP actions:

- *Distribution of protocol and updates amongst IASP's governing and administrative bodies and member constituents;*
- *Regular review by the IASP Executive Committee and Central Administrative Office of the relevance and fitness-for-purpose of the protocol in general and particularly in relation to the current and future global socio-economic climate;*
- *Preparation of guidelines for the implementation of this protocol (see Appendix: Framework for the IASP Protocol for Responding to Global and Cross-National Public Health Emergencies and Natural Disasters).*

0.2 Collaboration

IASP has a strategic central role, both proactive and reactive, in establishing and maintaining an effective forum where evidenced-informed suicide prevention activities are promoted, implemented and evaluated. Effective inter-agency collaboration provides a powerful platform for a rapid response and thus should be in place at all times, not just at the time of crisis. Effective collaborative partnerships require ongoing investment to ensure mutual understanding, respect, endorsement of common values and organisational leadership in delivering a viable strategy.

IASP actions:

- *Identify and connect with key stakeholders and possible partners, including policy makers, funders, implementing institutions/agencies, frontline providers, suicide prevention workforce, and programme evaluators;*
- *Full responsibility for collaboration and key relationships is held by the Executive Committee; an audit of collaborations should be carried out on annual basis;*
- *This protocol should be disseminated amongst collaborative partners and reminders and updates circulated, as required.*

0.3. Development of generic logic model

A generic logic model is an effective planning tool to assist the work of the Emergency Response Team by providing a road map outlining the connections ('pathways') between inputs (funding, research base, expertise, time, technology, IASP's capacity/ coordination), outputs (activities, participants, reach), outcomes (intended short-term and intermediate positive change) and impact (long-term positive change).

IASP actions:

- *Prepare a generic logic model for a typical/representative global crisis. This will:*
 - *set out agreed intended long-term, intermediate and short-term outcomes of IASP's involvement*
 - *identify key elements of, and data sources for, inputs and outputs*
 - *establish the process for ongoing monitoring and evaluation of implementation process.*

Phase 1: Initiation and activation

1.1. Organisation – understanding the context and assessment of developing global crisis.

Initial assessment as to whether an emerging situation (potential cross-national or global crisis) meets the need to initiate this protocol falls to IASP's Executive Committee, with the assistance of the Central Administrative Office.

At this early stage, the impact of the crisis on suicidal behaviour is unlikely to be known. Decisions about next steps will have to be made on the basis of evidence obtained from several sources:

- United Nations (UN) and inter-governmental output;
- research into previous similar scenarios;
- informed (expert) commentary;
- reports from IASP constituents and key partners.

Once a potential global or cross-national crisis is identified, the IASP Executive Committee will need to decide whether:

- to immediately activate the protocol;
- postpone activation of the protocol until more information is available; or
- not activate the protocol and cease further assessment of the situation (although support to local actors may be required).

If a decision is taken to activate the protocol, the President should immediately establish an Emergency Response Team to implement the protocol (see section 1.3 below for more details).

IASP actions:

- *Provide an initial analysis and assessment of the developing global crisis and its potential impact on suicidal behaviour and suicide prevention activities;*
- *Collate information about inter-governmental and NGOs' responses to the global crisis;*
- *Collate available research and other evidence on similar or comparable previous global crises;*
- *Executive Committee resolution: activate protocol/continued monitoring of the situation/not to activate protocol;*
- *If decision is to activate protocol, establish Emergency Response Team.*

1.2. Engagement – enlist collaborative partners

One of the key actions in preparing a rapid response to a global crisis is engagement with partners working in other sectors. Global, inter-organisational, non-governmental and national organisations, alongside members of the scientific community, mental health professionals, lay supporters, community-based organisations and other related humanitarian agencies are all potential participants in a collective effort to assess and, if necessary, address the impact of a global crisis on suicidal behaviour.

The integration of resources, knowledge, skills and expertise of cross-sectoral stakeholders is essential to the effective management of global crises.

To achieve shared strategic objectives, each member organisation/institution participating in a collaborative partnership needs to be aware of the relative strengths and weaknesses of the other members of the collaboration and committed to working proactively to promote cooperation and mutual support within the collaborative network.

IASP actions:

- *Communicate intent and position statement immediately in a consensus declaration, globally;*
- *Identify and connect with the key stakeholders;*
- *Define the global networks and inter-organisational collaborations;*
- *Identify potential national partners;*
- *Identify IASP's internal and external audiences and networks;*
- *Reach out, connect, engage (repeat).*

1.3 Activate – Emergency Response Team

The Emergency Response Team, appointed by the IASP's President, will take the lead in implementing Phases 2 and 3 of the protocol, including the review and evaluation of the protocol's fitness for the purpose in responding to future global crises. The Emergency Response Team will immediately draft its Terms of Reference and send to the President for approval.

The Terms of Reference will constitute the agreed mandate for the Emergency Response Team, addressing the global crisis, establishing a plan of action and determining a specific time frame. Throughout its tenure, the Emergency Response Team will regularly report to the President and the Executive Committee.

The Emergency Response Team should include a Chair, a representative of the Executive Committee, members of the association, external advisors, and (if possible) relevant representatives from IASP's main constituencies (clinicians, crisis centres, researchers and those with lived experience of suicidal behaviour).

Members of the Emergency Response Team may also be selected to represent aspect of the key elements required of the global crisis, such as research, communications, resources acquisition, strategy and coordination. Subgroups and teams can be set up, if and when required.

Together with the Executive Director, the Emergency Response Team will assess the requirement for, and prioritisation of, initial resources (internally and externally).

Emergency Response Team actions:

- *The President and Emergency Response Team agree the "Terms of Reference";*
- *Initial resources assessed and prioritised;*
- *Programme of immediate action established and activated.*

Phase 2: Develop, implement and communicate the organisational response

2.1. Communications

In the early stages of the crisis, development and implementation of an effective communications strategy is a priority. Due to the diverse nature of the IASP worldwide membership and stakeholders, timely delivery of coherent, culturally sensitive and evidence-informed messages to a range of audiences is essential.

IASP will provide a strong platform for communications within a global network by drawing together expertise from around the world and will work closely with an appointed subcommittee on this project.

It must be noted that, in the early phase of the crisis, reliable information may be limited, and media and government sources may be the only available source of any information.

Emergency Response Team actions:

- *Establish communications sub-committee (specifically focused on the crisis) whose approach and outputs are consistent with, and integrated into, IASP's overall communications strategy;*
- *Develop an initial short-term communications strategic plan;*
- *Assess and prioritise communications resources;*
- *Evaluate the short-term plan and develop a longer-term strategy;*
- *Re-assess and prioritise communications resources;*
- *Integrate with the organisation's overall communication strategy.*

2.2. Research

In partnership with research collaborators, IASP will update and disseminate information/knowledge on the evolving crisis, its (estimated or actual) impact on suicidal behaviour and its effects on suicide prevention activities. The establishment of a multi-sectoral, collaborative partnership increases the likelihood that research findings and other evidence will be used to develop effective policies and programmes.

Emergency Response Team actions:

- *Establish research sub-committee (specifically focused on the crisis) with support from the international suicide prevention research community;*
- *Develop a short-term strategic plan;*
- *Assess and prioritise communications resources;*
- *Evaluate short-term plan and develop longer-term strategy.*

2.3. Crisis Centres

In partnership with the crisis centres/helplines and its wider network, IASP will update and disseminate information/knowledge on the evolving global crisis and its impact on suicidal behaviour among Crisis Centre workers/volunteers and consider the implications for future organisational response in the context of public health emergencies.

Emergency Response Team actions:

- *Identify, collate and disseminate key information derived from crisis centres and their networks;*
- *Develop a short-term strategic plan;*
- *Assess and prioritise relevant communications resources;*
- *Evaluate short-term plan and develop longer-term strategy.*

2.4. Resources

Any unexpected global crisis is likely to place a massive burden on the Executive Committee, Central Administrative Office, Special Interest Groups and National Representatives, all of which will be working to full capacity delivering on the organisation's regular commitments (e.g. congresses, specific projects, World Suicide Prevention Day).

There will be many challenges to overcome, including reallocation of resources and urgently identifying sources of additional support.

Emergency Response Team actions:

- *Establish resource sub-committee (specifically focused on the crisis) with support from the International Advisory Council;*
- *Establish short-term resource strategy;*
- *Assess and prioritise resources;*
- *Evaluate short-term plan and develop longer-term strategy.*

2.5. Responding to requests for assistance

On the recommendation of the Emergency Response Team, IASP should consider offering assistance, mentoring and support in preparing guidelines, in consultation with relevant experts, addressing future global crises based on current experience.

Emergency Response Team actions:

- *Assess and prioritise requests for a wide range of deliverables (enquiries, resources, mentoring and advice);*
- *Development of protocols, guidelines and provision of mentoring resource could be considered, if viable and acceptable, in cross-sharing networks.*

2.6 Strategy and planning

The planning process is reliant on the input and global leadership of the wider IASP community (membership, networks and collaborative partners), together with consultation, ongoing monitoring and evaluation.

As evidenced in the IASP's rapid response to the COVID-19 pandemic, the planning process is driven by the availability of resources, clear definition and sharing of strategic objectives, and appreciation of the enormity of the task. Too much complexity in the planning process will limit rapid engagement with this procedure and, thus, jeopardise the end result.

Emergency Response Team actions:

- *Adapt the generic logic model for the current crisis (see 0.3 above)*
- *Put programme immediately in place:*
 - *Define collaborative partnerships;*
 - *Establish monitoring mechanisms based on key performance indicators;*
 - *Communicate initial statements.*
- *Prepare the overall strategic response, including as appropriate:*
 - *Communications;*
 - *Research;*
 - *Resources;*
 - *Implementation/operational plan;*
 - *Monitoring and evaluation.*

2.7 Implementation

Implementation of activities (outputs) will be cyclical. Findings from periodic assessment of outputs and communication with stakeholders will be used to update the content and target outcomes of the strategic plans and to adapt the overall plan to fit the specific requirements of different geographies and populations. Increased understanding of the nature of the global crisis and its impact on suicidal behaviour over time should contribute to the regular reviewing and updating of the IASP strategic plan to address the crisis.

Continuous reviewing and assessment of the crisis by updating, communicating and disseminating accurate data are essential. Revisions of the strategy and new interventions will need to be considered and, where appropriate, implemented.

Emergency Response Team actions:

- *Engage with key partners and align new partnerships;*
- *Extend sources of communications;*
- *Engage with supporters and potential donors to access resources;*
- *Conduct regular operational review (see section 3.1 below);*
- *Consult and review constantly in a changing situation.*

Phase 3: Monitoring and evaluation of the organisational response

3.1. Monitoring implementation progress

During the global crisis, the Executive Director, together with members of the Emergency Response Team and a delegated member of the Executive Committee, will undertake regular monitoring of implementation of the protocol and progress towards the achievement of organisational strategic outcomes.

Barriers to effective implementation will be identified, with a view to modifying the protocol and associated tools, as required.

Process and timelines to ensure all stakeholders are kept well informed about implementation progress will be set out in the Terms of Reference. Reports will be submitted regularly to the Executive Committee, for consideration and, if required, action.

IASP actions:

- *Central Administrative Office will be responsible for coordination of activity, ensuring that implementation is well managed, and communicating effectively to all stakeholders;*
- *Regular monitoring updates will be submitted to the Executive Committee for consideration and, if required, action;*
- *The need for (immediate) changes in the strategic and operational aspects of the rapid response will be considered and appropriate actions taken;*
- *The task of updating the organisational strategic plan in accordance with the advice of the Emergency Response Team will be delegated to Central Administrative Office.*

3.2 Post-crisis evaluation of the organisational response

Within six months of the conclusion of the acute phase of the global crisis, the Central Administrative Office, together with members of the Emergency Response Team, will conduct a summative review of the organisational response to the global crisis. Strengths and weaknesses of both strategic and operational aspects of the organisational response will be explored, with a view to learning lessons for the future and modifying the protocol and associated tools, as required.

A final report, describing the findings of the post-crisis evaluation and making appropriate recommendations, will be submitted to the Executive Committee.

IASP actions

- *A final evaluation report will be submitted to the Executive Committee for consideration and action;*
- *Key findings of the evaluation to be shared with stakeholders/partners/collaborators;*
- *The protocol will be reviewed and amended, as required, taking into account the findings of the evaluation.*

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“In a changing world and evolving sector, it is more important than ever to build strong partnerships based on mutual respect, trust and confidence.

By working together to strengthen humanitarian effectiveness, we will collectively be able to do more for the people we serve”

(United Nations Office for the Coordination of Humanitarian Affairs Strategic Plan, 2017)

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Appendix: Framework for the IASP Protocol for Responding to Global and Cross-National Public Health Emergencies and Natural Disasters

1. Major incident

TOOLKIT 1

Action: immediate connection with IASP and the Global Crisis

- 1.1. Assessment of international events to promote the early identification of cross-national emergencies or crises which may have negative impact on suicidal behaviour.
- 1.2. Convene an emergency meeting of the Executive Committee and agree on membership of the Emergency Response Team.
 - Establish the Emergency Response Team;
 - Select from relevant expertise within and outside the association a wider network of informed experts;
 - Terms of Reference formulated and agreed;
 - Agenda established.
- 1.3. Identify key stakeholders and possible partners for collaborative action.
- 1.4. Assess the resources available to deal with the global crisis by referring to the World Health Organization Global Report on Suicide (2014) and national suicide prevention strategies.
- 1.5. Define the global networks: inter organisational and cross-national collaboration.

2. Situational analysis: understand and assess magnitude of the global crisis

TOOLKIT 2

Action: understand the scope and scale of the global crisis

- 2.1. Investigate likely scope and scale of the emergency crisis: globally, regionally, nationally.
- 2.2. Define key characteristics of the global crisis.
- 2.3. Assess the key elements of governmental response to the global crisis (especially elements likely to decrease psychosocial wellbeing and increase suicide risk).
- 2.4. Research who is affected by the global crisis.
- 2.5. Assess relevant economic, political and social context of the global crisis.
- 2.6. Estimate how fast is the global crisis evolving.
- 2.7. Predict the likely future trajectory of the global crisis.

3. Situational analysis: the impact on suicidal behaviour detail, factual and speedily

TOOLKIT 3

Action: estimate the impact of the global crisis on suicidal behaviour

- 3.1. Review the epidemiological picture of suicidal behaviour.
- 3.2. Assess the likely extent and timing of impact on suicidal behaviour-

- 3.3. Calculate the levels of preparedness and capacity (globally, nationally)
 - to deal with the global crisis, and
 - deliver and integrate suicide prevention activities.
- 3.4. Research the evidence base on interventions that might be implemented to mitigate the impact of the global crisis on suicidal behaviour.
- 3.5. Identify the sociocultural context of suicidal behaviour (e.g. religious beliefs, legal status of suicide).

4. Organisational positioning

TOOLKIT 4

Action: gather organisational information, establish global presence and garner membership support.

- 4.1 Establish legitimacy and capacity of IASP role in responding to the global crisis.
- 4.2 Assess available resources (finance, communications, trained workforce, research expertise, volunteers, etc) to deal with a change in suicidal behaviour.
- 4.3 Define IASP's relationship with affected countries, including suicide prevention sector.
- 4.4 Assess the need for IASP support and action.

5. Organisational capacity - implications for IASP

TOOLKIT 5

Action: assess IASP's capacity to respond to requests for assistance.

- 5.1. Calculate the kind and amount of support available (expertise on likely impacts on suicidal behaviour, on surveillance systems and effective interventions, the media etc).
- 5.2. Identify who within IASP will have responsibility to provide this support.
- 5.3. Establish the processes IASP will follow to prioritise requests for support, if necessary.
- 5.4. Identify partners/stakeholders/others and allocate responsibilities.

6. Information and knowledge requirements

TOOLKIT 6

Action: gather, collate and disseminate relevant information.

- 6.1. In partnership with international experts on suicidal behaviour and global crises, update and disseminate information/knowledge on evolving global crisis and impact on suicidal behaviour.
- 6.2. Collate what is known about the impact of previous global crises on suicidal behaviour.
- 6.3. Collate what is known about the context, including the communities that will be most affected and the available resources to deal with the global crisis.
- 6.4. Identify policy makers, funders, implementing institutions/agencies, frontline providers, and programme evaluators in the target nation/location who should be involved in the process of integrating suicide prevention efforts in the overall national/local response to the global crisis.
- 6.5. Share and disseminate information/knowledge with partners and stakeholders, national and regional networks, throughout the membership and their support networks.

7. Operational plans: strategic activities**TOOLKIT 7****Action: Activate the planning and implementation cycle.**

- 7.1. Develop a specific topic-related communications strategy and operational plan; to be integrated with the overall IASP 5 Year Strategy.
- 7.2. Establish sub-teams (communications, resource and coordination).
- 7.3. Develop generic logic model defining and establishing:
 - Intended long-, intermediate and short-term outcomes for IASP;
 - Outputs (activities, participants);
 - Inputs (funding, research base, expertise, time, technology, CAO, capacity/coordination);
 - Engagement with partners/stakeholders/members;
 - Development and implementation of communications strategy;
 - Support to national and regional networks to develop/adapt suicide prevention plan (appropriate to context).
- 7.4. Update and disseminate information/knowledge on evolving global crisis and impact on suicidal behaviour.
- 7.5. Support development of culturally sensitive suicide prevention plans appropriate to context.
- 7.6. Prepare a framework for responding to requests for assistance at regional and national level.
- 7.7. Assess at what stage IASP should “stand down” the response groups;
(NB This may happen at an earlier stage in higher income countries, with well-developed support/response networks, than in low- and middle-income countries).

8. Monitoring and evaluation: systems designed and activated; constant reassessment **TOOLKIT 8****Action: a continuous process**

- 8.1. Ongoing monitoring of international events to promote the early identification of cross national emergencies or crises which may have negative impact on suicidal behaviour.
- 8.2. Review organisational processes in a structured timetable where IASP reflects on its response and modifies the strategy accordingly to this experience.
- 8.3. Design and implement an evaluation protocol in the early stages of programme development.

Glossary of Terms

Central Administrative Office (CAO) - IASP's administration located in the geographical locations of the current staff (Australia, France, Greece, Italy, England and Wales).

Cross-National Emergencies/Crises - multi-country public health emergencies (see below) and natural disasters (see below).

Executive Committee (EC) – elected leaders of the Association.

Global in this context is defined as multi-country.

International Advisory Council (IAC) – sub-committee of the Executive comprising experts in communications and accessing resources.

Natural Disasters – examples: earthquakes, cyclones (hurricanes and typhoons), tsunamis, floods, heatwaves, droughts.

Presidential Special Task Force COVID-19 (PSTFC) – selected team for this specific project on COVID-19.

Public Health Emergencies - "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response", formulated when a situation arises that is "serious, sudden, unusual or unexpected", which "carries implications for public health beyond the affected state's national border" and "may require immediate international action." (WHO, 2005)

Severe Acute Respiratory Syndrome (SARS) - The severe acute respiratory syndrome coronavirus or SARS - CoV -1

Special Interest Groups – IASP members' selected areas of concern, expertise and interest.

Suicidal behaviour: suicide, attempted suicide and suicidal ideation.

World Health Organization (WHO): IASP is in "official relations" with the WHO.