Report of the Chair of the Council of National Representatives

Currently there are national representatives from 60 countries in IASP. Minutes of the last meeting of National Representatives held in Beijing 2011 can be seen below (appendix 1)

Constitutional Changes

There are two significant changes to the constitution that effect the Council of National Representatives:

1. With the removal of the Council of Organizational Representatives it has been proposed that Organizational Representatives will now be able to not only vote for their National Representative but also to stand for election as National Representative. Currently Organizational members can only vote for their National Representative. This has been proposed for fairness, equality and to involve Organizational members more with their National Representative and the Council.

2. With the removal of the Council of Organizational Representatives, the Executive Committee will lose the ex-officio, non-voting member of their Committee, the Chairperson of the Council of Organizational Representatives. To balance this loss, it is proposed that the Council of National Representatives provide two Chairpersons to sit ex-officio as non-voting members to the Executive Committee.

It is proposed that one Chairperson of the National Representatives comes from zone 1 (as outlined on the membership form and taken from World Bank Development Indicators) and one from zones 2, 3 and 4. This also represents the spread of IASP members, of which more than 50% are currently from zone 1 (something we hope will change in the future with more members from zones 2, 3 and 4 joining IASP).

National Representatives will be allowed to vote for both Chairpersons and the Chairpersons will work and share their responsibilities together. There will no longer be a position of Deputy Chairperson. If the proposed amendments are passed at the General Assembly, elections for these Chairpersons will take place by written (email) ballot after this Congress.

World Suicide Prevention Day (WSPD)

The World Suicide Prevention Day continues to be observed on September 10 every year. This year’s theme was “Stigma: A Major Barrier to Suicide Prevention. WSPD serves to focus attention on suicide prevention in many countries around the globe. It is encouraging to see that the number of countries observing WSPD has grown every year and the number of people acknowledging the day increasing annually. It is an extremely important conduit for the message of suicide prevention and gives people hope.
For the past two years, IASP has trialled a new official launch system by hosting Regional Launches of WSPD rather than a Central Launch. It is believed by doing this we reach more people and garner more coverage of WSPD. This year Regional Launches were held in 9 countries and an official central message from the President was put up on our website and sent out via press release and social media on 10 September.

This year activities took place across the globe and the World Suicide Prevention Day Banner was produced in more than 40 languages. Many national reps have been active in spearheading the World Suicide Prevention day activities in their countries.

This year also saw the trial run of a central IASP activity called “Cycle Around the Globe”. As with most new things, this activity is very much in its infancy, but garnered much interest and will be reviewed in the coming months to see the feasibility of developing this activity in the future.

The information leaflets and the press releases IASP produces for WSPD are very informative, are tailored to theme each year and serve to rally people around the issue of suicide prevention. In many countries the media have reported on the importance of WSPD as well as on activities that have taken place on WSPD in their respective countries. The World Suicide Prevention toolkit was found to be particularly useful for hosting their own activity for WSPD.

Social Media has increased the coverage of WSPD each year, with a dedicated WSPD Facebook page as well as Twitter messages, reaching tens of thousands more people.

Each year IASP tries to build on the previous years WSPD, reach more people and garner more coverage and effectively highlight the importance of suicide prevention.

Regional IASP Conferences

Asia-Pacific
The 5th Regional Asia-Pacific Conference was held successfully in Chennai, India in November 2012. The title of the conference was “Suicide Prevention in Asia-Pacific: Barriers, Borders and Beyond”.

The conference was a great success and Sateesh Babu, National Representative for India, wrote a great report on it for the IASP Newsletter, which I have added to the appendices below (appendix 2).

The next Asia-Pacific regional conference is due to be held in Auckland, New Zealand in 2014.

Europe
IASP remains an integral partner in the European Symposium of Suicide and Suicidal Behaviour. The last conference was held in Tel Aviv, Israel in September 2012.

IASP is very much involved in the Scientific Committee for the ESSSB as well as many IASP members who gave talks at the symposium. IASP is a proud supporter of the Andrej Marusic Prize, which is awarded to the best scientific contributions to the Symposium in the field of biology of suicide, suicide prevention and treatment of
suicidal behaviour, by young researchers. IASP also organizes the “Lunch with Experts” sessions (as are being held here in Oslo), which have proven very popular, and a great forum for discussion.

The next ESSSB will be held in August 2014 in Tallinn, Estonia.

Caribbean
This year IASP hosted a Regional Symposium in the Caribbean. The symposium was held in Paramaribo, Suriname with the title: “ Suicide Prevention in Rural Caribbean.

The symposium was in two parts, one day being a national symposium on Suicide in Suriname and the second day, a regional overview on restricting access to suicide-pesticide. Also held was a preconference and special day workshop on “Gatekeepers, Media and Volunteers” and “Training of the Trainers”.

The symposium was well attended both by people from Suriname and also by those from the Caribbean region. This symposium was run as a test, with the hope of learning from the experience so that IASP can host future symposiums in the region. It was a great success and whilst no future symposium has yet been announced there was significant interest and we hope to host another symposium in either 2014 or 2015.

Reports on suicide prevention activities by National Reps.

IASP National Representatives have been providing reports on suicide prevention activities for the newsletter for the last few years and this continues to be a great outlet for disseminating information about suicide prevention activities in member countries of IASP.

Those National Representatives from countries that have not yet submitted a report will be asked to do so for future issues of the newsletter.

Membership of IASP

There are currently 445 members of IASP, which is a decided increase on membership numbers from the past (or 347 if you don’t count those who have only paid 2012 and not 2013). Membership numbers fluctuate greatly, with some members not renewing every year. In many countries (including those with large populations) there are still only one or two IASP members and their numbers have not increased for a number of years.

As part of the mandate of being a National Representative, IASP is asking that all National Representatives actively recruit members in their own countries and promote membership to any person in the field of suicidology that they meet. Central Administration Office have an invitation to join IASP, written by the President and all National Representatives are now being asked to provide 5 names and email addresses of people in suicidology, by 1 December 2013, to whom CAO can write to with this invitation to join for 2014.

On social media, Facebook fans of IASP now number more than 19,500 fans and we are always working to increase the profile of IASP.
Other issues

- **Regional representatives**: The idea for Regional Representatives has been dropped, though the Executive Committee would like to open up discussions on how best to support those National Representatives who come from small countries, or those with few IASP members or resources.

One possibility is to ask National Representatives from large countries or those with many members to champion a National Representative from a small country or those with few IASP members or resources (such as for instance a alliance between the Netherlands and Suriname, which share a language, could be proposed).

Alternatively National Representatives from small countries or those with few members or resources may consider an alliance between themselves. This is open for discussion and for any ideas on the best way for National Representatives to support one another moving forward.

- **WHO Survey of Suicide**: The WHO Survey on Suicide, in partnership with IASP, is underway and many of you will have been contacted for your input. The survey is due to be published in time for WSPD 2014.

- **Future IASP Congresses**: the 2015 IASP Congress will be held in Montreal, Canada.

For the 2017 Congress one formal nomination has been received and will be discussed in the meeting of National Representatives.

Submitted by

Maurizio Pompili
Chairperson of the Council of National Representatives
IASP

and

Wendy Orchard
Central Administration Office
IASP
Appendix 1:

Minutes of the Meeting of National Representatives Beijing 2011.

Attending:

**National reps:**
- Jane Pirkis (Australia)
- Nestor Kapusta (Austria, for Christian Haring)
- Kees Van Heeringen (Belgium)
- Paul Links (Canada)
- Michael Phillips (China)
- Paul Wong (Hong Kong)
- Maurizio Pompili (Italy)
- Loraine Barnaby (Jamaica)
- Chiaki Kawaniski (Japan for Yukio Saito)
- Remco de Winter (Netherlands)
- Sunny Collings (New Zealand)
- Birthe Loa Knizëk (proxy Norway)
- Murad Khan (Pakistan)
- José Carlos Santos (Portugal)
- Willem Hoffmann (South Africa)
- Prakarn Thomayangkoon (Thailand)
- Eugene Kinyanda (Uganda)
- Silvia Pelaez (Uruguay)

**Board and Observers**
- Lanny Berman (President IASP)
- Tony Davis (IASP General Secretary)
- Christian Kuran (Coordinator IASP)
- Jerry Reed (Chairman of Org Reps)
- Ping Quin
- Alexandre Terexeita
- Onja Grad
- Correa Humberto
- Merike Sisak
- Kaizi Kolever
- Kyrikakos Katsadoros
- Elemi Bekiari
- Aris Violtzis
- Monika Ditta Toth
- Outi Ruishalme

**Apologies**
- Kari Dyregrov – (Norway) sent proxy
- Ana Maria Chavez Hernandez (Mexico)
- Zahidul Islam (Bangladesh)
- Charity S Akotia(Ghana)

1. **Welcome by the Chair of the Council of National Representatives, Professor Murad Kahn**
2. **Recording of those present and apologies for absence.**
3. **Minutes of the Council of National Representatives meeting held at the XXV IASP Congress in Montevideo, Uruguay 2009**
   Approved by attending National Representatives
4. **Business arising from the 2009 Council of National Representatives meeting minutes**
   None
5. **Reports**
   5.1 **Report of the Chair of the Council of National Representatives (Appendix 2)**

   Presentation by Murad Khan encouraging National Representatives to recruit more members and to continue their own memberships.
Currently there are national representatives from 49 countries in IASP.

World Suicide Prevention Day (WSPD)

The World Suicide Prevention Day continues to be observed on September 10 every year. It serves to focus attention on suicide prevention activities in many countries around the globe. It is encouraging to see that the number of countries observing WSPD has grown every year. This year suicide prevention activities were reported from more than 50 countries (up from 40 countries in 2009), including countries such as Mozambique, UAE and Bangladesh. This year the World Suicide Prevention Day banner was produced in 50 languages. Many national reps have been active in spearheading the World Suicide Prevention day activities in their countries.

The information leaflets and the press release of the IASP on WSPD are very informative and serve to rally people around the issue of suicide prevention. In many countries the media have reported on the importance of WSPD as well as on activities that have taken place on WSPD in their respective countries.

The World Suicide Prevention toolkit was found to be particularly useful.

Regional IASP Conferences

The 4th Regional Asia-Pacific Conference was held successfully in Brisbane, Australia in Oct 2010. The title of the conference was “Suicide Prevention: a Dialogue Across Disciplines and Cultures”.

The next Asia-Pacific regional conference is due to be held in Chennai, India in 2012.

Reports on suicide prevention activities by National Reps.

Since the mandatory requirement of reporting of suicide prevention activities in their respective countries by the National Reps, country reports are being submitted and published regularly in the IASP newsletter. It is expected that those National Reps who have not submitted their country reports will do so in the coming months. This will help in disseminating information about suicide prevention activities in member countries of IASP.

Membership of IASP

The slow growth of membership of IASP continues to be a cause for concern. In 2007 there were 337 IASP members; currently the membership numbers 342. The overall gain of only 5 members over 4 years for an international organisation like IASP needs to be addressed. In many countries (including those with large populations) there are only one or two IASP members and their numbers have not increased for a number of years. On the other hand Facebook fans of IASP now number more than 10,000 fans.

Clearly, there is need for each national representative to work towards increasing the membership of IASP in his/her respective country.

Other issues
- **Regional representatives**: The need for establishing Regional Representatives was discussed previously but there has been no progress on this front.

- **Database of Global Suicide Rates**: The request for National Reps to provide information on suicide rates from countries that do not report their suicide statistics to the WHO was also discussed previously but there has been no progress on this front either.

- **Future IASP Congresses**: the 2013 IASP Congress will be held in Oslo, Norway.

- For the 2015 Congress one formal nomination has been received and will be discussed in the meeting of National Representatives.

Submitted by

Murad M Khan
Chair, Council of National Representatives
IASP

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5.2 Report of the President on behalf of the Executive Committee
(Appendix 3)
Presentation by President Lanny Berman based on his report:

**Report of the President on behalf of the Executive Committee 2011**

I am pleased to submit the following report to the membership regarding the activities and accomplishments in the first two years of my presidency, 2009-2011. The IASP Executive Board, to whom I owe a great deal of gratitude for their zeal, energy, dedication and commitment to the goals of your organization, has been working diligently during these years to put into action the four strategic priorities developed during the term of past-president Brian Mishara. These priorities are (and our associated activities have been):

1. **To make the problem of suicide and the need for suicide prevention more visible at a global level**:
   a. Asia-Pacific Regional Conference
      i. IASP hosted its 4th biannual Asia-Pacific Regional Conference in Brisbane, Queensland, Australia last November. Some 350 delegates attended representing every country, large and small, in this vast region. Special thanks go to Suicide Prevention Australia and to the Australian Institute of suicide Research and Prevention at Griffith University for their partnership in this effort and for hosting a terrific conference.
      ii. Chennai, India has been approved by the Board to host the 2012 Asia-Pacific Regional Congress. Proposals to host the 2014 Regional conference are in hand.
   b. World Congress – Beijing
      i. This is our first ever meeting in China. We selected this venue because it would be unconscionable not to have done so – to bring our expertise to bear in a country with more suicides
annually than any other and to create dialogue with our colleagues here in order to establish lessons learned about the influence of culture on suicide and the unique issues presented here for reaching those who are suicidal and in developing preventive initiatives.

c. WHO/Pan American Region
   i. Vice President Jeery Reed and I had a very cordial and productive meeting with Dr. Jorge Rodriguez at the Pan American Health Organization Regional Office of the WHO to explore potential collaborations and training opportunities in the region.

d. Regional Conference in the Caribbean
   i. I have had extensive communications with Loraine Barnaby in Jamaica about the possibility of initiating a Regional Conference in the Caribbean. These discussions unfortunately stalled at the time of an outbreak of violence on the Island; but will be restarted soon.

e. Relationships with World Federation for Mental Health, Mental Health Europe.
   Contacts have been made with potential partners at the WFMH and the Mental Health Europe to build collaborations.

f. ESSSB13 and ESSSB14 collaborations
   i. IASP co-sponsored and co-funded the Marusic Awards given for the first time at the ESSSB13 conference in Rome (September, 2010). Additionally, IASP organized and presented a Breakfast with the Experts session and a panel presentation on Means Restriction, sponsored by Syngenta, as the conference. Further, IASP celebrated its 50th Anniversary at the Rome meeting. Included in this effort was the development and dissemination of an IASP brochure, now available on our website.
   ii. Discussions are underway to similarly co-sponsor and collaborate in a number of activities at ESSSB14 in Tel Aviv next September.

2. Systematic knowledge transfer providing knowledge and experience at a global level:
   a. Trainings in Africa
i. Supported by grant funding from Eli Lilly, IASP past-president, Brian Mishara presented culturally-specific suicide prevention training workshops in Kampala, Uganda in December, 2009 that were most helpful in adapting a previously developed IASP-based training manual. A total of 65 participants attended. IASP member Eugene Kinyanda evaluated the training.

ii. Vice President Heidi Hjelmland has furthered this effort with training and consultations in Ghana.

b. Training Proposal/Mh Gap
   i. See report on Case Statements below

c. ICD-11
   i. IASP communicated with the ICD-11 Injury Committee regarding proposed changes in the coding structure of external causes of injury that, in our view, would be detrimental to our efforts at accomplishing the best possible surveillance of suicidal deaths. The Committee, to our relief, ultimately decided not to make the proposed changes.

3. Promote suicide prevention activities:
   a. IASP Web site [Please draft language for here]
   b. World Suicide Prevention Day (WSPD,2010)
      i. A launch of WSPD occurred in Washington, DC with a briefing at the National Press club. A WSPD brochure was developed, in 3 languages, and the WSPD banner was successfully translated into 40 languages and made available on the website. WSPD is organized in collaboration with WHO.
   c. World Suicide Prevention Day (WSPD, 2011)
      i. This past Saturday, IASP hosted a public conference followed by a press conference in Hong Kong to launch WSPD. Seminar presentations were made by WSPD events were hosted in more than 50 countries around the world. WSPD is organized in collaboration with WHO.
   d. Violence Prevention Alliance
      i. IASP has been fortunate to have Vice President Jerry Reed also serve as Chairman of Organisational Representatives who has focused attention on collaboration within and between organisations working towards the reduction of suicides – worldwide.
   e. Task force activities/New Task Forces
      i. Vice President Ella Arensman will report on these today. The Board has clarified what distinguishes Task Forces from Interest Groups to better accomplish the objectives of both entities.

4. Strengthening the Association:
   a. The Executive has met face-to-face to deal with lengthy agendas of Association-related issues in Italy Switzerland, Brisbane, Australia, and here in Beijing, China. In addition, a number of teleconferences have been held over these past two years. Teleconference expenses have been covered by an in-kind donation to IASP by the American Association of Suicidology.
b. IASP has successfully transferred our bank holdings to HSBC which should allow a much smoother process for handling international transactions. Prior to this, in December, 2010, IASP’s bank account was hit with a number of fraudulent cheques cashed in the amount of more than $12,000. Thanks to intensive efforts by Vanda Scott, all has since been righted.

c. Membership Development Proposal
   i. A proposal to increase IASP’s membership base has been presented to and discussed by the board and will soon be implemented.

d. IASP Newsletter
   i. Vice President Ella Arensman has given the IASP Newsletter considerable time, attention, and loving guidance, producing information-filled quarterly issues annually.

e. Central Administrative Office Established in Oslo
   i. With some fits and starts, IASP now has established a formal Administrative Office in Oslo. Housed at Oslo’s National Centre for Suicide Research and with partial support from the Center, Christian Kuran has been hired to serve as Coordinator

   ii. To assist in administrative duties of running the Association during this transition, Wendy Orchard has also been hired.

f. New Crisis contract/Editor stipend
   i. A revised and extended contract was negotiated and signed with Hogrefe to continue publishing Crisis. Included in this contract was, for the first time, a stipend to support the extensive time and efforts of the Editor-in-Chief, Diego DeLeo.

g. The Board considered and accepted an ethics guidelines for board members offered honoraria when invited to speak within their role as an IASP executive.

h. Communications Strategy –
   i. Website activity has increased significantly with a focus on keeping the membership well informed and raising awareness of the risk of suicide and effective prevention strategies. The IASP webpage is averaging more than 14,000 hits over month. Facebook has almost 11,000 fans.

   ii. Newsletter – contributions from the membership with a focus on specific strategies that can be shared through the National Representatives.

   iii. CRISIS journal – regularly published

   iv. WSPD- only held 6 days ago but initial assessment indicates through the different medias, the output has been impressive and positive.

i. Other proposed funded projects: Action Oriented Case Statements
   i. The major initiative undertaken by the Board these past two years has been the development of Case Statements, a series of 6 potential, fundable initiatives and programmes the organization could undertake to further suicide prevention
around the world, assuming funding was secured. These projects, briefly summarized, are as follows:

1. Follow-up to the Uganda trainings, designing and implementing training materials and a training programme for low and middle income countries. This proposal is designed to dovetail with the WHO's Mh Gap programme.

2. Initiating suicide prevention activities and assisting in existing initiatives in developing countries, e.g., working toward decriminalizing suicidal behavior; organizing regional conferences or assist local groups in developing national conferences where none occur presently, etc.


4. Developing and implementing workshops on mental health and suicide in the workplace.

5. Establishing, through IASP national representatives, a National Association for suicide Prevention in their respective countries, where no such entity now exists.

6. Increasing IASP’s communications capacity and reach

j. Strengthening Council of National Representatives
   i. We will be working diligently this coming year to dramatically strengthen our National Reps, hence our ability to effect progress in every country in which we are represented.

Again, thanks to current Board members who have energetically participated at a strategic and practical level in promoting the work of IASP and reached new heights of activity in these past two years. Their contribution has been significant as has been their in-kind contributions of resources, time, and money in putting these programmes into action. I am thankful to have had Tony Davis, General Secretary; Michael Phillips, Treasurer, Ella Arensman, and Paul Yip, Vice-President, re-elected for the next two years. Notably, I want to thank Heidi Hjelmland who leaves the board as of this meeting – her passion, wisdom, viewpoints, and critical eye have been invaluable to our work these past two years.

Concurrently, let me extend my heartfelt welcome to Marco Sarchiapone who joins the board as of this meeting. I very much look forward to working with this team as we continue to manage and further grow the affairs of IASP. Lastly, my thanks to both Murad Kahn and Jerry Reed, Chairs (respectively) of National Representatives and Organizations, for their extraordinary work on behalf of IASP.

Thanks, also, to the Team that runs the business of the Association primarily from Oslo but also from Canada, UK and France. The virtual office meets monthly over the airwaves and maintains a high level of efficiency and productivity. To date, and quite remarkably, the Association is managed by an equivalent of one full time person.

Mention must be made of the invaluable assistance offered this Association by Vanda Scott, development consultant, historian, arbitrator, and font of energy on
behalf of IASP. Her contributions to IASP have been immeasurable and valued by me more than I can adequately express.

Lastly, I want to express my thanks to Syngenta for their generous funding that supports the growth of the organization and a number of development projects related to restricting access to the methods of suicide.

Dr Lanny Berman
IASP President
September 2011

6. Overview of written reports from the National Representatives on the State of Affairs.
   Chair encouraged representatives to send written reports

7. Ratification of the work of the Executive Committee (as listed in the Presidents Report)
   Approved

8. Recommended tasks, policy guidelines from the National Representatives to the Executive Committee.
   None

   Discussion on procedural changes for the election of future IASP conferences. There should be possibility for more representative election of the host, and established a system of guidelines so all the candidates have the same deadline for submitting proposals. This could be done via email; so all the National Representatives get a vote. The downside would be that there is no open discussion of candidates.

   Presentation of possible locations for the Conference in 2015:
   Montreal (proposal submitted before conference in Beijing)
   Thailand (verbal presentation)
   Brazil (verbal presentation)

   Montreal was as the 2015 venue elected by majority of National Representative

10. Ratification of ballot results for National Representatives 2011 -2013

11. Election of the Chair and Deputy of the Council of National Representatives 2011-2013
   Election postponed pending motion from Executive Committee at General Assembly 16.09.2011 to ensure more representative election for the chair of national representatives.

12. Any other business.
   None
Appendix 2

IASP National Representative for India, Dr Sateesh Babu’s report on the 5th Asia-Pacific Conference of IASP.

Attending the 5th Asia-Pacific Conference of IASP, hosted at Chennai from 28th Nov to 2nd Dec, 2012, was an event full of proceedings and reminiscences. Chennai is a city of cultural history and great commercial importance to India. Coming to Chennai and experiencing its hospitality has always been a pleasure for Indians and people from all over the world.

India’s high number of suicide deaths (more than 150,000 per year), require much more awareness and personnel to work for prevention. IASP, the president Dr Lanny Berman and Dr Lakshmi Vijay Kumar must be individually thanked for bringing the conference to India. Such events generate wider interest and understanding on the subject. News coverage on the event too generated much needed awareness all thru the 5 days. Since it took place in India and Indian Psychiatric Society co-sponsoring the event, large number of Indian delegates attended and made it successful. Many young psychiatrists, psychiatric social workers, clinical psychiatrists and NGOs could easily attend, participate and present papers and posters.

Proceeding saw Indian and foreign delegates interact, exchange views and mutually empathize in each other’s work. It was inspiring to see senior members who are pioneers in working for suicide prevention, were very enthusiastic and eager in offering advice to Indian delegates. Many Indian delegates I have interacted have told me the formation of special interest group for suicide prevention by pesticide ingestion was really helpful since highest number of suicides in India occur due to pesticides. They felt this will help them in having more inputs, exchange of ideas and strategies from a close small sub-group.

Exchange of the cultural aspects in suicide was best part for me and my colleagues who attended the conference. Presentations of work on suicide prevention by pesticides, from China and Sri Lanka made us to check and see if we can improvise our work in India.

Am sure conference has motivated delegates attending from world over to keenly work for suicide prevention and making this world a better place to live. It was a perfect mix of immense academic learning and small enjoyment. Looking forward for more such events in India.

Dr.R.SATEESH BABU
National Representative for India
KHAMMAM
ANDHRA PRADESH
INDIA