Global facts on Suicide

- Over 800,000 people die by suicide annually.
- For every 1 suicide 25 people make a suicide attempt.
- Representing 1 person every 40 seconds.
- Suicide is the 15th leading cause of death globally.
- The global suicide rate is 11.4 per 100,000 population.
- 50% of individuals in high income countries who die by suicide have major depressive disorder at their time of death.
- In 25 countries (within WHO member states) suicide is currently still criminalised.
- In an additional 20 countries suicide attempters may be punished with jail sentences, according to Sharia law.
- Over 70% of suicides are from low- and middle-income countries.
Voice of the President

Importantly, suicide in a number of countries has shown a small decline which, whilst positive, does not mean we can be complacent. Effort needs to be made to understand what are the measures that have effected such change, so that we can continue to be informed as individuals and communities, in bringing awareness and action for the prevention of suicide in our neighbourhoods, workplaces, schools and our homes.

In my country of Pakistan, 2018 was significant as we launched our first national strategy in suicide prevention – a huge step forward in our society where suicide has been illegal and still today remains a taboo topic within our society and religion.

Despite international progress in suicide prevention there continues to be many challenges, especially in some of the most rural and isolated parts of the world where resources are limited.

A combined effort at international, national and local level can ensure that collaboration is maintained. Open communication, broad participation and shared commitment to achieve our common goal is our takeaway message.
Looking Ahead 2019-2023

Collaboration is the key theme throughout our 2019-2023 strategy as we promote effective, evidence-based strategies for suicide prevention around the world. We focus our work through four key areas:

1. Global Action – policy and practice

A major challenge is to strengthen collaboration between organisations, national governments and policy makers where many factors create barriers in working together. Strengthening the forum of expertise to provide a range of support (training workshops, mentoring, guidelines and advocacy) in the development of global policies and national strategies is a priority.

2. Communications – awareness and knowledge sharing

Delivering a cohesive message in a carefully considered direction through our global network, to encompass the best research and practice in suicide prevention, is an essential component of IASP's global strategy and provides a strong platform for action.

World Suicide Prevention Day has gained both momentum over the past 15 years not only reaching inter-organisational prestige but reaching all levels of society from communities to heads of governments.

Knowledge sharing through conferences and workshops, and the scientific journal Crisis, continues to deliver across the spectrum of the field of suicide prevention.

3. Suicide Prevention Activities – community action

IASP, through a unique forum of expertise in the consulting and mentoring role, continues to be both proactive and reactive to the demand for community-based initiatives. Experts from a global team, with diverse skills, support suicide prevention strategies and programmes in low- and middle-income countries thereby enabling the sharing of knowledge and experience, in the main, of mutual benefit.

Africa, Asia Pacific, the Caribbean, and Eastern Mediterranean regions (in areas and communities where suicide prevention activities are less prevalent) continue to be the focus for the next five years.

Organisational Infrastructure - sustainability

Reliant over the years on significant pro bono (personnel on the Board, advisors, consultants and staff) and “in kind” contributions (office space, travel and communications) the Board sees a priority in building on the current professional infrastructures to ensure future organisational sustainability and growth.

Membership as the core of the organisation, remains the focus for all IASP deliverables. From the membership evolves Special Interest Groups representing multi-disciplinary networks, working together to pursue a shared interest in a specific suicide prevention topic with a view to making a substantive contribution to improved understanding, practice or policy.
In 2018 we focused on

- Regional Asia Pacific congress in New Zealand. With over three hundred participants from 12 countries attended working meetings, symposia and training workshops.
- World Suicide Prevention Day 2018 which was active in 62 countries, with over 200 specific activities commemorating this special day listed on our website and many more taking place around the globe. Materials were translated and made freely accessible.
- Gatekeeper Training was introduced into the Slovenian Triple I Congress which addressed the theoretical understandings of suicidal behaviour and the public attitudes towards this phenomenon. This was followed later by a Train the Trainers event.
- In Kenya (Nairobi) a full programme of awareness workshops was delivered to schools, hospitals, police and with the community, as part of a 5 year IASP community action initiative. Gatekeeper training programme was also active as part of this project.
- Development of a national strategy in Namibia with support provided through the collaborative arrangement between IASP and WHO.
- The Special Interest Group on Lived Experience was established to integrate lived experience throughout IASP activities, share information and good practice relating to lived experience with national and international suicide prevention organisations, and promote and support the establishment of lived experience networks/communities globally.
- The Special Interest Group on Self harm in Middle Aged Adults was established to focus on the high propensity of suicidal behaviour in the age group.
- Inter-organisational meetings with relevant global non-government organisations focused on policy and joint strategies.
- A follow up survey on the WHO/IASP World Report on Suicide (2014) was distributed to gain further information to substantiate the development of national strategies in many low- and middle-income countries.
- New funding initiatives, in conjunction with social media, were successful and provided the platform for both increasing awareness of suicide and revenue to support such campaigns.
- International Advisory Council was established to provide external consultancy when required on organisational matters such as communications and resource acquisition.
- Working Group on pesticide poisoning completed a two year review on restricting access to the means of suicide (pesticides) and published: ‘Outcomes of community-based suicide prevention approaches that involve reducing access to pesticides: a systematic literature review’
- The significant work of IASP Special Interest Groups (SIGs) was extensive and detailed in the Annual Report of the SIGs.
Our Resources

2018 Revenue: $334,150
2018 Expenditure: $288,650
2018 IASP Assets (31.12.2018): $300,000 (Rounded to nearest 50)

Revenue
- Sponsorship programmes: 25%
- Donations: 18%
- Congresses: 17%
- Other revenue: 16%
- In-kind & pro bono: 13%
- Membership: 11%

Expenditure
- Congresses & workshops: 22%
- Scientific Journal: 19%
- Communications: 16%
- Suicide prevention projects: 29%
- Office & management: 14%
- Other: 8%
The International Association for Suicide Prevention (IASP)

Established in 1960, IASP is the largest international association dedicated to suicide prevention. It formerly collaborates closely with World Health Organisation (WHO), World Federation of Mental Health (WFMH), World Psychiatry Association (WPA).

The IASP membership is in 77 countries and with a network of National Representatives elected from within their country.

**IASP Executive Committee** – 8 members, of internationally coverage, elected from the membership.

**IASP College of Presidents** – a forum of past presidents continues to support our network by providing expertise and experience. Their representation of the organisation continues to support us in our work.

**IASP Special Interest Groups:**

1. Clusters & contagion in suicidal behaviour
2. Culture and suicidal behaviour.
3. National suicide prevention strategies and practice
4. Genetics and neurobiology of suicide
5. Helplines best practice.
6. Lived experience
7. Nomenclature.
8. Prevention of intentional pesticide poisoning
9. Risk, resilience and reasons for living.
10. Suicide among older adults
11. Suicide bereavement and postvention
12. Suicide and the media.
13. Suicide and self-harm in middle-aged adults
14. Suicide and the workplace
15. Early Career Group
Acknowledgement
we would like to thank most sincerely

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Our pro bono consultants – our trainers, organisational consultants; mentors and past presidents who continue to give of their professional time and knowledge.

The IASP Trustees – the IASP Executive Committee who give of their time and leadership.

IA SP Central Administrative Team - working in tandem from 4 geographical locations.