

Strategic Overview 2013 – 2018

1. Introduction:

The new strategy builds on many of the elements of the previous strategy and develops much of the thinking of the General Assembly and Council of National Representatives in addressing the issues in preventing suicide. These findings will be presented to the membership for their comments and counsel

2. Context:

It is estimated that there were just over 800,000 suicide deaths worldwide in 2012 (WHO World Suicide Report 2014). Suicide is the 15th most common cause of death worldwide, accounting for about 1.5% of all deaths.

Among adults aged 15-29 years suicide accounts for 8.5% of all deaths and is ranked the second most important cause of death (after traffic accidents).

In high-income countries, the proportion of all deaths due to suicide is more than double the corresponding proportion in low and middle income countries. However, about three-quarters of all suicides occur in the low and middle income countries where a much larger proportion of the world population lives.

Globally, the suicide rate is higher among males than among females however in some countries (notably China) the suicide rate among females is higher than that among males. There is also considerable variation in suicide by age. Globally, incidence is lowest among those aged under 15 years and highest among those 70+ years.

There is a lack of reliable and comprehensive information on suicide attempts what is termed as non fatal self harm. In the absence of any globally standardised approach to case identification and data collection relating to episodes of non-fatal self-harm (whether or not medically treated), it is not possible to provide a valid estimate.

Collaborative activity involving governments, governmental agencies, NGOs, international and national associations, local communities, clinicians, researchers and volunteers is clearly a requisite to increasing awareness of suicide and addressing ways in which suicide can be prevented.

3. Organisational Background:

The late Professor Erwin Ringel in Austria founded the International Association for Suicide Prevention (IASP) in 1960. Initially it consisted of a forum of academic and health professionals and later was extended into an association of organisations and individuals embracing both professionals and volunteers from more than fifty countries. IASP is the key organisation worldwide concerned with suicide prevention and is in official relations with the World Health Organisation.

Key geographical areas in which IASP has a presence:

- Largest number of members in USA (80+).
- Italy (70+).
- Australia (50+).
- Canada, Norway China, UK (20+).
- Germany, India, Japan, New Zealand, Sweden (10+).
- Austria, Belgium, Brazil, Denmark, Estonia, Fiji, Finland, France, Ireland, Netherland, Slovenia, Sri Lanka, Switzerland, Taiwan (5+).
- Bangladesh, Colombia, Hong Kong, Hungary, Greece, Ghana, Indonesia, Iran, Israel, Lithuania, Jamaica, Malaysia, Mexico, Pakistan, Portugal, Singapore, South Africa, Suriname, Thailand, Uganda (2+).
- 19 countries have only one member.

Key strengths of the organisation:

- The skills, motivation and commitment of the membership and its diversity.
- The knowledge and experience base on which it operates.
- Current international positioning and reputation
- Expanding global network.

Key issues IASP encounters:

- Financial constraints.
- Sustaining effective communications systems.
- Ensuring active membership involvement.
- Under representation of membership in certain regions and sectors.

4. Definition:

The International Association for Suicide Prevention (IASP) is a non-profit organisation for those interested and working in the field of suicide prevention.

5. Purpose:

The Association is established to prevent suicidal behaviour, to alleviate its effects and to provide a forum for academicians, mental health professionals, crisis workers, volunteers, and suicide survivors.

6. Organisational Aims:

- To raise awareness of the problem of suicide and suicidal behaviour at a global level.
- To provide a common platform for all representatives engaged in the field of suicide prevention and crisis intervention to share and exchange knowledge, skills and experiences and develop collaboration.
- To encourage the interchange of acquired experience, knowledge and skills in various countries and regions for effective action.
- To facilitate the wider dissemination of effective suicide prevention strategies to key stakeholders.
- To promote programmes of research, especially those that can be pursued through international joint cooperation.
- To develop a forum in which suicide prevention strategies are developed, implemented and evaluated and the results disseminated.

7. Strategic Priorities and Activities

The key areas that have evolved from a review of current activities, the global situation, central role of the membership and Board consensus:

- Facilitation - bringing together networks for the exchange of information and good practice worldwide
- Innovation - initiating suicide prevention activities to address specific needs.
- Communication- making more visible the problem of suicide and the need for prevention at a global level.
- Development - planning, organizing, implementing, and evaluating suicide prevention activities.
- Dissemination – transferring evidence based research and practice in order to provide systematic knowledge, skills and experience at a global level.

7.1 Development of 5 Strategic Activities (SA), 9 Board Tasks (BT) and 7 Programme Case Statements (CS)

7.1.1 Strategic Activities (SA) – 5

1. Global Development – strategic review and evaluation (SA – EA/VS and Board)

Aim: To assess the role of IASP in the current political, social and economic climate.

2. Policy development (SA-SP)

Aim: To establish a robust process within IASP for developing policy positions

3. Development of an IASP Communications Strategy (SA - VC)

Aim: To review and develop a comprehensive communications strategy

4. Development and implementation of an IASP Fundraising Strategy (SA - MS)

Aim: To identify and access potential resources to meet the goals of IASP.

5. Research and Development (SA - EA)

Aim: To identify areas of need that requires a research protocol and initiate relevant studies.

7.1.2 Board Tasks - 9

1. Task Forces/Special Interest Groups (BT- SP)
Aim: To review the operational performance and strategic role of Task Forces (TFs) & Special Interest Groups (SIG)
2. Expand the membership base of IASP (BT - JP)
Aim: To broaden and deepen the membership base of IASP.
3. National Association for Suicide Prevention (BT – MK)
Aim: To establish dynamic national suicide prevention associations.
4. Develop the Role of National Representative (BT –MP)
Aim: To strengthen the role of National Representatives.
5. Monitor and implement the IASP Awards scheme (BT – SP)
Aim: To review the IASP Award schemes
6. Strengthen IASP Congresses (BT – MS)
Aim: To establish an effective congress business model
7. Provision of a dynamic website (BT- VC)
Aim: To develop an integrated online facility
8. Enhanced WSPD (BT – JP)
Aim: To expand the potential for the WSPD.
9. Provision of regular news bulletins (BT – JP)
Aim: To publish current information for the membership.

7.1.3 Project Case Statements - 7

1. Research in Suicide Prevention activities (CS - JP)
Aim: To improve understanding about what works and what doesn't work in suicide prevention.
2. Establish a IASP Mentorship Program (CS – MK)
Aim: To provide mentorship to early career researchers (ECR) starting out in the field of suicidology.
3. Deliver Gatekeeper and Train-The-Trainer programmes (CS – EA)
Aim: To develop a global Gatekeeper and Train-The-Trainer programme.
4. Crisis Special Issue Supplement on the IASP Global Survey on Suicide and Suicide Prevention (CS – EA)
Aim: To analyse regional and country-level data obtained through the IASP Global Survey on Suicide and Suicide Prevention.
5. Enlarge representation of Caribbean Basin in IASP (CS – LB)
Aim: To increase the membership of the IASP in this region
6. Establish uniform nomenclature and classification systems (CS – MS)
Aim: To improve data collection.
7. IASP platform for young professionals in IASP (CS-VC)
Aim: To provide an active network for young professionals in suicide research and prevention in IASP

7.2 Listing of Priorities and Activities

Naturally, Strategic Activities will be a priority for the Board throughout their term of office.

Board Tasks also require be processed and continuing throughout the Board's mandate.

Board Case Statements have been developed, carefully considered and prioritised and taken from a wider selection of potential programmes.

The following order has been agreed and conveyed to CAO (August 2014) and emphasis will be on a search for funding.

Initial focus:

Crisis Special Issue Supplement on the IASP Global Survey on Suicide & Prevention
Caribbean Basin in IASP

Followed by:

Gatekeeper and Train-The-Trainers.
Mentorship Program.
Nomenclature and Classification System.
Young Professionals.

On hold:

Research in Suicide Prevention Activities.

8. Key strategic outcomes of IASP's work

- Increased awareness of suicide, suicidal behaviour and suicide prevention at a global level.
- Greater inter-organisational collaboration resulting in a more consistent and comprehensive global approach to suicide prevention.
- Improved mutual understanding and a sense of community among organisations and individuals working with, and interested in, suicide and its prevention.
- Identification and promotion of effective approaches to suicide prevention through appropriate knowledge exchange activities among researchers, practitioners and programme planners.
- Translation of suicide prevention science into policy and practice through the dissemination of high quality research.

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