



International Association for Suicide Prevention (IASP)

The 5 Year Strategy 2019 – 2023

Introduction

The new strategy builds on the previous strategy (2013 – 2018) and develops the rationale expressed by the past two and current Executive Committees, the General Assemblies and the Councils of National Representatives in addressing the issues of preventing suicide.

Collaboration is again the key theme throughout this strategy in promoting effective evidence-based strategies and the essential delivery of culturally sensitive initiatives. It is designed to encourage and enthuse all sectors to be active partners in joint ventures and agree to be part of the solution in reducing suicide alongside the International Association for Suicide Prevention (IASP).

The IASP Definition, Purpose and Organisational Aims remain the same for this strategy as they form part of the IASP Constitution.

Context

The World Health Organisation (WHO) estimates approximately 800,000 people die due to suicide and that almost 80% of all global suicides occur in the low and middle-income countries LMIC. Among young adults aged 15-29 years suicide is ranked the second leading cause of death. For every suicide there are many more who attempt suicide or have serious suicidal ideation. Suicidal behaviour profoundly impacts families and communities with approximately 135 people affected by each suicide.

Pesticide self-poisoning is the most common means of suicide globally (approximately 20% of all suicides); hanging and firearms are also amongst the most common methods.

There is a lack of reliable and comprehensive information on suicide attempts, 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.

Organisational Background

IASP is dedicated to preventing suicidal behaviour, to alleviate its effects and to provide a forum for academicians, mental health professionals, crisis workers, volunteers and people with lived experience.

IASP was founded in Austria in 1960 and was for many years a small organisation consisting mainly of academics and health professionals. In recent years IASP has evolved into a global association embracing associated organisations and individuals dedicated to suicide prevention.

IASP Key Strengths	IASP Key issues
<ul style="list-style-type: none"> • Offers access to expertise (experience, skills and knowledge). • Strong connections into emerging global suicide prevention issues. • An expanding global reach and networks. • Offers diversity of experience knowledge and skills in the membership across disciplines. • Strong commitment to collaboration and partnerships. 	<ul style="list-style-type: none"> • Financial constraints. • Sustaining effective communications systems. • Under-representation of membership in certain regions and sectors. • Lack of universal political will.

IASP has members in 77 countries of which only 22% are located in LMIC where suicide is most prevalent. Essential to increasing effective strategies in these countries will be the continuing development of stronger regional networks.

Strategic Overview

Four Key Strategic Themes form the core of the strategy over the next five years.

1. Strategic Central Role in Suicide Prevention – Global Action
<p>Collaboration Harnessing a strategic central role that is both proactive and reactive in empowering an effective forum on which evidenced based suicide prevention activities are promoted, implemented and evaluated.</p> <p>Facilitation Bringing together networks for the exchange of information and good practice worldwide.</p> <p>Advocacy and Engagement Guiding policy in the development of suicide prevention strategies and activities.</p>

2. Communications – Global, Community and Organisational

Communication

Increase awareness of suicide and its prevention.

Dissemination

Transferring evidence-based research and practice into systematic knowledge, skills and experience at a global level.

3. Suicide Prevention Activities – Community Action

Innovation

Initiating suicide prevention activities that address specific needs.

Development

Pioneering suicide prevention activities where there is a lack of facilities or resources.

4. The Organisation

Organisational Infrastructure

Strengthening membership, expertise, networks and systems within the association in order to deliver professional services into the global community.

Only with open collaboration throughout all sectors can such ambitious goals be achieved. IASP has made the commitment to drive this campaign forward by strengthening its already established forum on which evidenced based suicide research and prevention activities are promoted, implemented and evaluated.

Guiding policy and increasing the visibility of the issue of suicide at a global level continues to be a priority. Promoting suicide prevention activities to address specific needs is crucial to the success of this strategy as is the transference of evidence-based research and best practice that provides systematic knowledge, globally.

These challenges will therefore only be achieved by strengthening and mobilising resources: membership, expertise, networks and systems, collaboratively. Collaboration with all participants along with combined action will be in all areas of focus.

Strategic Priorities	Strategic Outcomes
<p>1 Strategic Central Role in Suicide Prevention</p> <ul style="list-style-type: none"> • Global role and leadership in suicide prevention. • Collaborative partnerships in suicide prevention activities. • Development of global suicide prevention policies. <p>2 Communications</p> <ul style="list-style-type: none"> • Effective communications strategy. • Dissemination of information and training. <p>3 Suicide Prevention Activities</p> <ul style="list-style-type: none"> • Facilitation of suicide prevention strategies and activities in LMIC. <p>4 The Organisation</p> <ul style="list-style-type: none"> • Organisational growth by reviewing and implementing relevant schemes to increase resources and improve systems. 	<ul style="list-style-type: none"> • Greater inter organisational collaboration resulting in a global strategy in preventing suicide whilst considering cultural differences. • Improved mutual understanding and a sense of community among organisations and individuals working with, and interested in, suicide and its prevention. • Provision of a dynamic forum for the sharing of knowledge from research and programme evaluations and capacity building among researchers, practitioners and programme planners. • Translation of science into practice as a result of promoting specific research. • Increased awareness of suicide, suicidal behaviour and suicide prevention at a global level. • Identification and promotion of new approaches to suicide prevention through their appropriate exposure and debate.

Resources, Timelines and Evaluation

Resources will be assessed and calculated and for each strategic activity, timelines will be allocated. This strategy will be evaluated by the inclusion of evaluation indicators and plan.

Position Statement

IASP leads the global role in suicide prevention by strategically developing an effective forum that is proactive in creating strong collaborative partnerships and promoting evidence-based action in order to reduce the incidence of suicide and suicidal behaviour.

Strategic Activities: 2019 – 2023

1. Strategic Central Role in Suicide Prevention – Global Action

IASP will maintain its key organisational ethos of mutually acceptable and transparent operation in all collaborative partnerships.

IASP collaboration will also be driven by partners' interest to achieve a more effective programme, through a shared vision built on sustainable partnership rather than one-off collaboration. Emphasis is made on the requirement of transparency throughout IASP as an organisation and its relationships with collaborating partners.

Events (congresses, WSPDs, training workshops, community-based initiatives, raising awareness, etc.) will involve relevant partner(s): NGOs, academic and professional institutions, industry. These partners will work together from the inception and design of the specific project through preparation to the completion of its output and beyond.

1.1 Global policy development

IASP will continue to work as a catalyst in bringing together sound research and evidence-based practice in preventing suicide globally.

Aim: To strengthen the forum of expertise who can provide a range of support (training workshops, mentoring, guidelines and advocacy) in the development of global policies and national strategies.

1.2 Policy development and influence.

IASP will develop policy positions to guide the work of the association influence international organisations, national governments, other NGOs; and engage with the media.

Aim: To identify areas in which prepared and agreed policies can be drafted in partnership with collaborators and consultation with the membership.

1.3 Inter organisational collaboration.

IASP will collaborate with relevant organisations (and institutions) where cooperation can be beneficial to IASP's key strategic priorities.

Aim: To reach out to a number of similar organisations strengthening the resolve to reduce the incidence of suicide by forming stronger networks and cohesive approaches to suicide prevention.

1.4 WHO and other United Nations (UN) organisations

IASP will continue to work closely and collaborate with WHO and other relevant UN departments.

Aim: To promote and advance suicide prevention policies and strategies through the collaborative programme agreed every three years with WHO.

2. Communications – Global, Community, Training and Education

The diverse nature of the IASP membership and supporters makes it necessary to deliver a cohesive message in a carefully considered direction. In this global network, extending to nearly 40% of all nations, encompassing the best research and practice in suicide prevention, IASP provides a strong platform for action.

IASP provides training and education through its conference programme and specific training opportunities. Conference workshops have covered a wide range of topics, and specific events are topic led and have focused on Gatekeeper Training (together with Train the Trainer) and Surveillance Training. IASP provides the podium on which to meet the need for sanctioned and culturally sensitive training and education across the field of suicide prevention.

2.1 Communications Strategy

IASP will continue to develop and enhance communications strategically with the advice of relevant experts

Aim: To implement recommendations from the Communications Working Group

2.2 Publications

IASP publications include Crisis Journal, monographs, news bulletins and guidelines most of which are made available on line.

Aim: To produce and disseminate information on suicide prevention effectively and efficiently.

2.3 World Suicide Prevention Day (WSPD)

WSPD was launched on 10 September in 2003 by IASP in conjunction with the WHO. The day has been designated as a way of focusing attention on the problems of suicide worldwide. Specific WSPD suicide prevention activities have taken place in over 70 countries over the past fifteen years with the purpose of raising awareness globally of suicidal behaviour.

Aim: To continue to promote awareness about suicide and its prevention throughout the world

2.4 Conferences: International and Regional

The World Congresses and Regional conferences provide a significant platform for those involved in suicide prevention; from academics and researchers, policy makers, to NGOs and those working in the community. Sessions vary greatly from research outcomes to workshops, training opportunities and a public forum.

Aim: To strengthen and expand the reach of IASP conferences in relevance to global suicide prevention.

2.5 Regional Fora

In addition to the World Congress and Asia Pacific Regional Conferences, IASP has been providing a forum to share knowledge, skills, research and good practices in preventing suicide in the Caribbean region since 2013.

There is a continued need to provide focus to suicide prevention and strategic actions in the Caribbean region and to establish such forums in both the African and Eastern Mediterranean regions.

Aim: To expand the reach of IASP fora, for the facilitation of knowledge and praxis transfer, to regions where discussion or strategic action on suicide prevention is isolated.

2.6 Dissemination

IASP will continue to build on existing and new networks for the dissemination of research and evidenced based practice.

Aim: To be the focal point for the dissemination of relevant information, reports, outcomes, evaluations and praxis transfer amongst appropriate networks.

2.7 IASP Training

The training component of IASP will be consolidated and expanded to provide a diverse range of training modules where a need is presented.

Aim: To position IASP as the source of high quality, relevant and culturally specific training across the breadth of suicide prevention programmes.

2.8 Symposia and Workshops

Symposia and Workshops provide the basis for much requested training needs. Opportunities arise, and requests are received, to hold specific events within the IASP or collaborators' networks throughout the year.

Aim: To identify opportunities to organise, or present at, symposia and workshops where specifically relevant to the topic and audience.

2.9 Best practices in Implementation Science.

“Effective implementation bridges the gap between science and practice by helping to ensure that evidence-based practices validated in the laboratory produce similar outcomes in the ‘real world.’” (Silverman 2018).

Implementation science has become prominently employed in other areas of scientific research and there is a place for it to be explored within the field of suicide prevention. This is the study of methods to promote the integration of research findings and evidence into policy and practice.

It seeks to understand the behavior of professionals and other stakeholders as a key variable in the sustainable uptake, adoption, and implementation of evidence-based practices, programs, and interventions. Implementation is not the validation of evidence-based programs.

Aim: To promote the utilisation of Implementation Science at the regional, national, societal, and local levels, that targets both those currently at-risk and those predisposed to the risk of suicide.

3. Suicide Prevention Activities – Community Action

IASP is both proactive and reactive to the need for community-based Initiatives by providing the forum of expertise in the consulting and mentoring role where a need has been established through a number of exploratory mechanisms. Experts from a global team who hold cultural and diverse skills have supported suicide prevention strategies and programmes in LMIC. Regional networks can also be strengthened through consultation and mentoring.

3.1 Community Based Initiative

Africa, Asia Pacific, Caribbean and Eastern Mediterranean (regions in which suicide prevention activities are less prevalent) continue to be the focus for the next five years. To date IASP has established contacts with local relevant organisations and infrastructures in a number of communities and countries. In all cases, a need for IASP support has been expressed. Required will be a ‘bottom up’ approach that may facilitate the development of a national suicide prevention strategy.

Aim: To identify and develop community-based suicide prevention pilot programmes where a need is requested and IASP partnership is possible.

3.2 New Initiatives

IASP remains alert to possible changes in directions that the organisation may be required to venture due to outside constraints and also opportunities.

Aim: To identify changing trends in global demand and translate into new community action

3.3 Restricted Access to the Means of Suicide: Pesticides

Pesticide as a means of suicide remains a vital matter that continues to need addressing. Broadening the thinking to encapsulate new approaches and implementation to restricting access of pesticides to be the focus.

Aim: To facilitate open discussions and initiatives to address the issues of pesticides suicide.

4. The Organisation

In order to achieve the first three components of this 5-year strategy, it is essential to rationalise organisational growth and be attentive to sustainable capacity building.

4.1 IASP, the organisation

IASP has evolved from a small Austrian NGO, (established in an academic institution in the department of psychiatry), to a medium size international NGO registered under US non-for-profit law. The culture is one of trust, commitment and collaboration; all core values of the organisation.

With significant pro bono (personnel on the Board, advisors, consultants and staff) and “in kind” contributions (office space, travel and communications) the association has grown systematically and thrived over the past 25 years.

However, the time has come to ensure that we build on current professional infrastructures to ensure future organisational sustainability and growth.

Aim: To strengthen IASP infrastructure in order to successfully complete the 2019- 2023 strategic priorities and provide a sound base for the future.

4.2 Membership

IASP membership is at the core of the organisation and remains the focus for all IASP deliverables. Membership has remained at similar levels over the past 5 years and yet many more attend IASP conferences and other forums suggesting that there continues to be potential for growth.

Aim: To broaden the membership base of IASP.

4.3 Special Interest Groups

Special Interest Groups represent multi-disciplinary networks, who work together to pursue a shared interest in a specific and legitimate suicide prevention topic, with a view to making a substantive contribution to improved understanding, practice or policy relating to that topic.

Aim: To empower Special Interest Groups to meet their mandate.

4.4 Early Career Group

Early career researchers, clinicians, healthcare and related professionals play a key role suicide prevention and the activities of IASP. Development of this community group will contribute to capacity building, sustainability and effectiveness of suicide prevention strategy and action in the future.

Aim: To empower a community of early career researchers, clinicians, healthcare and related professionals who will work together to safeguard the future of suicide prevention worldwide.

4.5 National and Regional Representation

The role of the National Representative is significant to IASP. It includes providing an overview on suicide and suicide prevention in their country and as a resource in their country, ensuring that IASP is represented and IASP activities discussed at national meetings related to suicide and suicide-prevention.

Aim: To broaden and strengthen IASP representation nationally and regionally.

4.6 Fundraising Strategy

The current fundraising strategy (2018) was developed in accordance with the organisations earlier strategic activities. In readiness for the development of this next 5-year organisational strategy, the current strategy will continue into 2019 and then will be further developed on reviewing and understanding funding and revenue requirements for the following 4 years.

Aim: To implement a Fundraising Strategy that reflects the international spread of programmes in IASP (a US registered charity).

December 2018