

The
International
Association
for Suicide Prevention:
1960 - 2010

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Abstract

The International Association for Suicide Prevention (IASP) is celebrating its 50th year. Established in Vienna in 1960, by the late Professor Erwin Ringel, IASP is the key Non-Government Organisation (NGO) in official relations with the World Health Organisation (WHO) in addressing suicide. It has membership from over 50 countries and has brought global attention to the unacceptable loss of approximately one million people world-wide who die by suicide each year.

Historical overview



Erwin Ringel

International Association for Suicide Prevention (IASP) grew from a meeting convened by the late Professor Erwin Ringel in Vienna, Austria, in September 1960. In 1955, Professor Ringel, in cooperation with the Catholic Church and the Catholic welfare organisation, Caritas, founded a suicide prevention centre in Vienna. A team of psychiatrists, doctors, social workers, psychotherapists, psychologists, lawyers, and pastoral workers was established and the centre was given the name “Lebensmüdenfursorge” or “The Centre for Care of those Tired of Living”. It was arranged that those who had attempted suicide would be admitted to the detoxification ward of the University Psychiatric Clinic, and that aftercare would be provided by Lebensmüdenfursorge.

The cooperative work in the Centre and the associated study by Professor Ringel that produced his seminal contribution, *The Pre-Suicidal Syndrome*, provided the stimulus for a meeting in Vienna which was the basis for the foundation of IASP. The initial meeting was attended primarily by mental health professionals from Europe and was devoted entirely to the subject of the etiology and prevention of suicide.



Norman Farberow

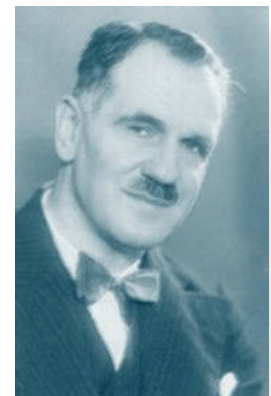
The IASP became world-wide with its second conference in Copenhagen, Denmark in 1963, with participation of clinicians from North America and the Far East. Since then, biennial conferences have



Walter Pöldinger,

been held regularly in many parts of the world, bringing the magnitude of the problem of suicide to the attention of the world’s scientific, clinical, volunteer, community, and government organisations. Membership of IASP comes from over 50 countries in all continents, with a national representative identified in each. Encouraged by their IASP members, a number of these countries have developed their own national suicide prevention associations.

The original constitution was written by Professors Erwin Ringel and Norman Farberow in 1962, while the latter was on a sabbatical year in Vienna. They were assisted in the formulation of the constitution by frequent consultations with a colleague, Professor Walter Pöldinger, and with Dr Vera Aigner, a Viennese government attorney. Another early stalwart of IASP was Professor Erwin Stengel, whose liaison with the Samaritans in England was particularly influential. The Association was officially registered in Vienna in 1965, and thereafter the Secretariat was maintained in Vienna until 1995, when it moved to Chicago in the United States of America. In 2000 it moved to South West France, and since April 2010 the Central Administrative Office has been in Oslo, Norway, where it is hosted by the Norwegian National Centre for Suicide Research under the leadership of Professor Lars Mehlum, at the University of Oslo.



Erwin Stengel

In the early 1990s, the Executive Committee, the elected body of the association, embarked on an extensive review of suicide prevention activities from within the membership and externally from collaborative partners. Much of the thinking of the General Assembly and Councils of National and Organisational Representatives was incorporated and four strategic priorities were identified for IASP, in keeping with its organisational aims. These were:

- Enhancing visibility to ensure that IASP is more available to its external audience – the worldwide community in which it serves.
- Improving systematic knowledge transfer by bringing together the collective knowledge of the membership and related organisations in order to establish best practices and knowledge in the field of suicide prevention
- Promoting suicide prevention activities by taking an innovative stance to encourage a more proactive role in identifying and addressing these issues
- Strengthening the infrastructure of IASP in order to provide the environment in which interactions between members may be activated

Objectives of IASP

The following objectives of IASP were formulated by the Executive Committee:

- To provide a common platform for all representatives of the many professions who are engaged in the field of suicide prevention and crisis intervention
- To bring together the available knowledge and expertise for effective action
- To encourage the interchange of acquired experience in various countries and regions
- To promote the establishment of national organisations for suicide prevention
- To facilitate the wider dissemination of the fundamentals of effective suicide prevention to professional groups and to the general public
- To arrange for specialised training of selected persons in the area of suicide prevention in selected training centres
- To carry out programs of research, especially those which can be pursued through international joint cooperation



These objectives were addressed initially by establishing a Newsletter, *Vita*, in 1965, which was the forerunner to the Association's journal, *Crisis: The Journal of Suicide and Crisis Studies*, which has been published since 1980. Extraordinary commitment from successive editors (Table 1) has resulted in a high calibre scientific journal of international repute.

Some national associations have also published their own journals, including *Suicide and Life-Threatening Behavior* in America since 1971; *Suizidprophylaxe: Theorie und Praxis* in Germany since 1974; *Bulletin de Groupement d'Etudes et de Prevention du Suicide* in France since 1982; *Giornale Italiano di Suicidologia* in Italy since 1991; and *Nytt i Suicidologi* in Norway since 1995. In addition, a number of other National organisations publish Newsletters disseminating suicide prevention information.

TABLE 1	Editors & Co-editors of CRISIS	Country
1980 – 1982	Professor Hermann Pohlmeier	Germany
1983 – 1991	Professor Raymond Battegay	Switzerland
1992 – 1999	Professor David Clarke	USA
1992 – 2003	Professor Ad Kerkhof	The Netherlands
2000 – 2008	Dr John Connolly	Ireland
2004 – 2009	Professor Annette Beautrais	New Zealand
2008 –	Professor Diego de Leo	Australia

Activities of IASP

The international nature of IASP is attested to by the diversity of office holders and the widespread geographical locations of its conferences. Executive Committee members have come from Australia, Austria, Belgium, China, Denmark, Finland, France, Germany, Greece, Hong Kong, India, Ireland, Italy, Japan, Malaysia, the Netherlands, New Zealand Norway, Pakistan, Slovenia, South Africa, Sweden, Switzerland, the United Kingdom, and the United States of America. A list of Presidents is provided in Table 2.

TABLE 2	Presidents of IASP	Country
1961 – 1971	Erwin Ringel	Austria
1971 – 1973	Erwin Stengel	United Kingdom
1973 – 1979	Norman Farberow	USA
1979 – 1985	Walter Pöldinger	Switzerland
1985 – 1989	Kalle Achte	Finland
1989 – 1991	Nils Retterstøl	Norway
1991 – 1995	David Lester	USA
1995 – 1997	Jean-Pierre Soubrier	France
1997 – 1999	Robert Goldney	Australia
1999 – 2003	Diego De Leo	Australia
2003 – 2005	Lars Mehlum	Norway
2005 – 2009	Brian Mishara	Canada
2009 – 2011	Lanny Berman	USA

Venues for the 24 biennial congresses have been Vienna, Copenhagen, Basel, Los Angeles, London, Mexico City, Amsterdam, Jerusalem, Helsinki, Ottawa, Paris, Caracas, Vienna, San Francisco, Brussels, Hamburg, Montreal, Venice, Adelaide, Athens, Chennai, Stockholm, Durban, Killarney, and Montevideo, and the next in 2011 is to be in Beijing.



Whilst membership of this unique multidisciplinary organisation comes primarily from the mental health professions, additional members come from such disciplines as sociology, social work, anthropology, medicine, public health, education, corrections, probation, coroners/medical examiners, pathology, and philosophy. As well, IASP has an active membership from the voluntary sectors such as the Samaritans, Lifeline, and the International Federation of Telephonic Emergency Services (IFOTES). Close relations are also maintained with survivor groups in a number of different countries.

IASP has promoted scientific enquiry by establishing several prestigious Awards: the Stengel Research Award for significant research contributions to the understanding and prevention of suicidal behaviour; the Ringel Service Award for outstanding contributions to the provision of suicide prevention services; the Farberow Award for outstanding contributions in the field of caring for survivors who have been bereaved through suicide, a group whose distress has often been overlooked; and more recently the De Leo Award for contributions to the development of suicide research in a developing country. The recipients of these awards are provided in Tables 3 – 6.

STENDEL RESEARCH AWARD

TABLE 3	Recipients	Country
1977	Menno Boldt	Canada
1979	René Diekstra	The Netherlands
1981	Jean-Pierre Soubrier	France
1983	Joukko Lonqvist	Finland
1985	Gernot Sonneck	Austria
1985	Jan Beskow	Sweden
1987	Robert Goldney	Australia
1987	Cynthia Pfeffer	USA
1989	Paul Cosyns	Belgium
1989	Jan Wilmotte	Belgium
1991	Diego De Leo	Italy
1993	Danuta Wasserman	Sweden
1995	Keith Hawton	United Kingdom
1997	Armin Schmidtke	Germany
1999	Alec Roy	USA
2001	Antoon Leenaars	Canada
2003	Israel Orbach	Israel
2005	Kees van Heeringen	Belgium
2007	John Mann	USA
2009	Mark Williams	United Kingdom

RINGEL SERVICE AWARD

TABLE 4	Recipients	Country
1995	Zhai Shu Tao	P.R. China
1997	Yuko Saito	Japan
1999	Vanda Scott	France
2001	Lars Mehlum	Norway
2003	Jay Nagdimon	USA
2007	Lakshmi Ratnayake	Sri Lanka

FARBEROW AWARD

TABLE 5	Recipients	Country
1997	Onja Grad	Slovenia
1999	Karen Dunne Maxim Ed Dunne	USA
2001	Sheila Clarke	Australia
2003	Jerry & Elsie Weyrauch	USA
2005	Karl Andriessen	Belgium
2007	Kari Dyregrov	Norway
2009	Frank Campbell	USA

DE LEO FUND AWARD

TABLE 6	Recipients	Country
2009	Alireza Ahmadi	Iran

As noted before, IASP has been the forerunner of a number of national associations for suicide prevention. These groups are affiliated with IASP and provide members with the opportunity to work at a national level on aspects of suicide prevention relevant to their own country, while retaining their international links. A more specialized research group, the International Academy for Suicide Research, has also evolved from the membership of IASP. It retains close links with IASP in terms of cooperation on scientific projects and conferences and has been responsible for the publication of the innovative research journal, *The Archives of Suicide Research*.

IASP has been a co-sponsor of the biennial European Symposium on Suicide and Suicidal Behaviour, with the 13th meeting being held in Rome in September 2010. It also sponsors the biennial Asia Pacific Regional Conference, which held its 4th meeting in Brisbane in November 2010.

Since 2003, IASP has also sponsored, in collaboration with the WHO, a World Suicide Prevention Day (WSPD) on the 10th of September each year. WSPD is a significant communication-based event aimed at reaching national organisations, Governments and the general public, giving a singular message that suicide can be prevented. The theme of WSPD since 2003 are listed in Table 7.

TABLE 7	Themes of World Suicide Prevention Day
2003	Suicide can be Prevented
2004	Saving Lives, Restoring Hope
2005	Prevention of suicide is everybody's business
2006	With Understanding, New Hope
2007	Suicide Prevention across the Life Span
2008	Think Globally. Plan Nationally. Act Locally
2009	Suicide Prevention in Different Cultures
2010	Many Faces, Many Places: Suicide Prevention across the World
2011	Preventing Suicide in Multicultural Societies



Based on the premise of full collaboration of all global associations in which suicide prevention is a significant activity, IASP spear-heads the activities and works closely with its member associations and the WHO.



In recent years WSPD has been observed in more than 40 countries with more than 100 educational and commemorative events, press briefings and public conferences, while Internet, Facebook and Twitter coverage has ensured millions of people around the world are linked to WSPD activities on September 10th. The Launch is held in a number of international sites such as Geneva, United Nations in New York, and Washington. Brochures promoting suicide prevention, now available in 30 different languages, are distributed widely on this day.

IASP has official status as a NGO with the WHO of the United Nations, and a number of its members have held office in the World Federation for Mental Health. This has resulted in scientific and educational collaborations with many nations, particularly in providing advice on the interpretation of suicide data, the dissemination of suicide prevention information, and the provision of the basic principles of suicide prevention services. There has also been collaboration with the international pharmaceutical industry in providing educational material in regard to the recognition and management of depression, the condition most commonly associated with suicidal behaviour, and in combating the use of pesticides as an agent of suicide in developing countries. IASP has also sponsored educational programs in suicide prevention, most recently in Sri Lanka, Uganda and South America.



Lockable storage box with message: "Poison is not the answer for anger, pain and despair. Talk to a trusted friend about your feelings of anger and sadness. Remember to keep all pesticides and poisons out of reach, safely locked in a box."

International research cooperation has emphasised the fact that suicide is a complex phenomenon and that theories of causation and programs of treatment in one country may not be applicable to others. Thus, sophisticated programs for early identification, assessment and treatment of mental disorders initiated successfully in highly developed countries such as Finland and Norway may not be applicable for less developed countries, in which the public health concerns are mostly about physical health maintenance and environment control. Attention to the predominant method of suicide is also important, as illustrated by the fact that focusing on the most common methods of suicide would result in programs on firearms control in the United States, while countries such as Sri Lanka, Malaysia, Western Samoa, and Central America would place the highest priority on the restrictions and control of organophosphate pesticides. It is only through fostering an exchange of views and experiences that such differences can be noted and common ground reached.

Much remains to be done in reducing the burden of suicide. As an international organisation, IASP is in a unique position to promote research activities comparing the critical contributions of culture to the etiology of suicide in respective nations. Anthropologists can be enlisted to join mental health researchers in examining cultural differences and similarities in family relationships, social values, critical taboos, and so forth. Separately and jointly the domains of early family experiences, physical conditions and medical illness, neurobiological status, psychiatric disorders, personality traits, and others, can be compared by representatives of the various disciplines to gain an understanding of the significance of these diverse etiological factors in suicidal behaviour.



The construction of the IASP Internet website, initially hosted by the University of Oslo National Centre for Suicide Research, which has links to other international and national organisations and research centres, has also contributed to suicide prevention initiatives. It provides access in four languages, French, Spanish, Chinese and English, to brochures, abstracts, fact sheets, and other information about suicidal behaviour and its prevention. These can be readily modified to suit local, national, and regional needs. Particular areas highlighted on the site include: suicide and the media, postvention (suicide

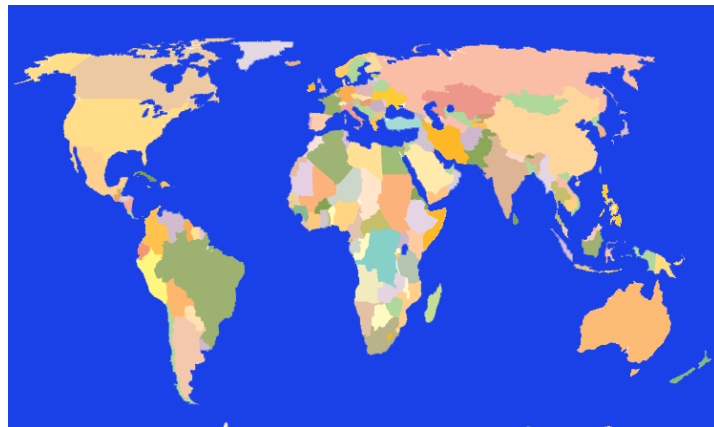
bereavement), delineation of groups at risk, and information about a number of Task Forces. These comprise: Suicide in prisons, Suicide in the elderly, National systems for certifying suicidal death, Helpline best practice, Defence and Police suicide, Emergency Medicine and suicidal behaviour, Suicide and the Workplace, and the Genetics and Neurobiology of suicide.

The development of IASP to this extent has been made possible not only by the advent of electronic communications but also by the appointment in 2005 of the first part-time paid administrative officer in the Central Administrative Office. With the move to Oslo in 2010 this role has been expanded to meet increasing demands from a global membership and to promote the main objective of the association, namely the prevention of suicide. This represents a major advance in the ability of IASP to communicate and liaise effectively with individuals and organisations worldwide.

Conclusion

Increased coordination of efforts to prevent suicide worldwide is clearly needed. Yet we face significant challenges in the implementation of such efforts. Recognition of the extent of suicide as a serious public health problem, with its ranking amongst the first ten causes of death in many countries, has not been accompanied by the funding needed to achieve the desired objectives of a reduction in suicide rates across the world.

Historically, the introduction of programs to reduce both suicide per se and its associated suffering has largely been accomplished by the ingenuity and creativity of individual clinic centre directors, research professionals and dedicated volunteers and survivors utilising foundation grants and philanthropic donations. In more recent times, IASP has been able to provide the support of an umbrella organisation and facilitate coordination of the efforts of many individuals and groups across the world, thereby offering a powerful voice advocating for suicide prevention.



When IASP was founded 50 years ago, there was little government recognition of the magnitude of the problem of suicide world wide, and official statistics, when available, were not reliable. It is now estimated by the WHO that each year about 1 million people die by suicide, clearly a human tragedy. This represents an enormous public health challenge that IASP is well placed to address now and in the future on a global level.

Acknowledgements

The contributions of Professor Norman Farberow and the late Professor Nils Retterstøl to an earlier history of IASP are acknowledged.

The assistance of Mr Kenneth Hemmerick with designing and formatting this paper is also acknowledged.

Authors

Robert Goldney is Emeritus Professor of Psychiatry at the University of Adelaide. For more than 35 years he has been involved in suicidology, through research, teaching, clinical practice and active engagement with NGOs. He is the author of multiple books and publications in this field. In 1987 he received the IASP Stengel Research Award for outstanding research in suicide and he was President of IASP from 1997-1999.

Anthony Davis is a consultant psychiatrist in Adelaide, working in teaching hospital, university and private practice settings since 1980. He is actively engaged in under-graduate and post-graduate teaching and clinical practice involving the assessment and management of suicidal people. He has been involved with IASP since 1993 and is currently General Secretary of the association.

Vanda Scott has had a lengthy career in NGOs at a global level and has been active in the development of IASP. In 1999 she received the IASP Ringel Service Award for her outstanding contribution to suicide prevention. In 2007 she was awarded the OBE for her work in international collaboration in suicide prevention. She is currently the Development Consultant of IASP and Founding Director of Big White Wall.com – an internet emotional support website.

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