



**International
Association
for Suicide
Prevention**

International Association for Suicide Prevention

Abstract Book

19th – 22nd

September 2023

IASP 32nd World Congress

In partnership with



**Slovene
Centre for
Suicide
Research**

DETAILED TABLE OF CONTENTS

| | |
|---|-----------|
| PRECONGRESS WORKSHOPS | 31 |
| Pre-Congress Workshops September 19, 2023, commencing 9:00 AM | 31 |
| IASP Partnerships for Life Workshop..... | 31 |
| IASP Lived Experience Special Interest Group: Improving integration and partnership with people with lived experience of suicide..... | 31 |
| IASP Early Career Workshop: Participants will engage in individual and group activities to map the existing strengths and opportunities in their organisations, communities or countries to develop and strengthen lived experience partnership and inclusion. | 32 |
| IASP Suicide and the Workplace Special Interest Group Workshop: Researched-Based Rationale for Workplace Suicide-Prevention and Programmatic Outcomes. | 32 |
| Mental Health Promotion and Intervention in Occupational Settings: MENTUPP..... | 32 |
| Youth interventions for suicide: Building evidence base and dissemination at scale. LivingWorks SafeTALK for young people workshop and panel..... | 33 |
| Opening Keynote September 19, 2023, 5:00 PM – 6:30 PM | 34 |
| Chair: Diego De Leo | 34 |
| Suicide prevention at the global level: taking action towards achieving SDG indicator 3.4.2.... | 34 |
| Real world data for suicide and self-harm prevention- what gets counted matters..... | 34 |
| Suicide Loss as a Crisis of Meaning: Implications for Grief Therapy | 35 |
| Closing Keynote September 22, 2023, 5:30 PM – 6:00 PM..... | 35 |
| Chair: Vita Postuvan..... | 35 |
| The Worm at the Core: On the Role of Death in Life: Implications for Suicide Prevention | 35 |
| PLENARY | 35 |
| Plenary Session 1 – September 20, 2023, 9:00 AM – 10:30 AM..... | 35 |
| Does having a national suicide prevention strategy make a difference? | 35 |
| Identifying patients at high-risk of suicide: the problem of using big data to make treatment decisions | 36 |
| From likes to lifelines: The role of social media in suicide prevention | 36 |
| Plenary Session 2 – September 20, 2023, 11:00 AM – 12:00 NOON | 36 |
| Ageism, human rights and suicide in old age | 36 |
| Are there some premature deaths we should not prevent? Suicide prevention when Medical Assistance in Dying (Euthanasia and Assisted Suicide) is available..... | 37 |
| Social Inequality and Suicide Prevention | 38 |
| We can't afford not to talk about it. Economics, self-harm and suicide..... | 38 |
| Refugees: A Mediterranean perspective | 39 |
| SPECIAL LECTURES | 40 |
| Special Lecture 1 – September 21, 2023, 11:00 AM – 12:30 PM..... | 40 |

| | |
|---|-----------|
| Gone Too Soon: Priorities for Action to Prevent Premature Mortality Associated with Mental Illness and Mental Distress | 40 |
| Can the principles of South-South Collaboration be applied to Suicide Prevention in LMICs? Rethinking national suicide prevention strategies..... | 40 |
| Special Lecture 2 – September 21, 2023, 11:00 AM – 12:30 PM | 41 |
| Suicidal Behavior and the DSM 5: Should it be an Independent Diagnosis? | 41 |
| After Risk, personal, clinical, and institutional responses the extreme weakness of suicide risk assessment..... | 41 |
| Contradictory findings and the nature of truth in suicide research | 43 |
| Special Lecture 3 – September 21, 2023, 14:00 AM – 14:50 PM..... | 43 |
| Media and suicide: The roles of narratives for suicide prevention..... | 43 |
| Is it the Narrative that Counts? Rethinking How We Approach Responsible Media Reporting Recommendations..... | 43 |
| Special Lecture 4 – September 21, 2023, 14:00 AM – 14:50 PM..... | 45 |
| COVID and Suicide Prevention: did we all panic unnecessarily, or should we still be concerned?..... | 45 |
| Loneliness and suicide prevention: the influence of loneliness on suicidality and opportunities for intervention | 45 |
| PANELS | 46 |
| Panel Session 1 – September 20, 2023, 12:05 PM – 13:00 PM..... | 46 |
| Panel 1 Suffer in silence no more: Suicide prevention in clinicians and academicians through the lens of lived and living experience. | 46 |
| Round Table: Partnerships for Life – Funding and resourcing strategic activities..... | 46 |
| Panel 2 The legacy of suicide – can postvention be prevention? | 46 |
| Round Table: Open Sciences | 46 |
| Panel Session 2 – September 22, 2023, 13:30 PM – 14:20 PM..... | 47 |
| Round Table: Risk Factors and Social Determinants — have these changed?..... | 47 |
| Panel 3 Beyond Changes to the Law — What Decriminalization Does for Suicide Prevention .. | 47 |
| In Conversation..... | 47 |
| Panel 4 How can Tech Policy collaborate with researchers?..... | 47 |
| The Great Debate – September 22, 2023, 16:30 PM – 17:30 PM | 48 |
| Researching gender differences in suicide: Risk or reward? | 48 |
| PECHA KUCHA | 48 |
| Pecha Kucha – September 20, 2023, 19:00 PM – 22:00 PM Hotel Piran Rooftop Bar. | 48 |
| Suicide-related internet use offline | 48 |
| Intimate-partner violence and suicide in women | 49 |
| Anticipating a suicide attempt using daily diary data..... | 49 |
| Death as a Statement: Suicide among Indian Women | 49 |

| | |
|---|-----------|
| The Hope Exchange: Using Internet Advertisements for Suicide Prevention..... | 49 |
| Is it really too hard and risky to involve young people with lived and living experience in suicide research? | 50 |
| Sounds and silence: using arts-based research methods to engage community groups in U.K. suicide prevention | 50 |
| Suicide in the workplace: Impact, cultures and identities. | 50 |
| SYMPOSIUM | 51 |
| Symposium #1 YOUTH: Centre of Research Excellence for reducing suicidal thoughts and behaviours in young people presenting for health care – program update, September 20, 2023, 4:30 PM – 6:00 PM..... | 51 |
| Preventing suicide by reforming access to mental health services in Australia | 51 |
| Unemployment and underemployment are causes of suicide: new evidence from Australia..... | 51 |
| Trajectories of suicide ideation, functioning and symptom severity in young people presenting for care..... | 52 |
| Service implementation and evaluation of a novel youth-focused suicide prevention aftercare service in Melbourne, Australia..... | 52 |
| Emergency department utilisation and service provision following self-harm and suicide ideation by age group, gender, and cultural and/or linguistic diversity: a longitudinal analysis . | 53 |
| Symposium #2 Preventing suicide in boys and men — Building the evidence base, September 22, 2023, 9:00 AM – 10:30 AM | 53 |
| Interviews with parents of adolescent males who received a school-based upstream suicide prevention intervention — a ‘Breaking the Man Code’ workshop..... | 53 |
| Implementation evaluation of a cluster RCT to improve suicide prevention literacy in a manufacturing setting..... | 55 |
| The Mental Health First Aid ‘Conversations about Suicide’ trial..... | 55 |
| The opinions of Australian men regarding a music video intervention aimed at promoting help-seeking among men for mental health difficulties..... | 55 |
| What works to engage men in suicide prevention research, interventions and services?..... | 56 |
| Symposium #3 Impact of suicide and online interventions for people bereaved by suicide: SIG Suicide Bereavement and Postvention, September 20, 2023, 4:30 PM – 6:00 PM | 56 |
| Experiences and needs of United Kingdom (UK) National Health Service (NHS) staff following a colleague death by suicide | 56 |
| Consequences of assisted suicide for the bereaved family members: A systematic review and case illustrations | 57 |
| ESPOIR: The development of an online resource for people bereaved by suicide | 57 |
| Postvention in a Post-Pandemic World: The Need for Virtual Interventions to Support Survivors of Suicide Loss..... | 58 |
| ESPOIR: The development of an online resource for people bereaved by suicide | 58 |
| Postvention in a Post-Pandemic World: The Need for Virtual Interventions to Support Survivors of Suicide Loss..... | 59 |

| | |
|---|----|
| Efficacy of an Online-Group Intervention after Suicide Bereavement: A Randomized Controlled Trial..... | 60 |
| Symposium #4 Implementation of evidence-based clinical care for self-harm in ED settings, September 20, 2023, 4:30 PM – 6:00 PM..... | 60 |
| Factors Influencing Emergency Department Staff Decision-Making for People Attending in Suicidal Crisis: A Systematic Review | 61 |
| The impact and implementation of a national clinical programme for the management of self-harm and suicide-related ideation in emergency departments | 61 |
| ReachCare: Pilot trial of a technology-assisted intervention for suicidality in and after the ED | 62 |
| Improving access to psychosocial assessments and aftercare following self-harm via engagement with patients, clinicians and policymakers..... | 62 |
| Symposium #5 Pesticide bans, safety barriers, the role of policy and commercial determinants on implementing means restriction of suicide globally, September 20, 2023, 4:30 PM – 6:00 PM | 63 |
| Pesticide regulation as means restriction and what makes it effective: literature review..... | 63 |
| The Early Impact of a National Paraquat Ban in East and West Malaysian hospitals. | 64 |
| Evidence for the effectiveness of means restriction for reducing jumping and rail suicide | 64 |
| Shining a light on the commercial determinants of suicide: broadening the lens on suicide and self-harm prevention..... | 65 |
| Symposium #6 Examining the feasibility and effectiveness of a Safety Planning Group Intervention and a Safety Planning mobile app (SafePlan)., September 20, 2023, 4:30 PM – 6:00 PM..... | 65 |
| Comparing the effectiveness of a brief Safety Planning Group Intervention (SPGI) between acute and chronically suicidal individuals. | 65 |
| Assessing the efficacy of a Safety Planning Group Intervention in increasing occupational competence and reasons for living in a suicidal population..... | 66 |
| The impact of a Safety Planning Intervention Group delivered with adults attending mental health services on suicidality, interpersonal needs and hopelessness..... | 66 |
| The Acceptability and Feasibility of a Safety Planning Group Intervention (SPGI) for Suicidality | 67 |
| SafePlan: A pilot randomised control trial of a safety planning mobile app | 67 |
| Symposium #7 Crisis Lines Across Countries, Cultures and Communities., September 20, 2023, 4:30 PM – 6:00 PM..... | 68 |
| The Multidimensional Lifeline Call – Lifeline Northern Ireland..... | 68 |
| Heuristics in Crisis Intervention – Distress and Crisis Ontario..... | 68 |
| Befrienders for Seafarers | 69 |
| Symposium #8 Workplace Suicide Prevention Strategy Workplace SIG, September 20, 2023, 4:30 PM – 6:00 PM..... | 69 |
| H.O.P.E. Certification -- Implementing the National Guidelines for Workplace Suicide Prevention: Lessons Learned from the New York State Pilot” | 69 |
| Building strategies for mitigating psychosocial risks of work in a Brazilian large publicly-held oil, natural gas and energy company..... | 70 |

| | |
|--|----|
| Galvanizing a Suicide Prevention Movement in the Construction Industry | 71 |
| Symposium #9 Introducing ASSIP to real world clinical practice: Treating patients with suicidal behavior, September 20, 2023, 4:30 PM – 6:00 PM | 71 |
| Treatment of suicidal behavior with the ASSIP brief therapy | 72 |
| ASSIP vs. Crisis Counselling: Findings of a Randomized Clinical Trial and Outcome Predictor Analysis | 72 |
| Clinical characteristics and site differences of suicide attempters referred to ASSIP in Sweden | 73 |
| Real World Effectiveness of ASSIP in the United States: Baseline Data from a Randomized Controlled Trial | 73 |
| The application of ASSIP in the treatment of people with intellectual disabilities | 73 |
| Symposium #10 National suicide prevention strategies: progress and challenges, September 21, 2023, 4:30 PM – 6:00 PM | 74 |
| Considerations in planning national suicide prevention program: experience from India..... | 74 |
| What do people with lived experience of suicide want to see in suicide prevention strategies? | 74 |
| Evaluation of suicide prevention in 10 municipalities with the highest suicide rates in Lithuania | 75 |
| The IASP Partnerships for Life (PfL) program and its significance for the Eastern Mediterranean Region (EMRO)..... | 75 |
| Transfer and pilot implementation of (selected elements of) the Austrian Best Practice on Suicide Prevention “SUPRA” in 17 EU-countries (JA ImPLEMENTAL): The way to national suicide prevention strategies? | 76 |
| Symposium #11 Multimodal Approaches to Preventing Suicide in Schools: A Four Country Comparison, September 21, 2023, 4:30 PM – 6:00 PM | 76 |
| Multimodal Approach to Preventing Suicide in Schools (the MAPSS project)..... | 76 |
| Evaluation of safeTALK suicide alertness gatekeeper training with 16–18 year old young people across youth work settings in Ireland..... | 77 |
| Developing and testing the effectiveness of a blended intervention to reduce suicidal ideation in Chilean secondary schools: Preliminary results of a pilot Cluster Randomized Controlled Trial | 77 |
| Multimodal Approach to Preventing Suicide in Schools (MAPSS): A pilot study of an integrated response to suicide risk among secondary school pupils in the UK | 78 |
| Symposium #12 Development and evaluation of support systems and services for people bereaved by suicide: SIG Suicide Bereavement and Postvention, September 21, 2023, 4:30 PM – 6:00 PM..... | 78 |
| Developing postvention guidance for UK National Health Service (NHS) staff and their supporters following a colleague death by suicide | 79 |
| Utilisation of postvention supports: A cross-sectional survey of adults bereaved by suicide in Ireland | 79 |

| | |
|---|----|
| Identifying Good Practice in a Community-based Postvention Support Service: Findings from a Mixed Methods Evaluation study in the UK..... | 80 |
| Postvention in Brazil: An update and proposal of adjustments based on suicide survivor and stakeholders needs..... | 80 |
| How to support adolescents bereaved by suicide or other traumatic death: The views of counselors..... | 81 |
| Symposium #13 Innovative Strategies in Workplace Suicide Prevention Workplace SIG, September 21, 2023, 4:30 PM – 6:00 PM | 81 |
| The importance of having an intersectoral team to put mental health on the priorities of a large publicly-held oil, natural gas and energy company’s agenda: lessons learned..... | 82 |
| Soul Exhaustion and Workplace Suicide Prevention and Postvention | 83 |
| Symposium #14 Psychosocial needs-based assessment for understanding and responding to self-harm and suicidality: Evidence, best practice, and application., September 21, 2023, 4:30 PM – 6:00 PM | 84 |
| Suicide risk management in mental health practice: Shifting away from risk prediction to providing help that may reduce risk | 84 |
| Systematic Tailored Assessment for Responding to Suicidality protocol (STARS-p): Long term protocol utility and perspectives of mental health professionals and people with a lived experience of suicide. | 85 |
| Symposium #15 Understanding and preventing suicide risk in men, September 21, 2023, 4:30 PM – 6:00 PM | 85 |
| Development and initial evaluation of an online suicide prevention tool for males in Germany | 86 |
| Evaluation of the Men in Mind training program for mental health practitioners | 86 |
| Efficacy of an E-Learning program for relatives of men with suicidal ideation: A randomized controlled trial..... | 86 |
| A case series study of an innovative community-based brief psychological model for men in suicidal crisis..... | 87 |
| Suicide ideation and affect regulation in men: examining associations with ecological momentary assessments | 87 |
| Symposium #16 Understanding suicide and prevention throughout the criminal justice system, September 21, 2023, 4:30 PM – 6:00 PM | 88 |
| Suicide in adolescents exposed to the youth justice system: A 22-year retrospective data linkage study | 88 |
| Suicide in adults under supervision of probation services: Causes, risk factors, and opportunities for prevention | 88 |
| What are we missing? Using multiple perspectives to understand suicide in probation settings | 89 |
| Prevention of Suicide in Prisons: Enhancing Access to Therapy | 89 |
| Symposium #17 A Tale of Two Countries: Evaluation Results from Multi-Level Community Suicide Prevention Programmes in Australia and Canada, September 22, 2023, 9:00 AM – 10:30 AM. | 90 |
| The Australian LifeSpan Framework | 91 |

| | |
|---|-----|
| Main Findings from the Evaluation of the LifeSpan Trial..... | 91 |
| The Canadian Roots of Hope Model..... | 91 |
| Main Findings from the Evaluation of Roots of Hope Pilot Project..... | 91 |
| Symposium #18 Improving the availability and quality of administrative data on suicide deaths in developing countries, September 22, 2023, 9:00 AM – 10:30 AM | 92 |
| Suicide data in Pakistan: challenges and way forward..... | 92 |
| Suicide data in Kenya: strengthening suicide surveillance and monitoring..... | 93 |
| Situating suicide deaths within the broader context of under-reporting and mis-reporting of deaths in India | 93 |
| Self-harm and suicide prevention in Ghana: collecting and improving high-quality actionable data | 93 |
| Symposium #19 Resilience, recovery, protective factors in youth suicide prevention, September 22, 2023, 9:00 AM – 10:30 AM..... | 94 |
| What protective factors for suicidal ideation are present in adolescence and have a continued effect in adulthood? | 95 |
| Suicide in young adults: protective factors, help seeking and needs for help and support | 95 |
| Effectiveness of Silver, a serious game aimed at improving mental health in adolescents: A randomised controlled trial | 96 |
| Factors associated with recovery from suicidality in youth aged 0–25 years: a scoping review | 96 |
| Symposium #20 Journey of maximizing efforts towards suicide prevention in Pakistan through culturally relevant suicide prevention strategies, September 22, 2023, 9:00 AM – 10:30 AM... | 96 |
| Culturally adapted Manual Assisted Problem-solving intervention for suicidal ideation in the Elderly (CMAP-E): A Pilot Study Protocol from Pakistan | 97 |
| Findings from a Multicentre Randomized Controlled Trial for self-harm and Suicide Prevention in Adults in Pakistan..... | 97 |
| Perceived Usefulness of a Culturally Adapted Manual Assisted Problem-solving (CMAP) intervention: A qualitative study nested in a multicentre trial | 98 |
| Effectiveness of Youth culturally adapted manual assisted intervention (YCMAP) for suicide prevention in Pakistan | 98 |
| Implementing Capacity & Capability building research framework for self-harm and suicide prevention as part of the South Asia Harm Reduction Movement..... | 98 |
| Symposium #21 The role of social media in self-harm and suicide prevention, September 22, 2023, 9:00 AM – 10:30 AM | 99 |
| What we know (and don't know) about how suicide and self-harm social media content impacts mental health outcomes | 99 |
| Understanding user views of online platform messaging related to self-harm and suicide content..... | 99 |
| Developing guidelines for safe online communication about self-harm and suicide: What do young people and professionals think? | 100 |
| Adapting #chatsafe for Aotearoa New Zealand | 100 |

| | |
|---|-----|
| Social media and self-harm, lessons learned from both general population and vulnerable adolescents in Norway | 101 |
| Symposium #22 Prevention of suicide in public places, September 22, 2023, 9:00 AM – 10:30 AM..... | 101 |
| Railway suicide in Australia: (1) developing a typology of incidents and (2) the effectiveness of installing fencing on the network. | 101 |
| Reduction of suicides by implementation of visibility measures on 81 railway locations in the Netherlands | 102 |
| Suicide prevention at bridges in Sweden, 2008–2021..... | 102 |
| Ambivalence in acts of suicidal behaviour at railway station..... | 103 |
| Rail suicides in England 2019–2021: cluster analysis and autopsy study..... | 103 |
| Symposium #23 Suicide prevention in times of legislative debates on assisted suicide in Germany, September 22, 2023, 9:00 AM – 10:30 AM | 104 |
| Linguistic sociological study of the use of terms concerning suicide in Germany | 104 |
| Emotional reactions of doctors in discussions with patients who wish to have assisted suicide | 105 |
| Suicide prevention in the pharmacy – an exploratory survey of pharmacists | 105 |
| Symposium #24 High Risk Industries and Workplace Suicide Prevention Workplace SIG, September 22, 2023, 9:00 AM – 10:30 AM | 105 |
| Evaluating a multilevel suicide prevention intervention for the construction industry in Victoria, Australia, in collaboration with Incolink | 106 |
| A case control study of suicide deaths in public safety personnel in Ontario 2014 to 2018.... | 107 |
| Suicide Experiences and the Dental Industry..... | 107 |
| Symposium #25 IASP Media & Suicide SIG: Suicide and its prevention in online media, September 22, 2023, 11:00 AM – 12:30 PM..... | 108 |
| Association of 7 million+ tweets featuring suicide-related content with daily calls to the Suicide Prevention Lifeline and with suicides, United States, 2016–2018..... | 108 |
| Understanding the Werther effect using crisis chat service text data | 109 |
| Understanding the communicative ecology and impact of social media following a suspected suicide: Public health and prevention perspectives | 109 |
| Suicide-related media reporting with a focus on sexual and gender minority aspects: content analysis of the quality of reporting..... | 109 |
| #chatsafe 2.0: Communicating online about suicide and self-harm | 110 |
| Symposium #26 Domestic violence related suicidal behaviour: Prevalence and prevention., September 22, 2023, 11:00 AM – 12:30 PM..... | 110 |
| Domestic violence and suicidal behaviour in Sri Lanka (Bandara) | 111 |
| Intimate-partner violence and suicidality in women: Results from Slovenia (Krohne) | 111 |
| Suicide by mental health patients who have experienced domestic violence (Turnbull)..... | 111 |
| What can we learn from the voices of victims of domestic violence who have tried to take their own lives? (Woodhouse) | 112 |

| | |
|---|-----|
| “Once you’ve opened that can of worms”: Understanding why liaison psychiatry staff in the UK are not asking about domestic violence following self-harm (Knipe)..... | 112 |
| Symposium #27 Effective Suicide Safety Planning in Diverse Contexts: Perspectives from Australia, September 22, 2023, 11:00 AM – 12:30 PM..... | 112 |
| Safety planning as a suicide prevention intervention for people of refugee and asylum-seeker background: A qualitative investigation..... | 113 |
| Australian experiences of suicide safety planning: how do the perspectives of practitioners and lived experience compare?..... | 113 |
| An evaluation of an Australian safety planning intervention smartphone application: Beyond Now..... | 113 |
| Comparing the effectiveness of self-guided and clinician-assisted digital safety plans: A 3-month follow-up study..... | 114 |
| Symposium #28 Reflections on the process, feasibility, and ethics of ecological momentary assessment in research with people with self-harm and suicidality, September 22, 2023, 11:00 AM – 12:30 PM..... | 114 |
| Symposium #29 Adolescent suicide prevention and postvention in a school-based setting, September 22, 2023, 2:30 PM – 4:00 PM..... | 115 |
| The effectiveness of the HEYLIFE suicide prevention program for adolescents: Results of a randomized-controlled trial and a cluster-analysis | 116 |
| The social validity of a suicide prevention intervention in UK schools..... | 116 |
| The effectiveness of an online gatekeeper training for adolescent suicide prevention among teachers and parents..... | 117 |
| Impact of students’ suicide or suicide attempt on schools: what lessons can we learn for postvention? | 117 |
| Barriers and facilitators from the perspective of public health professionals in screening for depressive and suicidal symptoms and prevention referral in a school-based prevention approach..... | 118 |
| Symposium #30 Getting to a Better Place after a Suicide Loss: The Importance of Posttraumatic Growth: SIG Suicide Bereavement and Postvention, September 22, 2023, 2:30 PM – 4:00 PM | 118 |
| Symposium #31 First Responders: natural disasters, traumatic events to military conflict – keeping helpers safe from suicide, September 22, 2023, 2:30 PM – 4:00 PM | 120 |
| Symposium #32 Risk Factors and Self-Perceived ‘Causes’ of Suicidality among LGBTQIA+ Young People in Relation to Identifying their Needs and Optimizing Treatment for Self-Harm., September 22, 2023, 2:30 PM – 4:00 PM | 121 |
| Suicidal ideation and attempts in bisexual youth..... | 121 |
| Dialectal Behavioral Therapy for LGBTQ+ young people in dialectical behavioral therapy; A reflexive thematic analysis | 122 |
| Risk and protective factors for suicidal behaviour among young adult LGB individuals: a systematic review | 123 |
| “I don’t feel at home in this world” Sexual and gender minority emerging adults’ self-perceived links between their suicidal thoughts and sexual orientation or gender identity..... | 123 |

| | |
|---|-----|
| Symposium #33 IASP Media & Suicide SIG: Suicide and suicide prevention in traditional media, September 22, 2023, 2:30 PM – 4:00 PM..... | 124 |
| Roles of the Narrative in Suicide Prevention Materials: Impact of Prevalence vs. Prevention-Focused Narratives..... | 124 |
| Changes in Media Reporting Quality following National Media Engagement on Responsible Reporting of Suicide..... | 124 |
| Experiences of suicide survivors sharing their stories about suicidality in media | 125 |
| Shifting the public narrative about distress and suicide prevention: Actioning knowledge from lived experience | 125 |
| Revenge after Suicide: The Laertes Effect in American Films, 1900–2021..... | 126 |
| Symposium #34 ‘Dispensing support’–how pharmacists and their teams contribute to suicide prevention efforts, September 22, 2023, 2:30 PM – 4:00 PM..... | 126 |
| Research and Development on Community Pharmacy Roles in US Veteran and Servicemember Suicide Prevention | 127 |
| Preparing pharmacists to communicate with and refer individuals with suicide warning signs | 127 |
| Lifeguard Pharmacy — the co-development of a new suicide prevention response service in UK community pharmacies..... | 127 |
| Contribution of Community Pharmacists in Suicide Prevention Efforts in Nigeria..... | 127 |
| Symposium #35 The future of suicide prevention: lessons from low- and middle-income countries., September 22, 2023, 2:30 PM – 4:00 PM..... | 128 |
| Reducing the global suicide rate by restricting access to highly hazardous pesticides (Bandara) | 128 |
| Conditional cash transfers to reduce suicide (Machado) | 128 |
| Google AdWords to reach Individuals Contemplating Suicide: Digitalized Community Values (Onie)..... | 129 |
| Symposium #36, Nat Strategies: Implementation of suicide prevention actions across European countries, September 22, 2023, 2:30 PM – 4:00 PM..... | 129 |
| The challenge of implementation of suicide-prevention-actions across European countries . | 129 |
| Implementation of suicide prevention actions across European countries with different levels of development of suicide prevention systems in Malta..... | 130 |
| The Spectrum of Suicide Prevention Activities in Slovenia | 131 |
| Successes and challenges in implementing suicide prevention strategy across multiple sectors in Ireland. | 131 |
| Facilitators and barriers to implementation of suicide prevention interventions: Scoping review | 131 |
| Assisted Dying Policy Position Session 2:30 PM – 4:00 PM..... | 132 |
| TikTok SymPanel, September 22, 2023, 2:30 PM – 4:00 PM..... | 132 |
| Policy and product interventions to address suicide and self-harm on TikTok..... | 132 |
| Preventing repetitive negative affect content recommendations on TikTok | 134 |

| | |
|--|------------|
| Global concerns and local nuances: Localizing strategies to foster safe digital conversations on mental health | 134 |
| Overview: Safety-by-design approaches to promoting well-being on TikTok..... | 135 |
| WORKSHOPS..... | 136 |
| W/Shop #1 Growth modeling outcomes from a partially-nested RCT of an eight week standardized and manualized warm calling treatment to combat social isolation, depression, and suicide risk in older adults, September 20, 2023, 4:30 PM - 6:00 PM | 136 |
| W/Shop #2 Evaluating the effectiveness of MATES in Construction (MATES) Respond Program. Peers guiding worksites through postvention and critical incident support., September 20, 2023, 4:30 PM - 6:00 PM | 137 |
| W/Shop #3 Helping Frequent Callers to Suicide Prevention Helplines, September 20, 2023, 4:30 PM - 6:00 PM | 140 |
| W/Shop #4 Strong Teens and Resilient Minds: A multi-modal school-based approach to depression and suicide prevention, September 21, 2023, 4:30 PM - 6:00 PM | 141 |
| W/Shop #5 Suicidality and suicide prevention in people with Intellectual Disability (ID) or Borderline Intellectual Functioning (BIF). How to engage and maintain contact., September 22, 2023, 9.00AM - 10.30AM | 142 |
| W/Shop #6 Shifting the Mindset on Mental Health and Help-Seeking with REACH and REACH—Spouse, September 22, 2023, 9:00 AM - 10:30 AM | 144 |
| W/Shop #7 Building Suicide-Safer K-12 Campuses: A quasi-experimental study with tracked suicide intervention outcomes, September 22, 2023, 9:00 AM - 10:30 AM..... | 145 |
| W/Shop #8 Stepping into the shoes of an online counsellor in (suicidal) crisis situation: This is me preventive program, September 22, 2023, 2:30 PM - 4:00 PM | 146 |
| W/Shop #9 Global Café: Partnering to Achieve Inclusion and Equity in Crisis and Distress Line Interventions, September 22, 2023, 2:30 PM - 4:00 PM | 147 |
| W/Shop #10 Using the Global Burden of Disease to improve suicide and self-harm estimation locally and globally, September 22, 2023, 9:00 AM - 10:30 AM | 150 |
| ORAL SESSIONS | 152 |
| Oral #1 Suicidal behaviors in children and adolescents, September 20, 2023, 2:00 PM - 4:00 PM..... | 152 |
| Chair: Polonca Borko | 152 |
| Assessing the social validity of a multi-modal school-based suicide prevention intervention in the UK: A scoping study..... | 152 |
| Assessing the Suicide Crisis Syndrome in adolescents presenting to emergency department | 152 |
| Regional differences in mental health indicators and the effectiveness of the "do you understand yourself?!?" workshops among adolescents in Slovenia | 153 |
| Self-harm and suicide in Australian adolescents: The role of social, lifestyle and school-level factors | 155 |
| Testing the Integrated Motivational-Volitional Model of suicidal Behavior in a Danish population of adolescents - A cross-sectional study using psychometric tools | 155 |

| | |
|---|-----|
| Adolescent suicide disclosure & parent responses: Misinterpretations and miscommunications | 156 |
| Thwarted belongingness mediates the association between bullying and suicide ideation in adolescents..... | 157 |
| A mixed-methods approach towards understanding the relationship between chronic pain and suicidal distress in adolescence..... | 157 |
| Reactivity to experience sampling among adolescents with and without a lifetime or current history of self-harm thoughts or behaviours | 158 |
| Developing student leadership in school mental health promotion and suicide prevention in Hong Kong | 159 |
| Oral #2 Implementing suicide prevention at community level, September 20, 2023, 2:00 PM – 4:00 PM..... | 159 |
| Chair: Annette Erlangsen | 159 |
| Exploring risk factors and potential interventions to tackle suicide among young people in Bangladesh. | 159 |
| Potential contribution of community pharmacists in suicide prevention in Nigeria: Key informants’ perspective..... | 160 |
| A school-based risk assessment and referral protocol to prevent youth suicide: Development and evaluation | 161 |
| Combining the arts, co-designed ifarmwell.com.au and a farmer-led social network campaign ‘Vocal Locals’ to improve wellbeing and reduce suicide risk in rural Australia | 162 |
| Service implementation of a novel youth-focused suicide prevention aftercare service..... | 163 |
| Exploring the readiness of youth education institutions with high-risk students to implement a suicide prevention Gatekeeper intervention: a nationwide observational survey study in Denmark..... | 164 |
| Outlive: Engaging and enabling youth to address suicide prevention in India | 164 |
| Lessons learned in ten years of suicide prevention in Bangladesh: The pivotal role of youth engagement..... | 165 |
| Oral #3 Suicidal behavior, September 20, 2023, 2:00 PM – 4:00 PM..... | 166 |
| Chair: Dan Reidenberg..... | 166 |
| Suicide ideation among Brazilian college students: Relationship with academic factors, mental health, and sexual abuse | 166 |
| Suicide mortality in the Russian Federation, 1956–2021 | 166 |
| How to prevent suicide among vulnerable populations? The impact of a national cash transfer program on reducing suicide among women, black people, and the young: A study using the 100 Million Brazilian Cohort..... | 167 |
| Prevalence and correlates of 30-day suicidal ideation and intent: results of the South African National Student Mental Health Survey..... | 168 |
| Suicide trends and breakpoints in Portugal (1913–2018): A comprehensive analysis..... | 169 |
| Multiple sclerosis and suicide attempts: A review including a meta-analysis of prevalence.... | 170 |

| | |
|---|-----|
| The involvement of propranolol in suicide: a cross-sectional study using the National Programme on Substance Abuse Deaths in the UK..... | 170 |
| Suicide prevention through art | 171 |
| Oral #4 Suicide, media and the internet, September 20, 2023, 2:00 PM - 4:00 PM | 171 |
| Chair: Vanja Gomboc..... | 171 |
| Quantitative analysis of the Werther Effect on suicide following celebrity suicide reports in Japan: Instantaneous and persistent risk | 172 |
| Social media use of adolescents who died by suicide: Lessons from a psychological autopsy study..... | 172 |
| Suicide-related internet use of mental health patients..... | 174 |
| Down the rabbit hole: Social media encouraged suicide | 174 |
| Online emotional support chatbots and expression of suicidal ideation: Suicide risk management by artificial intelligence and ethical concerns..... | 174 |
| Online harms or benefits: How and why are young people talking about self-harm and suicide online?..... | 175 |
| The quality of media coverage of terrorist attacks in Austrian and German print media and the short-term effects of news reports about Islamist terrorism: Randomized controlled trial and content analysis | 176 |
| Working with and within the media sector: How Ireland flipped the model of media-centered suicide prevention programmes. | 176 |
| Framework of developing a lived experienced informed multilingual media aid card for responsible suicide reporting..... | 177 |
| Using advanced language models to predict which chat messages contribute to improvement in a suicide prevention helpline | 178 |
| Oral #5 Suicidal exposure to vulnerable groups, September 20, 2023, 2:00 PM - 4:00 PM... | 179 |
| Chair: Michelle Lamblin..... | 179 |
| Suicide in prisoners — risk factors and prevention..... | 179 |
| The association between hospital diagnosed migraine and migraine medication with suicidal behavior: a nationwide cohort study | 179 |
| A trauma informed approach to refugee and asylum seeker suicide prevention..... | 180 |
| Stress-related self-destructive behaviour in adolescents and young adults..... | 181 |
| Contributory factors for suicide related events in psycho-social withdrawal. A retrospective cohort study in 116 cases. | 181 |
| Psychiatric and physical illness comorbidity among individuals with frequent self-harm episodes: A mixed methods convergent parallel study | 182 |
| Examining patterns of self-harm in autistic adults using a novel task..... | 183 |
| Unexpected suicides by male adolescents: Lessons for suicide prevention | 184 |
| Preventing suicide in family caregivers | 184 |
| Oral #6 Suicide Postvention, September 20, 2023, 2:00 PM - 4:00 PM | 185 |
| Chair: Maggie Hardiman | 185 |

| | |
|---|------------|
| Evaluating Suicide Postvention Services for individuals bereaved by suicide in England: a mixed methods study | 185 |
| Postvention guidelines as basis for a crisis intervention after a suicide attempt in Slovenian primary school | 186 |
| The gift of peer understanding and suicide bereavement support groups: A qualitative study | 186 |
| Barriers and facilitators to accessing formal supports following suicide bereavement: a survey of adults bereaved by suicide in Ireland..... | 187 |
| The Canadian Suicide Exposure Study: Support Needs and Experiences Following Workplace Exposure to Suicide..... | 188 |
| Aoake te Rā: Bereaved by Suicide Service | 188 |
| Symptoms of grief and the efficiency of the psychological counselling – subjective experience of bereaved clients | 189 |
| Oral #7 Suicidal behaviors in children and adolescents, September 20, 2023, 2:00 PM – 4:00 PM..... | 189 |
| Chair: Tina Podlogar..... | 189 |
| Association between childhood psychotic-like experiences and risk of suicide ideation and attempts as a teenager – a longitudinal study | 189 |
| Use of psychotropic medication in the treatment of suicidal and self-harming adolescents – a cross-national comparison between three treatment trials..... | 190 |
| Comparative analysis of child and adolescent psychiatric emergency department presentations in Australia in 2019 and 2021, before and during the COVID-19 pandemic | 191 |
| Adolescents’ mental health after psychiatric hospitalization: preliminary findings of a follow-up study..... | 192 |
| Psychosocial Correlates of Suicidal Ideation and Behavior in Adolescents and Preadolescent Children Discharged from Emergency Department..... | 192 |
| Adolescents’ online help-giving actions towards a peer experiencing a mental health crisis: A qualitative study..... | 193 |
| Analysis of high school student suicides by school type in Japan | 194 |
| Long-Term Impact of an Intervention on Suicide-Related Thoughts and Behaviors for Youth in Foster Care: A Randomized Controlled Trial..... | 194 |
| Intentional overdoses in children in emergency department: in search of implications for suicide prevention | 195 |
| Economic burden of youth self-harm in 2019: A systematic analysis of 204 countries and territories..... | 195 |
| Oral #8 National strategies for suicide prevention, September 20, 2023, 2:00 PM – 4:00 PM | 196 |
| Chair: Vikas Menon | 196 |
| Lethal Means Safety in the United States | 196 |
| Early impacts of the ‘National Suicide Prevention Trial’ on trends in suicide and hospital admissions for self-harm in Australia..... | 197 |
| Building community capacity to communicate safely about mental health, mental ill-health and suicide through international collaboration between Australia and Brunei. | 197 |

| | |
|--|------------|
| Determining National Suicide Prevention Research Priorities in a Rapidly Changing World.... | 198 |
| Suicide Prevention Training Frameworks and Processes across Diverse Stakeholders and Contexts in India..... | 199 |
| Effectiveness of a Suicide Prevention Training Program for Media Students from Urban Bengaluru..... | 200 |
| Building Capacities for Suicide Prevention among Air Warriors of the Indian Air Force | 200 |
| Community based suicide surveillance team – training for community stakeholders on suicide prevention..... | 201 |
| Oral #9 Cultural and historical aspects of suicide, September 20, 2023, 2:00 PM – 4:00 PM | 201 |
| Chair: Thomas Niederkrotenthaler | 201 |
| Suicide risk associated with a prior family history of suicide: A population-based linkage study using the 100 Million Brazilian Cohort..... | 201 |
| How are moral foundations associated with attitudes toward suicide and suicidal behavior? | 202 |
| Suicidal behaviors among undergraduate medical students in Bangladesh..... | 203 |
| Recognising and resolving a suicide crisis: A mixed-methods investigation of safety plan content..... | 204 |
| Oral #10 Data and surveillance in suicide prevention, September 20, 2023, 2:00 PM – 4:00 PM | 204 |
| Chair: Greg Armstrong | 204 |
| Some data is better than no data: suicide surveillance systems in LMICs..... | 204 |
| Big lessons from a small island: How Sri Lanka’s routine suicide data are saving lives..... | 205 |
| Police-Reported Suicides during the First 16 Months of the COVID-19 Pandemic in Ecuador and the Use of Real-Time Suicide Monitoring | 205 |
| Registration of Suicide and Attempted Suicide Data in Ghana: Accuracy, Completeness and Prospects | 205 |
| Insights from Indonesia’s first suicide data study: Managing heterogeneity across multiple data sources..... | 206 |
| India’s suicide surveillance system and lessons for other LMICs | 206 |
| The last visit to a GP in the 30 days before suicide in Sweden in 2015..... | 207 |
| Suicide on the Toronto Transit Commission subway system (1998–2021): A time series analysis | 207 |
| Suicide in individuals with and without prior hospital-treated self-harm: a national retrospective cohort study examining demographic and psychiatric factors and precipitant stressors..... | 208 |
| Improve Coding Practices for Patients in Suicidal Crisis..... | 209 |
| Oral #11 Characteristics of suicidal people, September 20, 2023, 2:00 PM – 4:00 PM..... | 209 |
| Chair: Myfanwy Maple | 209 |
| The Implicit Emotional Evaluation of Death versus Life in Persons with Acute Suicidal Thoughts | 210 |
| Clinical and suicide-specific characteristics in the “oldest old”: A cluster analysis on individuals aged 75+ who died by suicide..... | 210 |

| | |
|---|------------|
| Why do they come back? Reflections on the experience of those who return to psychoeducational groups for people living with suicide attempting..... | 211 |
| Association of IL-1 β gene polymorphisms with suicidal behavior in Indian population: a case-control study..... | 212 |
| Clinical and suicide-specific characteristics in suicide decedents with and without ongoing physical pain: a national retrospective medical record-based study..... | 212 |
| Suicide Prevention in Veterinary Professionals..... | 213 |
| Geometrical Characteristics of Handwritten Suicide Notes..... | 213 |
| Domestic Murder-Suicide: An Additional Type of Suicide..... | 214 |
| Understanding the relationship between ADHD, mental health and suicide risk..... | 215 |
| Physical pain in older and younger adults who died by suicide: a comparative study..... | 216 |
| Oral #12 Suicide prevention interventions, September 20, 2023, 2:00 PM - 4:00 PM..... | 216 |
| Chair: Nina Krohne..... | 216 |
| Evaluation of a Suicide Prevention Training Module for Social Work Students..... | 216 |
| Development and validation of the competences and attitudes towards suicide prevention scale..... | 217 |
| Psychotherapists' experiences of client suicide..... | 218 |
| Suicide in prisons: 2022, the Annus Horribilis of the Italian system..... | 218 |
| 'My Fatal Mistake'. Guilt, blame and the role of the clinician in a patient's suicide..... | 219 |
| Exploring the experience and impact of discovering the body at a suicide site: a qualitative investigation..... | 219 |
| Evaluation of teachers training programme to prevent suicide in India..... | 220 |
| Oral #13 The chain of care in reducing the risk of suicide, September 21, 2023, 3:00 PM - 4:00 PM..... | 220 |
| Chair: Priya Sreedaran..... | 220 |
| Telephone and digital interventions in individuals at increased risk of suicide: An Indian experience..... | 220 |
| Assertive management of attempted suicide (AMAS)..... | 221 |
| Interventions for follow up..... | 221 |
| Training and delivery of interventions..... | 221 |
| Urban Self-Harm Study (USHAS) - Assessment and intervention to reduce suicide intent and immediate future attempt among suicide attempt survivors..... | 221 |
| Oral #14 Educational programmes in suicide prevention, September 21, 2023, 3:00 PM - 4:00 PM..... | 222 |
| Chair: Jaelea Skehan..... | 222 |
| The impact of Gatekeeper Training for suicide prevention: a pre post study including comparison across three training modalities involving over 5,900 participants..... | 222 |
| Life on the agenda: A suicide prevention program in Norwegian schools: preliminary results | 223 |

| | |
|---|------------|
| The effects of Australia’s first residential peer–support Suicide Prevention and Recovery Centre (SPARC): A pilot study..... | 224 |
| Multilevel suicide prevention intervention; a joint Norwegian–Ukrainian project..... | 224 |
| Teaching nursing assistants about suicide prevention: A feasibility study of the impact of novel, online teaching materials for suicide prevention among elderly..... | 225 |
| Oral #15 Suicide prevention interventions, September 21, 2023, 3:00 PM – 4:00 PM..... | 226 |
| Chair: Vikas Arya | 226 |
| Improving outcomes in patients who self-harm – Adapting and evaluating a brief psychological intervention in Emergency Departments (ASSURED)..... | 226 |
| Effects of the Canadian suicide prevention service's SMS interventions on callers' emotions, distress relief, perceived abilities, and practices associated with better outcomes..... | 226 |
| Collaborative development of a Canadian competency framework for crisis line responders | 227 |
| Discharged from the emergency department following self-harm: referral patterns and risk of repeated self-harm..... | 228 |
| Ketamine for the treatment of suicidal ideas..... | 229 |
| Oral #16 The voice of lived experience, September 21, 2023, 3:00 PM – 4:00 PM..... | 229 |
| Chair: Staffan Hammarbäck..... | 229 |
| The meaning of the encounter with ambulance clinicians whilst being in a suicidal process . | 229 |
| Guidelines for involving young people with lived experience of suicide in suicide research: a Delphi study..... | 230 |
| Constructing suicide in the research process..... | 231 |
| A Missing Piece of the Puzzle: Exploring Different Perspectives on the Phenomenon of Suicide Recovery in Developing a Recovery–Focused Suicide Management Program | 232 |
| The forever decision: A qualitative study among survivors of a suicide attempt | 232 |
| Oral #17 Risk and resilience in suicidal behavior, September 21, 2023, 3:00 PM – 4:00 PM.... | 233 |
| Chair: Tobias Teismann & Thomas Forkmann..... | 233 |
| Risk and resilience: New insights into factors influencing the suicidal process | 233 |
| Mental health and suicide risk in Afghan students after the Taliban takeover in 2021 | 233 |
| Positive self-appraisal as a resilience factor and motivational moderator in the Integrative Motivational–Volitional Model of Suicidal Behavior. | 233 |
| Sleep disturbances predict active suicidal ideation the next day: an ecological momentary assessment study..... | 234 |
| Difference in Psychological Pain Between Suicide Ideators and Suicide Attempters..... | 234 |
| Metacognitions about suicidal thoughts — model description and questionnaire development | 235 |
| Oral #18 Epidemiology of suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM..... | 235 |
| Chair: Chris Killick–Moran..... | 235 |
| The Australian National Suicide and Self-harm Monitoring System: data and research to support suicide prevention policy and practice..... | 235 |

| | |
|--|------------|
| Analysis of linked, administrative data to model socio-economic risk factors for suicide, and the use of health services in the last year of life before death by suicide..... | 236 |
| Identifying spatiotemporal suicide clusters using real-time data..... | 236 |
| Suicide monitoring in serving and ex-serving Australian Defence Force members who have served since 1985. | 236 |
| The use of data and research in regional suicide prevention planning: The Illawarra Shoalhaven Suicide Prevention Collaborative and the South-East New South Wales Primary Health Network..... | 236 |
| Increased suicide mortality among women in health professions: evidence from a registry-based study on high-skilled occupations in Austria | 237 |
| Oral #19 The Law and ethics in suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM | 237 |
| Chair: Mark Goldblatt | 237 |
| The wish for death in dying patients: Ethical issues encountered during psychotherapy with patients at the end of life..... | 238 |
| Increasing awareness and the struggle to contain unbearable feelings..... | 238 |
| The function of suicidal thoughts and fantasies..... | 239 |
| Projection of destructivity and death and it's handling | 239 |
| Oral #20 Epidemiology and Diagnostics in suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM | 239 |
| Chair: Luke Bayliss..... | 239 |
| Registration practice of self-harm and suicide attempts in Denmark..... | 239 |
| The interplay between psychiatric disorder and parent-to-child transmission of suicide attempt and death: A Danish nationwide, registry-based study using multistate modeling..... | 240 |
| Trends in suicide attempts and self-injury in the Netherlands..... | 241 |
| Validation of a model for suicide risk in individuals with Autism or intellectual disability | 241 |
| Oral #21 Interventions in Suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM | 242 |
| Chair: Maggie Hardiman | 242 |
| Healthcare workers' experiences of Attempted Suicide Short Intervention Program (ASSIP): a qualitative content analysis | 242 |
| A pilot RCT of blended therapy compared to therapy alone in suicidal men..... | 243 |
| Adapting Gatekeeper Suicide Prevention Training for the LGBTIQ Population..... | 243 |
| Reducing entrapment and suicide risk through a community based clinical intervention..... | 244 |
| Oral #22 Suicide prevention in at risk populations, September 21, 2023, 3:00 PM – 4:00 PM | 245 |
| Chair: Louise La Sala | 245 |
| Exploring the relationship between speech and suicide risk factors in Australian adolescents | 245 |
| Google Searches do not Predict Suicide Rate but Suicide Attempt and Self-Harm Rate | 246 |
| A qualitative study to explore clinician decision-making and inform an evidence-based service delivery model for patients with complex mental health needs | 247 |

| | |
|--|-----|
| Self-reported suicidal ideation among individuals with first episode psychosis and healthy controls | 247 |
| Transition to a first suicide attempt among young and middle-aged males with a history of suicidal thoughts: a two-year cohort study..... | 248 |
| Oral #23 The role of social risk factors in suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM..... | 249 |
| Chair: Seimon Williams | 249 |
| Understanding Self-Harm in Eating Disorders: Findings from In-Depth Qualitative Interviews | 249 |
| The CO-produced Psychosocial INtervention delivered by GPs for young people who self-harm-Intervention Development (COPING-ID) study | 249 |
| Risk factors which distinguish those who have thoughts of self-harm or suicide from those who act on them: A systematic review in young people. | 250 |
| Conflict and bargaining in Micronesia: with implications for mental health and suicide | 251 |
| Oral #24 Implementing suicide prevention at community level, September 21, 2023, 3:00 PM – 4:00 PM..... | 252 |
| Chair: Alan Woodward..... | 252 |
| Cultural and Social Factors for Suicide Prevention in Southern Africa..... | 252 |
| Socio-cultural dynamics and mental health in South Africa | 252 |
| Socio-cultural dynamics and mental health in Botswana..... | 252 |
| Socio-cultural dynamics and mental health in Malawi | 253 |
| Oral #25 Suicide prevention interventions, September 21, 2023, 4:30 PM – 6:00 PM | 254 |
| Chair: Renske Gilissen..... | 254 |
| Development and evident practice in mental health | 254 |
| Personalised treatment recommendations based on the latest scientific evidence: an interactive support tool for mental healthcare professionals..... | 254 |
| Implementing a systematic approach to suicide prevention in specialist mental healthcare: a large-scale trial of a multi-component intervention. | 255 |
| The effect of direct and indirect psychosocial intervention on suicidal ideations and attempts: a meta- analysis..... | 255 |
| Oral #26 The impact of COVID-19 on suicide prevention, September 21, 2023, 4:30 PM – 6:00 PM..... | 256 |
| Chair: Olivia Kirtley..... | 256 |
| Suicide Deaths and COVID-19 pandemic: A time series analysis from New Delhi, India..... | 256 |
| A chart review and comparative analysis of coroner’s records for suicide deaths occurring in pre-pandemic and pandemic periods: Preliminary results..... | 256 |
| Rates of suicide attempt and suicide deaths among vulnerable groups during the COVID-19 pandemic | 257 |
| Suicidal thinking in Kosovo from the first wave of COVID-19 to 2023: results of repeated cross-sectional surveys | 258 |

| | |
|---|------------|
| Mental health during Covid-19 epidemic: Negative effects and protective factors..... | 258 |
| Effect of COVID-19 Pandemic on suicidal deaths in South and South-East Districts of Delhi, AIIMS, India..... | 259 |
| Is there a relationship between the covid-19 lockdown and the intensity of suicidal thoughts in the Lithuanian sample?..... | 260 |
| The impact of the global COVID-19 pandemic on risk factors for suicide in healthcare workers: A narrative review..... | 261 |
| Oral #27 Implementing suicide prevention at community level, September 21, 2023, 4:30 PM - 6:00 PM..... | 261 |
| Chair: Wendy Orchard..... | 261 |
| Building an online suicide prevention community | 261 |
| A Volunteer-Run, Face-to-Face, Early Intervention Service for Reducing Suicidality: A service evaluation of The Listening Place..... | 262 |
| Community-based interventions for suicide prevention in LMICs: Case studies..... | 262 |
| Pharmacists as gatekeepers in suicide prevention: Needs assessment..... | 263 |
| Suicide risk of Canadian HCWs during the first two waves of the COVID-19 pandemic: An ecological momentary assessment | 264 |
| Oral #28 Psychological factors, September 21, 2023, 4:30 PM - 6:00 PM..... | 265 |
| Chair: Maurizio Pompili & Alberto Forte..... | 265 |
| Subjective experience and emotional support in suicide prevention, caregiver and patient perspectives..... | 265 |
| Countertransference reactions towards suicidal patients: a qualitative study | 265 |
| Subjective experience of mental pain, suicide risk, and childhood traumatic experiences | 266 |
| Ethical and psycho-social issues in suicide risk assessment and intervention..... | 266 |
| Half-day training program for teachers and educators: Implementation and evaluation study | 266 |
| AdoASSIP short-term intervention | 267 |
| Which factors facilitate progression from suicidal ideation to action? Latest data from high suicide rate country, Lithuania..... | 267 |
| No longer thinking of suicide: differentiating between those who are currently suicidal and those who only had those thoughts in the past..... | 268 |
| A Computerized Text Analysis of Suicide Hotline Conversations of First-time Callers..... | 270 |
| Oral #29 Suicide prevention interventions, September 22, 2023, 11:00 AM - 12:30 PM..... | 270 |
| Chair: Jacinta Hawgood..... | 270 |
| Develop, Implement, Evaluate, Repeat: How to continuously improve the quality, usability, and effectiveness of evidence-based prevention guidelines. | 270 |
| Translation of the TouchPoints Workshop: Preliminary evidence for lived experience of suicide gatekeeper training..... | 271 |
| Ensuring and Monitoring the Quality of Emotional Support Provided by Crisis Helplines | 272 |

| | |
|--|------------|
| Help-seeker outcomes of accessing a crisis support service: A three-panel Delphi study to identify key outcomes | 272 |
| What Prompts a Call to a Crisis Line?..... | 273 |
| Anticipating a suicide attempt using daily diary data..... | 273 |
| Development and Implementation of Web-Based Safety Planning Intervention Training for Firefighter Peer Support Specialists | 274 |
| Oral #30 Epidemiology of suicide, September 22, 2023, 11:00 AM - 12:30 PM | 275 |
| Chair: Luke Bayliss..... | 275 |
| Identifying high risk subgroups for self-harm in adolescents and young adults: a longitudinal latent class analysis of risk markers | 275 |
| Characteristics and trends in suicide methods from 2001 to 2020 in Slovenia | 275 |
| Joinpoint estimates of deliberate self-harm incidence rates using national data; an update of Danish trends..... | 276 |
| Seasonal patterns of suicide by gender, age, and psychiatric morbidity in South Korea. | 277 |
| Suicidal behaviour among undergraduates: a multi-campus cross-sectional study in Ghana | 277 |
| Oral #31 Suicidal exposure to vulnerable groups, September 22, 2023, 11:00 AM - 12:30 PM. | 278 |
| Chair: Sylvie Lapierre | 278 |
| Determinants of suicidal behavior in dementia: A Swedish national cohort study..... | 279 |
| Development of a clinical guide to support suicide prevention in patients with a neurocognitive disorder..... | 279 |
| Association between dementia and death by suicide in Denmark | 280 |
| Factors promoting resiliency in Inuit youth at risk of suicide in Nunavut, Canada..... | 280 |
| Learning lessons from Welsh practice: Findings from a thematic analysis of all multi-agency practice reviews following cases of suicide death in Wales..... | 281 |
| Creating a national prevention program for suicide and self-harm in Moroccan prisons, an operational account..... | 282 |
| Suicide after release from prison among 1,471,526 people in eight countries from 1980-2018 | 282 |
| Preventing migrant domestic workers' suicides in Hong Kong: Problem and stakeholder mapping..... | 283 |
| Oral #32 Suicide prevention in the workplace, September 22, 2023, 11:00 AM - 12:30 PM.... | 284 |
| Chair: Meta Lavric | 284 |
| Increasing the fidelity of suicide prevention gatekeeper training..... | 284 |
| Traumatic experience, suicidal ideation and indirect non-suicidal self-injury among Lithuanian active-duty soldiers: Perceived unit cohesion as a protective factor..... | 284 |
| Military and national security forces suicide prevention and postvention integrated action plan | 285 |
| Mental health front-liners: Police officers' knowledge and attitudes towards suicide in Malta | 286 |
| Caring for carers: A mental health literacy and resiliency enhancement program | 286 |

| | |
|---|-----|
| Self-harm, suicide attempts, and suicide in nurses: A systematic review of prevalence, contributory factors, and interventions | 287 |
| The nurses' perspective on fostering therapeutic relationships whilst coping with patients' suicidal and destructive behaviour: a qualitative study..... | 288 |
| EMPOWER: Development of a comprehensive suicide prevention strategy at the workplace..... | 289 |
| Oral #33 Suicide and gender, September 22, 2023, 11:00 AM - 12:30 PM..... | 289 |
| Chair: Pooja Saini | 289 |
| Psychological risk factors predictive of suicidal crisis among men using "Lay your cards on the Table" component of the James' Place Model | 289 |
| Sex differences in suicide, suicidal ideation, and self-harm after release from incarceration: a systematic review and meta-analysis | 290 |
| Preventing youth suicide using virtual humans: Lessons learned from a multidisciplinary co-creation | 291 |
| Sex differences in suicide and self-harm burden and policy attention to them: A systematic global analysis of 204 countries and territories | 292 |
| How do young males (15-24 years) seek help when experiencing suicidal thoughts or behaviour, or self-harm? A multi-country, multi-language systematic review for international knowledge translation..... | 292 |
| The mental health impacts of caring in a national cohort of men | 293 |
| Correlates of non-receipt of formal mental health services among Australian men experiencing thoughts of suicide | 294 |
| Oral #34 Suicide, cultural factors and resilience, September 22, 2023, 11:00 AM - 12:30 PM | 294 |
| Chair: Nusa Zadavec Sedivy..... | 294 |
| Minds Together: An online program for family and friends supporting someone who has attempted suicide..... | 294 |
| Still here: Recovery and protective factors in the lived experience of people who have attempted suicide..... | 295 |
| OUR Generation: Enhancing resilience to overcome the effects of trauma and adversity, and to build peace | 296 |
| Historical perspective on suicide risk and protective factors: A media reporting analysis from 1959 to 1999 | 296 |
| The influence of religion on euthanasia and physician assisted suicide | 297 |
| Suicide and social exclusion: Thinking beyond individualised disconnectedness | 298 |
| Oral #35 Loneliness, media and suicide, September 22, 2023, 11:00 AM - 12:30 PM..... | 299 |
| Chair: Heather McClelland..... | 299 |
| Caught in the loneliness trap? Investigating the interplay of entrapment and loneliness in the prediction of suicidal ideation using ecological momentary assessment..... | 299 |
| The association of family, social and romantic loneliness in relation to suicidal ideation and self-injurious behaviours | 299 |

| | |
|---|------------|
| Negotiating a virtual community: Membership participation and moderation in a Facebook group for people living with suicidal thoughts | 300 |
| Breaking down barriers to a suicide prevention helpline: a web-based randomised controlled trial | 301 |
| Documentation of suicidality in suicide decedents with anxiety: results from a nationwide retrospective medical record-based study | 301 |
| Healing the hurt within: How exploring attachment, forgiveness, and regrets help us to heal ourselves and others | 302 |
| RedOPA system, technology for mental health care and prevention of suicidal behavior in high school adolescents | 303 |
| Oral #36 National & Community Strategies in Suicide Prevention, September 22, 2023, 11:00 AM - 12:30 PM | 303 |
| Chair: Ramya Sundararaman | 303 |
| The United States' federal approach to suicide prevention | 303 |
| POSTER SESSION | 305 |
| #1. The design and development of a national suicide prevention training module for undergraduate students enrolled in health and social care professions..... | 305 |
| #2. Association between sexual orientation and suicidal behavior in a representative sample of adolescent students in Puerto Rico | 305 |
| #4. Development and exploration of the feasibility and preliminary effectiveness of a brief on-demand gatekeeper training program to provide basic knowledge and skills for suicide prevention..... | 307 |
| #5. The meaning of spirituality in the sample of women bereaved by their partner's suicide | 307 |
| #6. A study on the experience and opinion regarding suicide prevention for workers in rapid transit corp. - Based on focus group interview..... | 308 |
| #7. Crisis signage at high-risk locations | 310 |
| #8. Assessing suicide risk with the little help of Marsha, David and Alexis, thank you. | 310 |
| #9. The effectiveness of the standardized suicide prevention program for gatekeeper intervention in Korea | 311 |
| #10. Study of the status of the accredited suicide prevention program of Korea | 311 |
| #11. Suicide scripts in Slovenian online newspapers: Preliminary findings..... | 312 |
| #12. Development and implementation of resilience training modules in Philippine schools ... | 313 |
| #13. Studies on self-healing practices for suicide loss survivors: A scoping review | 313 |
| #14. Talk suicide Canada community of practice for crisis line knowledge sharing and building connection | 314 |
| #16. SMS SOS: The effectiveness of a Short Message Service (SMS) brief contact intervention in reducing repetition of hospital-treated self-harm | 315 |
| #17. The effect of the Sources of Strength suicide prevention program on help-seeking in Australian adolescents..... | 316 |

| | |
|---|-----|
| #18. Cultural adaptation of artificial intelligence-based suicide prevention tools — a critical scoping study and key issues for the future..... | 316 |
| #19. The rising trends of self-harm in Brazil: an analysis of suicide, hospitalizations, and notifications between 2013 and 2020..... | 317 |
| #20. The Rains Never Came: Exploring frames of drought and suicide in Indian newspaper articles..... | 318 |
| #21. Research priorities for suicide prevention in Nepal: a Delphi study..... | 318 |
| #22. Australia's Suicide Prevention Research Fund – Suicide Prevention Australia..... | 319 |
| #23. Hospital-presenting self-harm amongst older adults living in Ireland: a 13-year national registry study..... | 320 |
| #24. Psychopathological profile and executive functions in women with suicidal behaviour | 320 |
| #25. Utilizing S.T.E.P.S. a School Toolkit for Educators to Prevent Suicide..... | 321 |
| #26. Young people's helping experiences towards a peer experiencing a mental health crisis: A systematic review..... | 322 |
| #27. The psychodynamics of suicide loss..... | 323 |
| #28. Contributory factors for improvement and suicide related events of pathological gambling: A retrospective cohort study in 23 cases..... | 323 |
| #29. Prevalence and profile of community-dwelling older, Flemish adults with suicidal ideation and behaviour..... | 325 |
| #30. Beyond psychological well-being: The impact of distress associated with sudden social interruption events on suicidal ideation..... | 325 |
| #31. Willingness to provide services to individuals at risk of suicide: A replication study with counseling psychologists in Taiwan..... | 326 |
| #32. Narratives of language in written communication in crisis interventions — using LIWC method..... | 327 |
| #33. Experiences of internet-based Emotion Regulation Individual Therapy for Adolescents (ERITA) in non-suicidal self-injury engaging adolescents and their parents..... | 327 |
| #34. A qualitative analysis of how recommendations from serious adverse incident reviews contribute to reducing suicide deaths of people in the care of mental health services..... | 328 |
| #35. Hopeline: A 10-year review of this crisis line..... | 329 |
| #36. Our Generation – Developing an app to engender peacebuilding and resilient mindsets in young people..... | 330 |
| #37. Clinical characteristics of suicide risk in adolescents in a community of the P'urhepecha plateau, Mexico..... | 330 |
| #38. "I didn't do it!" Lived experiences of suicide attempts made without perceived intent or volition..... | 331 |
| #39. Suicide bereavement in the U.K.: Descriptive findings from a national survey..... | 332 |
| #40. Cause-specific mortality after hospital discharge for suicide attempt or suicidal ideation: a cohort study in Piedmont Region, Italy..... | 332 |
| #41. Why do some victims of domestic abuse end up attempting suicide?..... | 333 |

| | |
|--|-----|
| #42. Feeling worth-less than – the role of ageism in suicidal ideation and behaviour | 334 |
| #43. The effect of paraquat regulation on seasonal trends of suicide: Evidence from South Korea across 25 years | 335 |
| #44. Exploring the role of loneliness prior to suicide attempt in middle-aged men in the U.K.: An Interpretative Phenomenological Study | 335 |
| #45. Professional gains of master’s level counseling students following crisis counseling training | 336 |
| #46. Evaluation of LivingWorks state-wide suicide prevention training initiative..... | 336 |
| #47. Daily frequency of Suicide Attempts attended by the Military Fire Department of Ceará, Brazil, from 2021 to 2022. | 337 |
| #48. Profiles of academic adjustment and mental health, and its association with suicide ideation: A latent class analysis from a Brazilian nationwide survey of college students | 337 |
| #49. Development of a brief suicide prevention questionnaire for primary care, including patients’ and general practitioners’ perspectives | 338 |
| #50. Faded Hope and Wild Fantasies: A Systematic Review of Episodic Future Thinking in Suicidality..... | 339 |
| #51. Chronic pain and suicide risk | 340 |
| #52. Getxo ZUrt: Community suicide prevention on the cliffs..... | 340 |
| #53. Suicide Crisis Syndrome: A Systematic Review | 341 |
| #54. Suicidal behaviours in French Overseas Territories: Epidemiology and prevention activities | 341 |
| #56. Suicide bereavement and general practitioner consultations for mental health reasons | 342 |
| #57. The original training method for remote counseling in suicide crisis | 342 |
| #58. Examining differences in brain metabolism associated with childhood maltreatment and suicidal attempts in euthymic patients with bipolar disorder: a PET and machine learning study | 344 |
| #59. Perspectives on Lesbian, Gay, Bisexual, Transgender (LGBT) decision to disclose their sexual orientation to their families and society | 344 |
| #60. Why might sometimes psychache become overwhelming?..... | 346 |
| #61. Culturally sensitive Natural language processing (NLP) tools to support clinicians and user for suicide prevention | 346 |
| #62. Towards the Development of a Suicide Prevention Training Module for Social Work Students: A qualitative study | 347 |
| #63. Were carers for those at-risk of suicide or self-harm left behind by COVID-19 U.K. restrictions? | 348 |
| #64. Promoting Wellbeing in Schools: Development and Evaluation of a Wellness Curriculum | 348 |
| #65. Suicide Among the Population in Greenland – A Scoping Review | 349 |
| #66. Cross-national investigation of COVID-19-related problems over time in helplines for suicide prevention | 350 |

| | |
|--|-----|
| #67. A heavy weight on young shoulders: Suicidal and self-harming behaviours among young carers | 350 |
| #68. Prioritising the establishment and support of a suicide prevention peer workforce..... | 351 |
| #69. An evaluation of working in partnership with autistic adults as an early career researcher examining suicide theory | 352 |
| #70. Do suicide notes provide information about significant life events?..... | 352 |
| #71. Pre- and intrapandemic trends of suicidal behaviour in Romania..... | 353 |
| #72. Attitudes among the Australian public toward AI and CCTV in suicide prevention research: A mixed methods study..... | 353 |
| #73. Communication that matters: Mental health promotion and suicide prevention campaign for boys | 354 |
| #74. Friendships, positive male role models, and self-harm in a sample of young men from Belfast | 354 |
| #75. Dreams during suicide bereavement: a qualitative study of women bereaved by suicide | 355 |
| #76. The impact of the global COVID-19 pandemic on risk factors for suicide in healthcare workers: A narrative review | 356 |
| #77. Misclassification and under-reporting in suicide: a systematic review | 357 |
| #78. Experiencing storytelling: Developing written stories as an intervention to strengthen mental health in gatekeepers | 357 |
| #79. Suicide prevention accreditation program..... | 358 |
| #80. Gender differences in media reporting of suicide in India..... | 359 |
| #81. Electrodermal activity, suicide, and self-harm: a systematic review and narrative synthesis | 359 |
| #83. Exploring the link between the increase in high-rise buildings and youth jumping suicide in Taiwan..... | 360 |
| #84. Using natural leaders to support school-based suicide prevention: Intervention development and pilot evaluation | 361 |
| #85. Experiences of support from primary care and perceived needs of parents bereaved by suicide: a qualitative study..... | 362 |
| #86. Risk and protective factors for self-harm in adolescents and young adults: an umbrella review of systematic reviews. | 362 |
| #87. Community-driven approach to promoting mental health and preventing suicide | 362 |
| #88. The interprofessional collaboration between police and crisis response team in managing suicide-related cases in Singapore..... | 363 |
| #89. Suicide risk following repeat attendance to hospital with self-harm: a national cohort study..... | 364 |
| #90. A century of suicide in Mandatory Palestine and in Israel: 1919-2019..... | 365 |
| #92. Demographics, old age, and indication for suicide prevention in Germany..... | 365 |

| | |
|--|-----|
| #93. Profiles of people who died by suicide using different methods in Toronto: A quantitative study of 23-year coronial records..... | 366 |
| #94. Uncovering the effects of COVID-19 on suicide-related calls by age group: A study of 112 emergency service data | 366 |
| #95. Self-harm presentations to hospital trauma centre emergency departments during the first year of the COVID-19 pandemic..... | 367 |
| #96. Advancing suicide prevention in Ireland; An analysis of the '50808' 24/7 crisis text service..... | 368 |
| #97. Predictive factors of job stress among professions of suicide prevention in South Korea | 369 |
| #98. The origins and evolution of the field of masculinity and suicide: A bibliometric and content analysis of the research field..... | 369 |
| #99. Children and young people presenting in an emergency department in England in suicidal crisis: A case series study | 370 |
| #100. Evaluating the implementation and outcomes of the Community-led Safe Spaces Pilot initiative..... | 370 |
| #102. Culturally adapted manual-assisted problem-solving intervention for women experiencing suicidal ideation in postnatal period in Pakistan | 371 |
| #103. Development and articulation of the 'Prevention of Suicide Behaviour in Prison: Enhancing access to Therapy' (PROSPECT) logic model | 372 |
| #104. 8 'Truths' about Suicide..... | 373 |
| #105. Exploring the relationship between mental health, well-being, stigma and suicide in Bangladesh | 373 |
| #106. Exploring the phenomenology of suicidal thoughts through qualitative analysis of reddit posts..... | 374 |
| #107. Preventing intentional paracetamol overdose in countries with increasing rates and existing sales legislation..... | 375 |
| #108. Developing a community response to suicide | 375 |
| #109. The Prevalence of Suicidality among adolescents in Denmark..... | 376 |
| #110. Understanding LGBTQ+ suicide beyond the risk factors: Using arts-based methods to facilitate community analysis of suicide prevention..... | 378 |
| #111. Gender Influence in suicidal risk assessment: a vignette study..... | 378 |
| #112. Suicide-related coping and safety plan use in Australian online help-seekers..... | 379 |
| #113. Consideration of suicidality in digital health apps for addictive disorder | 379 |
| #114. A systematic review on the detection of suicidal ideation and behaviour in community-dwelling older adults | 380 |
| #115. Images Matter: Guidelines for image use in public communication about suicide..... | 380 |
| #116. Postpartum depression, post-traumatic reactions, thoughts of self-harm, and subjective childbirth experiences in Lithuanian women..... | 381 |
| #117. Posvet Tu smo zate network of counselling centres as a psychological support for people in distress and a safety net against losing the sense of life..... | 382 |

| | |
|---|-----|
| #118. Ambulance Clinicians' Responsibility when Encountering Patients in a Suicidal Process | 383 |
| #119. Learning lessons from Welsh practice: Findings from a thematic analysis of all multi-agency practice reviews following cases of suicide death in Wales | 384 |
| #120. A face-to-face and online training in suicide prevention for healthcare professionals: Which is best? | 384 |
| #121. Suicidality in Lithuania: How do theoretical and sociocultural factors relate in a network analysis..... | 385 |
| #122. Is the Suicidal Ideation Attributes Scale a good tool for triage in a suicide prevention chat service?..... | 386 |
| #123. Participatory design of an implementation facilitation strategy for the adoption of a gatekeeper intervention to reduce adolescent suicidal risk in Chilean public schools..... | 386 |
| #124. Implementing suicide intervention first aid training for school communities at scale..... | 387 |
| #125. Who says what? Who is heard? Implications for collaborative suicide prevention research and service provision with lived experience | 388 |
| #126. Effectiveness of gatekeeper training for suicide prevention: A randomized controlled trial on families of individuals with mental disorders in Korea..... | 388 |
| #127. Community-based suicide prevention programme through an intergenerational support: A Hong Kong example | 389 |
| #128. Suicidal behaviors prevention and help-seeking barriers and facilitators in university students | 389 |
| #129. Risk of suicide of Vietnamese Canadian in gambling addiction..... | 390 |
| #130. Analysis of Suicide Incidence Hotspots in the Elderly in Korea..... | 391 |
| #131. Analysis of self-inflicted injuries in the south of Chile, between 2018 and 2022..... | 391 |
| #132. Mobile apps for traumatic stress: A systematic review of qualitative findings and implications for suicide prevention..... | 392 |
| #133. Trial of a street prevention facility as a second safety net: Tokyo Metropolitan Government's special area efforts as one of the projects to support the self-reliance of the needy | 393 |
| #134. Suicide deaths and waiting lists, a register-based study..... | 393 |
| #135. Difference in Psychological Pain Between Suicide Ideators and Suicide Attempters ... | 395 |
| #136. Short term regional and age-specific disparities in suicide epidemiology in Poland ... | 395 |
| #137. Covid-19 vaccination, varicella-zoster virus re-activation and suicidality | 397 |
| #138. Treating suicidal behavior— from a trauma perspective..... | 397 |
| #139. Adverse childhood experiences in complex mental health patients – suicide attempts and self-harm | 399 |
| #140. Suicidal thoughts and behaviours among student nurses and midwives: A systematic review..... | 399 |
| #141. Accident or suicide? The difficult task of classifying suicide in old age | 400 |

#142. The inflorescence suicide recovery theoretical model as basis for a recovery-focused suicide management program: a grounded theory research study401

#143. Meaning-making After a Suicide: The Impact of Support Groups in Promoting Posttraumatic Growth401

#144. Deep sequential neural network models improve stratification of suicide attempt risk among US veterans..... 402

SHORTENED TABLE OF CONTENTS

| Sections | Detailed table of contents | Programme page |
|-----------------------|---|---|
| Pre-congress workshop | Click here for table of contents page | Click here for programme page |
| Keynote | Click here for table of contents page | Click here for programme page |
| Plenary | Click here for table of contents page | Click here for programme page |
| Special lecture | Click here for table of contents page | Click here for programme page |
| Panel | Click here for table of contents page | Click here for programme page |
| Pecha Kucha | Click here for table of contents page | Click here for programme page |
| Symposium | Click here for table of contents page | Click here for programme page |
| Oral session | Click here for table of contents page | Click here for programme page |
| Poster | Click here for table of contents page | Click here for programme page |

PRECONGRESS WORKSHOPS

Pre-Congress Workshops September 19, 2023, commencing 9:00 AM

IASP Partnerships for Life Workshop

Facilitators: Professor Steve Platt and Professor Rory O'Connor

The Partnerships for Life global initiative to prevent suicide (PfL), launched (as the Regional Suicide Prevention Networks Programme) in December 2020, is a flagship five-year (2021–2025) initiative of the International Association for Suicide Prevention (IASP).

The programme aims to establish an international collaboration of experts supporting the development of a comprehensive, strategic approach to suicide prevention, with a view to increasing the number of nations worldwide committed to the planning, implementation and evaluation of a national suicide prevention strategy.

Six networks, bringing together countries in different regions of the world, have been established under the leadership of coordinators with international reputations in the field. Global and regional strategies have been developed and work plans have been prepared. Good progress has been made in respect of key actions, including: identification of key country contacts and establishment of effective working relationships between these contacts and the regional coordinator; development of a situation analysis in each country; supporting national teams and collaborative activity under the leadership of the key contact in each country; and delivery of workshops to support the implementation of the programme and encourage peer learning and facilitate mentorship between countries at different stages of strategy development.

Participants at the workshop will be informed about achievements and challenges during the first 2.5 years of the PfL programme, and will be offered the opportunity to contribute to, and become involved in, future developments. The workshop will comprise a mix of plenary and breakout sessions which will allow attendees to explore all aspects of the PfL programme.

IASP Lived Experience Special Interest Group: Improving integration and partnership with people with lived experience of suicide.

Facilitator: Bronwen Edwards

This is a hands-on, interactive workshop that explores the guiding principles and actions required to develop a foundational resource of trained and supported people with lived experience of suicide and how to better integrate lived experience knowledge and expertise into all aspects of suicide prevention. These principles are relevant across communities, organisations and suicide prevention strategies. This workshop will provide an overview of the authorising environment needed for lived experience-informed and inclusive systems change, as well as the evidence base for partnering with people with lived experience to achieve effective and sustainable change. It will also explore the core values and principles that ground best practice lived experience partnership and inclusion and seek to spotlight examples of what good practice or good potential practice looks like around the globe. Participants will engage in individual and group activities to map the existing strengths and opportunities in their organisations, communities or countries to develop and strengthen lived experience partnership and inclusion.

IASP Early Career Workshop: Participants will engage in individual and group activities to map the existing strengths and opportunities in their organisations, communities or countries to develop and strengthen lived experience partnership and inclusion.

Facilitators: Professor Jo Robinson and Dr Nuša Zdravec Šedivy.

The aim of this workshop is to bring together both students and early career researchers who are working across the globe in the area of suicide prevention to share their work, learn from each other and enjoy some informal networking.

The session will be hosted by Professor Jo Robinson from Orygen in Melbourne and VP of IASP and Dr Nuša Zdravec Šedivy from the University of Primorska. The session will include a series of short Lightning presentations by early career researchers, a conversation with 2 journal editors (Professor Rory O'Connor and Professor Jane Pirkis) and a panel discussion including topics such as supervision and mentoring, academic careers and ECR wellbeing.

The session is free to all conference delegates who are either students or who have completed their PhDs within the past 5 years, so if this is you then please come and join us.

IASP Suicide and the Workplace Special Interest Group Workshop: Researched-Based Rationale for Workplace Suicide-Prevention and Programmatic Outcomes.

Facilitated by Dr Sally Spencer-Thomas, Sarah Gaer, MA and Dr Tania King.

When it comes to suicide prevention, the workplace is a conduit, a convener, and a contributor. In other words, the workplace is an important place to offer suicide prevention awareness, skill development and mental health benefits to workers and their families. It's also a place where peer support often helps people cope. And when working well, it's a buffer to suicide as it offers experiences of meaning and connection.

But few are describing how the workplace is a contributor to suicide risk and how job-related psychosocial hazards contribute to increased risk of suicide.

In this workshop, facilitators will make the case that the workplace is an underleveraged system in suicide prevention and that work-related suicide needs to be defined and measured. Participants will learn how to cultivate a nine-practice plan for suicide prevention encompassing upstream, midstream and downstream approaches based on the U.S. National Guidelines for Workplace Suicide Prevention.

Strategies to enroll people with lived experience in these efforts are essential. Stories of lived experience leadership and impact will be shared throughout.

Lessons learned will also be shared from the New York State pilot "H.O.P.E. Certification" program, a culture change initiative that evaluated the impact of implementing the practices over nine months.

Mental Health Promotion and Intervention in Occupational Settings: MENTUPP.

Facilitated by Professor Ella Arensman and the MENTUPP Consortium.

Depression and anxiety are the most prevalent mental health difficulties in the workplace in the EU, causing immense suffering and costing the global economy €1 trillion in lost productivity annually. People working within certain sectors, in particular construction, health and information and communications technology (ICT) sectors are at an increased risk of mental health difficulties and suicidal behaviour, with those working in Small and Medium Enterprises (SMEs) being particularly vulnerable. Most SMEs have limited capacity to address mental health promotion and provide mental health interventions to staff. As SMEs comprise more than 90% of all EU businesses, there is a huge

potential to influence population health. MENTUPP, Mental Health Promotion and Intervention in Occupational Settings, is a 4-year Horizon 2020 EU-funded project (January 2020) that is currently within the final year. MENTUPP is a multi-level intervention aimed at promoting mental wellbeing in the workplace, addressing clinical (depression and anxiety disorders) and non-clinical mental health issues (stress, burnout, wellbeing, depressive symptoms) and reducing associated stigma in SMEs. The primary aim of the MENTUPP programme is to improve workplace mental health and a secondary aim is to reduce depression and suicidal behaviour in employees and managers in SMEs. The MENTUPP intervention is delivered through an online platform, the MENTUPP Hub, that presents interactive psychoeducational materials, toolkits, and links to additional resources for employees and managers. The MENTUPP intervention has been pilot tested, optimised, and a cluster Randomised Controlled Trial (cRCT) is currently ongoing in the three occupational sectors in eight European countries and Australia.

This workshop will provide an overview of the MENTUPP Project, and participants will be informed of lessons learned throughout the project to benefit both practitioners and researchers.

Participants will learn barriers and facilitators for implementing mental health promotion interventions in the workplace with a particular focus on SMEs.

Ethical considerations in conducting applied intervention research and developing materials for implementation across a number of partnering countries and cultures will be explored.

Methods for evaluation and development procedure for an interventions' theory of change will be illustrated.

COVID-19 related factors associated with mental health in the workplace setting.

[Youth interventions for suicide: Building evidence base and dissemination at scale. LivingWorks SafeTALK for young people workshop and panel.](#)

Shayne Connell (Trainer), Anthea Jirgens (Chair)

Panel: Michelle Lamblin, Indra Herbert, Dr Pete Gutierrez.

LivingWorks SafeTALK for Young People is a new 3-hour suicide-alertness workshop that provides practical skills for intervening with a young person considering suicide. Developed with the support of research partner, Orygen Youth, at the University of Melbourne, the SafeTALK has embedded curricular simulations of interventions with young people at its core and is currently being rolled out at scale for 55,000 teaching/school staff in New South Wales, Australia.

If you work with young people (under the age of 25) through the school system, tertiary education, research or clinical pathways, sports, this session is for you.

3 hours- SafeTALK for Young People workshop — learn the skills to support a young person with thoughts of suicide, including identification and referral pathways.

30mins Panel- Youth Suicide Evidence-base and research SafeTALK.

KEYNOTE

Opening Keynote September 19, 2023, 5:00 PM – 6:30 PM

Chair: Diego De Leo

Suicide prevention at the global level: taking action towards achieving SDG indicator 3.4.2



Alexandra Fleischmann

Each year, more than 700 000 people die by suicide. Each death is a tragedy, with far-reaching impact on families, friends and communities. It is estimated that for each suicide, 20 people make a suicide attempt. 77% of global suicides occur in low- and middle-income countries. In 2019, suicide was the fourth leading cause of death among young people from 15 to 29 years of age.

The urgency to act to prevent suicides has been recognized and prioritized at the highest levels. The reduction of suicide rates in countries is an indicator (3.4.2) in the UN Sustainable Development Goals (the only indicator for mental health), WHO's General Programme of Work, and WHO's Comprehensive Mental Health Action Plan 2013–2030.

Much can be done to prevent suicide at the individual, community and national levels. WHO recommends, in its LIVE LIFE guide for suicide prevention, the implementation of four key effective and evidence-based multisectoral interventions: 1) limiting access to means of suicide, such as firearms and highly hazardous pesticides; 2) educating the media regarding responsible reporting of suicide and sharing stories of hope and recovery; 3) fostering adolescent social-emotional skills; and 4) early identification, assessment, management and follow-up of people affected by suicidal behaviours. LIVE LIFE is a catalyst for governments to take evidence-based action to prevent suicide.

WHO is actively supporting countries in the development of comprehensive national suicide prevention strategies. While national leadership and coordination is crucial for a multisectoral public health approach to suicide prevention, communities can complement these efforts by considering their local community needs, priorities and circumstances. Top-down suicide prevention should go hand in hand with local bottom-up processes. The WHO toolkit for engaging communities in suicide prevention aims at assisting in identifying and implementing suicide prevention priorities and directing appropriate community activities towards the whole community, specific groups and/or individuals. This is complemented by a training manual for surveillance of suicide and self-harm in communities.

By raising awareness and implementing evidence-based interventions, individuals, communities and countries can create hope through action, reducing suicide and suicide attempts around the world.

Real world data for suicide and self-harm prevention- what gets counted matters.



Ann John

Professor John's will discuss her research and key findings using routinely collected anonymised data. Often linking across sectors at scale from school attendance and attainment, court and health records to social media, Google analytics and media reporting, findings from this real-world data and its secondary use for research builds a picture of when, where and how to intervene and speaks to policy makers, practitioners and the public. Professor

John will describe the translation of these findings into national policy and practice.

Suicide Loss as a Crisis of Meaning: Implications for Grief Therapy



Robert Neimeyer

Research suggests that much of the complicated and prolonged grief that frequently follows bereavement by suicide is mediated by its assault on the survivor's world of meaning, and the attendant struggle to make sense of (a) the relationship to the deceased, (b) the death itself, and (c) the survivor's own identity in its aftermath. Viewing this struggle through the lens of the Tripartite Model of Meaning Reconstruction in Loss, we will first consider common obstacles to integrating such loss adaptively within survivors' meaning systems, and the implications this carries for the construction of the therapeutic relationship as well as specific interventions to address each impasse. Paradoxically, however, the same effort after meaning can be a catalyst for posttraumatic growth, which studies suggest is facilitated by identifiable psychological and social conditions. Illustrating these concepts with brief client videos, we conclude with general guidelines for conducting therapy with this traumatically bereaved population.

Closing Keynote September 22, 2023, 5:30 PM – 6:00 PM

Chair: Vita Postuvan

The Worm at the Core: On the Role of Death in Life: Implications for Suicide Prevention



Sheldon Solomon

The uniquely human awareness of death engenders potentially debilitating terror that we manage by embracing cultural worldviews that give us a sense that we are valuable persons in a meaningful universe, and thus eligible for literal or symbolic immortality. The quest for immortality underlies some of humankind's most noble achievements. It also, however, incites some of our most ignominious affectations (e.g., disdain for people with different beliefs; unwavering support for populist leaders; contempt for the environment; insatiable pursuit of money) and undermines physical and psychological well-being. The role of death anxiety in suicidal ideation and behavior will be explored, and existential approaches to suicide prevention will be proposed.

PLENARY

Plenary Session 1 – September 20, 2023, 9:00 AM – 10:30 AM

Chair: Ella Arensman

Does having a national suicide prevention strategy make a difference?



Saska Roskar

A national suicide prevention program is thought to be the 'holy grail' of prevention initiatives. Encompassing different actions, it is a roadmap for saving lives and combating the stigma attached to suicidality and those affected by it. Despite significant advances in the field, it is still very difficult, if not impossible, to tell which initiatives contribute to suicide decrease and what is the actual driver in the background of the changes we observe. Is it the synergy between interventions we perform at once and at different levels? Is it the result of a patchwork of seemingly unrelated local and regional activities? Or is it perhaps a spontaneous change which has nothing or very little to do with our actions? Finally, yet importantly, how do we measure what works and what

does not? Most literature demonstrates that suicide prevention strategies are effective and result in a greater decline in suicide mortality, but there are 'black swans', which can make us question. In Slovenia, for example, the suicide rate has decreased over 30% in the last two decades even though, at that time, Slovenia did not have a suicide prevention strategy in place. Similar trends were also observed in other countries. How do we explain and understand these changes? The presentation will aim to contribute to what we know about the effectiveness of suicide prevention strategies, challenging us to think beyond the 'holy grail' and consider whether countries can still achieve success in suicide prevention without a national strategy. It will highlight the necessity of addressing suicide prevention as both a (mental) health and a public health problem. Lastly, and importantly, in accordance with emphasized importance of destigmatizing initiatives within suicide prevention strategies, the presentation will illuminate a topic too often standing in the shadows, namely how and if, we as professionals acknowledge our own vulnerability and personal experiences with mental health issues.

Identifying patients at high-risk of suicide: the problem of using big data to make treatment decisions



Matthew Spittal

Tools for assessing suicide risk are widely used in the emergency department and other similar settings to identify people at high risk of suicide. This classification is used to inform treatment decisions, such as whether to admit a person as a psychiatric inpatient. In this talk I first describe a program of research that has examined the clinical utility of these risk prediction instruments. I will show why these risk tools don't work, and why in the era of big data and machine learning, better tools are unlikely to be developed. Finally, I offer suggestions for how we can do better.

From likes to lifelines: The role of social media in suicide prevention



Louise La Sala

Suicide is a major public health concern worldwide, and the internet has become a valuable tool for suicide prevention efforts. In recent years, there has been an increase in online resources aimed at preventing suicide, including crisis hotlines, support groups, informational websites, and social media campaigns. These approaches capitalise on the many benefits of the internet, such as its wide reach and accessibility. However, the internet also presents new challenges for self-harm and suicide prevention, particularly in relation to the sharing of harmful or unsafe content, misinformation, and privacy concerns. This plenary session will explore the promising role of the internet in expanding suicide prevention efforts by highlighting both the opportunities and challenges for users, suicide prevention researchers, policy makers and the information technology industry.

Plenary Session 2 – September 20, 2023, 11:00 AM – 12:00 NOON

Chair: Murad Khan

Ageism, human rights and suicide in old age



Diego De Leo

Ageism is a form of discrimination against people based on their age; it can have negative effects on the mental health and well-being of older adults. One of the potential consequences is an increased risk of suicide among older adults. Human rights are the basic rights and freedoms that are entitled to every person, regardless of their age, gender, race, religion, or other characteristics. One aspect of human rights is the right to life, which includes the right to live with dignity and respect. Ageism can represent a violation of

human rights. Older adults have the right to be treated with dignity and respect, and to have access to the same opportunities and resources as younger people. However, ageism often limits older adults' access to healthcare, employment, and social services, all impacting health and well-being. Older adults may face a range of challenges that can contribute to feelings of isolation, depression, and hopelessness, including loneliness, loss of loved ones, chronic health conditions, and financial insecurity. Ageism can exacerbate these challenges by reinforcing negative stereotypes and beliefs about late life, such as the idea that older adults are frail, dependent, and no longer valuable members of society. Thus, ageism is associated with an increased risk of depression and anxiety; these mental health conditions can in turn increase the risk of suicide. Older adults experiencing ageism may also be less likely to seek out or receive appropriate mental health care, which can further increase their risk of suicide. To address ageism and prevent suicide in old age, it is important to promote awareness and education about the rights of older adults. This can include advocating for policies and programs that promote social inclusion, access to healthcare and social services, and protection against discrimination based on age. It is also important to ensure that older adults have access to mental health services and support, and that healthcare professionals are trained to identify and address the unique needs of older people. By promoting human rights and addressing ageism and suicide in old age, a more equitable and just society could be created.

[Are there some premature deaths we should not prevent? Suicide prevention when Medical Assistance in Dying \(Euthanasia and Assisted Suicide\) is available.](#)



Brian Mishara

The objective of this talk will be to clarify ethical, clinical and practical issues concerning suicide prevention with persons who are eligible for Medical Assistance in Dying (MAiD). I will present a framework for determining how we should stand, as persons working in suicide prevention, in the context of the current practices in some countries, of MAiD, as well as expanding MAiD to include persons suffering only from a mental disorder. Suicide prevention services are generally supposed to do their utmost to prevent suicides with

all persons, regardless of the suicidal individual's characteristics and reasons given for wanting to die. Their assumptions are that doing otherwise constitutes discrimination, and they will venture into an ethical morass if they attempt to determine whether some lives are more worthy of saving than others. However, where MAiD (assisted suicide and euthanasia) has been legalized, should we continue to strive to prevent all suicides? Or are there some circumstances where we should abstain from preventing a death by suicide or even encourage people to seek to end their lives by euthanasia or assisted suicide? We will explore if there are justifiable distinctions between how to respond to people who are suicidal, and people requesting or considering MAiD. We examine whether suicide is sometimes rational, without ambivalence, as well as how respect for autonomy may be balanced against obligations to protect vulnerable populations. We examine ethical perspectives on suicide prevention and empirical evidence of distinctions that have been made between wanting to kill oneself and requesting medically assisted death for suffering from an incurable physical or mental illness. Recent case studies illustrate how our ethical premises may guide policies and practices.

Social Inequality and Suicide Prevention



Steven Stack

The American age-adjusted suicide rate has increased 45% from 10/100,000 in 2000 to 14.5/100,000 in 2019. In contrast, in 13 Western European nations suicides declined by 24%, on average: e.g., France (-39%), Germany (-26%), UK (-11%). Social inequalities provide a working explanation. The U.S. has the highest degree of income inequality and the lowest level of social welfare expenditures of these countries. High levels of structured class inequality can promote high suicides rates at the bottom. A meta-analysis of 1,231 effect sizes showed that low socio-economic status ($OR=2.20$) was in the top four predictors of suicide deaths.

Evidence for linkages between social inequalities and suicide rates will be reviewed with suggestions for prevention. Inequalities include social capital and measures of economic strain: minimum wage laws, welfare, union density, occupational fatalities, debt/bankruptcy, home eviction, export of manufacturing jobs, job demotion, temporary employment, and unemployment. Some examples:

Minimum Wage Laws. Nobel prize winner Angus Deaton recommended increasing the minimum wage as a principal means of reducing deaths of despair, including suicide. Minimum wage increases can assist people near the bottom. Longitudinal research studies on the 50 states determined that a \$1.00 inflation adjusted increase in the minimum wage was associated with 1.9% to 5.9% drops in the suicide rate.

Social welfare expenditures (e.g., food stamps, aid to poor families) have also been associated with reductions in state suicide rates. A 4.5% increase in Supplemental Nutrition Assistance Program payments over 16 years could have potentially saved 31,600 lives.

Unions can provide bargaining power for the working class. Union membership falls with passage of anti-union laws such as the “Right to Work.” American union membership has declined to 9%. Nevertheless, panel studies report that a 10% rise in union membership is associated with a 17% reduction in suicide rates.

Occupational Fatality Rates. I found a strong association between occupational fatality rates and suicide rates in 58 occupational groups ($r=.78$, $p<.01$). Inequalities in safety may promote suicide through differential exposure to pain and subsequent drug abuse.

Debt. A meta-analysis of 65 studies shows that debt increases psychiatric problems as well as deaths by suicide. People in heavy debt have an eight-fold increase in odds of dying by suicide. Exemption laws can reduce the strain of debt.

The reduction in social inequalities could reduce American suicide, but this change would be slow and would require a shift in political economy similar to that in Europe.

We can't afford not to talk about it. Economics, self-harm and suicide.



David McDaid

This presentation will provide an overview on how economic arguments can be used to help strengthen the case for investment in policy and practice for self-harm and suicide prevention worldwide. It will highlight the profound economic consequences of self-harm and suicide, not only for affected individuals and their families, but for all of society. It will also examine how the evidence base on what is known about the cost effectiveness of preventive measures has grown and how

this can be strengthened further, including through measures to address some of the economic pressures that can be associated with increased risk of self-harm and suicide.

Refugees: A Mediterranean perspective



Marco Sarchiapone

According to the World Migration Report, during the last 50 years, the number of international migrants has increased. In 2020, there were 281 million international migrants, corresponding to 3.6 per cent of the global population. The COVID-19 pandemic reduced the growth of international migration, however in 2021 and 2022 events such as the Taliban surge to power in Afghanistan and the Russia-Ukraine war triggered the displacement of millions

of people. Migration certainly represents a stressful situation potentially increasing the risk for negative mental health outcomes. Nevertheless, reasons for migration, exposure to violence or armed conflict, socio-economic circumstances in the host country, as well as other pre- and post-migration factors may be largely different and account for the different prevalence of mental disorders among migrants and especially between different groups of refugees and asylum seekers. This presentation will briefly review the literature on the prevalence and risk factors for psychiatric disorders and suicidal behaviour among refugees and asylum seekers. Furthermore, data from a study on psychopathological dimensions in first generation migrants in Italy will be presented.

SPECIAL LECTURES

Special Lecture 1 – September 21, 2023, 11:00 AM – 12:30 PM

Chair: Steve Platt

Gone Too Soon: Priorities for Action to Prevent Premature Mortality Associated with Mental Illness and Mental Distress



Rory O'Connor

Globally, too many people die prematurely from suicide and the physical comorbidities associated with mental illness and mental distress. In this Special Lecture, I will present findings from the Gone Too Soon project coordinated by the mental health research charity, MQ Mental Health Research, who convened an international panel that used road mapping methods and reviewed evidence to identify key factors, mechanisms, and solutions for premature mortality

across the social-ecological system. We identified 12 key overarching risk factors and mechanisms, with more commonalities than differences across the suicide and physical comorbidities domains. We also identified 18 actionable solutions across three organising principles: integration of mental and physical health care; prioritisation of prevention while strengthening treatment; and optimisation of intervention synergies across social-ecological levels and the intervention cycle. The time to act is now, to rebuild health care systems, leverage changes in funding landscapes, and address the effects of stigma, discrimination, marginalisation, gender violence, and victimisation.

Can the principles of South-South Collaboration be applied to Suicide Prevention in LMICs?

Murad Khan



South-South Collaboration (SSC) involves the exchange of technology, knowledge or skills among low and middle-income countries (LMICs). It can take place on a bilateral, regional, intraregional or interregional basis. Through SSC, LMICs share knowledge, skills, expertise and resources to meet their development goals through concerted efforts. The philosophy of SSC is based on a conviction that developing countries' shared histories and challenges are

better addressed by regional approaches and solutions. 79% of the approximately +700,000 annual global suicides take place in LMICs, yet few have national suicide prevention programs. Less than 10% of research publications come from LMICs. Suicide prevention is not a priority in the majority of LMICs, as they struggle with communicable diseases, poverty and other social factors. Suicide prevention strategies developed in high-income countries (HIC) are not replicable in LMICs as the context and health infrastructure are very different. Hence, there needs to be better collaboration within countries of the global South to address the problem of suicide. A recent collaboration on setting up a surveillance system between two institutions – one based in Pakistan, the other in Kenya is taken as an example.

Rethinking national suicide prevention strategies

Jane Pirkis



It has become increasingly common for countries to develop national suicide prevention strategies to coordinate and guide their suicide prevention efforts. This special lecture will present a birds-eye view of national suicide prevention strategies. It will consider their history, the prominence they have been given, and their typical components. It will also explore issues in the way they have been developed and implemented, and the extent to which they have been

evaluated. It will argue that national suicide prevention strategies may need to take more of a public health, whole-of-government approach if they are to make a substantial difference on countries' suicide rates.

Special Lecture 2 – September 21, 2023, 11:00 AM – 12:30 PM

Chair: Brian Mishara

Suicidal Behavior and the DSM 5: Should it be an Independent Diagnosis?



J. John Mann

Suicide is part of the diagnostic criteria for very few psychiatric disorders. These include Major Depression and Borderline Personality Disorder. Strikingly, increased risk for suicidal behavior is observed in many more psychiatric disorders and yet suicidal behavior is not part of their diagnostic criteria. There are at least two major consequences. There is no diagnostic code for suicidal behavior and so free text analysis is needed to estimate rates in electronic

health records. Since ascertainment of a history of suicidal behavior is not needed for most diagnostic codes, clinicians are not encouraged to seek such a history in every patient, and this degrades the quality of clinical assessment and treatment. A large body of evidence has shown that suicidal behavior is moderately heritable and has a neurobiological basis, and both are independent of major psychiatric illnesses. We will present details supporting all these clinical, genetic and biological distinct characteristics of suicidal behavior. This evidence will make a case for treating suicidal behavior as an independent diagnosis. In response to submissions based on the above arguments, the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, text revision (DSM-5-TR), added diagnostic codes for suicidal behavior and non-suicidal self-injury in section 2 of DSM-5-TR, “other conditions that may be a focus of clinical attention” chapter. The “other conditions that may be a focus of clinical attention” includes conditions, behaviors, and psychosocial or environmental problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of an individual’s mental disorder. The conditions, behaviors, and problems listed in this chapter are not mental disorders. Here is the rationale as stated by DSM:

“The inclusion of codes for suicidal behavior and non-suicidal self-injury in DSM-5-TR was described in the DSM text as meant to draw attention to the scope of additional issues that may be encountered in routine clinical practice and to provide a useful systematic listing to clinicians in documenting these issues. DSM hopes this addition will help improve documentation of these behaviors, which can serve to estimate risk factors for future suicide attempts or death. These codes can also help clinicians record suicidal behavior and non-suicidal self-injury when occurring with other mental health conditions. Finally, adding these codes will encourage research targeting their treatment specifically rather than simply addressing these behaviors as symptoms of an associated condition such as major depressive disorder.” Bottom line is that the petitioning of DSM committees worked.

After Risk, personal, clinical, and institutional responses the extreme weakness of suicide risk assessment



Matthew Large

The extreme limits of suicide risk categorisation and suicide prediction modelling have been repeatedly demonstrated in scientific literature. Despite the near scientific consensus on the topic, the practical implications of science have only begun recently to impact on suicide prevention. This talk will provide an overview of the various ways that suicide risk categorisation/modelling has been examined scientifically in the last decade and will posit some likely underlying reasons for weakness of suicide risk assessment. The talk will then focus on how distressed people,

their friends and family, peers and supporters, clinicians, health service providers, the courts, and policy makers might best respond in the interests of suicide prevention.

Contradictory findings and the nature of truth in suicide research



Nav Kapur

It has been suggested (some might say proven) that most published research findings are false. If that is the case, then most interventions and health policy decisions are at best misguided and at worst actively harmful. Is suicide prevention research any different? In this talk Nav will examine contemporary areas of controversy such as the effects of a recent pandemic on mental health, the role of Artificial Intelligence in suicide prevention, and the impact of social media on suicidal behaviour in children. He will explore the reasons why different groups of researchers can study the same question and yet come up with answers that are not just different, but are frankly contradictory. He will also reflect on how research is packaged, messaged, and occasionally misused with examples from research that he and colleagues have carried out in Manchester. The talk will conclude with suggestions for how we can ensure that in the future, for suicide prevention at least, that most research findings are true or nearly true.

Special Lecture 3 – September 21, 2023, 14:00 AM – 14:50 PM

Chair: Jo Robinson

Media and suicide: The roles of narratives for suicide prevention



Thomas Niederkrotenthaler

In the past decade, research in the area of media and suicide has increasingly focused on considering differences in the quality of media portrayals when determining specific media effects on suicide-related outcomes. Most recently, researchers have started to consider the overall narrative or core focus of the portrayal in addition to specific (more isolated) media content characteristics. The lecture will focus on what we currently know about the effects of specific “gestalt” narratives of suicide and suicide prevention.

Implications for prevention approaches such as media guidelines as a tool for risk mitigation as well as proactive prevention messaging will be discussed.

Is it the Narrative that Counts? Rethinking How We Approach Responsible Media Reporting Recommendations



Mark Sinyor

The World Health Organization lists interacting with the media on responsible reporting as one of four key, evidence-based strategies for preventing suicide at a population level. This recommendation arises from what is now a rich body of literature describing the Werther and Papageno effects. The theory underpinning these effects is that social learning can result in imitative behaviours in some people exposed to suicide-related media. To address this, guidelines have been released across the globe encouraging responsible reporting; these mainly include lists of putatively harmful content to be avoided and putatively helpful content to be included in media reports. Yet, there is an emerging confluence of evidence indicating that our approach to media-based suicide prevention may not be placing sufficient emphasis on the overarching narrative of suicide-related stories. This special lecture will review recent evidence regarding the kinds of suicide-related media content and narratives that are associated with harms and benefits. In particular, it will draw on the Canadian experience including efforts to improve media discourse which resulted in far greater adherence to guidelines, continued reporting with a focus on

harmful overarching narratives, and no reductions in suicide rates. Implications for future approaches to media guidelines and engagement will be discussed.

Special Lecture 4 – September 21, 2023, 14:00 AM – 14:50 PM

Chair: Annette Erlangsen

COVID and Suicide Prevention: did we all panic unnecessarily, or should we still be concerned?



Vita Postuvan

The COVID-19 pandemic fundamentally changed our daily lives. Restrictions to contain the spread of the virus were recognised as risk factors for mental health, even among the lay public. There were many fears that suicide rates would also increase due to these changes. However, epidemiologic data to date have shown no significant short-term increase in suicide rates. On the contrary, in some places there was even a decrease in suicide rates during the pandemic. Concerns remain, however, especially in high-risk groups.

Long-term consequences may be more significant because of increased loneliness, the impact of COVID infections, and other changes.

Loneliness and suicide prevention: the influence of loneliness on suicidality and opportunities for intervention



Alexandra Pitman

This talk will describe where loneliness features in theoretical models of self-harm and suicide, and the epidemiological evidence describing associations between loneliness and suicide-related outcomes. Having identified loneliness as a target for reducing the risk of suicide, the talk will consider opportunities for intervention, recent efforts to evaluate such interventions, and policy responses.

PANELS

Panel Session 1 – September 20, 2023, 12:05 PM – 13:00 PM

Panel 1 Suffer in silence no more: Suicide prevention in clinicians and academicians through the lens of lived and living experience.

Chair: Christine Moutier

Participants: Lisa St George, Lai Fong Chan & Ahmed Hankir

Shame and stigma often stifle the voices of lived and living experience of mental health conditions, self-harm and suicidal behaviour among clinicians & academicians in the field of medicine and health research. Disenfranchised grief, unattended trauma, un confronted structural racism, gender bias, maladaptive perfectionism and moral injury have critical impacts on suicide risk at the individual-level with consequent negative sequelae on patient safety, health-care systems and the scientific community. Fear of perceived incompetence and repercussions on career progression are significant barriers to seeking professional help which perpetuate the vicious cycle of further impairment of function and recovery. Early-career clinicians and researchers are particularly vulnerable, hence the need for more evidence-based interventions, mentorship and targeted investment of resources to support our next generation of health-care leaders and scientists. This interactive platform aims to bring together a diverse panel of stakeholders to advocate for pro-active and protective well-being and suicide preventive policy implementation by leveraging on the power of post-traumatic growth and recovery through the sharing of lived & living experience.

Round Table: Partnerships for Life – Funding and resourcing strategic activities

Chair: Professor Stephen Platt

Participants: Tony Coder, Vanda Scott, Mark Sinyor, Leeann Sherman & Priti Sridhar

Effective suicide prevention requires a comprehensive, coordinated approach, built on productive collaborations and partnerships between key stakeholder groups, including national government departments and agencies, local/regional government, health and social care organisations, NGOs, community organisations and philanthropic foundations, among others. Adequate and sustained resourcing of evidence-informed interventions, which is a necessary foundation of national suicide prevention strategies, depends to a considerable degree on the establishment and long-term maintenance of these productive relationships, in which there are clear mutual benefits to all involved parties. This round-table brings together five leading figures in suicide prevention who will provide examples of the opportunities and challenges of building productive relationships for suicide prevention, including consideration of the complexities of resourcing national programmes. The situation and experiences of low- and middle-income countries will be highlighted. Following brief presentations by the panellists, questions to the panel will be invited from the audience.

Panel 2 The legacy of suicide – can postvention be prevention?

Chair: Dr Vita Postuvan

Participants: Bronwen Edwards, William Feigelman, Dr Karl Andriessen & Dr Alexandra Pitman

Suicide brings about many changes in the family of the deceased and in their immediate and wider social network. Interventions for suicide survivors (bereaved by suicide) focus on sharing and understanding their experiences. But their voices and narratives explaining how difficult it is to cope with such an event can be the most important suicide prevention intervention.

Round Table: Open Sciences

Chair: Dr Olivia Kirtley

Participants: Dr Nii-Boye Quarshie, Dr Sanderson Onie, Professor Jane Pirkis

Science is undergoing a 'credibility revolution'. As part of this, researchers are encouraged to work according to a set of practices, sometimes called "open science" practices, which are designed to

increase transparency, reproducibility, and replicability of research. Importantly, as well as being good for the field and wider scientific community, these practices can also be of direct benefit to researchers. Although more and more researchers in the suicide and self-injury field are embracing open science practices, and some funders and journals are making open science a priority, implementing open science practices can be challenging. In this panel discussion, we will reflect on the opportunities and challenges of implementing open science practices from different perspectives, including (early career and senior) researchers, clinicians, and journal editors, and consider potential solutions to these challenges.

Panel Session 2 – September 22, 2023, 13:30 PM – 14:20 PM

Round Table: Risk Factors and Social Determinants — have these changed?

Chair: Professor Keith Hawton

Participants: Piumee Bandara, Alan Apter, Maurizio Pompili

Factors contributing to suicide and self-harm may change over time, as may understanding of the mechanisms by which they operate. In planning suicide prevention initiatives it is important to take these changes into account. In this session, three experienced researcher in the field will choose specific topics to illustrate this, focusing on how childhood trauma may influence problems and behaviour later in life, the existing and developing social determinants of suicidal behaviour in low and middle income countries, and the interplay of mental pain and social variables. There will be plenty of time for participants to make their own contributions to the debate.

Panel 3 Beyond Changes to the Law — What Decriminalization Does for Suicide Prevention

Chair: Professor Diego De Leo

Participants: Professor Brian Mishara, Dr Alan Woodward, Priti Sridhar & Nii-Boye Quarshie

The case for the decriminalization of suicide has been made by IASP, United Global Mental Health, Lifeline International and many other advocates, with encouraging progress in recent years. This panel discussion will explore the opportunities for more effective suicide prevention that changes to the laws will enable. For instance: national suicide prevention strategies, the introduction of suicide prevention services such as crisis lines and the breaking down of social stigma and self-stigma surrounding disclosures of suicidal despair are all made much more possible by decriminalization. The panel will also consider supports needed in countries where decriminalization of suicide is emerging or has recently occurred, with particular attention to building local capabilities.

In Conversation

Interviewer: Dr Lakshmi Vijayakumar

Guests: Professor Heidi Hjelmeland & Professor Matthew Large

Panel 4 How can Tech Policy collaborate with researchers?

Chair: Ryn Linthicum

Participants: Professor Jo Robinson, Professor Thomas Niederkrotenthaler, Erika Crowell & Dr Sanderson Onie

Cohesive solutions to mental health challenges worldwide require effective teamwork across academia, government, civil society, and tech companies. Researchers have unique skills and knowledge regarding best practices and cutting-edge ideas, to push well-being and suicide prevention forward. Tech platforms can implement those best practices and ideas to support billions of people around the world.

TikTok and IASP have partnered for over two years to identify ways suicide science can be translated into evidence-based tech policy and platform innovations. Examples include making updates to TikTok's policy framework, recommendation systems, global resource provision, and producing

community-facing educational content (e.g., well-being guides and mental health awareness campaigns). External feedback is invaluable for ensuring that TikTok's approach is holistic and evidence-based, while still accounting for the unique challenges that a platform serving over a billion users faces.

In this panel discussion, we give insights into how tech companies and researchers can partner to advance mental health on a global scale. We provide a model for collaboration across research and industry, with a particular eye towards sharing lessons learned along the way. Our goal is to facilitate efficient and effective conversations between experts across industry and academia, to enable closer partnerships for the benefit of society.

The Great Debate – September 22, 2023, 16:30 PM – 17:30 PM

Researching gender differences in suicide: Risk or reward?

Chair: Dr Zac Seidler

Team For: Professor Rory O'Connor & Dr Diana van Bergen

Team Against: Dr's Jaelea Skehan & Sanderson Onie

“Is there benefit in seeking out differences or should we spend our time focusing on similarities when it comes to researching suicide? Gender is a polarising topic at the best of times, but our field is never afraid to ask tough questions, let's debate!”

PECHA KUCHA

Pecha Kucha – September 20, 2023, 19:00 PM – 22:00 PM Hotel Piran Rooftop Bar.

The highly anticipated Pecha Kucha event will return for the IASP 32nd World Congress in Slovenia. The event will be held on Wednesday, 20 September 2023 at 7:30 PM at Sky Bar Bushy at the Art Hotel Tartini in Piran. Don't miss this fantastic opportunity to join us and showcase your research!

Pecha Kucha, meaning “Chit-Chat” in Japanese, is a dynamic form of storytelling. It's a perfect platform for ECRs to hone their ‘elevator pitch’ skills in a lively and encouraging setting, where they must convey their research findings to a captivated audience quickly and convincingly.

Participants will present their work using 20 slides, each shown for 20 seconds — resulting in a captivating 6-minute and 40-second presentation. It's a challenge, but effective communication of research is key to success and reaching a wider audience. Pecha Kucha can be a powerful way to disseminate findings and increase the chance of translation into policy and practice. Plus, an audience award awaits the winner with an opportunity to participate in the IASP podcast and one-year IASP membership up for grabs! Pecha Kucha celebrates the exceptional talent, passion, and leadership potential of emerging ECRs by showcasing their outstanding suicide prevention research. This event provides a glimpse into the latest findings in the field, fosters meaningful conversations, and creates opportunities for learning and collaboration among a diverse audience of ECRs, mid-career, and senior researchers alike.

[Suicide-related internet use offline](#)

Lana Bojanić

University of Manchester

In this talk I will discuss the challenges in disclosing and discussing suicide-related internet use offline, with a focus on doing so in mental health service settings. The talk will be based mostly on the findings from my PhD project “suicide-related internet use of mental health patients” as well as current research in the field. Challenges indicated by clinicians and clinicians and patient characteristics

behind them will be discussed, as well as the ways mental health services can play a role in mitigating risks and harvesting benefits of suicide-related internet use.

[Intimate-partner violence and suicide in women](#)

Nina Krohne

University of Primorska

Although all genders are affected by intimate-partner violence, women are much more often the victims. For them, this experience has been repeatedly associated with poor mental health and suicidal ideation, making intimate-partner violence one of the key risk factors for suicidality in women.

[Anticipating a suicide attempt using daily diary data](#)

Esdras Raposo de Almeida

University of Groningen and University of Sao Paulo

Research using time-intensive daily diary data could improve both our understanding of the processes leading up to a suicidal attempt (SA) and enhance suicide prevention strategies. We selected one participant (female between 20-30 years old) from the $N=96$ individuals of the Mirror study, who attempted suicide during daily diary data collection (*N.B.*: participant survived). We mapped and explored the period directly preceding the SA and tested specific changes in psychopathological dimensions probably acting as a warning signal for suicide. Every evening for 90-days, the participant received a secure web link on their smartphone containing the daily diary items on depressive and anxiety symptoms, psychotic experiences, thought disturbances and a proxy for passive suicide ideation. In a time-window of 6 days before the SA, we found structural changes in several (sub)dimensions of psychopathology prior to SA. This could reflect potential warning signals of an upcoming SA.

[Death as a Statement: Suicide among Indian Women](#)

Parvo Ramesh

The University of Manchester

Much of the literature on suicide among LGBTQA+ people come from Western, high-income countries. The aim of this research is to question how suicide and suicide prevention can be studied in a country where LGBTQA+ individuals face legal and cultural challenges to their safety. This is a particularly challenging issue for women in India, who have a high rate of suicide compared to their female counterparts in other countries. This talk will examine previous research to offer insights on suicide among queer Indian women. Culture-specific and religious factors, such as coerced marriage, belief in the afterlife and reincarnation, etc., will be examined to understand how suicide prevention strategies should be adapted to fit the needs of specific populations. Particular attention will be paid to the intersection of class and caste, and how this affects suicide prevention in a country where health coverage and mental health support is limited.

[The Hope Exchange: Using Internet Advertisements for Suicide Prevention](#)

Sanderson Onie

Black Dog Institute & Indonesian Association for Suicide Prevention

Given that most people do not seek help prior to a suicide attempt, there is an imperative to develop innovative, relevant, and lived-experience-informed methods to reach them. Prior research has found that individuals may search for certain keywords on the internet when contemplating suicide, suggesting that internet ads may be a potential avenue for intervention. In this project, we co-designed a series of pages, including links to crisis services prefaced by explanations, videos of people with lived experience discussing the benefits of help-seeking, and calming and self-help modules. We then ran various iterations of this campaign across the U.S., Australia, and Indonesia, investigating tailoring options such as keywords, gender, age, and geography. We found that the ad responded to

over 6,000 searches in a single day, with page engagement rates over seven times higher than the industry average — even in the likely presence of a hotline number on the search page.

[Is it really too hard and risky to involve young people with lived and living experience in suicide research?](#)

Marianne Webb

Orygen/Centre for Youth Mental Health, University of Melbourne

Involving young people in mental health research results in better research, more relevant interventions and improved outcomes. However, few research studies involve young people with lived and living experience of suicide, due to the sensitive and complex nature of this research and concerns about the potential for adverse effects. This presentation will discuss newly launched world-first guidelines, developed with young people and researchers, that provide best-practice recommendations for both young people and researchers when working together in research. By adopting these guidelines, I will argue that it is possible to mitigate concerns about perceived risk, to facilitate a safe, supportive and meaningful collaboration between young people and researchers.

[Sounds and silence: using arts-based research methods to engage community groups in U.K. suicide prevention](#)

Dr Hazel Marzetti

University of Edinburgh

Suicide prevention policies are considered the cornerstone of national and international efforts to reduce preventable deaths by suicide; bringing together policymakers, practitioners and the public. Despite this however, the communities that are most affected by suicide are often under-engaged in policy development and implementation. Therefore, in this research, we used arts-based research methods to engage members of the public, primarily from community groups known to be disproportionately affected by suicide, in suicide prevention policies and the political debates surrounding them. Using creative practices, we encouraged community members to critically engage with plans for suicide prevention from across the U.K. and express their views on them. In this talk we will share our in-depth qualitative analysis of the art and poetry created through these workshops, particularly focusing on participants' responses to the collaborative approaches to prevention invited within national suicide prevention policies.

[Suicide in the workplace: Impact, cultures and identities.](#)

Hilary Causer

University of Surrey, UK

When a suicide occurs in a workplace setting, whether it be the suicide of a colleague, a patient, a client, or a student, those who are affected are viewed as being in the wider networks around the person who died. Therefore, their experiences are less well documented, and their needs less likely to be recognized or met. In this presentation, I will draw on four studies that I have undertaken over the past six years. They are two qualitative systematic reviews and two grounded theory interview studies. I will share an overview of findings around the impact of suicide in workplace settings across a range of professions. I will explore how workplace cultures and professional identities shape the experiences of affected practitioners. Given this growing body of knowledge, I will conclude with a consideration of whether current postvention guidance and support are fit for purpose in workplace settings.

SYMPOSIUM

Symposium #1 YOUTH: Centre of Research Excellence for reducing suicidal thoughts and behaviours in young people presenting for health care – program update, September 20, 2023, 4:30 PM – 6:00 PM

Chair: Professor Ian Hickie

[Dr Catherine Vacher](#)¹, [Dr Adam Skinner](#)¹, [Dr Frank Iorfino](#)¹, [Dzenena Kartal](#)^{2,3}, [Ms Gowri Rajaram](#)^{2,3}

¹Brain And Mind Centre, University of Sydney, ²Orygen, ³Centre for Youth Mental Health, The University of Melbourne

[YOUTH: Centre of Research Excellence for reducing suicidal thoughts and behaviours in young people presenting for health care - program update](#)

[Preventing suicide by reforming access to mental health services in Australia](#)

Objective: To simulate the population mental health impacts of allowing individuals to self-refer to psychologists for government-subsidised sessions (hereafter named Direct Access program), using the Australian state of New South Wales.

Method: Development of a system dynamics model of mental health services and simulation of the impact of increasing direct access to specialist care.

Main outcome measures: Rates of suicide, self-harm hospitalisations and mental health-related emergency department presentations for the general population, and individuals aged 15–24 years, over the period 2021–2028.

Results: Surprisingly, a Direct Access program alone is projected to increase suicide, self-harm hospitalisations and mental health-related emergency department presentations over 2021–2028, as it is forecast to lengthen waiting times to psychologists, which leads to disengagement and worsened psychological distress. However, combining a Direct Access program with an increase in specialised mental health services capacity magnifies the gains delivered by an increase in services capacity alone. A five-fold increase in the annual growth of specialised mental health services, which corresponds to a 71.6% absolute increase in services capacity by 2028, could result in 50% of clients being able to use Direct Access.

Conclusion: The optimal combination of increased services capacity and Direct Access is forecast to more than double the number of suicides prevented by capacity growth alone over the period 2021–2028. This study highlights the danger of implementing individual reforms in isolation.

[Unemployment and underemployment are causes of suicide: new evidence from Australia](#)

Introduction: Epidemiological studies clearly show that suicide is associated with both unemployment and underemployment, yet it remains unclear whether these associations are causal.

Method: We applied convergent cross mapping to test for causal effects of unemployment and underemployment on suicidal behaviour, using monthly data on labour underutilisation and suicide rates in Australia for the period 2004 to 2016.

Results: Our analyses provide evidence that unemployment and underemployment were significant drivers of suicide mortality in Australia over the 13-year study period. Predictive modelling indicates that nearly one in 10 of the 32,000 suicides reported between 2004 and 2016 resulted directly from labour underutilisation (9.5%), including 1,575 suicides attributable to unemployment (4.9% of all suicides) and 1,496 suicides attributable to underemployment (4.6%). Significantly, our results suggest that the ability of macroeconomic policy approaches prioritising full employment to reduce suicide mortality is comparable to, or in many cases greater than, that of evidence-based clinical and health services planning interventions.

Conclusion: The adoption of policies capable of ensuring the availability of adequate employment for every person seeking work is, accordingly, among the most effective means available of reducing the immense personal, social, and economic costs of intentional self-harm and suicide, and should be considered an essential component of any comprehensive national suicide prevention strategy.

Trajectories of suicide ideation, functioning and symptom severity in young people presenting for care

Introduction: A better understanding of how suicide ideation evolves over time will enhance indicated prevention and early intervention strategies. Our aim was to develop a combined trajectory prediction and network-based inference model for suicide ideation and its interactions over time with symptom severity and functioning.

Methods: Data was collected from young people (aged 12–25 years) presenting to youth mental health services and using the Innowell platform for care. We limit the analysis to those with at least one-follow-up ($n=251$), and to three domains; symptom severity (CGI-S), functioning (SOFAS), and suicidal thoughts and behaviours (SIDAS). Continuous-time vector-autoregressive models were used to infer the individualised network structure and parameters.

Results: At the population level we find that all three domains are positively temporally dependent with the greatest integrated direct effects on each variable as; SIDAS to CGI-S ($B=0.32$, CI: 0.08–2.66), SIDAS to SOFAS ($B=0.32$, CI: 0.05–22.6), and SOFAS to SIDAS ($B=0.18$, CI: 0.01–15.24). We will also show individual-level predictions and network inferences over the course of care and with time-varying risks.

Conclusions: Hierarchical network modelling can be used to infer individualised network structures that could be used to predict individualised trajectories of suicide ideation within a clinical setting. This work could support clinical decision making by identifying those at risk of poor outcomes.

Service implementation and evaluation of a novel youth-focused suicide prevention aftercare service in Melbourne, Australia

Introduction: Aftercare services have become a cornerstone of suicide prevention efforts across Australia. However, although existing aftercare services show promise, rigorous evaluation is lacking, and there is limited evidence for the efficacy of youth-focused aftercare services. The aim of this research is to evaluate the implementation, effectiveness and scalability of Hospital Outreach Post-suicidal Engagement (HOPE) aftercare service designed to reduce risk of suicide among young people aged 12 to 25 years.

Method: This evaluation is guided by two complementing theoretical frameworks, the RE-AIM1 and PRISM2 to identify and assess the following evaluation outcomes: service Reach and Effectiveness, Adoption characteristics, Implementation process and the long-term Maintenance. A multi-phased mixed methods evaluation is conducted over a five-year period (2022–2026) and focusses on exploring the implementation context (Phase 1), determining the effectiveness of the intervention (Phase 2), and exploring the scalability of the model (Phase 3).

Results: This presentation will outline the full evaluation plans and present findings from the first two years of the evaluation. Particularly, these will describe the organisational culture, intervention characteristics, implementation and sustainability climate, and explore barriers and facilitators relating to multilevel characteristics of the service, providers and clients.

Conclusion: The findings from this evaluation will inform future implementation research, service development and roll-out, and future health policy relating to suicide prevention.

Emergency department utilisation and service provision following self-harm and suicide ideation by age group, gender, and cultural and/or linguistic diversity: a longitudinal analysis

Introduction: The culturally and linguistically diverse (CALD) community in Australia is growing, yet their experiences with self-harm, suicide ideation, and help-seeking behaviours are not well understood, hampering culturally appropriate and effective suicide prevention efforts in this community. This study aims to provide insight into this population by analysing data from emergency department presentations for self-harm and suicide ideation.

Methods: The study used data from the Self-Harm Monitoring System for Victoria to look at self-harm and suicide ideation presentations to the Royal Melbourne Hospital from 2012–2019. The data was analysed using survival analysis with Cox regression models including the Anderson-Gill extension of the Cox regression model, as well as linear and logistic regression. The CALD status of each presentation, as well as antecedents and risk factors, were manually coded using triage notes associated with each presentation.

Results: CALD presentations accounted for 1.3% of the total presentations and had similar patterns of utilisation and provision of hospital services, although CALD presenters were found to present during business hours more often ($n=94$, 46.5%) compared to non-CALD presenters ($n=5,140$, 33.4%) and were 79% more likely to be admitted to ward ($OR1.79$ (1.08–2.94, $p=0.023$). There were no significant differences in the likelihood of re-presentation.

Conclusion: This study provides important initial insights into the experiences of CALD individuals in emergency departments and highlights the need for further research to better understand their help-seeking behaviours within, prior to, and outside of hospital services.

Symposium #2 Preventing suicide in boys and men — Building the evidence base, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Professor Jane Pirkis

Professor Jane Pirkis¹, **Ms Dana Meads**², Associate Professor Katherine Lawrence², A/Prof Glenn Melvin³, Dr Kylie King², **Associate Professor Tania King**¹, Ms Rachel Brimelow⁶, Mr Chris Lockwood⁶, Professor Anthony LaMontagne³, **Professor Nicola Reavley**¹, Dr Amy Morgan¹, Dr Sanne Oostermeijer¹, Dr Anna Ross¹, **Dr Angela Nicholas**¹, Associate Professor Simon Rice⁴, Dr Maria Ftanou¹, Ms Simone Scotti¹, **Dr. Zac Seidler**^{4,5,1}, Mr Michael Wilson^{1,4}, Dr Justine Fletcher¹

¹The University of Melbourne, ²Monash University, ³Deakin University, ⁴Orygen Youth Health, ⁵Movember, ⁶Mates in Construction

Preventing suicide in boys and men – Building the evidence base

In Australia in recent years there has been an increase in male focused interventions for boys and men. This increase is in response to higher suicide rates and reduced help-seeking, linked to conformity to restrictive masculine norms. Research seeks to understand how to encourage help-seeking and interventions aim to encourage boys and men to seek help.

This symposium includes four presentations related to interventions that are part of a bigger project, The Buoy Project, which in total involves seven RCTs. Finally, a presentation focusing on findings that shed light on engaging men in research and intervention.

Interviews with parents of adolescent males who received a school-based upstream suicide prevention intervention — a 'Breaking the Man Code' workshop

Tomorrow Man is a community-funded program that is seeking to address the problem of male suicide by challenging and transforming potentially harmful masculinities with young males. Their 'Breaking the Man Code' workshops facilitate honest and authentic conversations with male students in years 10, 11, and 12, in order to define a masculinity that 'generates purpose, pride, and health for

the men of today and tomorrow'. Since 2017, Tomorrow Man has delivered over 800 'Breaking the Man Code' workshops around Australia and have reached over 19,000 males. We are undertaking an RCT to determine the impact of the workshops.

This presentation will describe findings related to interviews with 23 parents of students who attended a workshop across nine schools throughout Australia, including government and independent schools in rural, urban, co-ed and single-sex settings. The interviews sought to understand a) parents' experiences of their sons' help-seeking for personal or emotional problems, b) parents' perceived barriers and facilitators of talking to their sons' about personal or emotional problems, c) what support parents require regarding talking to their sons about emotions or personal problems, d) whether parents observed changes in the way their son either seeks help for personal or emotional problems or in how their sons listen to others talk about personal or emotional problems following the workshop. These findings will provide critically needed learnings about suicide prevention interventions aimed at redefining masculinity and increasing help-seeking in young males.

[Implementation evaluation of a cluster RCT to improve suicide prevention literacy in a manufacturing setting](#)

A suicide prevention program developed for the Australian construction sector, MATES in Construction, was adapted and trialled in the manufacturing sector. A two-arm cluster randomised trial with wait-list controls, co-designed and implemented with MATES was implemented across 12 Australian manufacturing sites. Here we present the results of a mixed methods implementation evaluation of the trial.

Descriptive quantitative analyses characterized the extent of participation in intervention activities, complemented by a qualitative descriptive analysis of transcripts of 20 semi-structured interviews and research team field notes. Participation rates in the program were high, with approximately 80% of workers completing training. A major barrier to implementation was the manufacturing clock — many manufacturing sites never shut down meant that it was impossible for all staff to attend suicide prevention training program at once, necessitating more frequent smaller training sessions. Other barriers included organizational resistance and (sometimes) limited support from management, seasonal factors, time blow-outs in terms of site recruitment, and limitations in field staff resources to deliver the suicide prevention training. Facilitators of participation included the establishment of a joint labour-management industry advisory committee to champion the research, translation of training material into Vietnamese and Mandarin, external credibility of field staff implementing the suicide prevention activities, research team's ability to create buy-in and manage stakeholder relationships. Significant barriers impacted on the program implementation, but despite this, implementation was largely successful.

[The Mental Health First Aid 'Conversations about Suicide' trial](#)

There is a major gap in knowledge as to whether suicide prevention programs and initiatives are effective in improving help provided to middle-aged and older men at risk of suicide. This study involves a cluster randomised controlled trial which will investigate the effectiveness of the Mental Health First Aid Conversations About Suicide (MHFA-CAS) course in Men's Sheds across the state of Victoria, Australia.

Victorian Men's Sheds will be randomly allocated to the intervention group or the wait-list control group. The trial will be conducted in 24 Men's Sheds clusters and we aim to include 24 participants per cluster (576 in total; 288 per arm). Participants will be asked to complete a baseline questionnaire (T1) and 1-month (T2) and 7-months after completing the course (T3). Participants in the control group will be asked to complete questionnaires at corresponding times. Changes in intentions to help someone at risk of suicide will be the primary outcome. Several secondary outcome measures will also be included. An economic evaluation will be conducted, drawing on health-related quality of life, the intervention costs and mental health service use costs.

This presentation will cover initial findings from the trial, which will demonstrate whether the MHFA-CAS course is able to enhance knowledge, attitudes and supportive actions of men towards someone in their peer group who may be at risk of suicide.

[The opinions of Australian men regarding a music video intervention aimed at promoting help-seeking among men for mental health difficulties](#)

We conducted a randomised controlled trial involving 476 Australian men to test the effects of a 4-minute music video intervention (Boys Do Cry) on their help-seeking intentions. As part of the trial, we gained qualitative data assessing participants' views of the video, including those parts they liked most and least; the effects of the video, including whether viewing the video had led to changes in participants' lives; anticipated effects of the video as a public health campaign; and likelihood of sharing the video online. These assessments took place soon after viewing the video, and at one-month-follow-up.

We conducted descriptive analyses using data from closed-ended questions and thematic analysis of free-text responses in order to identify common themes to answer the research questions and gained input from a group of men with lived experience of suicide risk from the Australian organisation, Roses in the Ocean.

Here we will present the findings from this qualitative study. We will provide practical guidance for those wanting to design suicide prevention media interventions for men and highlight some potential directions for future related research.

[What works to engage men in suicide prevention research, interventions and services?](#)

Men are over-represented in global suicide rates, but routinely under-represented in suicide prevention research, interventions and services. Men's adherence to traditional masculine norms of self-reliance and emotional restriction can result in barriers to engagement in suicide prevention initiatives, necessitating strategic approaches to best cater to vulnerable or isolated populations of men. Featuring data from a national survey of 550 Australian men with experience seeking mental healthcare, and 507 mental health practitioners, this presentation will detail the following: (i) what works to engage men in mental health and suicide prevention research; (ii) how suicide prevention interventions can leverage men's strengths to better engage them; and (iii) how mental health and suicide prevention services can better cater to men. Across these areas, it is clear that leveraging men's altruism and desire to assist others can be a key strategy to helping them to accept mental health promotion for themselves.

Symposium #3 Impact of suicide and online interventions for people bereaved by suicide: SIG Suicide Bereavement and Postvention, September 20, 2023, 4:30 PM – 6:00 PM

Chairs: Laura Hofmann, Birgit Wagner

[Dr Ruth Riley](#)¹, [Prof Birgit Wagner](#)², [Dr Edouard Leaute](#)³, [Ms Sandra T. McNally](#)⁴, [Dr. Laura Hofmann](#)²

¹University of Surrey, ²Medical School Berlin, ³Center for Suicide Prevention, Centre Hospitalier le Vinatier, ⁴EMPACT-Suicide Prevention Center

[Experiences and needs of United Kingdom \(UK\) National Health Service \(NHS\) staff following a colleague death by suicide](#)

Ruth Riley, University of Surrey

Co-authors: Hilary Causer (University of Surrey), Carolyn A. Chew-Graham (Keele University), Sheila Dhalla (Samaritans), Nikolaos Efstathiou (University of Birmingham), Anya Gopfert (University of Exeter), Kathryn Grayling (NHS Employers), Jill Maben (University of Surrey), Johanna Spiers (University of Surrey), Maria van Hove (University of Exeter).

Background: Among NHS professionals, the suicide rate is 24% higher than the national average, largely explained by the increased risk of suicide in female nurses, male paramedics and female doctors. The impact of colleague suicide (including for healthcare professionals) is under-explored. There is sparse evidence-based guidance concerning the provision of workplace postvention following a colleague suicide.

Aims: To understand the impact on, and support needs of, NHS staff following a colleague's suicide, in order to inform postvention guidance.

Methods: Semi-structured interviews were conducted with NHS staff ($n=28$) and supporters ($n=22$). Data were analysed using Grounded Theory.

Results: Two theories were developed to describe staff experiences of loss, bereavement and support, and supporters' experiences of delivering support. Staff experiences were shaped by

organisational cultures and professional identities; staff ‘filled in the gaps’ in the absence of adequate support. Supporters had little control over the systems that shaped their ability to deliver good postvention; delivering postvention had an emotional impact on supporters.

Conclusions: Current provision does not meet staff needs and supporters encounter systemic ‘disablers’, and require support themselves. Evidence-based postvention guidance and training is required to ensure staff and supporters’ needs are met following a colleague suicide.

Consequences of assisted suicide for the bereaved family members: A systematic review and case illustrations

Wagner, Birgit¹, Hofmann, Laura¹

¹Medical School Berlin

Background: Death by assisted suicide or euthanasia is a frequent topic of political and ethical debate. While the debate about assisted suicide mostly focuses on the dying person, there are only few studies investigating the consequences of assisted suicide on the bereaved family members.

Aims: To present existing studies regarding mental health of bereaved relatives after assisted dying.

Methods: Studies of bereaved relatives who have lost someone to assisted suicide with a focus on mental health, particularly posttraumatic stress disorder and prolonged grief disorder, were included in the review. Case illustrations from the Counseling Center for Relatives Affected by Assisted Suicide will be presented.

Results: Results of the systematic review will be presented and the role of the family members before and after the death of a close person by assisted dying will be evaluated. Further, clinical and practical recommendations for action will be given.

Conclusion: The perspective of relatives in relation to the current debate of assisted dying will be discussed. Further research is needed to develop appropriate support for bereaved family members at different stages of the process of assisted dying.

ESPOIR: The development of an online resource for people bereaved by suicide

Edouard LEAUNE^{1,2}, Kushtrim BİSLİMİ¹, Pauline LAU-TAÏ¹

¹ Center for Suicide Prevention, Centre Hospitalier le Vinatier, Bron, France

² Research on Healthcare Performance (RESHAPE), INSERM U1290, Université Claude Bernard Lyon 1, Lyon, France

Background: Despite high-level of mental health needs, people bereaved by suicide display low level of help-seeking and perceived support in the aftermath of the loss. Online resources can enhance early access to help and support.

Aims: The objective of our study was to design and implement an innovative and adaptive online resource for French-speaking people bereaved by suicide according to their needs and expectation.

Methods: We used a mixed-method user-centered design. The Information System Research (ISR) Framework has been used through a 3-step research cycle. The study relied on a simultaneous collection of qualitative and quantitative data during (a) the Relevance cycle through an online questionnaire and focus groups; (b) the Design cycle through focus groups; and (c) the Rigor cycle through user-tests and semi-structured interviews.

Results: Sixty-seven people participated in the qualitative part of the study and 431 in the quantitative part. Users-tests and interviews showed a very good acceptability (System Usability Scale score=

90.3/100) of the resource. The online platform was co-developed with users and launched in March 2023.

Conclusion: The mixed-method and user-centered design of the study offered an in-depth collection of the needs and expectation of people bereaved by suicide, ensuring the relevance of the resource.

Postvention in a Post-Pandemic World: The Need for Virtual Interventions to Support Survivors of Suicide Loss

McNally, Sandra T., MA, LISAC, Ouellet, Renee, MSW, Cary, Stefanie, BA, EMPACT-Suicide Prevention Center, Tempe, AZ, USA

Background: Each year, approximately one million people die by suicide worldwide, leaving behind loved ones who require support to cope with this devastating loss. Due to the stigma attached to suicide, Survivors of Suicide Loss (Survivors) often experience isolation and alienation; the COVID-19 pandemic further exacerbated feelings of isolation for many bereaved by suicide. While the pandemic created barriers with regards to maintaining in-person support services for Survivors, it also presented an opportunity for communities to explore creative ways to provide suicide postvention virtually.

Aims/Methods: During this presentation, participants will be educated on the steps for adapting a comprehensive suicide postvention program to a virtual platform, learning ways of developing online support groups, virtual events, and telephone peer support. Specifically, the presenters will discuss a community approach that was developed during the pandemic, through their work at EMPACT-Suicide Prevention Center; the presenters will explain how their postvention program, which has been sustained for over 3 decades, was transitioned virtually.

Conclusion: At the conclusion of this presentation, participants will increase their knowledge of the effectiveness of virtual interventions for suicide bereavement. Specifically, attendees will increase their awareness of how virtual support can create opportunities for reaching a broader group of Survivors.

ESPOIR: The development of an online resource for people bereaved by suicide

Edouard LEAUNE^{1,2}, Kushtrim BİSLIMI¹, Pauline LAU-TAÏ¹

1 Center for Suicide Prevention, Centre Hospitalier le Vinatier, Bron, France

2 Research on Healthcare Performance (RESHAPE), INSERM U1290, Université Claude Bernard Lyon 1, Lyon, France

Background: Despite high-level of mental health needs, people bereaved by suicide display low level of help-seeking and perceived support in the aftermath of the loss. Online resources can enhance early access to help and support.

Aims: The objective of our study was to design and implement an innovative and adaptive online resource for French-speaking people bereaved by suicide according to their needs and expectation.

Methods: We used a mixed-method user-centered design. The Information System Research (ISR) Framework has been used through a 3-step research cycle. The study relied on a simultaneous collection of qualitative and quantitative data during (a) the Relevance cycle through an online questionnaire and focus groups; (b) the Design cycle through focus groups; and (c) the Rigor cycle through user-tests and semi-structured interviews.

Results: Sixty-seven people participated in the qualitative part of the study and 431 in the quantitative part. Users-tests and interviews showed a very good acceptability (System Usability Scale score= 90.3/100) of the resource. The online platform was co-developed with users and launched in March 2023.

Conclusion: The mixed-method and user-centered design of the study offered an in-depth collection of the needs and expectation of people bereaved by suicide, ensuring the relevance of the resource.

Postvention in a Post-Pandemic World: The Need for Virtual Interventions to Support Survivors of Suicide Loss

McNally, Sandra T., MA, LISAC, Ouellet, Renee, MSW, Cary, Stefanie, BA

EMPACT-Suicide Prevention Center, Tempe, AZ, USA

Background: Each year, approximately one million people die by suicide worldwide, leaving behind loved ones who require support to cope with this devastating loss. Due to the stigma attached to suicide, Survivors of Suicide Loss (Survivors) often experience isolation and alienation; the COVID-19 pandemic further exacerbated feelings of isolation for many bereaved by suicide. While the pandemic created barriers with regards to maintaining in-person support services for Survivors, it also presented an opportunity for communities to explore creative ways to provide suicide postvention virtually.

Aims/Methods: During this presentation, participants will be educated on the steps for adapting a comprehensive suicide postvention program to a virtual platform, learning ways of developing online support groups, virtual events, and telephone peer support. Specifically, the presenters will discuss a community approach that was developed during the pandemic, through their work at EMPACT-Suicide Prevention Center; the presenters will explain how their postvention program, which has been sustained for over 3 decades, was transitioned virtually.

Conclusion: At the conclusion of this presentation, participants will increase their knowledge of the effectiveness of virtual interventions for suicide bereavement. Specifically, attendees will increase their awareness of how virtual support can create opportunities for reaching a broader group of Survivors.

Efficacy of an Online-Group Intervention after Suicide Bereavement: A Randomized Controlled Trial Hofmann, L.¹, Grafiadeli, R.¹ & Wagner, B.¹

¹Medical School Berlin, Berlin, Germany

Background: Suicide loss survivors are at high-risk for developing mental disorders and suicidal tendencies.

Aims: To evaluate an online-group intervention for individuals bereaved by suicide and its effectiveness on mental health.

Methods: *N*=140 participants were randomized to either the treatment or the waitlist control group. The intervention consisted of 12 online sessions based on CBT methods. Primary outcomes were depression and suicidality; secondary outcomes were symptoms of prolonged grief, PTSD, hopelessness, and grief-specific symptoms.

Results: Symptoms of posttraumatic avoidance improved significantly in the intention-to-treat analyses (*d*=.43) and in treatment completers (*d*=.56), posttraumatic intrusion improved in treatment completers (*d*=.50) compared to the waitlist control group. In the intervention group, symptoms decreased significantly from baseline to 6-months follow-up. No differences between the two groups in terms of primary outcomes could be found. We identified factors such as higher scores of depression, grief, suicidal ideation, and posttraumatic stress symptoms at baseline that had an impact on the effectiveness.

Conclusions: The results indicate that an online group intervention for the suicide bereaved could reduce psychopathological outcomes. However, the waiting control group also improved significantly from pre- to post-measurement, highlighting the relevance of an active control group in future studies.

Symposium #4 Implementation of evidence-based clinical care for self-harm in ED settings, September 20, 2023, 4:30 PM – 6:00 PM

Chair: Dr Eve Griffin & Dr Celine Larkin

Dr Eve Griffin¹, [Dr Celine Larkin](#)³, [Dr Grace Cully](#)², [Dr Selena O'Connell](#)², [Ms Molly McCarthy](#)⁴, [Dr Leah Quinlivan](#)⁵

¹National Suicide Research Foundation, ²School of Public Health, University College Cork, ³University of Massachusetts Chan Medical School, ⁴Liverpool John Moores University, ⁵Centre for Mental Health and Safety, University of Manchester

Purpose and objective: This symposium will feature presentations from a number of studies examining the management of self-harm in the emergency department (ED), followed by a facilitated discussion. The objectives are:

- To provide an overview of the current provision of care for self-harm patients in the ED across multiple countries;
- To present a range of implementation strategies to enhance the management of self-harm in the ED;
- To discuss barriers and enablers to the implementation of interventions to improve services for patients in the ED;
- To discuss strategies for evaluating the impact of such interventions.

Factors Influencing Emergency Department Staff Decision-Making for People Attending in Suicidal Crisis: A Systematic Review

McCarthy, M(1), McIntyre, J(1), Nathan, R(2), Saini, P(1).

1. Liverpool John Moores University, England; 2. Cheshire & Wirral Partnership NHS Foundation Trust, England.

Background: Emergency department (ED) staff are often the first point of contact for individuals in suicidal crisis. Despite this, there is no published research systematically examining the factors influencing decision-making for this patient group.

Methods: MedLine, CINAHL, PsycINFO, Web of Science and Cochrane Library databases were searched for three key concepts: (1) suicide, (2) accident and emergency department and (3) decision-making. Three reviewers screened titles, abstracts and full papers independently against the eligibility criteria. Data synthesis was achieved by extracting and analysing study characteristics and findings. The Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of included studies.

Results: Seventeen studies met the eligibility criteria and were included in this systematic review. Studies were published from 2004–2020 and were of good methodological quality. A number of patient (method of self-harm, age, gender), contextual (availability of services and staff) and staff-related factors (attitudes, training, knowledge) were reported to influence decision-making for patients in suicidal crisis presenting to EDs.

Conclusion: Decision-making in the ED is complex and is influenced by patient, contextual and staff-related factors. These decisions can have an impact on the future care and clinical pathways of patients in suicidal crisis. Additional training is needed for ED staff specifically related to suicide prevention.

The impact and implementation of a national clinical programme for the management of self-harm and suicide-related ideation in emergency departments

Cully, G(1,2), O'Connell, S(1,2), Corcoran, P(1,2), McHugh, S(1), Gunnell, D(3), Chang, S(4), McElroy, B(5), Maxwell, M(6), Jeffers, A(7), Kavalidou, K(1,7), Lovejoy, S(7), Perry, I(2), Arensman, E(1,2), Griffin, E(1,2)

1. National Suicide Research Foundation, Ireland; 2. School of Public Health, University College Cork, Ireland; 3. Population Health Sciences, University of Bristol, UK; 4. National Taiwan University, Taiwan; 5. Department of Economics, University College Cork, Ireland; 6. NMAHP Research Unit, University of Stirling, UK; 7. Health Service Executive, Ireland

Background: A national programme (NCPSHI) was first introduced in Ireland in 2015 to standardise the management of people presenting to the emergency department (ED) with self-harm.

Methods: A sequential mixed-methods design was used to evaluate programme impact and determinants of implementation. The first phase used data from the National Self-Harm Registry Ireland to examine impact on self-harm repetition and processes of care. The second phase examined implementation determinants via document analysis and interviews with staff, informed by the Consolidated Framework for Implementation Research (CFIR).

Results: Impact on self-harm repetition and provision of care components varied across hospital groups. Hospitals with no pre-existing self-harm services showed greatest improvement in provision of care. Factors influencing implementation spanned all five CFIR domains and included the availability of resources and comprehensive cover within the ED (including out-of-hours); links with community and primary care providers; and processes of recording data and feeding back to sites.

Conclusion: The study highlights the complexity of factors influencing the implementation of a national programme. The context of pre-existing services strongly influenced outcomes, highlighting

the need to consider this in future implementation planning. Strategies that facilitated implementation included audit and feedback as well as supporting staff through regular meetings and training.

ReachCare: Pilot trial of a technology-assisted intervention for suicidality in and after the ED

Larkin, C(1), Tulu, B(2), Djamasbi, S(2), Garner, R(1), Varzгани, F(2), Boudreaux, E D(1)

1 University of Massachusetts Chan Medical School, Worcester, Massachusetts, USA; 2 Worcester Polytechnic Institute, Worcester, Massachusetts, USA.

Background: Emergency departments are a key venue to detect suicide risk, but it is challenging to implement effective interventions in this busy, resource-constrained environment. ReachCare is a technology-facilitated intervention, which is initiated in the ED and continues to support the patient using telephone contact and mobile applications after discharge. This feasibility trial tested a variety of delivery modalities of ReachCare in the ED and examined ReachCare's acceptability and effects on suicidality during follow-up.

Methods: In the ED, patients who screened positive for suicidality were randomized to receive ReachCare (a) self-administered with a tablet computer ($n=16$), (b) with an in-person clinician ($n=15$) or with a telehealth clinician ($n=15$). Patients then received counselling phone-calls over a three-month period, focusing on safety planning, outpatient engagement, values clarification and life planning, as well as access to a mobile application that allowed editing and sharing of their ReachCare plans.

Results: Acceptability ($m=4.16/5$, $SD=0.53$) and appropriateness ($m=4.15/5$, $SD=0.48$) of ReachCare in the ED were similarly high across all three arms [$F(\text{acceptability})=1.42$, $p=0.35$; $F(\text{appropriateness})=0.84$, $p=0.44$]. Patients who completed 3-month follow-up ($n=27$) showed significant improvements in thwarted belongingness ($t=2.82$, $p=0.009$), perceived burdensomeness ($t=4.55$, $p<0.001$), suicide-related impulsivity ($t=7.07$, $p<0.001$), and suicidal ideation ($t=8.31$, $p<0.001$).

Conclusions: Technology can help to improve the feasibility and scaling of evidence-based interventions for suicidality in the ED. Further research is required to evaluate the efficacy of ReachCare and to integrate the intervention into usual care.

Improving access to psychosocial assessments and aftercare following self-harm via engagement with patients, clinicians and policymakers

Quinlivan, L(1-3), Gorman, L(1-3), the MS4MH-R, PPIE group(3), Webb, R T(1-3), Kapur, N(1-4).

1. Centre for Mental Health and Safety, University of Manchester, England; 2. Manchester Academic Health Science Centre, University of Manchester, England; 3. NIHR Greater Manchester Patient Safety Translational Research Centre, University of Manchester, UK; 4. Greater Manchester Mental Health NHS Foundation Trust, England

Background: Likelihood of receiving a psychosocial assessment and/or aftercare following a self-harm presentation to emergency departments is low and is highly variable across service providers. We sought to collaborate with patients, clinicians and policymakers to improve care for people who have harmed themselves.

Methods: We co-designed a qualitative multisite 32-hospital study and patient survey in England (March 2019–December 2020). During 2020–2023, we co-developed a Commissioning for Quality and Innovation' (CQUIN) indicator for psychosocial assessments in emergency departments and a national programme to support services in developing evidence-based interventions for people who have harmed themselves.

Results: Participants included 128 patients and 23 carers for the survey, and 51 staff across 32 hospitals in England. Results indicated variability, challenges, and potential strategies for improvement in accessing assessments and aftercare following self-harm. The 12-month CQUIN for psychosocial assessments was implemented in April 2022, and 1,499 stakeholders from 42 Integrated Care Systems attended our 'Improving services for self-harm' events, with full population reach in England.

Conclusion: Our findings highlight important patient and staff experiences that can inform service transformation. Engagement and implementation data will inform secondary stages of intervention development and evaluation. Preliminary results and best practice examples will be shared at the event.

Symposium #5 Pesticide bans, safety barriers, the role of policy and commercial determinants on implementing means restriction of suicide globally, September 20, 2023, 4:30 PM – 6:00 PM

Chair: Dr Matthew Spittal

[Dr. Leah Utyasheva](#)¹, [Dr Lai Fong Chan](#)², [Dr Matthew Spittal](#)³, [Dr. May van Schalkwyk](#)⁴

¹University of Edinburgh, ²National University of Malaysia, ³University of Melbourne, ⁴London School of Hygiene and Tropical Medicine

To date, restriction of lethal means of suicide is one of the most evidence-based suicide prevention strategies. Pesticide bans have been successful in reducing fatal pesticide self-poisonings, one of the leading cause of suicide deaths in the global majority. Safety barriers at public places have also shown evidence of reducing suicide deaths, mainly in high-income nations. This symposium will highlight lessons to be learnt from multiple facets of non-health stakeholder engagement (i.e., agriculture & architecture), and their implications on policy and regulation implementation; as well as the roles of commercial determinants and political will.

[Pesticide regulation as means restriction and what makes it effective: literature review](#)

[Leah Utyasheva](#)¹, [Michael Eddleston](#)¹

¹Centre for Pesticide Suicide Prevention, United Kingdom

Study objectives: We investigate the role of pesticide regulatory systems in restricting means to suicide and conditions for regulatory success.

Methods: We conducted a literature review on pesticide regulations, focusing on provisions that can be used to prevent pesticide poisonings, and prerequisites for their implementation. We included peer reviewed articles and grey literature in English using the FAO recommendations on pesticide legislation to review the elements of the regulatory framework for pesticide management in preventing pesticide poisonings.

Results: Restrictions on use and bans (phase out) of pesticides are particularly relevant for suicide means restriction. Bans are the more effective for restricting access to the means of suicide than restrictions on pesticide use. For example, the highly toxic herbicide paraquat shows that restrictions on its use were not as effective in preventing fatal suicides as paraquat bans. Studies in regulation implementation can be summarized as four important elements: a) capacity to implement the law or regulation, b) legitimacy of the law, c) regulatory enforcement, and d) motivation to implement it.

Conclusion: Phase out and bans of pesticides responsible for pesticide suicides play an important role in reducing access to means of suicide. Understanding preconditions for implementation of these regulations, including voluntary compliance, are particularly important in LMICs with implications on improving regulatory implementation.

The Early Impact of a National Paraquat Ban in East and West Malaysian hospitals.

Chan LF¹, Chin SJ¹, Loo TH², Panirselvam RR³, Chang SS⁴, Chang HY⁴, Mokhzani AR¹, Rahman FRHA¹, Utyasheva L⁵, Eddleston M⁵

¹.National University of Malaysia; ².Hospital Ipoh, Malaysia; ³.Hospital Miri, Malaysia

⁴National Taiwan University, Taiwan; ⁵.Centre for Pesticide Suicide Prevention, United Kingdom

Study objectives: We aimed to investigate the characteristics of pesticide poisoning patients from two Malaysian hospitals and the impact of the national paraquat ban implemented on 1st January 2020.

Methods and materials: Retrospective data were collected from an East and a West Malaysian hospital in 2015–2021 and 2018–2021, respectively. Logistic regression analyses were conducted to investigate the association of socio-demographic and clinical characteristics and the paraquat ban with the types and outcomes of pesticides involved outcomes.

Results: From the study sample of 212 pesticide poisoning patients aged 15 years or above, the majority were self-poisoning cases (75.5%) with a disproportionate over-representation of Indian ethnic minority (44.8%). Most pesticide poisoning cases had socio-environmental stressors (62.3%), the commonest being domestic interpersonal conflicts (61.4%); while 42.2% of pesticide poisoning survivors had a psychiatric diagnosis. Paraquat poisoning accounted for 31.6% of all patients and 66.7% of fatalities. Case fatality was positively associated with male gender, current suicidal intent, and paraquat poisoning. After the paraquat ban, the proportion of pesticide poisoning cases using paraquat decreased from 35.8% to 24.0% and the overall case-fatality dropped slightly from 21.2% to 17.3%.

Conclusion: Socio-environmental stressors, in particular domestic interpersonal conflicts, seemed to be more prominent in pesticide poisoning compared to psychiatric diagnosis. There was preliminary evidence that the 2020 paraquat ban led to a fall in case fatality from pesticide poisoning.

Evidence for the effectiveness of means restriction for reducing jumping and rail suicide

Matthew Spittal¹ Angela Clapperton¹ Jeremy Dwyer²

¹ Melbourne School of Population and Global Health, The University of Melbourne

² Prevention Unit, Coroners Court of Victoria

Background: Systematic reviews regularly find that means restriction is a highly effective suicide prevention strategy. In this talk, I bring together the evidence from two recent studies in Victoria, Australia. One study examined how the installation of safety barrier impacted jumping suicide from a major metropolitan bridge and at all other jump sites in the city. The second study used natural experiments methodology to examine how the removal of rail level crossings — done to improve traffic flow — resulted in reductions in rail suicides.

Methods: Both studies examined changes in suicide rates before and after the installation of barriers that restricted access to the suicide sites. Both studies also examined changes in rates at control sites.

Results: For jumping suicides, after installation of the barrier, there were no jumping suicides at the installation site (Rate Ratio [RR] = 0.01, 95% Credible Interval [Cr] 0.00 to 0.01) and there was strong evidence that the rate of jumping suicides at all locations declined by 51% (RR = 0.49, 95% Cr 0.30 to 0.74). For rail suicides, the mean monthly number of railway suicides decreased by 68% within a 500-metre radius of intervention sites (RR: 0.32; confidence interval [CI] 95% 0.11 to 0.74) and by 61% within a 1,000-metre radius of intervention sites (RR: 0.39; CI 95% 0.21 to 0.68). There was no evidence that the mean monthly number of railway suicides changed at the control sites, either within a 500-metre radius (RR: 0.88; CI 95% 0.47 to 1.56) or a 1,000-metre radius (RR: 0.82; CI 95% 0.52 to 1.26).

Conclusion: These two studies provide further evidence that restricting access to means is a highly effective suicide prevention strategy, including for highly lethal methods like jumping suicide and rail suicide.

Shining a light on the commercial determinants of suicide: broadening the lens on suicide and self-harm prevention

van Schalkwyk M.C.I.¹, Knipe D.²

¹.Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine

².Population Health Sciences, Bristol Medical School

When seeking to prevent suicide and self-harm it is critical to take a broader lens that brings into view the wider forces that shape the conditions in which people live, the life experiences they have, and the types of products and resources accessible to people and communities. All of these have important implications for the risk and prevention of self-harm and suicide. To a large degree, the commercial sector shapes many of these forces and conditions, and recognition of the power and influence of major corporate actors as determinants of health has led to a growing field of research and practice, the ‘commercial determinants of health’. Applying such a perspective has the potential to build greater understanding of the ways that commercial determinants influence suicide and shape suicide prevention strategies and how to counter these. The presentation will introduce the field of the commercial determinants of health and a published framework that aims to support researching and mapping of the different ways in which commercial determinants shape the risk of self-harm and suicide and the ways they influence research, policy, and practice in this field.

Symposium #6 Examining the feasibility and effectiveness of a Safety Planning Group Intervention and a Safety Planning mobile app (SafePlan)., September 20, 2023, 4:30 PM – 6:00 PM

Chair: Dr Shane McInerney

Dr Shane McInerney¹, Ms Hannah Wood¹, Ms Anna Glynn¹, Dr Ruth Meila^{2,3}, Ms Kady Francis¹, Ms Siofra McCrum¹

¹University Of Galway, ²Health Service Executive (HSE), ³University of Limerick

Comparing the effectiveness of a brief Safety Planning Group Intervention (SPGI) between acute and chronically suicidal individuals.

Background: Safety planning interventions (SPIs) are being used in clinical practice for patients at risk of suicide. A more collaborative approach to this type of suicide intervention has been adopted internationally. Results suggest the effectiveness of this group approach, though pilot studies have focused on specific cohorts such as veterans, or older adults, thus limiting generalisability. More research is needed to determine if these interventions are effective within an unspecific cohort, particularly for chronic suicidality.

Aims: This paper examines the effectiveness of a group safety planning intervention in mental health patients experiencing chronic suicidality using Joiner’s Interpersonal Psychological Theory of Suicide.

Method: The sample comprised (N=70) patients aged 18–61 years for whom an SPI was clinically indicated. Participants completed a battery of pre-and-post psychometric assessments and attended a three-week 90-minute group safety planning intervention, which culminated in the creation of a paper-based safety plan.

Results: Effect of the intervention to reduce suicidality was significant ($p=0.047$) for the acutely suicidal individuals compared to the chronic group. It was not significant regarding hopelessness ($p=0.0682$), perceived burdensomeness ($p=0.127$), or thwarted belongingness ($p=0.825$).

Limitations: Individuals who had not experienced a suicide attempt were categorised as acutely suicidal, along with those who had experienced up to two attempts.

Conclusion: A three-week group-based SPI is appropriate for individuals with acute presentations of suicidality. Individuals with chronic presentations would benefit from a more intensive intervention.

Assessing the efficacy of a Safety Planning Group Intervention in increasing occupational competence and reasons for living in a suicidal population.

Background: Research suggests the effectiveness of a group approach to safety planning interventions (SPIs) for reducing suicidal thoughts, behaviours, depression, and hopelessness in patients at risk of suicide. More research is needed to determine if these interventions are effective in increasing factors which may further support motivation to live; such as occupational competence, coping self-efficacy, and reasons for living. Although ideation may be present, it is hoped that if motivation to live is upheld, patients may experience decreased attempts.

Aims: This paper examines the effectiveness of a group safety planning intervention in mental health patients experiencing suicidality using Kielhofner's Model of Human Occupation.

Method: The sample comprised ($N=70$) patients aged 18–61 years for whom a safety plan was clinically indicated. Participants completed pre-and-post psychometric assessments, attended a three-week 90-minute group SPI and created a personalised safety plan.

Results: The intervention significantly improved scores of occupational competence, coping self-efficacy, reasons for living, and suicidality (all p values <0.005).

Limitations: Participants were predominately female ($n= 50$), with a diagnosis of Emotionally Unstable Personality Disorder (EUPD), meaning the sample size was uneven in terms of gender and diagnosis.

Conclusion: A group-based SPI is effective in increasing occupational competence, coping self-efficacy, and reasons for living in a non-specific suicidal population. A follow-on group intervention is suggested, focusing on customised plans for lifestyle redesign.

The impact of a Safety Planning Intervention Group delivered with adults attending mental health services on suicidality, interpersonal needs and hopelessness.

Objectives: To examine Joiner's Interpersonal-Psychological theory of suicide (IPTS) in an adult sample experiencing suicidality and to address the current gap in the literature surrounding the administration of Safety Planning Interventions (SPIs) in a group setting.

Methods: 70 inpatients and outpatients of the Acute Adult Mental Health Unit of University Hospital Galway, aged between 18 and 61 years, who experienced suicidal thoughts and behaviours attended three intervention sessions delivered at weekly intervals. Participants completed the Columbia-Suicide Severity Rating Scale, Beck's Hopelessness Inventory and the Interpersonal Needs Questionnaire pre- and post-intervention. Using these scales, scores on suicidality, hopelessness, perceived burdensomeness (PB) and thwarted belongingness (TB) respectively were calculated, and their relationships statistically analysed.

Results: Multiple linear regression analyses found that improvements in hopelessness, PB and TB scores post-intervention predicted an improvement in suicidality scores. Correlational analysis found statistically significant positive relationships between improvements in hopelessness, TB, PB and suicidality scores with one another. Statistically significant improvements in hopelessness, TB, PB, and suicidality scores were observed post-intervention using t-tests.

Conclusion: This research provides positive preliminary evidence for the applicability of the IPTS to group-based suicidality treatment, and for the effectiveness of SPIs administered in a group setting. Further study of the impact of group-based treatment and demographic variables including gender and psychiatric diagnosis on suicidality are recommended.

[The Acceptability and Feasibility of a Safety Planning Group Intervention \(SPGI\) for Suicidality](#)

Background: The complex nature of suicide risk creates inherent challenges for effective suicide risk assessments. Therefore, Safety Planning Interventions which aim to support people in managing acute periods of suicide-related distress are greatly important. Despite the advantages of group interventions, there is a lack of research on safety planning interventions delivered in a group format.

Objective: The acceptability of interventions has been linked to positive outcomes including increased engagement and perceived effectiveness amongst attendees. This study aimed to (1) explore participants' perspectives on the acceptability of a Safety Planning Group Intervention (SPGI) for suicidality, and (2) assess the feasibility of the SPGI within an Adult Mental Health Service in Ireland.

Method: Twelve participants completed semi-structured interviews exploring their perspectives on the acceptability of the SPGI. Qualitative data were analysed using Reflexive Thematic Analysis; findings were then mapped to the Theoretical Framework of Acceptability (TFA). SPGI feasibility was assessed by analysing ease of SPGI implementation, recruitment, attendance, and retention rates.

Results: Four major themes were identified: Group Setting, Self-Awareness, Barriers to Plan Implementation, and Recommendations to Improve the SPGI.

Conclusion: The SPGI was perceived as a feasible and acceptable intervention for participants experiencing suicidality. The group setting was described as a powerful intervention component, facilitating universality, increasing feelings of connectedness and hopefulness, and promoting the exchange of knowledge amongst participants. Barriers to implementing the safety plan were identified and participants provided recommendations to enhance the SPGI for future attendees.

[SafePlan: A pilot randomised control trial of a safety planning mobile app](#)

Objective: The aim of the pilot RCT is to assess the feasibility of the SafePlan safety planning mobile app in Irish community mental health services.

Methods: A total of 80 participants aged 16–35 years experiencing suicidal thoughts and behaviours are randomized (1:1) to receive the SafePlan app plus treatment as usual (TAU) or TAU plus a paper-based safety plan. A repeated measures design with outcome data collected at baseline, post intervention (8 weeks), and at 6-month follow-up will compare changes in suicidal ideation for the intervention condition relative to the waitlist control condition. Thematic analyses will be used to analyze the qualitative data gathered through semi-structured interviews with patients and clinicians.

Results: Funding and ethics approval have been acquired, and clinician champions across mental health service sites have been established. Data collection is expected to commence by April 2023. The submission of completed manuscript is expected by April 2025.

Conclusions: The framework for decision-making after pilot and feasibility trials will inform the decision to progress to a full trial. The results will inform patients, researchers, clinicians, and health services of the feasibility and acceptability of the SafePlan app in community mental health services. The findings will have implications for further research and policy regarding the integration of safety planning apps in mental health services.

Symposium #7 Crisis Lines Across Countries, Cultures and Communities., September 20, 2023, 4:30 PM – 6:00 PM

Chair: Dr Alan Woodward

[Dr Alan Woodward](#)^{1,2}, [Dr James Gallagher](#)⁶, [Mr Benjamin Zaiser](#)^{7,8}, [Professor Paulius Skruibis](#)^{9,10}

¹Lifeline International, ²Centre for Mental Health, University of Melbourne, ⁶Lifeline Northern Ireland, ⁷University of Liverpool, ⁸Distress and Crisis Ontario, ⁹Vilnius University, ¹⁰Befrienders Worldwide

Crisis lines (telephone and chat/text) operate across the world to provide immediate contact, emotional support, and suicide intervention for people in crisis. They are often operated by non-government organisations with strong ties to communities. Systematic reviews have confirmed their effectiveness for crisis intervention to prevent suicides.

Dinesh Bhugra stated in the forward to the book *Suicide and Culture* (Colucci E. & Lester D. eds. 2012. Hogrefe.) that: “Cultures inevitably affect the way individuals express emotional distress ... Cultures influence the method of suicide and underlying attitudes to self-harm and suicide.”

This Symposium examines the context in which several crisis lines operate to explore how country, culture and community factors influence their outreach and provision of crisis support to people.

[The Multidimensional Lifeline Call – Lifeline Northern Ireland](#)

Dr James Gallagher

The population of Northern Ireland has experienced significant changes politically, socially and economically over several decades, emerging from the period of The Troubles to a period of relative peace and stability and now into a period of uncertainty following the impact of Brexit in the UK. There remains underlying trauma in the population.

Lifeline Northern Ireland has introduced improvements to suicide risk assessment to address the potential suicidality of callers more effectively from a multi-dimensional perspective, using an individual strengths-based approach. The practice changes at Lifeline Northern Ireland include replacing risk categorization with risk formulation (Pisani et al. 2016) and Chronological Assessment of Suicide Events (Shea 2004).

These improvements in the practices used by Lifeline Northern Ireland have fostered a service outlook that is better related to the historic social and cultural factors in the Northern Ireland population. Moreover, crisis line workers have been provided with practices and techniques that reduce the stress and emotional challenges of responding to challenging calls.

[Heuristics in Crisis Intervention – Distress and Crisis Ontario](#)

Mr Benjamin Zaiser

Literature has documented the relevance of both empathy and rapport and identified approaches and actionable behaviors for interveners to effectively connect with people going through crisis. However, systematic research on moderating factors that determine how effectively these approaches and behaviors ultimately play out is limited.

A multi-study mixed-method research project set out to better understand these factors in a series of field experiments with police crisis negotiators. Police crisis negotiators may be the only group of professionals who use crisis intervention and corresponding communication skills multiple times a year (Grubb, 2019; 2020). The research project's initial findings have been surprising in that significant portions of the sample have been found to communicate a variety of cognitive biases that undermined their efforts to effectively empathize and build rapport with subject actors in a reality-based scenario exercise. Follow-up interviews ($n=12$) allowed for a better understanding of how these cognitive biases manifest themselves as heuristics with unintended consequences. An online survey

widened the initial sample of crisis negotiators to include suicide prevention and crisis intervention helpline responders and mental health professionals who regularly intervene in suicide crises.

The results of these studies establish an additional layer of interpersonal communication and discuss its practical implications for crisis interveners in an engaging and interactive way.

Befrienders for Seafarers

Prof. Paulius Skuibis.

Befrienders Worldwide (BW) is a global organisation that encompasses communities around the world all with access to lay volunteers trained to be available 24/7 for those in despair and suicidal.

A BW project lately has been the launch of the Befrienders for Seafarers service. Seafarers are a potentially highly vulnerable global community. They are often away from home for many months and can experience significant isolation and emotional distress. There is data showing that seafarers' suicide rates are elevated when compared to other occupations (Milner, Spittal, Pirkis, & LaMontagne, 2013) .

Befrienders for Seafarers seeks to offer support to those who may otherwise have nowhere to turn. The Befrienders for Seafarers service provides a helpline for seafarers experiencing emotional crisis at any time wherever they are in the world. This service is provided by five BW member organisations that have undertaken special training in the needs of seafarers.

Symposium #8 Workplace Suicide Prevention Strategy Workplace SIG, September 20, 2023, 4:30 PM – 6:00 PM

Chair: Dr Sally Spencer-Thomas

Dr Sally Spencer-Thomas¹, Ms. Sarah Gaer, Dr Gabriela Silva de Malafaia², Mariana Costa Rodrigues²

¹Sally Spencer-Thomas LLC, ²Petrobras

H.O.P.E. Certification -- Implementing the National Guidelines for Workplace Suicide Prevention: Lessons Learned from the New York State Pilot

In 2019, the “Workplace Suicide Prevention and Postvention Committee” a coalition of upwards of 50 members representing various industries and roles and co-chaired by Dr. Jodi Jacobsen Frey and Dr. Sally Spencer-Thomas launched the “National Guidelines for Workplace Suicide Prevention.” To date almost 2,000 pledge partners have committed to making suicide prevention a health and safety priority at their work organization.

In 2021, the committee realized that workplace organizations needed more than a self-paced set of tools, and embarked on creating a full-year certification program called the “H.O.P.E. (Helping Our People Elevate through tough times) Certification”. Like global LEED Certification was designed to “promote sustainability-focused practices in the building industry” through the implementation of a set of standards, so is the H.O.P.E. Certification designed to promote psychological health and safety. Grounded in 8 guiding principles and 9 practices (3 upstream, 3 midstream and 3 downstream), the H.O.P.E. Certification helps organizations with training, coaching and technical assistance in implementation and recognizes and rewards organization by bestowing “Bronze,” “Silver,” “Gold,” and “Platinum” certificates as organizations progress through the different modules.

During 2022–2023, the New York State Office of Mental Health’s Suicide Prevention Center of New York (SPCNY) funded a pilot program to enlist workplace organizations in the process of implementing the nine practices of the “National Guidelines for Workplace Suicide Prevention.” The pilot started with a full-day Summit (June 16, 2022, Albany, NY), that oriented attendees to the Certification process. After the Summit, organizations were invited to apply to enroll in the certification. Three organizations represented by teams of 2–7 people each subsequently completed four virtual modules

(each 6-hours of content and workshop time), and then produced deliverables related to each practice. The Evergreen Certification group then reviewed the deliverables and awarded the appropriate level of certification. The program was evaluated by Research Evaluation Consulting with pre- and post- measures after the Summit and each module. Community impact was also evaluated.

Biggest challenging in implementing the H.O.P.E. certification was buy-in from employees, lack of time, and funding. Participants learned to expand their programs and that their organizations were receptive after implementing activities from the training modules. Participants agreed that they were confident in their ability to implement the nine practices (55%) and could create a plan to implement the National Guidelines at their workplace (44%).

Four global constructs were compared over time

1. Understanding Benefits decreased between the Summit and Module 1, increased between Module 1 and 3, and decreased slightly between Module 3 and 4.
2. Knowledge about Content has steadily increased since the Summit.
3. Confidence in Skills increased between the Summit and Module 2, steadied between Module 2 and 3, and increased between Module 3 and 4.
4. Intention to Share decreased between the Summit and Module 1 and increased between Module 1 and Module 4.

The H.O.P.E. Certification is the first of its kind to attempt to implement the National Guidelines for Workplace Suicide Prevention. The New York pilot provided key insights for the implementation of future pilot efforts in other states, large companies or unions, or with insurers.

[Building strategies for mitigating psychosocial risks of work in a Brazilian large publicly-held oil, natural gas and energy company.](#)

Authors: Gabriela Silva de Malafaia — Psychologist - Petrobras — Brazil

Mariana Costa Rodrigues - Occupational Health Physician — Petrobras - Brazil

PhD Adrianna Helena Tavares Lobato de Paiva - Social Worker - Petrobras - Brazil

Karla Costa Kurtz - Occupational Health Physician - Petrobras — Brazil

This presentation aims to describe an experience report about the implementation of a comprehensive approach on mental health promotion and suicide prevention with a focus on reducing psychosocial risks of work by a Brazilian large publicly-held oil, natural gas and energy company, encompassing the challenges faced, the strategies used to overcome them, and the results achieved. The company established the first structured activities on mental health promotion and suicide prevention at the beginning of the 2010s and since then it has expanded its activities towards structuring its employee counseling program, building a specialized technical network, designing suicide prevention and postvention processes and investing in leaders training on mental health, in addition to other actions.

According to the International Labour Organization, globally, 15% of working-age adults live with a mental disorder. It is well-known that work and mental health are closely intertwined. An unsafe or unhealthy working environment can undermine mental health, which can interfere with a person's ability to work if left unsupported, as well as a safe and healthy working environment supports mental health, and that enables people to work productively. With a focus on promoting healthy work environments, in 2022 the company took a big step forward by carrying out extensive research on the psychosocial risks of work and wellbeing. The instrument chosen to identify the company's psychosocial risks at work was the Copenhagen psychosocial questionnaire in its third version (COPSOQ III), and to map wellbeing the instrument used was the Gross Internal Happiness Index.

As results, those actions were the basis for the design of a mental health training for leaders, and for the implementation of a pilot with structured actions to reduce psychosocial risks of work among priority groups.

Galvanizing a Suicide Prevention Movement in the Construction Industry

Dr. Sally Spencer-Thomas

Introduction: According to Macionis (2006) social change is, “the transformation of culture and social institutions over time” (p. 451), and that social movements often evolve in four stages. Stage 1 occurs when a group of people start to coalesce around a notion that something is not right. Stage 2 happens when local leaders start to gather, enroll new members and attract attention. Stage 3 emerges when higher level organization and bureaucratization starts to take place to coordinate standards, policy and activity. And the final stage happens when a social movement begins its decline. In 2012, Dr. Danielle Jahn and I applied this model to the suicide prevention movement generally in an article entitled “Tracking a Movement: U.S. Milestones in Suicide Prevention” in *Suicide and Life-Threatening Behavior*. In this presentation, the model will be applied to the drastic shift in construction suicide prevention and mental health promotion over the last decade.

Methods: Process tracing or “timelining” is a method of understanding social changes that allows for qualitative explanation and investigates the causal sequence of events (Collier, 2011). These descriptive techniques add an inferential understanding that is often lacking in quantitative analysis alone. In this study we investigated the process of the emerging social movement of the construction industry’s adoption of suicide prevention as a key health and safety issue.

Results: Five major factors contributed to the emergence of a national awareness and subsequent action toward construction suicide prevention:

1. Champions, early adopters and case studies
2. Media engagement and storytelling
3. Data gathering and dissemination
4. Community building, sharing lessons and scaling
5. Standards, policies and guidelines

Conclusion: By noticing the inflection points in the suicide prevention movement in construction in the United States, we can leverage these lessons to enroll other industries to prioritize well-being for their workforces.

Symposium #9 Introducing ASSIP to real word clinical practice: Treating patients with suicidal behavior, September 20, 2023, 4:30 PM – 6:00 PM

Chair: Dr Anja Gysin-Maillart & Professor Åsa Westrin

[Dr Anja Gysin-Maillart](#)¹, [Professor Erkki Isometsä](#)², [Professor Åsa Westrin](#)³, [Professor Anthony R. Pisani](#)⁴, [Clinical psychologist & psychotherapist Teunis van den Hazel](#)⁵

¹Translational Research Centre, University Hospital of Psychiatry, University of Bern, ²Dept. of Psychiatry, University of Helsinki and Helsinki University Hospital, ³Unit for Clinical Suicide Research, Department of Clinical Sciences, Psychiatry, Faculty of Medicine, Lund University, ⁴Center for the Study and Prevention of Suicide University of Rochester Medical Center, ⁵Trajectum

[Introducing ASSIP to real-word clinical practice: Treating patients with suicidal behavior](#)

The number of available interventions for suicidal ideation and behavior has grown exponentially in recent years. However, implementing these interventions in real-world clinical health care is challenging and may impact their effectiveness. Therefore, it is important to understand (a) for whom

and (b) how therapy works. The Attempted Suicide Short Intervention Program (ASSIP), for patients who have attempted suicide, has shown to be efficacious in reducing suicidal behavior. In this symposium, clinical experiences in introducing the brief therapy ASSIP in other clinical settings will be discussed and preliminary results from large replication trials will be presented.

Treatment of suicidal behavior with the ASSIP brief therapy

Gysin-Maillart, A.

Centre for Research on Translational Medicine, Department of Psychiatry and Psychotherapy, Bern University, Bern, Switzerland

The brief therapy ASSIP showed to be efficacious in reducing the risk of repeat suicide attempts by approximately 80% over a 24-month period (Wald $\chi^2_{21} = 13.1$, 95 % CI 12.4–13.7, $p < .001$). The narrative interview forms the basis for an early therapeutic alliance ($p < .001$). In the subsequent video playback, the patient is given the opportunity for a controlled "re-immersion" into the suicidal mode. In the personal case conceptualization, the individual mechanisms leading to suicidal behavior, warning signs, and a personal crisis plan are collaboratively revised. A therapeutic anchoring is maintained through follow-up letters over the course of two years. Recent findings indicate that both working through dysfunctional coping strategies (ASSIP: 11% less dysfunctional coping; $p = .011$) and developing problem-oriented coping strategies (ASSIP: 6% more problem-oriented coping; $p = .029$) are essential for overcoming suicidal crises. In addition, individual differences in the longitudinal development of reasons for living and reasons for dying will be discussed. In this presentation, the different elements of ASSIP will be outlined and underlying clinical process factors of secondary analyses will be discussed.

ASSIP vs. Crisis Counselling: Findings of a Randomized Clinical Trial and Outcome Predictor Analysis

Isometsä, E.

Dept. of Psychiatry, University of Helsinki and Helsinki University Hospital, Helsinki, Finland

Aim: A great need exists for knowledge of effectiveness of brief interventions in suicide prevention. We (a) compared the effectiveness of ASSIP to crisis counselling (CC) in a randomized clinical trial (ISRCTN13464512), and (b) investigated predictors for suicide reattempts within the trial population.

Methods: Patients treated for a suicide attempt in Helsinki City general hospital emergency rooms ($n = 239$) were Zelen-randomized to the ASSIP or CC typically involving 2 - 5 (median 3) sessions; all also received usual treatment. Altogether 161 patients consented, and 82% (72/89) completed ASSIP and 81% (58/72) CC. Outcome was evaluated at 1 and 2 years by telephone and from medical and psychiatric records. After publication of the trial, patients were pooled to analyse predictors for suicide reattempts.

Results: The proportion of patients reattempting suicide during the two-year follow-up did not differ significantly between ASSIP and CC (29.2% [26/89] vs. 35.2% [25/71]; OR 0.755 [95% CI 0.379–1.504]). Re-attempts were predicted by participants' younger age (OR 0.965 [0.933–0.998]), previous suicide attempts (OR 2.437 [1.106–5.370]), preceding psychiatric hospitalization (OR 3.256 [1.422–7.458]), and clinical personality disorder diagnosis (OR 4.244 [1.923–9.370]), especially borderline personality disorder (OR 5.922 [2.558–13.709]). Conclusion: We found no difference in the effectiveness of the brief interventions. Within the pooled population, risk of reattempt was strongly predicted by subjects' young age, previous attempts and hospitalizations, and personality disorder. These characteristics may strongly influence observed outcome of brief interventions, and their role as confounders or moderators of effectiveness warrants further investigation.

[Clinical characteristics and site differences of suicide attempters referred to ASSIP in Sweden](#)

Westrin, Å.

Lund university, Region Skåne Sweden

According to the clinical understanding, ASSIP seems to be a promising method and in Sweden ASSIP therapists have been trained since 2017. A pilot study has been conducted with the purpose of gathering experience for the Swedish ASSIP RCT that is currently running. Three study sites were engaged in the pilot study, recruiting 91 patients (47 males and 44 females, median age 44 years, range 19 – 77) treated within psychiatric specialist care after a suicide attempt (Suicide Intent Score: mean (*SD*): 17.4 (4.6)). There were significant between-site differences in suicide risk assessments, diagnoses and whether the patients were on psychotropic medication or in contact with psychiatric care at the time of the suicide attempt. Suicide Assessment Scale scores were significantly lower after the three ASSIP sessions. The results show how important it is to randomize stratified by site in ASSIP RCTs and to map diagnoses and treatments during the follow-up period.

[Real World Effectiveness of ASSIP in the United States: Baseline Data from a Randomized Controlled Trial](#)

Pisani, A.R.

Center for the Study and Prevention of Suicide; University of Rochester Medical Center, USA

ASSIP is currently being implemented by New York State in a Zero Suicide initiative funded by the US government. A team at the University of Rochester has leveraged this federal investment to study the effectiveness of ASSIP in reducing suicide reattempts in a community mental health setting in the U.S. To accomplish this aim, we are going to conduct a randomized controlled trial with more than 300 individuals referred from psychiatric inpatient and emergency services following a suicide attempt. Participants are randomized to receive either usual care + ASSIP (intervention arm) or usual care only (control arm), and followed for assessments at baseline, 3, 6, 12, and 18 months. About 20% of each therapist's sessions are rated for fidelity to the ASSIP model. Enrollment and baseline visits will be completed in August, and we propose to present our complete baseline data for the first time at IASP in Piran. We will characterize the sample and report on: suicide attempt severity and lifetime history, depressive symptoms, substance use, belongingness, burdensomeness, self-compassion, meaning-making, and self-entrapment, and describe primary and secondary analysis to examine real world effectiveness and mechanisms of change. We will also report on ratings of therapists' fidelity to the ASSIP model across five therapists in two community mental health centers.

[The application of ASSIP in the treatment of people with intellectual disabilities](#)

Van den Hazel, T.

Trajectum, Zwolle, Netherlands

Trajectum offers treatment to people with Intellectual Disability (ID), with co-morbid psychological and psychiatric problems and severe behavioral problems (most common are aggression, sexual offensive behavior, addiction problems). Self-injurious behavior and suicidal behavior are common. Two-thirds of these are referred by the criminal justice system.

In high-intensity treatment settings, in forensic contexts, suicide attempts often lead to stronger security measures, to increased supervision and restriction. In ASSIP, the therapist is a curious listener and is supportive.

When there is a forced stay and an involuntary treatment-relation, the attitude must be even more responsive to the needs of people with ID. We have therefore adapted ASSIP by using language that is as concrete and specific as possible, which we supported by drawings. Furthermore, treatment of

people with ID involves the personal system. Therefore, an extra session has been added to the regular ASSIP manual. Preliminary results on the implementation of ASSIP among people with ID will be presented and discussed.

Symposium #10 National suicide prevention strategies: progress and challenges, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Professor Stephen Platt

Professor Stephen Platt, [Professor Rakhi Dandona](#), [Ms Bronwen Edwards](#), [Professor Paulius Skruibis](#), [Professor Murad Khan](#), [Ms Joy Ladurner](#)

¹Usher Institute, University Of Edinburgh, ²Public Health Foundation of India, ³Roses in the Ocean, ⁴Suicide Research Centre, Vilnius University, ⁵Aga Khan University, ⁶Austrian National Public Health Institute

In this symposium five presentations explore progress and challenges relating to the development, implementation and evaluation of national suicide prevention strategies.

Considerations in planning national suicide prevention program: experience from India

Rakhi Dandona, G. Anil Kumar, Public Health Foundation of India

India recently released its National Suicide Prevention Strategy (NSPS) to address the significant burden of suicide deaths in the country. We argue that a nuanced utilisation of the available epidemiological evidence on suicide deaths could have enhanced the reach of NSPS to achieve its desired outcomes. Hanging is increasingly the preferred method of suicide in India (58%), and the reasons for suicide deaths range from family problems (34%), illness (18%), other causes (20%) to substance abuse (6%). The method of and reasons for suicide suggest a need for public health measures that can work at scale and are accessible to the wider population who are not in contact with mental health services. However, the recommended actions in NSPS are predominantly situated within mental health, despite only a modest positive relationship documented between depressive disorders and suicide death rates for India. Restriction of access to pesticides is recommended in the NSPS. Given that hanging does not lend itself easily to restriction, particular attention will be needed to understand the reasons of suicide deaths per se to develop appropriate safety pathways and interventions. The gendered context of suicide deaths in India is not explicitly acknowledged in the NSPS for action. It recommends strengthening of suicide death data but falls short on specific guidance to address the under-reporting and inadequacy of these data. Finally, the NSPS could benefit from involvement of people with lived experience as important stakeholders to guide prevention planning, treatment, and education based on their personal experience and journey.

What do people with lived experience of suicide want to see in suicide prevention strategies?

Bronwen Edwards, Roses in the Ocean, Australia

Suicide prevention strategies set priorities for how governments, NGOs, research and the community will work together to reduce the suicide rate. People with lived experience of suicide have an enormous stake in these strategies and seek to be meaningfully included in their development, implementation and evaluation. All suicide prevention strategies must have their own governance arrangements and funding streams that are exclusive to suicide prevention and not merged with other policy areas such as mental health and drug and alcohol treatment, where the focus on suicide prevention is likely to be subsumed or diluted, and where lived experience representation diverges from a focus on lived experience of suicide specifically. This presentation will offer 12 minimum inclusions that people with lived experience of suicide expect from jurisdictional suicide prevention strategies in the 2020s. It has been formulated based on the policy expertise of people with lived

experience of suicide, our knowledge of the most effective approaches in suicide prevention, and our paramount desire to see fewer people in our communities in crisis, attempting suicide, and dying from suicide. The checklist also contains elements relevant for regional, local and organisational suicide prevention strategies. It is the minimum that is required for strategies to have the most relevance for people with lived experience of suicide.

[Evaluation of suicide prevention in 10 municipalities with the highest suicide rates in Lithuania](#)

Paulius Skruibis, Jurgita Rimkevičienė, Said Dadašev, Dovile Grigienė, Miglė Marcinkevičiūtė, Austėja Agnietė Čepulienė, Suicide Research Centre, Vilnius University, Lithuania.

This study has evaluated the readiness to respond to a suicide crisis in 10 Lithuanian municipalities with the highest suicide rates. The study included a four-level analysis: examination of documents regulating the assistance system for suicide prevention throughout Lithuania, and in each municipality separately; analysis of indicators, including changes in suicide rates, the scope of psychological and psychiatric assistance provided by healthcare institutions, and assistance given to individuals in suicide crises; survey of specialists' attitudes towards suicide prevention, behaviour when dealing with individuals at risk of suicide, and burnout level; and analysis of specialists' needs and emerging difficulties. In the studied municipalities, the suicide prevention system is underdeveloped, providing little real support for people in suicidal crises. According to objective indicators and specialist feedback, the role of mental health centres is still minimal. Specialists emphasise a lack of outpatient care and insufficient specialised assistance for individuals with long-term suicide-related difficulties. These results do not provide evidence for the effectiveness of the Suicide Prevention Action Plans (2014–2016, 2016–2020), which emphasise assistance descriptions for individuals attempting suicide, training for gatekeepers and specialists, and the development of psychological assistance for individuals experiencing suicide crises.

[The IASP Partnerships for Life \(PfL\) program and its significance for the Eastern Mediterranean Region \(EMRO\)](#)

Murad M Khan, Brain & Mind Institute, Aga Khan University, Karachi, Pakistan

The WHO Eastern Mediterranean Region Office (EMRO) consists of 22 countries, of which 18 share a common language (Arabic). Islam is the dominant religion in the region. Suicide and self-harm are strongly condemned in Islam and criminalised in more than half the EMRO countries. Official suicide data are available for only a few countries, with the rest relying on WHO estimates. Between 2000–2019 there were an estimated annual average of over 41,000 suicides (rate of 6.7/100,000) in the region, with a 3:1 male: female ratio. Suicide prevention is generally neglected in EMRO countries, with only seven countries addressing it in some form (six as part of their national mental health program, one in a stand-alone strategy). The IASP Partnerships for Life (PfL) program can be usefully leveraged to build international collaborations, support professionals working in suicide research and prevention in the EMRO countries, facilitate dialogue with different governments, and help establish surveillance systems and stimulate research. It can also provide mentorship of experts from countries with well-developed national strategies to those at an early stage in the development of national action on suicide prevention. Due to a variety of factors, suicide research and prevention remain huge challenges in the region. The PfL program, with its ethos of inclusive, culturally-sensitive and evidence-based suicide prevention approach, is excellently placed to take up this challenge.

Transfer and pilot implementation of (selected elements of) the Austrian Best Practice on Suicide Prevention “SUPRA” in 17 EU–countries (JA ImpleMENTAL): The way to national suicide prevention strategies?

Joy Ladurner, Alexander Grabenhofer–Eggerth, Austrian National Public Health Institute; Alexandr Kasal, National Institute of Mental Health, Czech Republic; Eva Tušková, Ministry of Health, Czech Republic.

The development or scaling–up of suicide prevention strategies on a national/regional level is one of the key objectives of the EU–funded Joint Action ImpleMENTAL. Two best practice examples were selected by the EU Steering Group on Promotion and Prevention for implementation in defined EU–countries. SUicide PRevention Austria (SUPRA), the Austrian multilevel national suicide prevention programme, is one of these practices. SUPRA is based on WHO recommendations for suicide prevention. In total, 17 participating countries aim to transfer and pilot implement selected elements of SUPRA within the timeframe of the JA (Oct. 2021–Oct 2024), taking into account the respective national/regional context. The presentation will briefly describe the objectives and scope of the project, before highlighting main achievements and findings. Finally, JA ImpleMENTAL’s contribution to promoting a sustainable change in suicide prevention — e.g., by guiding the participating countries to scale–up national strategies for suicide prevention — will be critically reflected.

Symposium #11 Multimodal Approaches to Preventing Suicide in Schools: A Four Country Comparison, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Professor Jo Robinson

Ms Michelle Lamblin^{1,2}, Dr Pooja Saini³, Dr Daniel Nunez^{4,5}, Dr Sadhbh Byrne^{6,7}

¹Orygen, ²Centre for Youth Mental Health, The University of Melbourne, ³School of Psychology, Liverpool John Moores University, ⁴Centro de Investigación en Ciencias Cognitivas, Facultad de Psicología, Universidad de Talca, ⁵ANID, Millennium Nucleus to Improve the Mental Health of Adolescents and Youths, ⁶Department of Psychology, Maynooth University, ⁷Centre for Mental Health and Community Research, Maynooth University

Suicide prevention in education and youth settings requires a multi–faceted approach that provides universal, selective and indicated interventions to address the complex and varied needs of young people. Evidence–based interventions are increasingly preferred by schools, but they must be robust and adaptable across countries and settings.

This symposium will present the Multimodal Approach to Preventing Suicide in Schools (MAPSS) program, as a four–country comparison. MAPSS was first developed in Australia, and commenced in 2020. Components of the program have been adapted and are concurrently being evaluated for youth and education settings in the UK, Ireland and Chile.

Presenters will share research findings and discuss the barriers and facilitators to implementation within their local contexts and settings.

Multimodal Approach to Preventing Suicide in Schools (the MAPSS project)

Research suggests that multi–faceted approaches to suicide prevention may be most effective in school settings. The aim of the Multimodal Approach to Preventing Suicide in Schools (MAPSS) project is to evaluate a suicide prevention program integrating three components: 1) SafeTALK psychoeducation workshops delivered to all year 10 students, 2) screening to identify students at risk, and 3) delivery of online cognitive behavioural therapy (Reframe IT) to students experiencing suicidal thoughts.

Methods: Participants to date are 1,061 young people (Age $M = 15.5$, 53% female) recruited from 14 high schools in Melbourne, Australia. Study outcomes include change in self-reported suicidal ideation and willingness to seek help along with measures of the acceptability of the different interventions.

Results: Preliminary results indicate that 28% of participants experienced some level of suicidal ideation, with 7% reporting severe suicidal ideation. Suicide attempts in the sample in the last 12 months (13%) and current plans (3%) were less common but still prevalent. Despite this, fewer than half of students experiencing suicidal thoughts were currently linked with school wellbeing supports and the suicide risk was less commonly known (9%). The SafeTALK evaluation findings show that students find the program enjoyable (72%), worthwhile (88%), and not upsetting (97%). Updated results incorporating the 2023 school year will be presented.

Conclusion: This study is a world first that will advance our knowledge by directly testing the impact of an integrated multimodal approach to youth suicide prevention, thus addressing a key gap in the literature, and may provide support for new approaches to school—based suicide prevention.

[Evaluation of safeTALK suicide alertness gatekeeper training with 16–18 year old young people across youth work settings in Ireland](#)

Suicide is the leading cause of death for 15–24-year-olds in Ireland, highlighting the importance of identifying and evaluating suicide prevention initiatives for young people. Research suggests that it may be particularly beneficial to deliver such initiatives through the settings and contexts with which young people regularly interact, including through the youth work sector. One promising type of suicide prevention intervention for young people is gatekeeper training, an example of which is the safeTALK suicide alertness training programme. The objective of the current study is to assess the impact, acceptability, and usefulness of safeTALK training delivered via youth work settings across Ireland.

Methods: The quantitative component of this study involves a single-group, pre-test/post-test design, using survey methodology. Outcomes include confidence and willingness to intervene with a suicidal peer, suicide literacy, suicide stigma, and help-seeking intentions, as well as acceptability, perceived usefulness, and participation-induced distress. A qualitative component involves focus groups to supplement and amplify the assessment of acceptability and perceived usefulness of the training.

Results: Participants include 16–18-year-old young people engaged with six youth work settings across Ireland ($n =$ approx. 72–180 for quantitative component; $n =$ approx. 36 for qualitative component), with data collection occurring March–April 2023.

Conclusions: This study contributes to the evidence base on the impact, acceptability and usefulness of safeTALK training for young people. The study is the first to evaluate safeTALK with young people in Ireland, and the first worldwide to evaluate safeTALK delivered via youth work settings.

[Developing and testing the effectiveness of a blended intervention to reduce suicidal ideation in Chilean secondary schools: Preliminary results of a pilot Cluster Randomized Controlled Trial](#)

Preliminary evidence suggests that suicide school-based interventions can reduce suicide ideation (SI) and other risk factors, but further research is needed. We adapted an internet-based Cognitive Behavioural Therapy program (Reframe IT) and created four face-to-face sessions. We conducted a pilot study to assess the feasibility and acceptability of this blended intervention (BI) in Chilean school settings.

Methods: We recruited six schools (three control and three intervention schools) to participate in a pilot cluster randomized controlled trial. We included students attending 1st–3rd grade with high SI (past month). We evaluated acceptability and feasibility of the BI (focus-group and self-report questionnaires). We additionally explored differences in SI and secondary outcomes (depressive/anxiety symptoms, hopelessness, problem-solving and emotion regulation skills) (test-retest).

Results: 32 (intervention) and 19 (control) students participated in the pilot study (aged 13–18 years). 79% of participants from the intervention group completed the full program (12 sessions). Focus group and questionnaires indicate that BI is acceptable and feasible. All suggestions made by participants were included for the next study. Additionally, in the intervention group, we observed a statistical trend showing reductions in SI ($p=.06$), and significant reductions in depressive symptoms ($p=.009$) and hopelessness ($p=.016$), and improvements in emotional regulation (cognitive reappraisal, $p=.007$).

Conclusions: The intervention is acceptable and feasible to prevent SI in school settings. Preliminary results show positive changes in SI and secondary outcomes, which need further research. We expect to confirm these results by conducting a RCT study in 20 schools during 2023.

Multimodal Approach to Preventing Suicide in Schools (MAPSS): A pilot study of an integrated response to suicide risk among secondary school pupils in the UK

Youth suicide rates are rising, and evidence-based prevention programmes are needed. In this pilot study we assess the feasibility of conducting a trial of the Multimodal Approach to Preventing Suicide in Schools (MAPSS) in English school settings. The programme includes a universal suicide literacy workshop (SafeTALK), screening for suicide risk, and an adapted internet-based Cognitive Behavioural Therapy program (Reframe IT-UK) to students identified as high-risk.

Methods: A mixed method design was used. Participants completed a suite of quantitative measures online in school at three time-points: baseline (T1); after SafeTALK (two weeks post-baseline; T2); 12 weeks post-baseline (after Reframe IT-UK; T3). The survey system flagged any participants who scored in the at-risk range for suicidal ideation. Eligible pupils then received the Reframe-IT-UK intervention and completed the 8 modules in the 10 weeks between T2 and T3 (i.e., approximately one module per week).

Results: Year 10 pupils (aged 14–15 years) in two secondary schools in Merseyside (N =approx. 250–300) participated between March 2023 and July 2023. Primary outcomes at T2 for SafeTALK, and T4 for Reframe IT-UK will be presented along with the interview data. Interviews with school staff and Year 10 pupils will explore social validity, acceptability, and feasibility. It will also assess the feasibility of a larger trial, exploring participants' perspectives on the data collection measures used, the appropriateness of the interventions, and recruitment.

Conclusions: This study informs the feasibility trial to determine whether MAPSS is a suicide prevention intervention for use in schools for young people in the U.K., and whether such treatment reduces suicide ideation.

Symposium #12 Development and evaluation of support systems and services for people bereaved by suicide: SIG Suicide Bereavement and Postvention, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Dr Eve Griffin & Dr Karl Andriessen

[Dr Hilary Causer](#)¹, [Dr Eve Griffin](#)², [Dr Jo Bell](#)³, [Dr Karen Scavacini](#)⁴, [Dr Karl Andriessen](#)⁵

¹University of Surrey, ²National Suicide Research Foundation, ³Faculty of Health Sciences, University of Hull, ⁴Instituto Vita Alere de Prevenção e Posvenção do Suicídio, ⁵Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne

Developing postvention guidance for UK National Health Service (NHS) staff and their supporters following a colleague death by suicide

Presenting Author: Hilary Causer, University of Surrey

Co-authors: Carolyn A. Chew-Graham (Keele University), Sheila Dhalla (Samaritans), Nikolaos Efstathiou (University of Birmingham), Anya Gopfert (University of Exeter), Kathryn Grayling (NHS Employers), Jill Maben (University of Surrey), Ruth Riley (University of Surrey), Johanna Spiers (University of Surrey), Maria van Hove (University of Exeter).

Background: When colleague suicide impacts workers in healthcare settings, perceptions of grief are complicated by professional identities and workplace cultures. Current workplace postvention guidance is not evidence-based and takes an individualistic view of need and delivery. Postvention guidance that is informed by empirical evidence for specific professional groups is needed.

Aims: To develop evidence-based context-informed postvention guidance for NHS staff and their supporters following a colleague death by suicide.

Methods: A systematic integrative review of literature concerning the impact of colleague suicide and current postvention guidance was followed by an interview study. Data from 48 interviews were analysed using Grounded Theory (GT). Findings and recommendations were presented to a stakeholder workshop. Workshop data were synthesised with findings from the review and GT study to inform the guidance.

Results: Evidence-based, context-specific postvention guidance has been written for use across the NHS to support affected staff and their supporters. We will report key themes and messages.

Conclusion: Evidence-based workplace postvention guidance ought to consider workplace cultures and professional identities to meet the needs of the staff and supporters for whom it is developed and implemented.

Utilisation of postvention supports: A cross-sectional survey of adults bereaved by suicide in Ireland
Eve Griffin 1,2, Selena O'Connell 1,2, Clíodhna O'Brien 1, Caroline Daly 1, Karl Andriessen 3, Ella Arensman 1,2, Fiona Tuomey 4

1National Suicide Research Foundation, Cork, Ireland

2School of Public Health, University College Cork, Ireland

3Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, Australia

4Healing Untold Grief Groups (HUGG), Dublin, Ireland

Background: A death by suicide can have significant impacts on those bereaved.

Aims: To describe the utilisation of supports by adults bereaved by suicide and associated factors.

Methods: Data were obtained from the Irish Suicide Bereavement Survey ($N=2,055$). Regression analyses identified factors relating to utilisation of supports and the association with personal growth.

Results: Most participants (74%) were female and the mean age was 41 years. Most were family members of the deceased (68%), while one-third were friends/acquaintances (34%). Most participants (85%) used informal supports (social network, information resources), while two-thirds (67%) accessed formal support. Factors associated with accessing formal and informal supports

included: perceiving the death to have had a major/moderate impact and those reporting good social support. Males, those from ethnic minorities and non-family members were less likely to access formal supports. Accessing supports was positively associated with personal growth.

Conclusion: Informal supports are an important pathway to formal supports and both contribute to personal growth among those bereaved by suicide. Future research should consider the development of proactive outreach and signposting for non-family members, males and those from ethnic minorities.

[Identifying Good Practice in a Community-based Postvention Support Service: Findings from a Mixed Methods Evaluation study in the UK](#)

Jo Bell 1, Jo Kent 2

1Faculty of Health Sciences, University of Hull, Hull, UK

2Humber NHS Teaching Foundation Trust, Hull, UK

Background: This paper reports on a two-year evaluation of a community-based postvention support service in the UK.

Aims: To identify factors that help to improve service delivery (1); to understand the needs of those affected following a suicide and the impact of the support service on their lives (2).

Methods: Mixed methods. Using descriptive statistics, we examined utilisation rates over time: sources of referrals; age; gender; relationship to deceased of those referred for support. In-depth interviews with volunteer supporters, service-users, and key stakeholders were undertaken to understand various perspectives on the perceived effectiveness of the service and delivery.

Results: A wide variety of ages and relationships were represented. The majority were female and most were immediate family members. Elements of good practice identified included: effective multi-agency partnerships; the use of real-time surveillance in providing timely referrals; volunteer-led support; pro-active persistent contact; continuous unlimited support.

Conclusion: The evaluation identified new recommendations for service development and delivery with significant value for future postvention services. Consistent with previous research was the need to engage more men and friends. Pro-active strategic use of social media might be one way to engage those under-represented groups.

[Postvention in Brazil: An update and proposal of adjustments based on suicide survivor and stakeholders needs](#)

Karen Scavacini

Instituto Vita Alere de Prevenção e Posvenção do Suicídio, Brazil

Background: Postvention activities and programs are relatively new in Brazil and the number of people impacted by suicide has been growing every year.

Aims: To present an update of the development of postvention activities in Brazil and to compare with the needs felt by suicide survivors and professionals in the field.

Methods: A review of postvention programs, activities, materials, and campaigns produced over the last four years will be conducted and suicide survivors and stakeholders will fill out an online questionnaire.

Results: We will compare the findings with the author's chapter published in 2017 in the book *Postvention in Action*, indicating the changes that occurred over the recent years. Next, we will compare the activities offered with the survivors' and professionals' needs which will inform necessary adjustments and inform new activities.

Conclusion: The periodic evaluation of the activities carried out, necessary adaptations, and the inclusion of people with lived experience and key professionals in this process contributed to the development of the necessary support offered to those who provide support and those who have lost someone to suicide.

[How to support adolescents bereaved by suicide or other traumatic death: The views of counselors](#)
Karl Andriessen¹, Jessica Snir¹, Karolina Kryszynska¹, Debra Rickwood², Jane Pirkis¹

¹Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, Australia

²Faculty of Health, University of Canberra, Canberra, Australia

Background: Adolescents bereaved by suicide, and other traumatic death, may experience strong grief reactions and increased risks of mental health problems and suicidal behaviour, compared to non-bereaved adolescents. Timely access to professional help can be critical. To provide adequate support, it is essential to understand how counselors perceive suicide bereavement in adolescents, and how they work with this population.

Aims: To examine the perspectives of counselors working with adolescents bereaved by suicide or other traumatic death, regarding how to support such bereaved adolescents.

Methods: Qualitative study (N=43): 11 counselors participated in a semi-structured interview and 23 others in one of six group interviews. We conducted a codebook-based thematic analysis.

Results: The analysis yielded three themes: 1) Building a relationship with the bereaved adolescent, 2) Offering support tailored to the needs of the grieving adolescent, and 3) Offering strengths-based and sustainable support.

Conclusion: Counselors' skills and attitudes, and approaching the adolescent's grief within their developmental context and from their own perspective are essential for building a therapeutic relationship and offering viable support options. The findings may inform clinical guidelines and good practices in supporting adolescents bereaved by suicide.

Symposium #13 Innovative Strategies in Workplace Suicide Prevention Workplace SIG, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Dr Sally Spencer-Thomas

Susan Murray, Professor Sidney Dekker, Mariana Costa Rodrigues², **Dr Gabriela Silva de Malafaia**², **Dr Sally Spencer-Thomas**³, Ms. Sarah Gaer

¹Zero Suicide Institute of Australasia, ²Petrobras, ³Spencer Thomas LLC

Overview

As the field of workplace suicide prevention evolves, many advocates and public health professionals are looking beyond traditional mental health services to see what other interventions might be impactful. In a time when these services are overburdened and often under prepared to support people at risk for suicide, these alternative approaches are gap-filling.

Introduction

Healthcare professionals have increased risk of suicide. They have access to means and often operate within a culture of blame and retribution creating abnormal levels of distress. Reforming the culture of health services can make an important contribution to the reduction of suicide among healthcare workers. Linnander demonstrated that changing hospital organisational culture improved patient outcomes (BMJ 2022); UK Mersey Care NHS Trust introduced restorative justice with many qualitative improvements for staff – reduced suspensions and dismissals; increased reporting adverse

events; increased staff feeling encouraged to seek support; reduced absence due to illness; and improved staff retention (MATEC 2019). Building a culture of trust, learning & forward-looking accountability fosters a psychologically safe work environment (Dekker 2017).

In Australia, health systems in Queensland, New South Wales, South Australia and Victoria have adopted the Zero Suicide Healthcare Framework. Restorative, just culture (RJC) is integral to the success of Zero Suicide Healthcare. RJC provides a framework to understand the complexities of work & support learning. It can mitigate against old paradigms of risk prediction and hindsight bias. It helps to overcome pessimism & nihilism with respect to the ability to learn from, and prevent, suicides (Turner 2020).

Pilot Program Description and Results

To support RJC development a blended program, incorporating four online knowledge-based modules supported by face-to-face learning, was piloted in three health services. The program aimed to enhance health service leadership understanding of their role in fostering culture development and support the implementation team deliver improvements in culture to reduce the potential for suicide within their workforce.

The evaluation showed the online modules delivered high levels of satisfaction (80%) and relevance to job roles (80%). Results of the face-to-face workshop were less positive, with only 50% of participants having their expectations met and finding the topics relevant. However, in qualitative interview follow up with a selection of participants, it was noted that the workshops were generally regarded as the most impactful component of the program as they allowed for questions and answers and discussion.

Based on the evaluation, the program is being restructured for three audiences:

- Executive leadership and Boards
- Operational leaders who will lead the culture development
- Health service staff.

Conclusion:

Understanding and applying the principles of a restorative just culture enhances psychological safety for healthcare staff. Health service leaders have a responsibility to reform and reshape health system culture to reduce suicide among the healthcare workforce.

[The importance of having an intersectoral team to put mental health on the priorities of a large publicly-held oil, natural gas and energy company's agenda: lessons learned](#)

Authors: Mariana Costa Rodrigues - Occupational Health Physician — Petrobras - Brazil

[Gabriela Silva de Malafaia](#) — Psychologist - Petrobras — Brazil

PhD Adrianna Helena Tavares Lobato de Paiva - Social Worker - Petrobras - Brazil

Karla Costa Kurtz - Occupational Health Physician - Petrobras — Brazil

Mental health conditions have been increasing worldwide, especially after the COVID-19 pandemic. At the same time, there has been rising acknowledgement of the fundamental role mental health plays in achieving sustainability in an organizational context. Overcoming the mental health associated stigma is a challenge issue to face, especially in the oil, natural gas and energy industry, due to numerous processes; different working arrangements, such as onshore, offshore and remote work environments; gender aspects and other characteristics.

The purpose of this presentation is to describe the paths followed by a Brazilian, large publicly-held oil, natural gas and energy company to shift from a strictly health-based view to an intersectoral view of promoting mental health in the organization and share the lessons learned.

The company has a long history in its process of building a mental health program, which dates from 2009. The pandemic experienced in 2020 also played an important role in the raise of awareness, bringing a wider discussion of problems related to mental health. It was in 2020 that, for the first time, the company implemented an on demand emotional support service for its workforce.

In 2021, an intersectoral mental health workshop was held as a strategy to bring other areas of the company to this discussion, requiring participation of different existing sectors inside the organization, which provided important exchanging of technical point of views. This rich experience has improved the way of looking at the topic, resulting in a fundamental change in the collective mindset regarding the association between mental health and changes in work organization.

As results, structural changes in the organization of work processes were demanded, culminating in the creation of a Permanent Intersectoral Organizational Well-Being Committee, responsible for preparing guidelines and highlighting needs for improvement, as well as in the inclusion of the Mental Health theme in the company's 2023-27 Strategic Plan.

[Soul Exhaustion and Workplace Suicide Prevention and Postvention](#)

Sally Spencer-Thomas & Sarah Gaer

Introduction: The medical model of suicide prevention and postvention has not had the impact of significantly reducing the long term effects of suicide, thus, additional frameworks might be beneficial to explore. One potential new framework to illuminate the experiences of people bereaved by suicide is to appreciate the impact suicide loss has on their perceived concept of their "soul".

Methods: Given that the workplace is an underappreciated system of response in postvention, the authors chose to conduct an exploratory analysis of how suicide loss survivors described how their workplace's response and how it affected their "soul". A 27-question survey on lived experience with suicide, ideas about the "soul" and how the "soul" was harmed or cared for through workplace postvention responses was completed by 109 people, 89 of whom were people impacted by suicide loss.

Results: Most survey participants acknowledged they resonated with a common definition of "soul" as being the true essence of who they were and that "soul exhaustion" happens when a person is weary at their core and disconnected from their authentic self.

Conclusion: These concepts were then applied to harm and healing experienced by their workplaces response to their suicide loss. Findings can help workplaces build stronger postvention plans to support workers bereaved by suicide.

Keywords: bereavement; grief; suicide; trauma; postvention; support; workplace; soul; spirituality; soul exhaustion

Symposium #14 Psychosocial needs-based assessment for understanding and responding to self-harm and suicidality: Evidence, best practice, and application., September 21, 2023, 4:30 PM – 6:00 PM

Chair: Professor Nav Kapur

Dr Jacinta Hawgood¹, DR Leah Quinlivan², Professor Keith Hawton³, Professor Nav Kapur²

¹Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University, ²University of Manchester, ³University of Oxford

Symposium Overview:

Systematic psychosocial needs-based assessment has been advocated as a client-centred means of identifying circumstances contributing to self-harm and suicidality, to inform commensurate aftercare. This symposium will commence with an overview and rationale for this best practice-based approach to psychosocial assessment, including evidence and current practice. Following will be a presentation of a model of therapeutic risk assessments, developed to enhance a more tailored approach to managing risk for all patients; in line with client-centred, collaborative therapeutic processes. Finally, an example of systematic psychosocial needs-based assessment protocol, utility and application in the real world will be presented.

The session will be chaired with interactive moderation throughout, encouraging delegate reflection in preparation for the final 20-25-minute interactive Q & A conclusion.

Abstract 1:

Dr Leah Quinlivan, University of Manchester

Presentation aims: To overview evidence and current practice on psychosocial assessments and aftercare following self-harm.

Background: Psychosocial assessment following self-harm presentations to hospital is an important aspect of care, but many people do not receive one or access to aftercare.

Methods: For the clinical practice studies, we recruited 128 patients and 23 carers for the patient survey, and 51 staff across 32 hospitals in England (March 2019–December 2020). Thematic analyses were used to interpret the data.

Results: Reasons for non-assessment included patient factors (e.g., refusing due to waiting times), gateway issues (e.g., not offered an assessment), and a clinician determined hierarchy of risk, based on methods of self-harm and suicide risk. For patients that did receive an assessment, experiences were helpful on some occasions but harmful on others. Barriers to accessing aftercare included: perceived risk, waiting times, and siloed working. Multidisciplinary teams, psychosocial assessments, and follow-up clinics were perceived by staff as strategies for closing service gaps.

Conclusion: We highlight important patient and staff experiences that can inform service transformation. Self-harm is a key area for practice and policy initiatives. We have the opportunity to transform services, if we listen to people with lived experience and the professionals who care for them.

Suicide risk management in mental health practice: Shifting away from risk prediction to providing help that may reduce risk

Keith Hawton,

Centre for Suicide Research, University of Oxford, UK

Suicide prevention in psychiatric practice has been dominated by efforts to predict and classify risk of suicide in patients. However, many studies have shown that traditional risk prediction measures are ineffective. Several factors may contribute to clinicians' preoccupation with risk prediction, which can have negative effects on patient care and also on clinicians where prediction is seen as failing. There is a need to shift emphasis to therapeutic risk management, including recognition that any patients with mental health problems may be at increased risk of suicide. In this presentation, a model of therapeutic risk assessment, formulation and management that is aimed at reducing risk through use of a person-centred approach, including collaborative safety planning, will be presented. It may help clinicians develop a more tailored approach to managing risk for all patients, incorporating potentially therapeutic effects as well as helping to identify other risk reduction interventions.

[Systematic Tailored Assessment for Responding to Suicidality protocol \(STARS-p\): Long term protocol utility and perspectives of mental health professionals and people with a lived experience of suicide.](#)

Jacinta Hawgood

Australian Institute for Suicide Research and Prevention, Griffith University

Background: The move to psychosocial needs-based assessment processes based on structured professional judgement (SPJ) is now the recommended approach for assessing suicidality. This approach focuses on understanding the individual within their ecological context or social environment. The client is seen as an expert on their unique experience of suicidality. SPJ approaches offer the opportunity to explore multiple factors guided by empirical data which informs decisions around targeted needs. STARS-p is one such approach; supported by STARS-p training.

Aim: To present the STARS protocol and the combined results of two studies which sought to a) examine the longer-term use and utility of STARS-p in STARS trained MHPs; and b) obtain the perspectives of individuals with a lived experience of suicide regarding the STARS-p to inform modifications to item construction and language use for a future version of STARS-p.

Method: Two study designs focused on examination of STARS protocol including a mixture of quantitative and qualitative approaches, for eliciting perspectives of MHPs and lived experience experts respectively.

Results: The first study findings revealed that STARS-p is perceived by MHPs as feasible and effective for collaborative, compassionate client-centred assessment and for informing commensurate care. Barriers to application for certain populations and priority groups, as well as different settings will be discussed. Facilitators and recommendations for future modifications to STARS-p are presented. The second study revealed perspectives of lived experience experts around item construction, language and administration elements. Their expert views highlight important future recommendations for modifications of the protocol.

Conclusions: Use of SPJ to guide a collaborative exploration of psychosocial needs and understanding of the suicidal state is both feasible and essential in the Australian community mental health workforce. Suggested modifications to enhance feasibility are to be implemented in the updated 2024 version of STARS-p.

Chair to moderate a Q and A - including commentary on presentations and audience feedback etc.

Symposium #15 Understanding and preventing suicide risk in men, September 21, 2023, 4:30 PM - 6:00 PM

Chair: Professor Birgit Wagner & Dr Zac Seidler

[Prof Birgit Wagner](#)¹, [Professor Heide Glaesmer](#), Dr. Zac Seidler, [Dr. Lena Spangenberg](#), [Dr. Laura Hofmann](#), [Mrs Jane Boland](#)

¹Medical School Berlin

[Understanding and preventing suicide risk in men](#)

Male suicidality is a critical public health concern, that has gained increased attention in recent years. Men are more likely to die by suicide than women and rates of suicide among men have been more on the rise in many parts of the world. This symposium will provide an overview of the key factors that contribute to male suicidality including psychological and social factors. We will also explore some of the unique challenges that men face when it comes to seeking help for mental issues. Online and face-to-face intervention programs for men, practitioners and their relatives will be presented. This symposium aims to raise awareness about the urgent need for more research resources and psychological support for men who are experiencing suicidal thoughts and behaviors.

[Development and initial evaluation of an online suicide prevention tool for males in Germany](#)

Heide Glaesmer & Cora Spahn

As in many other parts of the world, the significantly higher risk of suicide among men is a persistent phenomenon in Germany. However, there have been no evaluated preventive measures in Germany that specifically address risk factors among men. The research network "MEN-ACCESS – Suicide Prevention for Men" (www.suizidpraevention-menaccess.de) therefore developed an tailored online offer (website www.maenner-staerken.de) for men. This is implemented initially evaluated in 2023.

The preventive measure is based on empirical evidence from a mixed-methods-study (quantitative study on suicidal behavior ($N=224$) and qualitative interviews ($N=15$) with men who had attempted suicide) to understand male-specific risk factors, barriers to care and tailored communication strategies. The analyses revealed that it is important to provide information on suicidal ideation and behavior as well on the psychosocial health care system. In addition, destigmatization and barriers to care are very important aspects. Moreover, the interviews revealed, that one important barrier relates to stereotypes of masculinity, which impedes seeking help. The development of the Website is presented, and first results of the evaluation are discussed.

[Evaluation of the Men in Mind training program for mental health practitioners](#)

Dr Zac Seidler (study lead author)

A dominant narrative concerning men's mental health and suicide risk has been that traditional masculine ideals of self-reliance and restricted emotionality present barriers to seeking mental health services. Men also routinely drop out of psychotherapy, and often cite a lack of connection with their therapist as a primary reason for doing so. The apparent disconnect between masculinity and psychotherapy extends to practitioner experiences, where past research has identified challenges among mental health practitioners in engaging and responding to male clients in therapy, particularly suicidal men and those with limited emotional literacy. Recognising that increasing proportions of men are seeking mental healthcare, upskilling practitioners in effective engagement strategies with male clients, via online training, could be a viable avenue to improving their capacity to reach, retain and respond effectively to male clients, ideally improving men's outcomes in care. Funded by Movember and MRFF, Men in Mind is an online training program designed to upskill mental health practitioners to engage and respond effectively to help-seeking men. Building on a prior pilot study, the efficacy of Men in Mind was evaluated via a waitlist randomised controlled trial among a sample of 587 Australian practitioners. Results indicated strong evidence of the efficacy of Men in Mind at improving practitioners' self-efficacy regarding engaging and responding to men in psychotherapy.

[Efficacy of an E-Learning program for relatives of men with suicidal ideation: A randomized controlled trial](#)

Laura Hofmann & Birgit Wagner

Background: Men are at increased risk of dying by suicide but are less likely to seek help and to be identified as at-risk. Relatives are therefore important gatekeepers in suicide prevention for men, but often lack the knowledge regarding warning signs, communication, and the referral for help, and are usually highly burdened themselves.

Aims: In this study, an online program has been developed for relatives of men with suicidal ideation. Efficacy of the intervention will be evaluated at post-measurement.

Methods: A total of 75 individuals will be enrolled in the study and randomly assigned to either a treatment or waitlist control group. The intervention consisted of four modules, including psychoeducational content, short films with affected men and experts, and audio plays with fictional dialogues between men and their relatives. Primary outcomes were knowledge and competence; secondary outcomes are depression, stress, and burden due to the support of the male relative.

Results: The results of the ongoing randomized trial will be presented and discussed.

Conclusions: It will be discussed to which extent an online program can support relatives in suicide prevention for men and whether they experience an increase in knowledge and competence. Further, it will be analysed whether the E-learning program can support relatives with their own stress as caregivers.

[A case series study of an innovative community-based brief psychological model for men in suicidal crisis](#)

Jane Boland, Jennifer Chopra, Claire Hanlon, & Pooja Saini

Background: This study examines the effectiveness of the James' Place model on reducing suicidality in men over a three-year period and the relationship of entrapment with suicidality.

Method: A cohort study approach was used. Clinical data was collected from 1,330 men referred to James' Place between August 2018 and February 2022. The CORE-10 Clinical Outcome Measure (CORE-OM), and 4-item Entrapment scale were used pre and post intervention.

Results: 1,330 men were referred to the service and 622 went on to engage in therapy. Across this group there was a statistically significant clinical reduction in mean scores between initial assessment and end of treatment for both entrapment and suicidal distress.

Conclusion: This evaluation has highlighted the effectiveness of the James' Place model. Our research to date provides evidence that the James' Place model reduces psychological distress, and now we know it also reduces entrapment. Future research will focus on evidence efficacy with other factors associated with suicide prevention, such as resilience and belongingness.

[Suicide ideation and affect regulation in men: examining associations with ecological momentary assessments](#)

Lena Spangenberg, Nina Hallensleben, Thomas Forkmann, & Heide Glaesmer

High traditional masculinity (HTM, including aspects such as emotional avoidance or acceptability of anger/aggression) is assumed to play a relevant role in the development of suicide-related thoughts and behaviors in men, potentially contributing to the gender paradox in suicidality. Yet, it is not fully understood how HTM specifically impacts the pathways in the development of STBs. First, processes such as the affect regulation hypothesis and the dual system model of suicidality will be outlined specifically focusing on links with HTM (e.g., regulating affects with dysfunctional externalizing coping strategies rather than suicidal thoughts). The second part of the presentation will present empirical data from an ecological momentary assessment study including 74 inpatients with major depression (28.4% male, $N = 21$). Participants rated six consecutive days their current positive and negative affect and suicide ideation (10 daily random prompts). Descriptive analysis on mean and variability measures shows that men report more positive but less negative affect (anxiety, depression) and show a restricted variability range compared to women. Inspecting the individual trajectories of the 21 male

participants and associations between affect and suicide ideation using an idiographic approach reveals a high heterogeneity.

Symposium #16 Understanding suicide and prevention throughout the criminal justice system, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Professor Karen Slade

Professor Karen Slade^{1,2}, Dr Lucy Justice¹, Ms Frederica Martijn¹, Prof Thom Baguley¹, **A/prof. Rohan Borschmann**^{3,4}, Dr Matthew Spittal³, Lucas Calais-Ferreira³, Prof Stuart Kinner³, **Dr Daniel Pratt**^{5,7}, **Dr Jay Marie Mackenzie**⁶

¹Nottingham Trent University, ²HM Prison and Probation Service, ³Melbourne School of Population and Global Health; University of Melbourne, ⁴University of Oxford, ⁵University of Manchester, ⁶University of Westminster, ⁷Greater Manchester Mental Health NHS Foundation Trust

The risk of suicide is especially high amongst those in contact with the criminal justice system. Research and public policy have largely focused on understanding suicide in people in prison, who are over five times more likely to die by suicide than the general population. There is growing awareness that the risk for suicide is also exceptional within the community-based justice system as well as a pressing need for effective interventions. Suicide within these high-risk but often hidden populations is of considerable public and social concern. This symposium will consider international research on the risks and needs across justice-involved populations including young people and those under probation supervision, both post-custody and serving community sentences. We will then outline the development of a prison-based intervention for suicidal behaviour.

Suicide in adolescents exposed to the youth justice system: A 22-year retrospective data linkage study

Rohan Borschmann, Matthew Spittal, Lucas Calais-Ferreira, Stuart Kinner

Little is known about the epidemiology of suicide in young people exposed to the youth justice system (YJS). We aimed to estimate the suicide rate in a large cohort of young people exposed to the YJS in Australia, and to identify the demographic/criminogenic risk factors associated with these deaths.

Data relating to all young people who had any contact with the YJS in Queensland between January 1993 and December 2014 were linked to Australia's National Death Index. We calculated the incidence rate of suicide within the cohort, stratified by sex and Indigenous status. Poisson regression was used to assess the change in suicide rates over time. Crude mortality rates (CMRs) were calculated for all-suicide and method-specific suicides, both overall and within subgroups.

Of the 48,228 participants, 1,452 (3%) died during the follow-up period. For 31% (458) of decedents, the cause of death was suicide. The proportion of deaths due to suicide was highest for Indigenous females (37.9% of all deaths), followed by Indigenous males (36.8%), non-Indigenous males (30.1%) and non-Indigenous females (25.8%). Hanging was the most common method of suicide (83%).

The disproportionately high incidence of suicide following contact with the YJS is a cause for concern. There is a pressing need to better understand the trajectories of young people after discharge from the YJS. This missing epidemiological knowledge would inform targeted, preventive interventions to be implemented during the window of opportunity when these vulnerable young people are under the care of the YJS.

Suicide in adults under supervision of probation services: Causes, risk factors, and opportunities for prevention

Karen Slade, Lucy Justice, Frederica Martijn, Thom Baguley

There is limited knowledge on the rate and risk factors of deaths when under community-based probation supervision. We aim to document the demographic, personal circumstances, offending and risk factors for suicide, including comparisons between post-custody and community sentence supervision populations.

Data relating to all people who died under probation supervision in England and Wales between April 2019 and March 2021 ($N=2,447$) were linked with data from the probation case management system nDelius. A Gaussian Graphical Model analysis examined the unique relationships between the variables and the causes of non-natural death (accidental, drug overdose, suspected suicide, and homicide) compared with deaths by natural causes.

For cases where cause of death was specified ($n = 1,700$), 48.6% ($n = 827$) died from non-natural causes, with 10.0% ($n = 170$) by suspected suicide methods of hanging, suffocation, or intentional fall from height. Suspected suicides across the sample were uniquely associated with a history of suicide risk and drug use and recent enforcement action by probation (due to a violation of requirements). Having employment was also associated with suicide for those who were post-custody. Within those on community sentences, domestic violence perpetration and unemployment was strongly associated with suicide risk, although not directly with suicide.

The disproportionately high rate of suicide in those under community supervision demonstrates the importance of an increased focus on prevention within this population. The identification of dynamic risk indicators which span health, justice and employment sectors provide areas for intervention. Further exploration on the impact of precarious employment, domestic violence perpetration and the role of enforcement action can inform future intervention strategies for the justice sector.

[What are we missing? Using multiple perspectives to understand suicide in probation settings](#)

Dr Jay-Marie Mackenzie

We know very little about why people on probation supervision, are at an increased risk, why someone might experience suicidal thoughts whilst serving their probation sentence, and what can be done to prevent suicides.

The current research sought to understand this issue by utilising a qualitative multiple perspective design. In-depth interviews were conducted with people who made a suicide attempt whilst serving a probation sentence and a member of staff supervising them at the time of their suicide attempt. The data were analysed deductively using thematic analysis.

Findings suggest that staff may determine a person's risk of suicide based on their historical evidence of self-harm or suicidal behaviour, and whether or not they have disclosed suicidal feelings or plans. However, people under probation supervision may not have a documented history of suicidal behaviours, and do not always disclose to staff. Findings also indicated that people under probation supervision may be more vulnerable during specific stages of the probation process.

There are several important implications for practice in probation settings, including ways to overcome barriers such as disclosure of suicidal feelings and the importance of providing support during key stages, such as when approaching the end of their sentence.

[Prevention of Suicide in Prisons: Enhancing Access to Therapy](#)

Daniel Pratt on behalf of the PROSPECT team

Cognitive Behaviour Suicide Prevention (CBSP) therapy is a new individualised talking therapy intervention that specifically targets suicidal thoughts and behaviour. CBSP aims to address and amend the key aspects described by our psychological model of suicide. The feasibility of delivering CBSP has already been established in community and mental health inpatient settings. Further, we conducted a feasibility trial with a sample of 62 male prisoners and found CBSP therapy to be highly

acceptable to participants. An intention to treat analysis indicated that, relative to usual care, the treatment group engaged in approximately 50% fewer suicidal behaviours.

This presentation will present new findings emerging from the next phase of our research programme, which is investigating how to increase access to a suicide prevention therapy programme with prison settings. Whilst an overview of this research programme will be presented, we will offer a more focussed summary and reflection upon the initial two work packages recently completed. Within work package 1, we developed of a new self-help resource for prisoners to nurture emotional literacy skills and support preparation for engagement in a structured CBSP therapy programme. And within work package 2, we worked alongside service users and prison-based staff to develop a logic model / theory of change for the delivery of the new therapy programme within a male prison setting.

Symposium #17 A Tale of Two Countries: Evaluation Results from Multi-Level Community Suicide Prevention Programmes in Australia and Canada, September 22, 2023, 9:00 AM – 10:30 AM

Chairperson: Vanda Scott, IASP, France

Professor Brian Mishara¹, Scientia Professor Helen Christensen^{2,3}, Professor Fiona Shand^{2,3}, Logan Seymour⁴, Krista Benes⁴, Dr Lakshmi Vijayakumar⁵

¹Université Du Québec À Montréal, ²University of New South Wales, ³Black Dog Institute, ⁴Mental Health Commission of Canada, ⁵SNEHA

[A Tale of Two Countries: Evaluation Results from Multi-Level Community Suicide Prevention Programmes in Australia and Canada](#)

Presenters: Helen Christensen, Scientia Professor, Discipline of Psychiatry and Mental Health, University of New South Wales, Sydney, Non-executive director of the Black Dog Institute, Australia

The Australian LifeSpan Framework. Fiona Shand, Associate Professor, University of New South Wales, Sydney; Head of Suicide Prevention Research, Black Dog Institute, Director, Suicide Prevention Australia, Australia. Main Findings from the Evaluation of the LifeSpan Trial. Ed Mantler, Vice-President, Programs and Priorities, and Chief Program Officer, Mental Health Commission of Canada, Canada The Canadian Roots of Hope Model. Brian L. Mishara, Director, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE), and Professor, Psychology Department, Université du Québec à Montréal, Canada Main Findings from the Evaluation of the Roots of Hope Pilot Project

Discussant: Lakshmi Vijayakumar, Founder SNEHA, HOD Psychiatry, VHS Chennai,

Member WHO Network on Suicide Prevention and Research, Chennai, India

Summary

Multi-strategy, regionally based approaches to suicide prevention were first trialled in the early 2000s when what is now known as the European Alliance Against Depression demonstrated its effectiveness in a study in Nuremberg, Germany. In 2015 the LifeSpan suicide prevention framework was developed in response to the siloed and fragmented nature of suicide prevention in Australia, and to address the gap between the national strategy and evidence-based guidance for communities and services. Roots of Hope (RoH) was pilot tested in eight Canadian communities from 2018 to 2022, as a community-based suicide prevention initiative developed by the Mental Health Commission of Canada (MHCC), as a model for developing community collaborations to implement evidence-based prevention initiatives in suicide prevention that are adapted to local resources, challenges, and needs. This symposium describes the development of both initiatives and their essential characteristics, and then summarizes key findings from their evaluations, including the identification of challenges and

their solutions, as programs were adapted to the local contexts, resources and needs, and the COVID-19 pandemic.

[The Australian LifeSpan Framework](#)

Helen Christensen presents the implementation of the LifeSpan framework as part of the randomised stepped wedge research trial took place across four regions in New South Wales from 2017 to 2020. Implementation was led by regional alliances of multi-sector organisations and individuals from the community, and supported by a central implementation team. This new framework comprised nine evidence-based strategies across health, education, community, and public safety. The Lifespan trial was a major investment in suicide prevention and led to new government funding for place-based approaches nationally. We present the background to LifeSpan and the framework of strategies that span universal, selected, and indicated strategies. We provide an overview of the challenges of implementation and taking the framework to scale, achievements and impact to date, and lessons learned: what needs to change, and where to from here for place-based, multi-strategy models of suicide prevention.

[Main Findings from the Evaluation of the LifeSpan Trial](#)

Fiona Shand discusses the main findings from the LifeSpan trial, which used a cluster stepped-wedge randomised design where each of the four trial sites was randomly allocated to a different cross-over point from control to intervention. Each site had two years to implement the nine strategies, led by a regional multi-sector collaborative group. The primary outcome of change in suicide attempt rates (indexed by hospital treated self-harm) was assessed using linked hospital data from 2012-2020 and analysed using an interrupted time-series design. This paper will also present secondary outcomes such as changes in suicide rates, implementation findings, health economic outcomes, and strategy evaluations.

[The Canadian Roots of Hope Model](#)

Ed Mantler presents and discusses the process of developing the Roots of Hope model, lessons learned from the Mental Health Commission of Canada's (MHCC) experiences in guiding the demonstration project, and promoting and supporting the implementation of initiatives in a variety of rural, semi-urban and urban communities across Canada, including communities with a large proportion of Indigenous populations. The MHCC guided a multi-year, multi-site community-based demonstration project titled Roots of Hope: A Community Suicide Prevention Project. The project goal was to contribute to suicide prevention and reduce the impact of suicide in Canada. This demonstration project completed implementation in March 2022. The model is built around five key areas: developing and improving specialized supports, establishing training and networks, increasing public awareness, means safety initiatives, and evaluation research. The goal was to develop an evidence base, including best practices in suicide prevention, which can then be scaled up and spread across Canada and elsewhere. Local community members develop, adapt and implement the project components that respond to their community's priorities and needs, while ensuring that local programs and services integrate with the national project to support evaluation and learning.

[Main Findings from the Evaluation of Roots of Hope Pilot Project](#)

Brian Mishara presents the Evaluation Framework and Logic Model, as well as key evaluation results. The evaluation plan uses an Implementation Research (IR; Implementation Science) approach to understand the implementation of the RoH model for reducing suicidal behaviors and their impact in communities, as well as summarizing lessons learned for the equitable development and implementation of RoH in different contexts. IR seeks to understand how the program was implemented in relation to the context, causal pathways and factors influencing successful

implementation. We describe challenges experienced during implementation, adaptations of RoH in each community context, unintended changes and modifications (including adaptations associated with the COVID-19 pandemic), and indications of equitable implementation. In addition, there were assessments of short-term effects, based upon available data. RoH fostered collaborations across different sectors, engaging both community members and provincial health departments managers. RoH was an important catalyzer that resulted in increased community involvement in suicide prevention activities. Further, RoH served to rapidly accelerate the expansion of evidence-based suicide prevention practices in a variety of different participating communities. Positive perceptions reported from key informants indicate that RoH was effective in catalyzing the development of new community suicide prevention initiatives and collaborations.

Symposium #18 Improving the availability and quality of administrative data on suicide deaths in developing countries, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Murad Khan & Rakhi Dandona

[Professor Rakhi Dandona](#)^{1,2}, [Professor Murad Khan](#)³, [Dr Linnet Onger](#)^{4,5} [Joseph Osafo](#)⁸, [Emmanuel Nii-Boye Quarshie](#)⁸, Dr G Anil Kumar¹

¹Public Health Foundation of India, ²Institute for Health Metrics and Evaluation, ³Brain & Mind Institute, Aga Khan University, ⁴Kenya Medical Research Institute, ⁵Brain & Mind Institute, Aga Khan University, ⁸Department of Psychology, University of Ghana

Introduction: Globally, three of four suicides are in developing countries where the availability and quality of data on suicide and suicide attempts is poor. These data are predominantly available from the police as suicide deaths and attempts are required to be reported to and investigated by the police, and from the vital registration system. The under-reporting in and inadequacy of these data are major barriers for planning and monitoring of appropriate suicide prevention strategies.

Methods: We will present case studies from select countries to share and compare, and to discuss actions to improve availability and quality of suicide data.

Expected outcomes: To develop actionable efforts for improved surveillance and monitoring of suicides.

Suicide data in Pakistan: challenges and way forward

[Murad M Khan](#)

There are no official statistics for suicide in Pakistan, a predominantly Islamic country of over 220 million people. The World Health Organization estimated suicide death rate at 9.8 per 100,000 population for Pakistan in 2019. Although suicide and self-harm very recently have been decriminalized in Pakistan, both continue to undergo medico-legal registration and investigation by the police. There is a lack of standardization of certification of suicides and the process is open to exploitation. The key departments involved in dealing with suicide cases include police, medico-legal centres, forensic medicine professionals, and emergency room doctors. However, post-mortem examination and other investigative procedures such as examination of body fluids and/or stomach contents are variable across the country. A diagnosis of suicide carries huge social and religious stigma. The manner of death is not mentioned on the death certificate. Police and medico-legal registers carry very basic information. This results in both under- and mis-reporting, and mislabeling and undercounting of suicides, with consequences on determining rates or assessing effectiveness of any intervention. To address suicide prevention, there is urgent need to improve the death registration, investigation and certification of suicides in Pakistan, through training and education of police, forensic medicine and medico-legal staff and a standardized system. There is a need to explore ways across these stakeholders to collect information on suicides in a manner for it to be used for epidemiological-analytical, intra-country and cross-national studies.

[Suicide data in Kenya: strengthening suicide surveillance and monitoring](#)

Linnet Onger^{1,2}

Kenya, with a population of 53 million, lacks a formal national suicide registry system. Kenya relies on modelled suicide rates from the World Health Organization, with 2019 estimates indicating rate of 11/100,000. This rate is likely an underestimate given the country's illegal status of suicide, the high levels of existing suicide stigma, and the lack of a coordinated comprehensive system of suicide data capture. Despite the concerted efforts to decriminalize suicide in Kenya through both political and social pressures, the 1930 Penal Code law is still upheld, which creates a significant barrier for help seeking and limits the accuracy of suicide surveillance and monitoring. To avoid the stigma and other legal repercussion attached to a suicide, such deaths may be misreported as accidents or undetermined deaths. Although the process of postmortem reporting and certification of unnatural deaths is standardized in Kenya, postmortem reports often only detail the cause of death and not manner of death. Additionally, only basic information is captured in both the police records and medico-legal registers. Kenya's national civil registry system records and certifies all deaths, however, access to this data for research and surveillance purposes is arduous. Suicide decriminalization will reduce suicide related stigma and improve the quality of suicide data. Establishing a national health information system mandated to coordinate suicide and self-harm data capture and periodically report this collated data is key in informing planning, priority setting and evaluating suicide prevention interventions.

[Situating suicide deaths within the broader context of under-reporting and mis-reporting of deaths in India](#)

Rakhi Dandona,^{1,2} **G. Anil Kumar**¹

In a recent global assessment of vital registration systems, India was rated among countries with the lowest vital statistics performance index. The reporting of medically-certified cause of death continues to be sub-optimal in India, with only 22.5% of all deaths in India having assigned a cause of death in 2019. The under-reporting of suicide deaths and inadequacy of data for planning effective interventions in the data generated by police in India is well-known. However, it is important to recognise that the police are responsible to capture all unintentional (such as road traffic accidents, drowning etc) and intentional injuries (suicide and homicide). And irrespective of the injury that one considers, there is under-reporting of deaths in the statistics generated based on police data. Therefore, the problem of poor-quality mortality data is not unique to suicide, but given the sensitivity of suicide, it is likely that under-reporting and misclassification are greater problems for suicide than for most other causes of death. Furthermore, the government stakeholders involved in addressing injuries are varied and disconnected — the police are under the Ministry of Home Affairs and the Ministry of Health predominately deals with trauma. It is imperative that we find ways to purposively work with the system, which is scattered and possibly disinterested. With suicide deaths accounting for 2% of all deaths in India, the issue of robustness of the number of suicide deaths cannot be addressed unless the broader inadequate vital registration system in the country is addressed.

[Self-harm and suicide prevention in Ghana: collecting and improving high-quality actionable data](#)

Joseph Osafo,¹ **Emmanuel Nii-Boye Quarshie**¹

The target of the United Nations' Sustainable Development Goal 3 (target 3.4 and indicator 3.4.2) to reduce suicide rates by one-third, by 2030, makes suicide prevention a global priority. Routine registration of deaths due to suicide and improved availability and collection of quality data on self-harm remain a crucial means of verifying this global priority and a critical means to informing and developing intervention and prevention programmes. However, obtaining high-quality actionable data on self-harm and suicide is particularly difficult in countries where (attempted) suicide is criminalised and proscribed by local statutes. Although Ghana is the first in West Africa to decriminalise attempted suicide most recently, much of what we know about self-harm and suicide

from the country comes from data published in the scientific literature. Recently, the Ghana Health Service Health Information Management System (GHS-HIMS) has started to include data on medically treated suicide attempts, but the GHS-HIMS provides very basic data about suicide and attempted suicide presented to health facilities in the country. Consistent with the WHO LIVE-LIFE framework, this presentation underscores a need for the development and validation of suicide registries and surveillance systems in Ghana. More importantly, it recommends the establishment of a Suicide Prevention Commission for the coordination, implementation, continuity, and evaluation of self-harm and suicide intervention activities and translation of research evidence into prevention efforts.

Symposium #19 Resilience, recovery, protective factors in youth suicide prevention, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Dr Mandy Gijzen

Ms. Milou Looijmans¹, Dr Diana Van Bergen², prof. Arne Popma³, Ms Nikki Van Eijk¹, Dr Saskia Merelle¹, Professor Keith Hawton⁴, Dr Renske Gilissen¹, Ms. Victoria Bakken⁵, Dr. Jannike Kaasbøll⁵, Prof.dr. Stian Lydersen⁵, Prof.dr. Norbert Skokauskas⁵, Anne Mari Sund⁵, **MSc Elke Elzinga**¹, Ms Milou Looijmans¹, Mrs Karlijn Heesen¹, Dr Lizanne Schwersen¹, Dr Saskia Merelle¹, **Ms Eva de Jaegere**⁶, Prof.dr. Kees van Heeringen⁶, Professor Gwendolyn Portzky⁶, **Dr Mandy Gijzen**², Dr Diana Van Bergen², Dr. Bertus Jeronimus⁷

¹Research Department, 113 Suicide Prevention, ²Department of Pedagogics and Education, Faculty of Behavioural and Social Sciences, Groningen University, ³Child and Adolescent Psychiatry and Psychosocial Care, Amsterdam UMC, ⁴Department of Psychiatry, University of Oxford, ⁵Department of Mental Health, Faculty of Medicine and Health Sciences, The Norwegian University of Science and Technology, ⁶Flemish Centre of Expertise in Suicide Prevention, Ghent University, ⁷Department of Developmental Psychology, Faculty of Behavioural and Social Sciences, Groningen University

The self-perceived needs of adolescents with suicidal behaviour: a scoping review

Looijmans, M.

Objective: Suicidal behaviour in adolescents is a major public health problem. Research has largely focused on epidemiology and risk factors for suicidal behaviour, paying less attention to adolescents' perspectives on their needs. However, in order for suicide and self-harm prevention to reflect the needs of adolescents with suicidal behaviour, it is important to include their views.

Methods: A scoping review was performed to identify the available empirical study findings related to the self-perceived needs of adolescents with suicidal behaviour.

Results: 24 studies were included in the scoping review. Research was performed in a wide range of countries but most frequently in the U.K. The review showed that females were overrepresented as participants and that studies predominantly used qualitative approaches. The needs of adolescents with suicidal behaviour found in the 24 articles can broadly be grouped into the following areas of needs: connecting with other people; adolescents' skills and personal growth; aspects of mental health care organizations; school; and society.

Discussion: This scoping review identified studies on the needs of suicidal adolescents in peer-reviewed literature and pointed out several research gaps. The identified needs can be used to develop suicide-related prevention focused on what young people themselves need. Further research should focus on how to actually fulfill needs of adolescents with suicidal behaviour/self-harm and on specific subgroups such as boys, non-Western adolescents and LGBTQ+ adolescents.

What protective factors for suicidal ideation are present in adolescence and have a continued effect in adulthood?

Bakken, V. [Gijzen, M.](#)

Objective: Suicide is a leading cause of death among adolescents. Research has identified several risk factors, but suicide rates remain unchanged. Instead of focusing on causes, more knowledge on what can prevent suicides is needed. Suicidal ideations are especially common, but challenging to detect. The main purpose of this study is to identify potential protective factors for suicidal ideation from adolescence to adulthood.

Methods: This study utilized survey data from the longitudinal “Youth and Mental Health Study”. Self-report cohort data from two timepoints were used ($n=2,423$), from adolescence to adulthood (mean age 14.9 years and 27.2 years). Based on a priori knowledge, fourteen potential protective factors were selected (individual, social and environmental level). We employed a linear mixed model, with suicidal ideation as the dependent variable. The two timepoints, a protective factor and their interaction were listed as covariates, and individual participants as random effects. The analysis adjusted for sex, and was additionally conducted separately for males and females.

Results: Among the fourteen selected protective factors, eleven yielded significant interactions and temporal change on the outcome of suicidal ideation. Less emotion-oriented coping, greater scores on self-perception, more physical activity, and higher wellbeing/connectedness at school were protective factors for suicidal ideation for both genders. For females, secure attachment and family function were also protective.

Conclusion: This study identified several protective factors for suicidal ideation, with effects on both adolescent and adult outcomes. There were sex-specific differences of which future research should be aware.

Suicide in young adults: protective factors, help seeking and needs for help and support

Elzinga, E.

Introduction. In the past two years, there was a strong rise in suicides among young adults (YA) between 20 and 30 years old in the Netherlands.

Methods: We conducted a mixed methods study to gain more insights into protective factors, the extent to which YA receive support and help, and their needs regarding support and help.

Results: Results from the survey study among YA with suicidal thoughts ($n=718$) and without suicidal thoughts ($n=620$) showed that respondents with a fulltime job, living with partner and/or children, following higher vocational education, and receiving support from family and/or friends, experienced suicidal thoughts less often. Both YA with and without suicidal thoughts indicated high rates of receiving help and support (86% and 74%, respectively). However, YA with suicidal thoughts more often received help from a mental health professional (60% vs 26%), and from anonymous help lines, websites or apps (15% vs 4%). Overall, YA with suicidal thoughts expressed more needs than YA without suicidal thoughts in (3.1 vs 2.6). They more often expressed a need in the area of mental health care; pressure to perform; social environment; relationship, family or household; finance; living situation; physical complaints or pain; work; global issues; alcohol or drugs; and gaming than YA without suicidal thoughts.

Discussion: During this symposium, we will also present more in-depth results from focus groups sessions that will be organized in the following months.

Effectiveness of Silver, a serious game aimed at improving mental health in adolescents: A randomised controlled trial

De Jaegere E.

Objective: In Flanders (Belgium), suicide is the leading cause of death in adolescents aged between 15–19 years old. A serious game aimed at improving mental health in adolescents may be useful as a universal suicide prevention tool. Therefore, the serious game Silver was developed in co-creation with the target group.

Aim: This study aimed at examining the effectiveness of Silver in adolescents aged between 12–16 years.

Methods: The study consisted of a two-arm randomised controlled trial. The intervention group received access to Silver, while the control group was placed on a waitlist. Assessments on emotion regulation strategies, cognitive coping strategies, emotional awareness, cognitive distortions, and depressive symptoms were carried out at baseline and after three weeks. Furthermore, participants evaluated the game.

Results: 1,128 participants were allocated to the intervention group ($n=555$) or to the control group ($n=573$). Per protocol analyses ($n=640$) showed a significant increase in emotional awareness in the intervention group. Regarding within-group differences, a significant decrease was found in cognitive distortions in the intervention group. Participants stated that they better understood the relationship between their thoughts, feelings, and behaviours and how others think and feel. Moreover, they perceived the game characters as engaging and identified with them.

Conclusion: A serious game such as Silver may be an effective prevention intervention for mental health problems and can therefore contribute to the universal prevention of suicide in adolescents. Future research on the effects of Silver is needed.

Factors associated with recovery from suicidality in youth aged 0–25 years: a scoping review

Gijzen, M.

Objective: Suicidality is a leading cause of death among youth. Longitudinal studies indicate that for approximately one in three suicidal adolescents this experience ended in adulthood. This study aims to identify factors that help young people overcome suicidality to inform preventative efforts, and better understand risk and resilience factors.

Methods: We perused Medline, PsycInfo, SocINDEX and CINAHL (3,775 papers) to include primary studies of participants up to the age of 25 years, and data on suicidality and subsequent recovery. All abstracts were double blind screened by at least two researchers. Recovery could include stories of recovery, recovery after treatment (verbal/medication), and experiences of people with lived experience that overcame their suicidality. We reviewed both qualitative and quantitative papers and distinguished between resilience factors in childhood, adolescence, and emerging adulthood.

Results & conclusion: This comprehensive overview of factors that contribute to recovery from suicidality among young people shall show the key role of social connectedness (e.g., belongingness and interpersonal relationships) and coping skills (e.g., future goals and feeling control), given previous reviews. Our addition to the literature and integrated results shall be presented at the conference.

Symposium #20 Journey of maximizing efforts towards suicide prevention in Pakistan through culturally relevant suicide prevention strategies, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Professor Nusrat Husain

[Dr Ozlem Eylem-van Bergeijk¹](#), [Dr Nadeem Gire](#), [Dr Dung Jidong](#), [Prof Dr Nusrat Hussain](#)

¹Global Mental Health Cultural Psychiatry Research Group

[Journey of maximizing efforts towards suicide prevention in Pakistan through culturally relevant suicide prevention strategies](#)

Background: Self-harm and suicide data from LMICs like Pakistan is lacking because these acts are still considered criminal, and are also socially and religiously condemned. This symposium will highlight: 1) the effectiveness of a culturally adapted intervention (CMAP) for reducing suicidal ideation and self-harm among young people, adults, and the elderly population in Pakistan, 2) the cultural adaptation procedure of and the perceived usefulness of the CMAP, and 3) the capacity building for suicide prevention research.

Methods: Randomised Controlled Trials (RCT) tested the effectiveness of CMAP in reducing suicidal ideation and self-harm among the intended populations. In-depth one-on-one interviews and focus groups were conducted as part of the cultural adaptation process. The Research Development Framework (RDF) was used to develop and implement the capacity-building research framework.

Results: Multicentre RCT indicated lower suicidal ideation and a lower rate of repetition of self-harm among the intervention group compared to the control group. Qualitative studies highlighted the importance of incorporating a religious component to improve perceived usefulness.

Discussion: CMAP intervention has been included as part of the self-harm and suicide prevention guidelines in Pakistan. We will continue to identify funds and resources for capacity building and dissemination.

[Culturally adapted Manual Assisted Problem-solving intervention for suicidal ideation in the Elderly \(CMAP-E\): A Pilot Study Protocol from Pakistan](#)

Aims: This study aims to further adapt and test the efficacy of a CMAP-E in reducing suicide ideation among older adults (>55-years) in Pakistan.

Methods: Two Focus Groups (FGs) have been conducted: one with health professionals and service users, and another with carers. The pilot study is a two-arm, mixed-method, multi-site, randomized controlled trial of 132 older adults with suicidal ideation randomized either to CMAP added to Treatment as Usual (TAU) or TAU arm. The intervention is comprised of 6 sessions delivered individually over 3 months by trained therapists. One-to-one in-depth interviews are conducted with participants and the therapist to explore the perceived usefulness of the intervention.

Results: Thematic analysis of FGs highlighted that participants preferred adding a religious component to the distraction technique, providing information about the importance of medical treatment, examples of recorded sessions on problem-solving techniques, and family involvement throughout the intervention period.

[Findings from a Multicentre Randomized Controlled Trial for self-harm and Suicide Prevention in Adults in Pakistan](#)

Aims: This trial investigated the effectiveness of a culturally adapted manual assisted problem-solving intervention (CMAP) for patients presenting after self-harm. The intervention proved to be effective in reducing potential risk factors of self-harm and suicide in a previous exploratory trial with adults with lived experience of self-harm in Pakistan.

Methods: This was a multicentre randomized controlled trial with 901 patients presented after a self-harm episode to the participating recruitment centres across Pakistan. Participants were assessed and randomized to one of the two arms: CMAP with treatment as usual (TAU) or TAU alone. The CMAP is a 6-sessions problem-solving intervention delivered over three months. The primary outcome was the repetition of self-harm at 12 months post-randomization and secondary outcomes included

suicidal ideation, depression, hopelessness, health-related quality of life, and coping resources. Assessments were completed at baseline, 3, 6, 9, and 12-months post-randomization.

Results: A total of 853 (94.6%) participants completed a 12-month outcome. Findings show that the number of self-harm repetitions for the intervention arm was lower ($n=17$) as compared to the TAU group ($n=23$), but the difference was not statistically significant. There was a significant reduction in the intervention arm compared to the TAU arm in suicidal ideation, depression, and hopelessness after the completion of the intervention. Participants in the intervention arm reported significantly better health-related quality of life compared to the TAU arm.

[Perceived Usefulness of a Culturally Adapted Manual Assisted Problem-solving \(CMAP\) intervention: A qualitative study nested in a multicentre trial](#)

Aims: This study aims to explore the perceived usefulness of culturally adapted manual-assisted problem (CMAP) intervention for adults with a recent history of self-harm in Pakistan.

Methods: The study was designed as a qualitative study nested within a multicentre trial testing the effectiveness of CMAP. In-depth one-on-one qualitative interviews were conducted with participants from the CMAP arm ($n=20$) at end of the intervention and with a trial therapist who delivered the intervention using separate semi-structured interview guides. Interviews were audio-recorded, transcribed verbatim, translated into English, analysed using thematic analysis, and presented through a model of the theoretical framework of acceptability (TFA).

Results: Following initial thematic analysis, the theoretical framework of acceptability was used to map the data in seven constructs of TFA: attitude, coherence, opportunity cost, burden, self-efficacy, ethicality, and perceived effectiveness. CMAP was coded as favourable on six constructs of TFA. Responses on these constructs highlight the perceived effectiveness on both ends: delivery and receiving end of the intervention.

[Effectiveness of Youth culturally adapted manual assisted intervention \(YCMAP\) for suicide prevention in Pakistan](#)

Aims: This study aims to present baseline findings from a large trial of YCMAP intervention for self-harm prevention in adolescents (12-18 years) presented with a recent history of self-harm in Pakistan.

Methods: This was a multi-centre randomized control trial testing the effectiveness of YCMAP intervention with 684 adolescents recruited from five cities across Pakistan. The YCMAP intervention comprised 8-10, one-on-one sessions delivered over months. The primary outcome measure is the repetition of self-harm at 12 months. The secondary outcomes include improvement in suicidal ideation, hopelessness, distress, and health-related quality of life. Assessments are being conducted at baseline, 3, 6, 9, and 12 months post-randomization.

Results: The study is guided by the Theory of Change (ToC) approach to ensure that the whole trial is centred around the needs of the end beneficiaries as key stakeholders in the process. Preliminary baseline findings highlighted that adolescents with a history of self-harm have a high level of distress, hopelessness, and suicidal ideation. They reported poor health-related quality of life.

[Implementing Capacity & Capability building research framework for self-harm and suicide prevention as part of the South Asia Harm Reduction Movement](#)

Aims: The aim of the study was to develop world-leading researchers in global mental health, with a focus on self-harm and suicide prevention by strengthening across Pakistan. To be sustainable, we take a systems approach that responds to capacity needs and capability at different levels (individual and organisational levels) and is tailored to the local context.

Methods: Researcher Development Framework (RDF) is being used as a standard framework. RDF consists of four main domains, 12 subdomains, and 63 descriptors in which knowledge and intellectual abilities, personal effectiveness, research governance and organization and engagement, influence, and impact-based training are included. Pre-post assessments were conducted.

Results: A total of 92 mental health professionals have been trained in suicide prevention intervention, 170 early career researchers, clinical psychologists, and frontline health workers trained in Research Ethics and Governance, 70 social sciences students, biostatisticians, and early career researchers trained in Bio-Statistics and Epidemiology, 38 senior researchers trained in Evidence Synthesis, 50 researchers in Health Economics, 89 psychologists in Safeguarding and Supervision. This capacity-capability initiative has helped to develop a training toolkit for each of these training sessions that are available for universities and training institutes. This has also supported supervision and mentorship opportunities for early career researchers across Pakistan.

Symposium #21 The role of social media in self-harm and suicide prevention, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Professor Jo Robinson

Professor Jo Robinson^{1,2}, [Dr Louise La Sala](#)^{1,2}, [Dr Cathy Brennan](#)³, Emeritus Professor Allan House³, [Professor Ann John](#)⁴, [Dr Sarah Hetrick](#)⁵, Dr Tania Cargo⁵, [Dr Fredrik Walby](#)^{6,7}, [Dr Anita Tørmoen](#)^{6,7}

¹Orygen, ²Centre for Youth Mental Health, The University of Melbourne, ³University of Leeds, ⁴Swansea University Medical School, ⁵The University of Auckland, ⁶National Centre of Suicide Research and Prevention, ⁷University of Oslo

Drawing on the latest research from Australia, New Zealand, the United Kingdom and Norway this symposium presents: 1) how individuals use social media to communicate about self-harm and suicide; 2) divergent views about how best to create safe online environments and; 3) different global perspectives and ways of navigating online safety for young people worldwide.

What we know (and don't know) about how suicide and self-harm social media content impacts mental health outcomes

Cathy Brennan (UK)

There is much discussion about the relationship between social media use and mental health outcomes. There is particular concern that social media may be contributing to rising rates of self-harm, especially in young people, and that self-harm content on social media may hold some explanatory power. There are now increasing calls for regulation of online content and accompanying proposals for legal reforms.

This presentation will discuss the results from a number of related projects that explore the nature of self-harm and suicide content on social media. We ask the question – what is it about content, and how people interact with it, that may confer harm or offer benefit? The short answer is – it is very complex. We will explore this complexity and what it means for understanding pathways to harm or benefit. Then we will present an initial theoretical framework that begins to capture this complexity in a way that can be of use to guide future research and inform key policy discussions.

Understanding user views of online platform messaging related to self-harm and suicide content

Ann John (UK)

This presentation will discuss research being conducted as part of Samaritans Online Excellence Programme that aims to better understand the perspectives of social media users' views of online platform policies and messaging related to self-harm and suicide content. This includes algorithms

that suggest content to users, current posting restrictions, the role of trigger warnings and the blurring or blocking of self-harm imagery.

This project had three parts: 1. Three online focus groups to gain an overview of social media users' opinions and to co-develop parts two and three ($n=10$). 2. A national survey ($n=5,294$) to assess views and experiences of messaging and safety of social media platforms in relation to self-harm and suicide. 3. A series of online in-depth interviews ($n=17$) to gain a deeper understanding of the issues raised.

We will report the results of these three studies that highlight that people often saw self-harm and suicide content at a very young age. This frequently appeared without being searched for and had both positive and negative effects. While platforms have taken positive steps to making platforms safer, these have not yet been fully evaluated. Individuals in the current project have given valuable insights into how these policies can be improved.

[Developing guidelines for safe online communication about self-harm and suicide: What do young people and professionals think?](#)

Louise La Sala (AUS)

To support young people to communicate safely online about suicide, we created the #chatsafe guidelines and an accompanying social media campaign. Since their creation, the guidelines and associated resources have been downloaded more than 100,000 times and translated for multiple regions worldwide. However, social media platforms evolve quickly so to ensure that the #chatsafe guidelines best reflect the latest trends in online communication, as well as the most current suicide prevention literature, we conducted a Delphi study to update the guidelines in 2022.

As part of this Delphi study, participants were invited to take part in an additional survey on what they thought policy makers and social media companies should be doing to improve online safety for young people. The purpose of this survey was to provide guidance to both social media companies and policy makers about what young people ($n=23$) and suicide prevention experts ($n=43$) believe is important when supporting young people to stay safe online when communicating about self-harm and suicide.

Descriptive analyses highlighted differences in opinion across the two samples for each of the items. Findings suggest that both young people and professionals generally agreed that social media platforms should have clear policies for managing suicide related content yet differed in the ways they thought risk should be managed and what supports should be provided. These differing perspectives provide important opportunities for developing youth-friendly and impactful online policies.

[Adapting #chatsafe for Aotearoa New Zealand](#)

Sarah Hetrick (NZ)

There has been enthusiasm to adapt #chatsafe to New Zealand Aotearoa for some time, ensuring that this is done in a way that honours Te Tiriti o Waitangi (the Treaty of Waitangi) and ensures equity of outcomes for the Indigenous population of New Zealand (Māori).

Key methodological adaptations to the Delphi methodology will be required to undertake this adaptation, which will be overseen by a Rōpū Mātanga Māori, a Māori clinical, cultural and youth governance group. We have proposed several adaptations including: 1) expert panels that comprise appropriate Māori representation; 2) face-to-face meetings with panels prior to survey completion to orient the panels and engage in discussion about survey content; 3) feedback on, and suggestions of new items from a Te Ao Māori world view; and, 4) analysis that includes examining consensus between

Māori and non-Māori panel members with the Rōpū Mātanga Māori making decisions about the inclusion of items when there isn't consensus on individual items.

We will provide an update of project progress and describe the input into the Delphi surveys and #chatsafe community resources and social media campaign that come from a Te Ao Māori worldview. We will highlight the key insights and learning about how to undertake a culturally responsive adaptation #chatsafe. This work and its findings will have implications for the ongoing development of #chatsafe, as well as for how to adapt other types of suicide prevention interventions imported from overseas countries in which they were developed.

Social media and self-harm, lessons learned from both general population and vulnerable adolescents in Norway

Fredrik Walby & Anita Tørmoe (Norway)

In Norway self-harm among adolescents increased from 2002–2018. Here we will first report data from a national school survey aimed at exploring the association between self-harm and time spent on social media using a nationwide survey of adolescents ($n=37,268$). We used logistic regression, adjusted for confounders, and stratified on gender, age group and depressive symptoms. 16% reported self-harm, with a higher incidence among those using social media more than 3 hours daily (OR 2.74). OR was reduced to 1.63 controlling for depressive symptoms and alcohol use. The association did not vary by gender or age.

Next, we will describe lessons learned from media reporting of hidden groups on social media, where many vulnerable young people share explicit, sometimes extreme self-harm related content. Participants, mainly young females often with a history of contact with mental health or child protection service, and a feeling of rejection from conventional help services, reported support as well as suicide contagion, and a large proportion of young female suicides seems to have participated in such hidden groups. Both findings point to the importance of prevention and the #chatsafe guidelines are now included in the Norwegian national action plan for suicide prevention.

Symposium #22 Prevention of suicide in public places, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Dr Annette Erlangsen

Mrs Jette Larsen¹, Dr Annette Erlangsen¹, Hilary Norman⁵, Bart Hoogcarspel³, Dr Angela Clapperton², Dr Anna-Lena Andersson⁴, Professor Jane Pirkis²

¹DRISP, ²University of Melbourne, ³ProRail Railway Infrastructure Manager, ⁴National Centre for Suicide Research and Prevention of Mental Ill-Health, Karolinska Institute, ⁵Goldsmiths, University of London, ⁶Middlesex University

Railway suicide in Australia: (1) developing a typology of incidents and (2) the effectiveness of installing fencing on the network.

Angela Clapperton and Jane Pirkis – University of Melbourne

Background: We will present the results of two ongoing studies on railway suicide in Australia. In Study One we will examine the detailed circumstances of railway suicides with the aim of developing a typology of the incidents to inform prevention. In Study Two we will examine the effectiveness of fencing installed on the network.

Method: Study One: for 400 railway suicides we will use National Coronial Information System information to systematically document the behaviour of the deceased proximal to the incidents. Study Two: using data from the Victorian Suicide Register we will test whether the installation of

fencing at 36 sites is associated with a decrease in railway suicides by calculating rate ratios, and we will determine whether there is a different effect depending on the fencing length.

Results and Discussion: Study One: we will report on factors such as where the deceased was and whether they contacted anyone prior to the incident, whether there was evidence of preparation and how they accessed the fatal incident location. We will use the information to develop typology and generate new insights for prevention. Study Two: we will report on whether the number of railway suicides decreases after the installation of fencing.

[Reduction of suicides by implementation of visibility measures on 81 railway locations in the Netherlands](#)

Hoogcarspel, Bart, ProRail Railway Infrastructure Manager, The Netherlands, Beekman, Aartjan; Gilissen, Renske, DeBeurs, Derek

Objective: A pilot project was started to reduce suicides on the railways in the Netherlands. The nationwide project consisted of 30 locations and 51 other locations selected regionally. In 2006–2007, visibility of persons was increased by removing hiding places, better lighting and communication with the local authorities.

Materials: A database containing over 9,000 railway suicides in the Netherlands over the period 1980–2022 with date, time and location of every incident.

Method: In two 10-year periods before and after the intervention the suicides on the 81 locations were selected. The number of suicides per year was analyzed by interrupted times series-method to detect changes in the number of suicides over time. As a comparison two control groups were evaluated: 1 km of adjacent tracks on each side of all locations and all remaining locations.

Results: Preliminary results show a significant reduction of 40% in the number of suicides was found after the measures were taken. On adjacent tracks no change was seen, giving no indication of a possible displacement effect. The analysis of the rest of the Netherlands shows a rising number of suicides on the railways after 2008.

Conclusions: The use of level crossings and train stations as an entrance point for suicide on the railways can be reduced significantly by increasing visibility of persons in the railway area.

[Suicide prevention at bridges in Sweden, 2008–2021](#)

Anna-Lena Andersson, Johan Knutzén-Fredin, Gergö Hadlaczky, Marcus Sokolowski.

National Centre for Suicide Research and Prevention of Mental Ill-Health, Karolinska Institute, Stockholm, Sweden

More than 1/3 of the fatalities in the transport system were suicides 2021, corresponding 10% of suicides in all methods. There is a methodology to classify which deaths in road traffic and on the state railway, are suicides or accidents.

Until recently, there was a lack of methodology for reporting reliable data on suicides from bridges. It is complexed to get data assessing the manner of and cause of death.

Keywords combined with ICD-codes in the National Board of Forensic Medicine's database, identified 241 persons, all had undergone a forensic autopsy.

Ten bridges, in urban areas and with a high population density distinguished. The study also included where the suicides occurred and variables about the persons.

Suicide attempt can occur without warning, with short time between thought, plan and attempt. Restrictions of access to suicide methods are crucial, working with suicide prevention in the transport system.

Four bridges had suicide preventive barriers and their effects were analysed. Results showed that these fences had a clear suicide preventive effect.

There is a potential for saving lives by using barriers on bridges, as well as by restricting access to road traffic and railways.

[Ambivalence in acts of suicidal behaviour at railway station](#)

Jette LS Larsen and Annette Erlangsen, Danish Research Institute for Suicide Prevention

Background: Some individuals who engage in suicidal behaviour demonstrate signs of ambivalence. Yet, we lack insights regarding its prevalence and frequency as well as modifying factors. The aim of this project was to review the evidence regarding the role of ambivalence in suicidal behaviour in a scoping review.

Data and method: A six-staged approach was followed for the scoping review. Firstly, research questions and aims of the study were considered. Relevant literature was identified through searching PubMed and Google Scholar. The sifting process, performed by two co-authors, was documented in a flow diagram and data were grouped to identify themes, while consulting stakeholders and experts.

Results and Discussion: Out of 112 search hits, 13 relevant studies were identified. Ambivalence was observed among people engaging in suicidal behaviour across a range of methods. Interventions, such as signs and telephones encouraging help-seeking, have shown promising results. Restricting access to means, for example physical barriers, may also address individuals' ambivalence and potentially prevent suicide. On the other hand, alcohol consumption might help overcome ambivalence.

Conclusion: Ambivalence is present in people who engage in suicidal behaviour, and it might be a relevant component to address in suicide preventive initiatives.

[Rail suicides in England 2019–2021: cluster analysis and autopsy study](#)

Dr Hilary Norman, Goldsmiths, University of London, Dr Lisa Marzano, Middlesex University, Dr Bob Fields, Middlesex University, Sophie Brown, Middlesex University, Steven MacDonald Hart, Middlesex University, Ian Kruger, Middlesex University

Background: An estimated 260 people take their lives by suicide on the railways in Great Britain each year. The current study was designed to increase understanding of the individuals that take their lives in this way, and the circumstances of their death.

Method: Data were obtained from fatality investigation files compiled by the British Transport Police relating to suspected suicides on the railway in England from April 2019 to March 2021. Cluster analysis was used to identify grouped associations of characteristics and circumstances.

Results: 436 files were analysed, representing 93% of all suspected railway suicides during this period. 78% of the individuals who died were male and 83% were white. The average age was 42. Cluster analysis identified four groups of almost equal size, distinguished principally by age, living arrangements, employment and location of death.

Discussion: The study is novel in the way it integrates individual characteristics and circumstances of death.

Limitations: A high proportion of missing data means that the findings should be interpreted with caution.

Conclusion: The typology identified provides a multidimensional way of conceptualising suicide risk that could inform targeted interventions at different rail locations.

Symposium #23 Suicide prevention in times of legislative debates on assisted suicide in Germany, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Professor Mark Goldblatt & Professor Dr Barbara Schneider

Professor Reinhard Lindner¹, Professor Mark GOLDBLATT², Prof. Dr. Barbara Schneider³, Prof. Dr. Arno Drinkmann⁴, **Sina Mueller**¹, Katrin Hohmann⁵, **Karima Bergamo**¹

¹University of Kassel, ²Harvard Medical School, ³LVR – Clinics Cologne, ⁴Catholic University Eichstaett-Ingolstadt, ⁵University Hospital Hamburg-Eppendorf

Legal regulation of access to assisted suicide and euthanasia has taken place in many Western countries in recent years. Internationally coordinated interests as well as national specifics can be identified as triggering and promoting this. In Germany, a decision by the Federal Constitutional Court in February 2020 promoted a media and legislative process to regulate access to assisted suicide. Three draft bills are currently before the German Bundestag. On the one hand, the public discussion focuses on the free responsibility of each person for his or her existential concerns, which leads to extensive scope for decision-making, especially in end-of-life decisions. On the other hand, reference is made to a relational ethical view of human beings, which emphasises the desire of people to know that they are connected to other people, especially in the existential situation of dying. Connectedness on the one hand and recognition of the parting nature of dying on the other hand characterise this attitude. Both positions can be ethically and morally, religiously or philosophically based.

Suicide prevention plays a special role in this conflictual field. It can serve to enable the successful completion of life, when threatened by a severe disease, a paradigm that can also be questioned in the face of severe suffering. Enabling people to search for life options in supportive relationships is a fundamental suicide prevention paradigm. It is not free of contradictions with an easy access to assisted suicide. In the current societal debate in Germany, this position is supported by a broad social alliance consisting especially of suicide prevention organisations (the National Suicide Prevention Programme for Germany (NaSPro) and the German Society for Suicide Prevention (DGS) and organisations of palliative and hospice work, but also major psychosocial institutions and other social groups.

The lectures at this symposium present aspects of the scientific examination of a controversial debate and, in particular, the changes in communication and language that accompany the public debate.

Linguistic sociological study of the use of terms concerning suicide in Germany

Sina Müller, Kassel

There are many terms in the German-speaking world to describe the subject of suicide, suicidal persons and suicidality (e.g., "Lebensmüde", "Freitod", "Selbstmord", "Selbsttötung", "Suizidwunsch", "suizidgefährdet"). The terms used can accordingly have different meanings attached to them, which can have different consequences. Careful, considered use of the terms about suicide is an important suicide prevention measure in this context.

Aim: Words are constantly being adapted to social requirements and reflect socio-political changes. It is important to constantly re-examine the use of value-neutral language through a discourse on suicide. The goal of the project is to examine the change in language as well as the resulting societal view of suicide.

A methodological mixed-method design is used to investigate the research questions. To clarify a systematization in the combination of methods, an explorative design is used. The plenary debates of the German Bundestag from 1949 to 2021 are researched. The metadata (GermaParl) will be used to quantitatively examine, from the point of view of development, the terms used for suicide in the political discourse of the German-speaking parliamentary world. Following the quantitative study analysed results, expert interviews will be conducted. Stakeholders of different parts of society will

be consolidated towards suicidality, suicide and suicide prevention. Individuals will be asked about their view of the development, meaning and consequences, of the terms used for suicide in social discourse, in a semi-structured interview. Following the analysis of the interviews, a group discussion will be conducted. This method will be used to explore findings on group interactions.

First results of the quantitative research will be presented and conclusions about further implications for suicide prevention in Germany will be discussed.

[Emotional reactions of doctors in discussions with patients who wish to have assisted suicide](#)

Reinhard Lindner, Kassel, Katrin Hohmann, Hamburg

In the public debate on the legal regulation of access to assisted suicide, the involvement of physicians in prior consulting and the assessment of free responsibility plays an important role, as does the finding process of alternative treatment options. As part of a broader study on knowledge and attitudes towards suicidality, suicide and assisted suicide among geriatricians, palliative care physicians and students, particular attention was paid to the question of what these professionals feel when dealing with patients with concerns for assisted suicide. In an online-based survey of medical members of the German societies for palliative medicine and for geriatrics as well as students of psychology and social work, participants were asked about general knowledge and attitudes towards suicidality, suicide and assisted suicide. Among other instruments, the Feeling Word Checklist FWC-36 (Whyte et al., 1982, Rosberg et al., 2003) was used. For further analyses, the participants were divided into four groups (aggressive, helpless, positively disposed, deliberately holding). Factor analysis revealed that the categories annoyed, angry, devoured, hatred and helpless, and sad explained 55% of the variance, while the categories interested, understanding and important explained 13%. The different medical specialties showed no significant differences. This result shows that especially negative feelings of medical professionals towards patients with a request for assisted suicide can play an important role in communication, but also in decision-making. Training in dealing with negative countertransference in communication with suicidal patients in existential life situations is necessary.

[Suicide prevention in the pharmacy – an exploratory survey of pharmacists](#)

Karima Bergamo, Kassel

Within general suicide prevention strategies, increasing attention is being paid to cross-institutional offers and measures. As places where potential suicide drugs are traded and specific forms of counselling are offered, pharmacies can make an important contribution to prevention work. However, little research has been done on the role of pharmacy staff in suicide prevention and their interaction with people at risk of suicide. In the present study, the topic of suicidality in pharmacies was explored from the perspective of the professional staff by means of a qualitative research approach. Special attention was paid to the forms of communication used and the ability of the professional staff to recognise early signs of suicidality. From three semi-structured interviews, qualitative ideal types of different forms of dealing with suicidality in the field of pharmacies were developed. The general attitude towards suicide prevention, personal experiences with the topic of suicide, the type of communication with those affected and the handling of individual risk factors were identified as relevant factors.

Symposium #24 High Risk Industries and Workplace Suicide Prevention Workplace SIG, September 22, 2023, 9:00 AM – 10:30 AM

Chair: Dr Sally Spencer-Thomas

[Sarah Liddle](#)¹, [Dr Kylie King](#)¹, [Dr, Simon Hatcher](#)², John Posillico³, [Sally Spencer Thomas](#)⁴, Jen Matoney⁴

¹The Turner Institute for Brain and Mental Health, Monash University, ²University of Ottawa, ³BCU, Faculty of Computing, Engineering and the Built Environment, ⁴United Suicide Survivors International

Overview

As the efforts in workplace suicide prevention become more sophisticated, targeted approaches are refining our effort to reach at-risk populations.

Evaluating a multilevel suicide prevention intervention for the construction industry in Victoria, Australia, in collaboration with Incolink

Authors: Liddle, S.K. ¹ & King, K.E.¹

¹Turner Institute for Brain and Mental Health, Monash University

Study objectives: The ‘Mental Health in the Construction Industry’ 2017 report highlights that suicide among construction workers is 1.7 times higher than that of other male workers and is likely influenced by work and employment conditions. Suicide prevention should therefore target construction workers within workplaces. Incolink’s Bluehats Suicide Prevention Initiative provides a multi-level suicide prevention intervention: on-site general awareness sessions for all workers, suicide gatekeeper training for workers who volunteer to be Bluehats, and clinical services when needed. The evaluation sought to understand how the intervention is being implemented; the impact of the initiative; the mechanisms of the impact; and opportunities for optimisation.

Methods: Over two years, we evaluated the Bluehats initiative using multiple data sources: surveys of Bluehats trained before 2020 ($n = 24$), pre and post-training surveys ($n = 70$); in-depth interviews with Bluehats ($n = 23$), stakeholders ($n = 8$), Incolink staff ($n = 5$), and recipients of Bluehats’ care (data collection underway); and Incolink service use data. We synthesised the findings across the data sources to understand implementation, impact, mechanisms, and optimisation.

Results: Our evaluation identifies the positive impacts of the initiative on the industry and opportunities for improvements. There is a need to combine Bluehats training in competencies with strategies to increase the motivation and opportunity for Bluehats to enact their skills. Work is needed to create a culture in the industry that supports Bluehats and workers’ mental health and wellbeing. Our evaluation highlights the value of a system-based approach to suicide prevention in this context.

Conclusion: The Bluehats initiative is showing promise in the Victorian construction industry. Our findings highlight opportunities to support Bluehats further to help work colleagues and address attitudes towards mental health in the industry. Ongoing delivery and improvements in the program could benefit construction workers, their families, friends and the broader community. These findings could also be extrapolated to other workplace suicide prevention interventions and could ultimately contribute to a reduction in worker suicide risk.

[A case control study of suicide deaths in public safety personnel in Ontario 2014 to 2018](#)

[Dr. Simon Hatcher](#), University of Ottawa, Canada

Background: Public safety personnel (PSP) are chronically exposed to potentially psychologically traumatic events, potentially increasing their risk for suicide. Little is known about how suicides among PSP differ from the general population.

Aims: The current study was designed to estimate suicide prevalence among PSP and compare PSP suicides with the general population.

Method: We conducted a case–controlled study comparing each Ontario PSP suicide from January 2014 to December 2018 with two matched general population controls.

Results: We identified 31 PSP suicides and 62 general population controls. Police had a higher suicide prevalence than other PSP groups. All but one PSP suicide were male, and most were police. PSP were more likely to die by firearm; to be separated or divorced; to die in a motor vehicle; to have problems at work; and to have a PTSD diagnosis. PSP were less likely to die by jumping or have a history of drug abuse.

Limitations: The study may have not identified all PSP suicides. Apart from the cause of death, data in coroner records are not systematically collected, so information may be incomplete.

Conclusion: PSP suicides appear different than the general population. Death records need to have an occupation identifier to enable monitoring of trends in occupational groups such as PSP.

[Suicide Experiences and the Dental Industry](#)

[Sally Spencer–Thomas](#) & Jen Matoney

United Suicide Survivors International, USA

Introduction: It is well–known that healthcare professionals of many different disciplines have a higher rate of suicide than many other industries; dentistry is no exception. Whether or not dentistry is higher than other occupations in medicine has been hotly debated. Several studies, however, point to some common contributors to suicide risk in dentists such as

job strain and common psychosocial workplace hazards.

Method: In this mixed–methods study, researchers gathered data from a national survey, two focus groups and five in–depth interviews to get a better understanding on the current sources of distress, barriers to support and ideas for improvement.

Results: The “Unstoppable Dental Heroes Zero Suicide Industry Needs and Strengths Survey” was distributed through multiple professional associations and social media channels from January 2022 to January 2023. The survey gathered information from 281 people representing 43 states with a 78% completion rate. In our sample 47.3% identified as dentists and 24.2% as dental hygienists. The biggest sources of distress were “perfectionism/fear of making mistakes” and “pressure of being a small business/economic pressure/debt.” 84.6% have had experiences with mental health/addiction & suicide. Top barriers to change were stigma, lack of awareness, and unique challenges of dental industry.

The focus groups and interview transcripts were analyzed for themes and the following patterns were identified related to sources of distress and despair: Unhealthy Culture of Dental School, Overburdened, Perfectionism Leads to Fear of Failure, Financial Stress Leads to Feelings of Being Trapped, Isolation and Upset Patients and Staff.

Conclusions: Given the high levels of distress and despair in the dental industry, a culturally responsive industry–wide strategy seems important. Approaches should consider upstream, midstream and downstream strategies, most notably, changing dental school culture and developing peer support opportunities.

Symposium #25 IASP Media & Suicide SIG: Suicide and its prevention in online media, September 22, 2023, 11:00 AM – 12:30 PM

Chairs: Mark Sinyor, Thomas Niederkrotenthaler

A/Professor Thomas Niederkrotenthaler^{1,2}, Ulrich Tran^{2,3}, Hubert Baginski⁴, Dr. Mark Sinyor^{5,6}, Markus Strauss^{1,2}, Steven Sumner⁷, Martin Voracek^{2,3}, Professor Benedikt Till^{1,2}, Sean Murphy⁸, Frances Gonzalez⁸, Madelyn Gould⁹, David Garcia⁴, John Draper⁸, Hannah Metzler⁴, **Ms Michiko Ueda**^{10,11}, **Dr Jo Bell**¹², Chris Westoby¹³, **Professor Jo Robinson**^{14,15}, Pinar Thorn^{14,15}, Louise LaSala^{14,15}, Ms Michelle Lamblin^{14,15}, Mr Charlie Cooper^{14,15}, Laura Hemming^{14,15}, Rikki Battersby-Coulter^{14,15}, Professor Nicola Reavley¹⁶, Professor Jane Pirkis¹⁶, **Mph Msc Phd Stefanie Kirchner**^{1,2}

¹Unit Suicide Research & Mental Health Promotion, Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna, ²Wiener Werkstaette for Suicide Research, ³Department of Cognition, Emotion, and Methods in Psychology, School of Psychology, University of Vienna, ⁴Complexity Science Hub Vienna, ⁵Department of Psychiatry, Sunnybrook Health Sciences Centre, ⁶Department of Psychiatry, University of Toronto, ⁷Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, ⁸Vibrant Emotional Health, National Suicide Prevention Lifeline, ⁹Departments of Psychiatry and Epidemiology, Columbia University Irving Medical Center, New York State Psychiatric Institute, ¹⁰Department of Public Administration and International Affairs, Syracuse University, Syracuse, ¹¹Center for Policy Research, Maxwell School of Citizenship and Public Affairs, Syracuse, ¹²Faculty of Health Sciences, University of Hull, ¹³Faculty of Arts, Culture and Education, University of Hull, ¹⁴Orygen, ¹⁵Centre for Youth Mental Health, University of Melbourne, ¹⁶Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne

Introduction

This symposium hosted by IASP's media & suicide SIG is dedicated to current timely research in the area of online and social media. Both questions of representations of suicide and their impact will be addressed, using qualitative and quantitative methodological approaches. Recommendations for safe use of online media will also be provided.

Association of 7 million+ tweets featuring suicide-related content with daily calls to the Suicide Prevention Lifeline and with suicides, United States, 2016–2018

Thomas Niederkrotenthaler, Ulrich S Tran, Hubert Baginski, Mark Sinyor, Markus J Strauss, Steven A Sumner, Martin Voracek, Benedikt Till, Sean Murphy, Frances Gonzalez, Madelyn Gould, David Garcia, John Draper and Hannah Metzler

Objective: The aim of this study was to assess associations of various content areas of Twitter posts with help-seeking from the US National Suicide Prevention Lifeline and with suicides.

Methods: We retrieved 7,150,610 suicide-related tweets geolocated to the United States posted between January 2016 and December 2018. Using a specially devised machine-learning approach, we categorized posts into content about prevention, suicide awareness, personal suicidal ideation without coping, personal coping and recovery, suicide cases and other. We then applied time series analyses to assess associations of tweet categories with daily calls to the US Lifeline and suicides on the same day.

Results: Tweets about prevention were positively associated with Lifeline calls and negatively associated with suicides. The total number of tweets were negatively associated with calls and positively associated with suicide.

Conclusion: This is the first large-scale study to suggest that daily volume of specific suicide-prevention-related social media content on Twitter corresponds to higher daily levels of help-seeking behaviour and lower suicide deaths.

[Understanding the Werther effect using crisis chat service text data](#)

Michiko Ueda

Media reporting of suicide deaths by celebrities affects suicide among the general population. However, it remains unclear why this phenomenon occurs, mainly because we lack understanding of how media reporting influences suicidal thoughts and behaviors of high-risk individuals who receive the news.

To investigate the effect of media reporting on celebrity suicide on vulnerable individuals, we analyzed conversation text data from a crisis chat service provided by a large local government in Japan between April 2020 and June 2022. During the study period, there were at least three widely reported suicide deaths by entertainment celebrities.

We analyzed characteristics of service users and the contents of the conversations between those in distress and the counselors in the aftermath of media reporting to understand how the former reacted to the news of celebrity suicides using natural language processing techniques.

[Understanding the communicative ecology and impact of social media following a suspected suicide: Public health and prevention perspectives](#)

Jo Bell, Chris Westoby

Background: The proliferation of social media platforms has complicated the communicative ecology of suicide-related internet use but research allowing for a deeper understanding of the issues and impact of this phenomenon is scarce.

Aim: To understand the communicative ecology and impact of social media following a suspected suicide from the perspective of mental health and public health professionals.

Methods: In-depth interviews with a purposive sample of mental health and public health professionals working in services responding in the immediate aftermath of a suicide. We explored participants' understanding of digitally mediated communication about a suspected suicide including social media (how different platforms operate, how users behave in these spaces); their perceptions of the impact on the community; challenges and opportunities for prevention. We conducted a thematic and narrative analysis of the discussion.

Results: Analyses highlighted significant shifts in the way social media operates and shifts in how users consume it; the apparent ease of mass exposure to very explicit content in real-time and the apparent ease with which users can be producers of suicide stories; the negative impact of widespread visibility of suicide stories and the toxic dialogue generated around it. Examples of positive intervention were identified in the pro-active targeted spread of Papageno-related content.

Conclusion: Our data provided new insights from professionals in public and mental health organisations working to monitor and regulate social media activity to mitigate harmful effects in the aftermath of a suicide.

[Suicide-related media reporting with a focus on sexual and gender minority aspects: content analysis of the quality of reporting](#)

Stefanie Kirchner, Benedikt Till, Thomas Niederkrotenthaler

Background. Very little is currently known about the quality of media reports specifically focusing on suicide and prevention in people identifying with a sexual or gender minority identity (LGBTQ+).

Methods. We compared suicide-related media items reporting about LGBTQ+ in online and broadcast media to other suicide-related reports based on a representative content analysis of 5,652 online and broadcast media items in two US States (Washington, Oregon 04/2019–03/2020).

Results. LGBTQ+ focused items often described suicide in the context of a suicide epidemic and showed more suggestions of a suicide being monocausal or resulting from negative life experiences.

Conclusion. Media items focusing on individual suicide and suicide prevention in LGBTQ+ people appear to closely associate suicide with experiences of discrimination, sometimes resulting in oversimplified portrayals.

This work was supported by Vibrant Emotional Health grant “Suicide Prevention media campaign Oregon”.

[#chatsafe 2.0: Communicating online about suicide and self-harm](#)

Jo Robinson, Pinar Thorn, Louise LaSala, Michelle Lamblin, Charlie Cooper, Laura Hemming, Rikki Battersby-Coulter, Nicola Reavley, Jane Pirkis

Background

In 2018 we developed the #chatsafe guidelines to facilitate safe online communication. However, technology moves fast, and new guidance is required for: 1) The social media industry to help them create safe online environments; and 2) Policy makers to help inform future suicide prevention policy.

Aims

- 1) To update the #chatsafe guidelines for young people.
- 2) To develop guidance for the social media industry and policy makers.

Methods

- 1) Consultations with young people ($N=7$), the social media industry ($N=7$), and policy makers ($N=14$).
- 2) A Delphi expert consensus study, which included a systematic review of the literature, the development of a survey and consensus activities with young people and suicide prevention experts.

Results

- 1) Key themes in consultations included: (i) Challenges regarding online communication about suicide/self-harm; (ii) Where responsibility for online safety lies; (iii) The current regulatory landscape; and (iv) What platforms and policymakers could do to improve online safety.
- 2) The two panels included 74 young people and 29 professionals and rated recommendations related to: 1) Things to consider before posting; 2) Sharing own experiences; 3) Posting about other people’s experiences; 4) Responding to others; 5) Closed groups; 6) Posting about self-harm; 7) Humour and memes; 8) Live streams; 9) Tips for influencers.

The new guidelines along with key data from the consultations will be presented.

Symposium #26 Domestic violence related suicidal behaviour: Prevalence and prevention., September 22, 2023, 11:00 AM – 12:30 PM

Chair: Dr Piamee Bandara & Mr Tim Woodhouse

[Dr Duleeka Knipe](#)¹, [Dr Piamee Bandara](#)¹, [Dr Pauline Turnbull](#)², [Mr Tim Woodhouse](#)³, [Ms Nina Krohne](#)⁴, Prof Diego De Leo⁵, Assoc Prof Vita Poštuvan⁵

¹University of Bristol, ²University of Manchester, ³Kent County Council, ⁴University of Primorska, ⁵Slovene Centre for Suicide Research

The association between domestic violence and suicide is gaining recognition, however practice, policy and research in this area is still developing. It is estimated that globally over 300 million women are currently experiencing domestic violence, and that 1 in 3 women have experienced domestic violence in their lifetime. Recent data from the U.K. also suggests that 1 in 3 suicide deaths have been impacted by domestic violence, and evidence from across the world highlights that at least a half of individuals who self-harm have experienced domestic violence.

The aim of this symposium is to shine a light on this neglected area of suicide prevention with a series of talks which highlight the emerging epidemiological evidence base in national datasets and those in touch with services. We include examples and share experiences from both high- and lower-middle income countries using a mix of methodologies. Collectively we will showcase the urgent need for more research into prevention.

[Domestic violence and suicidal behaviour in Sri Lanka \(Bandara\)](#)

Domestic violence is pervasive globally. In South Asia alone it is estimated that 35% of women will experience intimate partner violence in their lifetime. The rates of suicide and self-harm are also high in the region. We examined the links between domestic violence and self-poisoning using data collected from a large case-control study in Sri Lanka. We found 1 in 2 females and almost a third of males presenting to hospital for self-harm had experienced domestic violence within the past year. Repeat self-harm was also more common among those who experienced domestic violence. Females were 8.5 times more likely to self-harm if exposed to multiple forms of abuse. We also found suicidal ideation, psychiatric morbidity, and poor perceived social support were strong correlates of domestic violence.

[Intimate-partner violence and suicidality in women: Results from Slovenia \(Krohne\)](#)

Despite all genders being subjected to intimate-partner violence, women are much more likely to be the victims. The experience of intimate-partner violence has been repeatedly associated with poor mental health, including suicidality, making intimate-partner violence one of the key risk factors for suicidality in women.

In this presentation, we will present the results of an online cross-sectional study on a representative sample of 1,016 Slovenian women. The results show that intimate-partner violence is a major social and mental health issue in Slovenia that requires immediate attention and action. 28% of the participating women reported having experienced it and 46% of them indicated experiencing suicidal ideation. To better understand the underlying mechanisms, we will identify and examine the predictors of suicidal ideation in this population, including risk and protective factors. This will allow us to make recommendations for prevention and treatment, including recognizing that one might be subjected to intimate-partner violence and mitigating the consequences of intimate-partner violence for deteriorating mental health.

[Suicide by mental health patients who have experienced domestic violence \(Turnbull\)](#)

Between 2015 and 2020, 2,914 women who were under the recent care of mental health services in the U.K. died by suicide. Information about domestic violence was available for 1,069 of these women: 421 (25%) were known to have experienced domestic violence. Numbers of female patient deaths associated with domestic violence have increased since 2015, with the highest figure in the most recent year. Clinical services present an opportunity for intervention to prevent suicide, and data from suicide deaths under current or recent mental health care can suggest areas of focus for these preventive efforts. Data about these female patients who had experienced domestic violence

suggest that they were facing multiple long-term and recent stresses before they died, and there was evidence of clinical complexity. Women who experienced domestic violence had multiple concurrent common risk factors for suicide, the combination of which may act as a barrier to accessing appropriate support due to service inclusion criteria. There was an indication that these women may have been less engaged with mental health services before their deaths than other female patients; more often missing their last appointment, and less likely to have been seen by services in the week before they died. This paper will present the characteristics of women who died by suicide in recent contact with mental health services and were known to have experienced domestic violence. We examine the interaction between characteristics using multiple logistic regression and make recommendations for suicide prevention in mental health care within this group.

What can we learn from the voices of victims of domestic violence who have tried to take their own lives? (Woodhouse)

Why do some victims of domestic abuse take their own lives? We will present data from Kent and Medway (a local authority in the Southeast of England) drawn from the Real Time Suicide Surveillance system, which (for the first time nationally) quantified the number of people dying by suicide after being impacted by domestic abuse. During a three-year period, 30% of all suspected suicides in the area were related to domestic abuse. In addition, qualitative data, from domestic abuse victims who have explained to researchers why they tried to take their own lives or felt suicidal because of their abuse, will be presented. The paper will conclude with a discussion about the ways frontline practitioners can reduce the risk of suicide amongst domestic abuse victims

“Once you’ve opened that can of worms”: Understanding why liaison psychiatry staff in the UK are not asking about domestic violence following self-harm (Knipe)

Recent data shows a strong link between being impacted by domestic abuse and suicide, and that 1 in 2 people who self-harm and present to services are/have recently experienced domestic abuse. Repeat self-harm is also common among victims of domestic abuse. However, while people who present to services following self-harm should be asked about domestic abuse, they often aren’t. This paper will report on a qualitative study with 15 liaison psychiatry staff (U.K.) which identified some of the barriers to asking about domestic abuse following self-harm and will also make suggestions for changes to future practice.

Symposium #27 Effective Suicide Safety Planning in Diverse Contexts: Perspectives from Australia, September 22, 2023, 11:00 AM – 12:30 PM

Chair: Assoc/Professor Glenn Melvin

Dr Monika Ferguson², Dr Miriam Posselt³, Ms Heather McIntyre², Dr Mark Loughhead², A/Prof Mary-Anne Kenny¹⁴, Ms Vicki Mau⁴, **Professor Nicholas Procter**², Mr Bernard Leckning⁵, Dr Katie McGill⁶, **Professor Fiona Shand**⁵, **A/Prof Glenn Melvin**⁸, **Mr Christopher Rainbow**¹, Prof Penelope Hasking⁹, Ms Samantha Wild¹¹, Dr Christopher Pepping¹², Dr Ruth Tatnell⁸, A/Prof Grant Blashki¹³

¹Beyond Blue, ²UniSA Clinical and Health Sciences, University of South Australia, ³Survivors of Torture and Trauma Assistance and Rehabilitation Service, ⁴Australian Red Cross, ⁵Black Dog Institute, University of New South Wales, ⁶School of Medicine and Public Health, The University of Newcastle, ⁷Hunter New England Local Health District, ⁸Centre for Social and Early Emotional Development (SEED), School of Psychology, Deakin University, ⁹School of Population Health, Faculty of Health Sciences, Curtin University, ¹⁰enAble Institute, Faculty of Health Sciences, Curtin University, ¹¹Arilla Indigenous Consulting Services, ¹²School of Psychology and Public Health, LaTrobe University, ¹³Nossal Institute for Global Health, University of Melbourne, ¹⁴School of Law, Murdoch University

Suicide safety planning is a brief intervention originally designed for acute care settings, aiding clinicians in their work to anticipate and manage future suicidal behaviours for clients at risk. Backed by increasing evidence of its effectiveness, safety planning is widely recognised as best practice for short-term clinical management of people with suicidal thoughts and behaviours. The flexibility and simplicity of safety planning has underpinned recent person-centred developments to better support client autonomy, meet the needs of diverse audiences across a range of community and clinical settings, and devise more convenient digital modes of delivery.

The aim of this symposium is to highlight research that is exploring the breadth and depth of these developments in Australia. It will illustrate a variety of ways that safety planning supports people with suicidal thoughts and behaviours to strengthen coping skills and connect with appropriate supports, as well as practical barriers and challenges that can hinder effective safety planning. Four presentations will be featured that showcase the diversity of approaches to safety planning in the Australian context, including with refugee groups, First Nations people, LGBTIQ+ audiences, clinical settings and mobile app users.

[Safety planning as a suicide prevention intervention for people of refugee and asylum-seeker background: A qualitative investigation](#)

Monika Ferguson, Miriam Posselt, Heather McIntyre, Mark Loughhead, Mary-Anne Kenny, Vicki Mau, and Nicholas Procter (presenter)

This study explored the perspectives of workers regarding safety planning as a suicide prevention strategy for people of refugee background and those seeking asylum in Australia. Participants attended suicide prevention training, specific to refugees and asylum seekers, at which safety planning was a key component. Semi structured, post training interviews ($n = 12$) were analyzed thematically. Four key themes were identified: safety planning as a co-created, personalized activity for the client; therapeutic benefits of developing a safety plan; barriers to engaging in safety planning; and strategies to enhance safety planning engagement. As a relatively low-cost flexible intervention, safety planning may be valuable and effective for refugee and asylum seeker groups.

[Australian experiences of suicide safety planning: how do the perspectives of practitioners and lived experience compare?](#)

Bernard Leckning, Katie McGill, Monika Fergusson, Nicholas Procter, Fiona Shand (presenter)

There is a growing evidence-base demonstrating the acceptability and effectiveness of delivering safety planning to people experiencing suicidal distress. The flexibility of this brief contact intervention has seen many recent developments, such as adaptations to self-guided digital safety planning and integration into routine and innovative models of care for people experiencing suicidal distress. With such widespread use, it is hard to know if the real-world implementation of safety planning is maximising its effectiveness. Therefore, a survey study was designed to identify who was using safety planning in Australia and how, what are the perceived benefits, harms, barriers and enablers. The survey just passed the halfway mark to recruiting 200 participants, which is expected to be completed by April. This presentation will report on findings that focus specifically on the similarities and differences between respondents with lived and practitioner experiences to highlight the strengths of safety planning and potential areas for improvement.

[An evaluation of an Australian safety planning intervention smartphone application: Beyond Now](#)

Glenn A. Melvin (presenter), Christopher Rainbow, Penelope Hasking, Samantha Wild, Christopher Pepping, and Ruth Tatnell.

This mixed-methods study aimed to evaluate user perceptions of a safety planning intervention delivered via a smartphone application known as 'Beyond Now'. The study included a focus on

minority groups known to be at greater risk of suicide, namely gender and sexually diverse people and Aboriginal and/or Torres Strait Islander people. A total of 686 users of Beyond Now participated by completing a survey available within the app, including 7% who were gender diverse, 34% who were sexually diverse and 6% who were Aboriginal and/or Torres Strait Islanders. The app was found to be very easy to use and at least somewhat effective by most participants. Interviews with minority group participants revealed that the app was perceived to be inclusive and neutral in its handling of gender, sexuality, and indigeneity. Few cultural barriers to use were reported, however Aboriginal participants reported shame about suicidal thoughts may be a barrier to use.

[Comparing the effectiveness of self-guided and clinician-assisted digital safety plans: A 3-month follow-up study](#)

Christopher Rainbow (presenter), Ruth Tatnell, Grant Blashki, Glenn A. Melvin

This study evaluated the effectiveness of suicide safety planning as a self-guided mobile health intervention over a 3-month period, by comparing plan quality and use, suicidal ideation and suicide-related coping among app users who created plans on their own against app users who collaborated with a clinician to create plans. Participants were 695 users of the Beyond Now safety planning app who consented to share the content of their plans, have their app usage tracked, and complete surveys at baseline, 1 month and 3 months. Random effects regression models were used to predict changes in suicidal ideation and suicide-related coping over time, controlling for plan quality, collaboration and usefulness. This study expands on previous research by focusing on outcomes for people at risk of suicide who make safety plans without clinician support, with novel tracking of app usage through digital monitoring rather than participant recall.

[Symposium #28 Reflections on the process, feasibility, and ethics of ecological momentary assessment in research with people with self-harm and suicidality, September 22, 2023, 11:00 AM – 12:30 PM](#)

Chair: Dr Anna Lavis

[Ms Rosina Pendrous](#)¹, [Ms Bridget Ellis](#)², [Dr Anna Lavis](#)³

¹University of Chester, ²University of Bristol, ³University of Birmingham

Ecological momentary assessment (EMA) is a research method that asks individuals to record their thoughts, feelings, and behaviours repeatedly in real-time, often using smartphone and sensor technology, during a defined time-period. EMA has the potential to offer insights into self-harm and suicidality that are not captured by other methods, and so it is becoming an increasingly common research tool in this field. Specifically, by collecting data in real-time using EMA, there is scope to understand the dynamic nature of lived experiences of self-harm and suicidality. This has key implications for suicide prevention, particularly in understanding triggers and risk factors for self-harm and to underpin the design of early interventions. However, EMA as a research tool also comes with unique challenges that warrant urgent consideration to consider and mitigate potential risks to safety and iatrogenic impact, and ensure its feasibility and acceptability, as well as ethical research practice.

In this symposium, we will present findings from three EMA studies undertaken in the U.K. with adults and young people experiencing self-harm and suicidality. In so doing, the presenters will offer reflections drawn from our research practices and engagement with people with lived experience on designing, recruiting for, and conducting EMA studies with both clinical and online community samples. In particular, we will reflect on conducting this EMA work as researchers as well as the key role of working alongside people with lived experience at all stages of an EMA study into self-harm and suicidality. Recommendations for future directions will also be highlighted throughout the session.

In Paper 1, Bridget Ellis presents Mesmerise, a novel EMA platform developed in collaboration with young people with lived experience of self-harm and researchers with an interest in EMA. A series of co-design workshops were conducted, involving young people with lived experience of self-harm and researchers to identify the requirements of both groups for a digital EMA platform for investigating self-harm. We describe the design process and the key requirements identified, highlighting conflicts that arose and discuss how these were overcome in the design process. To evaluate Mesmerise, we conducted a 14-day EMA study with young people with lived experience of self-harm. We also explored researchers' experience of using Mesmerise to facilitate EMA. We present our findings from the evaluation process, reflecting on the acceptability and feasibility of conducting EMA among young people with lived experience of self-harm and implications for future research.

In Paper 2, Anna Lavis presents the Self-Harm In Eating Disorders (SHINE) study, a two-phase mixed-methods study which aimed to understand the experiences of self-harm in young people (aged 16-25 years) being treated for an eating disorder (ED) in three specialist outpatient services in England. Phase one involved a 14-day (6x prompts per day) EMA period exploring participants' feelings, thoughts, motivations, behaviours, and experiences of self-harm in real-time. Phase two involved an in-depth qualitative interview with a sub-sample of phase one on their self-harm and ED, as well as reflections on the EMA. Core to the study has been a youth advisory group (YAG) of young people with lived experiences. Together the research team and YAG have reflected on the practice, feasibility, and ethics of EMA throughout the study, and these discussions have shaped the study at each stage of the study and its challenges. We will present these collaborative discussions and outline recommendations for practice when undertaking EMA to understand self-harm and/or suicidality.

In Paper 3, Rosina Pendrous presents findings on the acceptability and feasibility of using EMA to test a brief, single-session intervention in the context of a fully anonymous, multiple baseline single-case experimental design (SCED). SCED studies, by nature, use smaller samples of people, while measuring an outcome variable before, during, and after the introduction of a novel intervention for each participant. For these reasons, SCED designs have been recommended as an alternative to large-scale studies for evaluating preliminary interventions in suicide research. In this study, the EMA schedule comprised three prompts on each of 18 days to assess process (i.e., intervention-specific) and outcome (self-harm and suicidal thoughts) variables across both baseline and intervention phases. The brief single-session, online intervention was tailored based on feedback from adults with lived experience. Initially, 31 adults from the online general population self-reporting as having experienced recent suicidal thoughts were recruited from social media. Of those, 23 (74%) completed the baseline survey and so were randomly assigned (stratified by gender) to one of three baseline conditions (either 3-, 5-, or 7-days). Fifteen participants (48%) participated in all study phases including prompts for up to 15 more days afterwards. Of the 15 (48%) who completed the study, total EMA prompt compliance was 84%. No adverse events were self-reported and access to the online safety plan was low. Open-ended feedback in the follow-up survey ($n=13$) suggests overall feasibility, with key recommendations for improvement. We will present study feasibility and feedback data, as well as researcher reflections as an early career researcher on conducting intervention work using daily monitoring with a vulnerable group.

Symposium #29 Adolescent suicide prevention and postvention in a school-based setting, September 22, 2023, 2:30 PM – 4:00 PM

Chair: Professor Jo Robinson

MSc Luna Grosselli^{1,2}, Yara Stephan^{1,2}, Martin Aresin^{1,2}, Jürgen Hoyer², Ute Lewitzka^{1,3}, Susanne Knappe^{1,4}, **Dr Emma Ashworth**⁵, J Thompson⁵, P Saini⁵, **Dr Saskia Mérelle**⁶, Dr Sanne Rasing^{7,8}, Dr Diana Van Bergen⁹, Sabine Jaken⁶, J Steenmeijer⁹, Dr Renske Gilissen⁶, **MSc Elke Elzinga**⁶, Thijs van Vliet⁶, Dr Lizanne Schweren⁶, **Marloes Braam**^{8,11}, D Heijs¹¹, J Lokkerbol¹², D Creemers^{8,11}, J Spijker^{8,13}

¹Werner–Felber–Institute for Suicide Prevention and Interdisciplinary Health Research, ²Institute of Clinical Psychology and Psychotherapy, Technische Universität , ³Department of Psychiatry & Psychotherapy, Faculty of Medicine, Carl Gustav Carus University Hospital, ⁴Evangelische Hochschule Dresden (ehs), University of Applied Sciences for Social Work, Education and Nursing, ⁵Liverpool John Moores University, ⁶113 Suicide Prevention, ⁷GGZ Oost Brabant, ⁸Radboud University, ⁹University of Groningen, ¹⁰Reinier van Arkel, ¹¹GGZ Oost Brabant, ¹²Trimbos Institute, ¹³Pro Persona

Introduction symposium: Suicidal ideation and suicide attempts pose a serious public health concern among adolescents with statistics indicating an increasing trend in youth suicides rates. Despite emerging evidence for the effectiveness of school-based programs worldwide, only a few prevention and postvention programs have been scientifically evaluated. Further research is necessary to understand what makes interventions effective and to promote their implementation in schools. This symposium will provide a deeper understanding of the facilitators and barriers to implementation in a school-based setting, the experiences and needs of professionals as well as parents and the effectiveness of suicide prevention programs in different school-based settings.

[The effectiveness of the HEYLiFE suicide prevention program for adolescents: Results of a randomized-controlled trial and a cluster-analysis](#)

Aim: The aim of these studies was to evaluate the effectiveness of the HEYLiFE prevention program in German secondary schools for students with different risk profiles.

Methods: We evaluated the HEYLiFE program in a randomized-controlled-trial with a waiting control group ($n=745$). We assessed short- and mid-term (6 months) effects on knowledge, attitudes, and stigma towards suicidal peers, help-seeking behavior, and risk factors for suicide. In a second study, we examined the program's impact on knowledge, agency, and help-seeking intentions on students with low, medium and high risk of suicide (cluster analysis) with $n=239$ students in a pre-post design.

Results: The HEYLiFE program had positive effects on knowledge, attitudes, prosocial reactions, and help-seeking intentions in the short-term, while a negative effect on stigma was observed. In the long-term, the program had beneficial effects on prosocial reactions, help-seeking intentions, and risk factors for suicidality. The program was particularly effective for the low- and medium-risk groups.

Conclusion: The HEYLiFE program demonstrated a positive impact on suicide-related variables. However, cluster analysis showed the necessity of targeted interventions for high-risk groups. This study provides valuable insights into the effectiveness of school-based suicide prevention programs and highlights the importance of tailoring interventions to specific risk profiles.

[The social validity of a suicide prevention intervention in UK schools](#)

Introduction: Despite emerging evidence for the effectiveness of school-based suicide prevention programmes worldwide, they have not been rigorously tested in the U.K. Thus, the feasibility and acceptability of these interventions for delivery in U.K. schools is not yet known.

Aim: We aimed to conduct a scoping study to determine the 1) social validity and potential benefits of school-based suicide prevention interventions, 2) the perceived need for such interventions, and 3) barriers and facilitators to implementation.

Methods: Semi-structured interviews were conducted with mental health professionals ($N=8$), school staff ($N=8$), and parents with lived experience ($N=3$). Focus groups were completed with young people ($N=27$) aged 15–18 years across three secondary schools. Data were analysed using thematic analysis.

Results: Three themes were identified: 1) the need for and importance of suicide prevention, 2) schools as a setting for delivery, and 3) key components of suicide prevention programmes.

Conclusion: Participants felt there is a need for a greater and more consistent emphasis on school suicide prevention, as there is a lack of support available. School appears to be an acceptable location, and participants felt this should begin at the start of secondary school. However, there are potential barriers that need to be considered before a universal suicide prevention intervention can be delivered effectively.

[The effectiveness of an online gatekeeper training for adolescent suicide prevention among teachers and parents](#)

Introduction: Suicidal behaviour seems to peak in adolescence with statistics indicating an increasing trend in youth suicides rates. An online gatekeeper training (GKT) has potential advantages as a stepped care intervention for the home- and school-based setting, however, scientific evidence is lacking.

Aim: To examine the effectiveness of an online GKT for suicide prevention among adolescents and explore the experiences in practice.

Methods: Pre-post design and 3-month follow-up. Participants were recruited from the Dutch population through public campaigns and social media and could access the 1-hour training via the website from 113 Suicide Prevention. The primary outcomes were knowledge and self-efficacy regarding suicide prevention (10-to-25-year-old adolescents). Secondary outcomes were participants' experiences of talking to adolescents about suicide and refer them to help. GLM repeated measures and qualitative analyses were performed.

Results: The first results from 1,772 participants showed that the majority were healthcare providers (50%), followed by teachers (20%), students (17%), parents or family members (4%) or others (9%). Both teachers and parents showed significant increases on the outcomes of interest, whereas parents showed larger improvements.

Conclusion: Our study will provide scientific evidence of an online GKT for the prevention of adolescent suicide and inform schools about experiences of teachers and parents in practice.

[Impact of students' suicide or suicide attempt on schools: what lessons can we learn for postvention?](#)

Introduction: Suicide is an important cause of death among students. Students who experience a suicide or suicide attempt by a fellow student have an increased risk of developing mental health problems and engaging in suicidal behaviour themselves. Postvention is a coordinated approach to facilitate recovery after suicide and to prevent adverse outcomes. Many countries developed a postvention approach, but this does not yet exist for the Netherlands.

Aim: This study explored the experiences and needs of Dutch school personnel following a student's (attempted) suicide.

Methods: Semi-structured interviews were conducted with Dutch school personnel who experienced a suicide (attempt) from a student up to 3 years before the interview ($n=21$).

Results: All respondents were personally impacted by the experience of a student's (attempted) suicide and expressed various needs. Practical needs included access to a protocol, crisis team and training; social needs included support from colleagues and executives and, finally, some reported they required professional help after the experience.

Conclusion: Students' (attempted) suicide impacts both personnel and students from schools. Based on these outcomes, we developed a postvention protocol for schools. Additionally, we recommended suicide prevention training for school-staff to improve their confidence and skills to discuss suicidal thoughts with students.

Barriers and facilitators from the perspective of public health professionals in screening for depressive and suicidal symptoms and prevention referral in a school-based prevention approach

Background: A bottleneck that arises during the implementation of depression and suicide prevention is that only a small percentage of eligible adolescents participates. To ensure that more adolescents can benefit, the gap between detection and prevention needs to be closed. We investigated barriers and facilitators from the perspective of public health professionals in the process of screening and prevention referral in a school-based setting.

Methods: We conducted 13 semi-structured interviews with public health professionals, who execute screening and prevention referral within the Strong Teens and Resilient Minds (STORM) approach.

Results: Three main themes emerged from the interviews, 'Professional capabilities', 'Organisation and collaboration' and 'Beliefs about depressive and suicidal symptoms and participation in prevention'. Professionals do not always feel sufficiently equipped in terms of knowledge, skills and supporting networks. In addition, a lack of knowledge and support in schools and other cooperating organisations was found to hinder the process. Last, the beliefs of public health professionals, school staff, adolescents and parents — especially stigma and taboo — were found to make screening and prevention referral more challenging.

Discussion: Based on the results, we make suggestions to enhance the process of screening and prevention referral in a school-based setting.

Symposium #30 Getting to a Better Place after a Suicide Loss: The Importance of Posttraumatic Growth: SIG Suicide Bereavement and Postvention, September 22, 2023, 2:30 PM – 4:00 PM

Chair: Melinda Moore

Dr Melinda Moore¹, **Dr Jerry Palmer**¹, Prof Julie Cerel², **Prof William Feigelman**³

¹Eastern Kentucky University, ²University of Kentucky, ³Nassau Community College

Presenters:

Melinda Moore, PhD and Jerry Palmer, PhD, Eastern Kentucky University, KY, USA

Julie Cerel, PhD, University of Kentucky, KY, USA

William Feigelman, PhD, Nassau Community College, NY, USA

Research on suicide bereavement has focused on the psychopathology of this loss. Studies have shown that suicide exposure may have detrimental mental health effects, such as depression, anxiety, suicidal ideation (Cerel et al., 2015; Cerel et al., 2016; and van de Venne, 2016) and suicidal behavior (Pitman et al., 2016). A new area of positive psychology offers another vehicle and perspective for understanding the consequences of these experiences by investigating the possibilities for personal growth within the context of any sudden and traumatic death (Moore, Palmer, Cerel, & Ruocco, 2022; Moore, Cerel, & Jobes, 2015).

For example, posttraumatic growth (PTG) is one such possibility and described as positive psychological change experienced as a result of the struggle with highly challenging life circumstances. The presence of PTG can manifest itself in several ways, and the five factors examined in most studies include 1) increased appreciation for life, 2) better interpersonal relationships, 3) changed (new) priorities, 4) an increased sense of personal strength, and 5) spiritual growth (Tedeschi & Calhoun, 2004). Numerous factor analyses have confirmed these five factors to be the most

common ways of growth following trauma. Some studies have also examined posttraumatic depreciation (PTD), the mirror opposite of PTG, and also found this five-factor structure.

This symposium will cover the nature of posttraumatic growth, its measurement, and discuss data collected in a range of studies that examine a variety of populations bereaved by or exposed to suicide and how this relates to post-traumatic growth. Examples of study populations include bereaved families receiving services from the Tragedy Assistance Program for Survivors (TAPS), members of the Kentucky Army National Guard (KANG) and participants recruited for an online population-based study of suicide bereavement. It is of vital importance to understand when PTG occurs in specific suicide-bereaved or exposed populations and how to foster this unique personal growth.

The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), assesses positive outcomes in people who have experienced traumatic events and does so via 25 Likert-type items with anchors ranging from 0 (“I did not experience this change as a result of my experience”) to 5 (“I experienced this change to a very great degree”). It produces a total score and five domain scores corresponding to the five subscales. The items of the scale are a series of positively worded statements and participants are asked to use the statements to indicate “the degree to which change occurred in their life as a result of their crisis.” The PTGI total score ranges from 0 to 105, with higher scores indicating greater amount of posttraumatic growth. Posttraumatic depreciation (PTD) is likewise measured, but with negative items.

Dr. Moore and Dr. Palmer will discuss data from 691 military bereaved family members receiving services from the Tragedy Assistance Program for Survivors (TAPS) recruited through the TAPS organization. Respondents whose loved ones died by suicide ($N=182$) significantly ($p<.05$) differed from those whose loved ones died from other causes (e.g., combat, training accidents, $N=258$) on several variables, including their own suicidal thoughts and behaviors, and on PTG dimensions such as spiritual growth, and relating to others. Furthermore, for the bereaved suicide sample, those who helped other similarly bereaved individuals through the peer mentoring program were significantly healthier across numerous measures of posttraumatic growth, depression, and well-being. Results suggest resilience functions more to prevent depreciation and reduce the effects of trauma than to promote growth. Trauma strongly predicts PTD, while finding meaning predicts PTG.

A second study by Dr. Moore and Dr. Palmer closely examined the PTG spiritual dimension for 900 participants aggregated across several studies. The researchers found that being spiritual or religious predicted all forms of PTG. Spiritual PTG overlaps the least with the other PTG dimensions and the least with overall PTG. Interestingly many participants reported maximum or minimum spiritual PTG and the spiritual PTG distribution formed a bimodal distribution resembling an inverted normal curve. In other words, most trauma survivors either grow a lot spiritually or not at all. Furthermore, those experiencing spiritual PTG are far more likely to experience other types of PTG.

The findings of Dr. Moore and Dr. Palmer have numerous implications for practitioners. First, cultivating resilience and finding meaning, especially connecting to others, are very helpful for the suicide bereaved. Second, some bereaved individuals might greatly respond to spiritual opportunities for growth, while others will likely not respond at all. The findings also clarified several inconsistencies in past research and confirmed PTG and PTD to be conceptually distinct constructs. Furthermore, while PTG was normally distributed, PTD was highly skewed, with very few individuals actually depreciating after trauma.

Dr. Feigelman will discuss data from a study of 1,000 people bereaved by suicide in the last six years in which use of services was examined thoroughly to determine if those individuals who do not use formal or informal supports after the suicide were less likely to experience growth.

Dr. Moore will describe data from a Military Suicide Research Consortium-funded study of suicide exposure in the Kentucky Army National Guard. Sixty-five percent of National Guard members reported suicide exposure. Three groups were identified based upon their exposure to suicide, including 1) those who were exposed to suicide while in the National Guard, 2) those who were

exposed as civilians, and 3) those who experienced suicide exposure both in the National Guard and as civilians. Suicide exposure predicted traumatic effects and posttraumatic growth was lowest in those who experienced suicide only while in the Guard, overall. All three groups experienced lower life changes (40–46) per the PTGI cut off scores.

Symposium #31 First Responders: natural disasters, traumatic events to military conflict – keeping helpers safe from suicide, September 22, 2023, 2:30 PM – 4:00 PM

Chair: Mr Shayne Connell

Mr Marc Bryant¹, Mr Shayne Connell¹, Dr Peter Gutierrez, Professor Paulius Skruibis, Mr Indra Herbert

¹LivingWorks Australia

LivingWorks is dedicated to saving lives globally from suicide by empowering people, workplaces and communities with the skills to take action and make a difference and provide hope.

Our Suicide First Aid training programs, including LivingWorks Start, LivingWorks safeTALK, and LivingWorks ASIST, enable everyone—from beginner to advanced—to be part of the solution. These programs have reached nearly 2,500,000 people around the world, helping them to come together in integrated safety networks to protect family, friends, co-workers, students, and communities from suicide.

Saving someone's life can begin with having a conversation. Approximately 40% of people who die by suicide have not had contact with health services in the past 12 months.

We can support people who are experiencing suicidal thoughts or distress by creating opportunities to have a conversation.

Suicide First Aid caregivers, also known as Gatekeepers, are people in our community who may encounter people who are experiencing suicidal thinking or behaviour. This could include people who work in health, Defence, First Responders in our communities such as sports coaches, teachers, students, veterans, youth workers, clergy, pharmacists, aged care workers, people working in the construction industry, and many others.

As part of Suicide First Aid training, people learn how to identify behavioural changes or elevated suicide risk, and skills to safely speak to and support individuals experiencing suicidal ideation or self-harm. With more than three-quarters of intentional self-harm deaths occurring in males, providing Suicide First Training for male touchpoints in workplaces/forces/communities with at risk males, is a strategy is being undertaken at scale globally by LivingWorks with industry/government/community partners.

This is a vision to create a network of safety to increase early intervention so those males at risk seek the help they need much earlier.

This Symposium will examine industries that also have high exposure to vicarious trauma — military/veterans and First Responders — and Suicide First Aid training dissemination. In particular, what does the research say about effective suicide prevention activities as they respond to Climate Change impacts (e.g., floods, bush fires) to military conflict.

The Symposium will draw on the expertise of the members to discuss large scale dissemination and research around Military and Defence in U.S.A. and Australia, as well as recent support for the Military in the Ukraine. Another case study will examine training for police officer that guarded the Capital Building in Washington to the training of 15,000 police offices in New South Wales who were confronted by unprecedented bushfires in 2019, and its unusual intensity, size, duration, and uncontrollable dimension, was considered a megafire. The panel will discuss the strategies for implementation and dissemination, as well as the response from the diverse units within NSW Police.

It will also examine how appropriate suicide prevention training can not only increase their ability to respond to individuals with thoughts of suicide, but also increase self-efficacy for help seeking behaviour within its units.

The LivingWorks programs work in a knowledge translation best practice environment for 40 years, with more than 70 peer reviewed journal articles.

Chair: Shayne Connell, EVP Global Dev LivingWorks Australia (10 minutes)

1. US and Australian Military/Veterans research: Military Suicide Research Consortium Director and LivingWorks Education Vice President Innovation, Dr Pete Gutierrez
2. Garda (Ireland): John Kennedy
3. Construction settings: Jorgen Gullestrop (15 minutes)
4. Police: (15 minutes) Paul Bertrand (over video via USA)
- 5: Ukraine Military TBC
- Questions (20 minutes)

Symposium #32 Risk Factors and Self-Perceived 'Causes' of Suicidality among LGBTQIA+ Young People in Relation to Identifying their Needs and Optimizing Treatment for Self-Harm., September 22, 2023, 2:30 PM - 4:00 PM

Chair: Dr Diana Van Bergen

Dr. Laura Baams¹, Ba Tove Henseler¹, [Dr Jake Camp](#)³, dr. Andre Morris³, Dr. Helen Wilde³, Dr. Patrick Smith³, Professor Katherine Rimes³, Msc. Jokūbas Gužas⁴, [Professor Paulius Skruibis](#)⁴, Msc. Eva Dumon⁵, Dr. Luis Parra⁶, Dr. Joz Motmans⁷, Msc. Lesley Biedermann⁸, Professor Gwendolyn Portzky⁵, Dr Renske Gilissen², [Dr Diana Van Bergen](#)²

¹The University Of Groningen, ²113 Suicide Prevention, the Netherlands, ³National & Specialist CAMHS, DBT Service, South London & Maudsley NHS Foundation Trust / Department of Psychology, Institute of Psychiatry, Psychology, and Neuroscience, King's College London., ⁴Suicide Research Centre at Vilnius University, ⁵Unit for suicide research, Flemish centre of expertise in suicide prevention, Ghent University, ⁶University of Michigan School of Nursing, ⁷Ghent University Hospital, and Centre for Research on Culture and Gender , ⁸Independent Researcher

Risk Factors and Self-Perceived 'Causes' of Suicidality among LGBTQIA+ Young People in Relation to Identifying their Needs and Optimizing Treatment for Self-Harm.

Please note that this symposium is a contribution by members of the IASP Special Interest Group LGBTQIA+.

[Suicidal ideation and attempts in bisexual youth](#)

DD. van Bergen, T. Henseler, L. Baams

Objectives: In this multi-method study, we first quantitatively examine risk factors for suicidal ideation and suicide attempts ('suicidality') among bisexual youth (i.e., who feel attracted to more than one gender). Next, in a qualitative (interview) study, we studied bisexual youth's self-perceived precursors of, and needs in relation to suicidality.

Method and Sample: We performed logistic regression analyses to establish risk factors for suicidal ideation and attempts in self-administered sample of bisexual youth in the Netherlands ($n=1,143$, age 16-22 years) recruited through various online channels. Thematic analyses of 13 qualitative interviews with bisexual youth (age 16-22 years) were conducted using the Constant Comparative Comparison Method.

Results:

Seventy-three percent of the sample ($n=851$) reported past suicidal ideation; 23% ($n=233$) reported a suicide attempt. Risk factors for suicidal ideation and/or attempts were external stigma (OR=1.74, CI 1.42-2.14, $p=0.00$), and a non-binary or fluid gender identity (OR=1.96, CI 1.08-3.55, $p=0.03$). Youth with a higher educational level showed lower odds of suicidality (OR 0.37, CI 0.22-0.62, $p=0.00$).

Interviews showed that self-perceived precursors of suicidality consisted of bullying, feeling of not belonging in school, feeling 'weird', heteronormativity, not having any friends, social contagion (e.g., having friends with depression and self-harming behaviors). Bisexual youth would have appreciated stories with lived experience of sexual or gender minority youth, and to have dared to disclose their suicidal thoughts to friends. They would also have valued it if their therapists had discussed their sexual orientation and gender identity and had knowledge of these topics.

Conclusion: Suicide prevention needs to focus on supporting bisexual youth, a high-risk population for suicidal ideation and attempts, if they feel isolated, worry over feeling 'weird', are bullied, and on discussing their sexual and gender identity stress in mental health care.

Dialectical Behavioral Therapy for LGBTQ+ young people in dialectical behavioral therapy; A reflexive thematic analysis

Camp, J., Morris, A. Wilde, H, Smith, P., & Rimes, K.A

Young people who identify with a minority sexual orientation and/or gender identity (i.e., LGBTQ+) are at increased risk of suicide compared to heterosexual and cisgender groups. This increased risk is thought to be somewhat explained by distress associated with exposure to stressors related to their minoritised status, including stigma and discrimination. Dialectical Behaviour Therapy (DBT) is an evidence-based therapy for the reduction of suicidality and concurrent risk factors including self-harm and emotion dysregulation. Early research suggests that DBT may be a potentially applicable intervention for LGBTQ+ individuals at high risk of self-harm and suicide. This presentation presents findings from two qualitative studies. Firstly, thematic analysis of interviews with the LGBTQ+ young people will provide an insight into their experiences in DBT when seeking support for suicidality and associated distress, alongside suggestions for improving the acceptability and usefulness of DBT for their needs. Secondly, results from interviews with DBT therapists working with this population more generally further provides recommendations for optimising DBT when attempting to prevent suicide and reduce risk behaviours in LGBTQ+ young people, using affirmative and anti-oppressive practices and integrating LGBTQ-associated treatment targets where needed. Together, these studies and the wider literature suggest that DBT is likely an appropriate and useful intervention for LGBTQ+ young people engaging in suicidal behaviours and that appropriate LGBTQ-associated targets can be integrated into DBT to further reduce this risk, with reasonable adaptations made to practice in order to optimise DBT for this population.

[Risk and protective factors for suicidal behaviour among young adult LGB individuals: a systematic review](#)

J. Gužas, P. Skruibis,

Previous studies indicate that lesbians, gay men, and bisexual individuals exhibit a higher risk for suicidal behaviour than heterosexual individuals. Among individuals aged 18 years and older, higher rates of suicidal behaviour are observed among LGB individuals, particularly among young adults. This study aimed to identify risk and protective factors for suicidal behaviour among young adult LGB individuals using a systematic review method.

The study was conducted following the PRISMA guidelines for systematic reviews. Publications were searched for in three databases: PSYCHINFO, MEDLINE, and SCOPUS from March to October 2022. The review included empirical studies that used a quantitative strategy, published in English between 2000 and 2022, and focused on risk and protective factors for suicidal ideation and attempts among LGB individuals aged 18–29 years. The analysis of the results and grouping of risk and protective factors into meaningful categories was based on Minority Stress Theory. At the same time, the narrative synthesis method was used to describe the results.

A total of 20 publications were included in the review. The identified factors were categorized into three groups. 1. Sociodemographic factors — gender, age, race/ethnicity, education level, and sexual orientation. 2.1. General interpersonal factors — adverse childhood and adulthood experiences, relationships with family, parents, peers, and other individuals. 2.2. Specific interpersonal factors — relationships with parents, homophobic violence, discrimination, and bullying. 3.1. General individual factors — depression, stress, feeling trapped, self-harm, alcohol use, sexual behaviour, stress coping, and masculinity. 3.2. Specific individual factors — disclosure of sexual orientation, internalized homophobia, perceived self-stigma.

The systematic review revealed that suicidal behaviour among young adult LGB individuals is related to factors that are common to both heterosexual and sexual minority individuals, as well as specific factors that are unique to sexual minorities. To understand suicidal behaviour among young LGB individuals, it is necessary to consider the specific risk and protective factors for this community.

[“I don’t feel at home in this world” Sexual and gender minority emerging adults’ self-perceived links between their suicidal thoughts and sexual orientation or gender identity](#)

DD. van Bergen, E. Dumon, LA. Parra, LC. Biedermann, J. Motmans, R. Gilissen, G. Portsky

Objectives: To examine whether Sexual and Gender Minority (SGM) emerging adults perceived their SGM status to be linked to suicidal ideation; and to explore if their responses fell within the minority stress framework (MSF).

Method: We performed thematic analyses of open text responses (survey) of Dutch and Flemish SGM emerging adults ($n=187$), using the Constant Comparative Comparison Method.

Results: Two themes fell within the scope of MSF yet have received relatively little attention: 1) Concerns about relationships and family planning, and 2) Feeling different (internal stressor). Two additional themes emerged largely beyond the scope of existing MSF studies on suicidality: 3) SGM related questioning; 4) negativity in LGBT communities. Four established MSF themes emerged: 5) gender identity stress; 6) victimization; 7) coming-out stress; 8) psychological difficulties linked to SGM status.

Conclusion: Suicide prevention needs to concentrate on supporting SGM emerging adults who worry over feeling ‘different’, or their romantic and family life, who are victimized, and on alleviating gender identity stress.

Symposium #33 IASP Media & Suicide SIG: Suicide and suicide prevention in traditional media, September 22, 2023, 2:30 PM – 4:00 PM

Chair: Dr Mark Sinyor & Dr Dan Reidenberg

A/Professor Thomas Niederkrotenthaler^{1,2}, Professor Benedikt Till^{1,2}, Florian Arendt^{2,3}, Pascal Rothauer¹, Dr. Mark Sinyor^{4,5}, Danielle Ekstein⁴, Nivetha Prabakaran⁴, Dr. Lisa Fiksenbaum⁶, Dr. Ayal Schaffer⁴, Professor Jane Pirkis⁸, Marnin Heisel⁹, Dr. Benjamin Goldstein⁷, Donald Redelmeier¹⁰, Paul Taylor⁴, A/Professor Thomas Niederkrotenthaler^{1,2}, Mph Msc Phd Stefanie Kirchner^{1,2}, Professor Myfanwy Maple¹¹, Dr Jaelea Skehan¹², Associate Professor Sarah Wayland¹¹, Steven Stack¹³, Barbara Bowman¹³

¹Unit Suicide Research & Mental Health Promotion, Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna, ²Wiener Werkstaette for Suicide Research, ³Department of Communication, University of Vienna, ⁴Department of Psychiatry, Sunnybrook Health Sciences Centre, ⁵Department of Psychiatry, University of Toronto, ⁶Department of Psychology, York University, ⁷The Centre for Addiction and Mental Health, ⁸Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, ⁹Division of Geriatric Psychiatry, Shulich School of Medicine & Dentistry, University of Western Ontario, ¹⁰Department of Medicine, Sunnybrook Health Sciences Centre, ¹¹University of New England, ¹²Everymind, ¹³4Department of Criminology and Department of Psychiatry, Wayne State University

Chairs: Dan Reidenberg and Mark Sinyor

Introduction: This symposium hosted by IASP's Media & Suicide SIG is dedicated to current timely research in the area of traditional media. Both questions of representations of suicide in news media but also entertainment / film and their impact, as well as new findings on a prevention initiative to improve the quality of reporting will be presented. A further focus will be on lived experience.

Roles of the Narrative in Suicide Prevention Materials: Impact of Prevalence vs. Prevention-Focused Narratives

Benedikt Till, Florian Arendt, Pascal Rothauer, Thomas Niederkrotenthaler

Study objectives: Media campaigns raising suicide awareness by highlighting its prevalence are frequent but may enhance the belief that suicidal behavior is widespread and therefore acceptable. Empirical evidence on the impact of different prevention narratives is lacking.

Methods: We conducted a web-based randomized controlled trial with 334 participants to explore the impact of the three different narratives in suicide prevention articles. Articles focused on either the prevalence of suicide, professional help resources, or how to prevent suicide. Data on suicidal ideation, help-seeking intentions were collected with questionnaires, and implicit measures were used to assess participants' mental accessibility of concepts related to suicide.

Results: Participants exposed to the article underlining the high prevalence of suicide showed a higher accessibility of potentially detrimental cognitive concepts. The accessibility of 'helping' and that 'suicide is preventable' concepts were higher in participants reading materials focusing on help.

Conclusion: Suicide prevention materials need to avoid any unfavorable cognitions activated by prevalence-focused messages.

Changes in Media Reporting Quality following National Media Engagement on Responsible Reporting of Suicide

Mark Sinyor, Daniella Ekstein, Nivetha Prabakaran, Lisa Fiksenbaum, Ayal Schaffer, Jane Pirkis, Marnin J. Heisel, Benjamin I. Goldstein, Donald Redelmeier, Paul Taylor, Thomas Niederkrotenthaler

Background: Encouraging responsible reporting is a key-strategy for suicide prevention but evaluations are scarce. In November 2015, a media engagement strategy was launched in Toronto including educational events, updated reporting guidelines, and informal dialogue. This functioned as a natural experiment.

Methods: News article from the top 10 print and online media sources in Toronto were abstracted for putatively harmful and protective content as well as overall narrative (sample: 75 articles per year pre- and post-strategy; Nov 2009–Oct 2015 vs. Nov 2015–Oct 2021). Pre-post differences were analyzed. Suicide counts for the Greater Toronto Area were subject to time series.

Results: Across-the-board improvement was observed in suicide-related reporting with substantial reductions in putatively harmful content and increases in putatively protective content. However, gestalt narratives remained focused on potentially harmful narratives with 55.2% of articles telling the story of someone's death. Only 3.6% of articles told a story of survival. Suicide rates did not change in response to the strategy.

Conclusions: A strategy to engage media in Canada did change the content of reporting but did not impact suicide rates. The results potentially underscore the importance of overarching story narrative.

[Experiences of suicide survivors sharing their stories about suicidality in media](#)

Stefanie Kirchner and Thomas Niederkrotenthaler

Background. Very little is known about how individuals sharing their suicidal experiences of hope and recovery perceive any effects of their storytelling.

Methods. We conducted 3 focus groups with 12 participants, with past suicidal ideation or a suicide attempt ($n=5$), participants bereaved from suicide ($n=4$), or participants who experienced both ($n=3$) and shared their personal story via media. Participants were recruited from "Suicide Survivors United".

Results. The intention to help others was the core of motivation for storytelling. Participants noted many positive effects on themselves and on the audience, such as improved help-seeking attitudes. The participants compiled recommendations for others who would like to share their story. Media training was considered essential, especially in live media.

Conclusion. Sharing a personal story of hope and recovery appears to have not only a beneficial impact on the audience but also the storytellers themselves. Support and guidance are crucial in all stages of storytelling.

This work was supported by Vibrant Emotional Health grant "Suicide Prevention media campaign Oregon".

[Shifting the public narrative about distress and suicide prevention: Actioning knowledge from lived experience](#)

Jaelea Skehan, Myfanwy Maple, Sarah Wayland

There is growing acknowledgement that involving people with a lived experience of suicide is critical for effective suicide prevention.

To inform national policy, two large scale qualitative studies were conducted which drew together the experiences and knowledge of people with lived experience of distress and suicidal behaviour. In total, over 6,000 accounts of distress and suicidal crisis were captured through qualitative analysis of media stories, social media accounts and podcasts.

Across studies, there was a shared concern that public messaging about distress and suicide was dominated by clinicians and academics, that distress and suicide were described in a mental health

and clinical frame rather than in broader psychosocial frame, and that the messaging was over simplified.

Analysis of media stories revealed that where lived experience was included, it was more likely to feature those bereaved by suicide rather than those with direct experience of suicidality.

People with lived experience were often positioned as providing the 'anecdote' or 'story' that was followed up by a medical point of view. The analysis of social media accounts revealed that many felt frustrated and distressed that the professional voice was 'privileged'.

This paper will propose options for a more nuanced approach.

Revenge after Suicide: The Laertes Effect in American Films, 1900–2021

Steven Stack and Barbara Bowman

Research by cultural anthropologists has shown that in some societies, those perceived to have played a role in triggering a suicide must pay fines or be otherwise punished (e.g., Iroquois, Metacos, Yoruba). In modern day Japan scores of survivors of suicides (> 167) have been awarded compensation for "Karojisatsu" or suicides deemed to be due to overwork. We term the seeking of reparations the Laertes Effect. Laertes sought revenge for his sister's suicide in Shakespeare's play Hamlet. The present study assesses the economic, interpersonal and other frames or contexts that predict a Laertes effect in American feature films.

Method: A total of 1,839 suicides in American feature films constitute the sample. 86 or 4.68% contained a Laertes pattern. The dependent variable is a dichotomy where 1= Laertes effect and 0=all other suicides. Ten predictors from the Stack and Bowman (2011) model comprise individual, social, economic & temporal predictors.

Results: Rape victimization was the strongest predictor wherein rape victims were 23.07 times more apt ($p=.000$) & economic strain suicides were 2.4 times more apt to predict a Laertes effect ($p=.001$). Films produced after 1980 were 56% less apt to portray a Laertes effects ($p=.006$). The full model correctly classified 95.76% of the cases.

Conclusion: The American cinema has weakened its coverage of the Laertes effect, but shows the relevance of economic strain, sometimes associated with the narrative of Karojisatsu in Japan.

Symposium #34 'Dispensing support'—how pharmacists and their teams contribute to suicide prevention efforts, September 22, 2023, 2:30 PM – 4:00 PM

Chair: Dr Hayley Gorton

[Dr Hayley Gorton](#)¹, [Professor Jill Lavigne](#)^{2,3}, [Dr Delesha Carpenter](#)⁴, [Professor Josie Solomon](#)⁵, [Somto Chike-Obuekwe](#)¹, [Dr Ana Maria Barcelos](#)⁵

¹School of Applied Sciences, University of Huddersfield, ²Department of Veterans Affairs Center of Excellence for Suicide Prevention, ³Wegmans School of Pharmacy, St John Fisher University,, ⁴Eshelman School of Pharmacy, University of North Carolina at Chapel Hill,, ⁵University of Lincoln

Introduction

Dr Hayley Gorton (chair), School of Applied Sciences, University of Huddersfield

Most people who die by suicide are not in contact with specialist mental health services. However, many are in contact with primary care providers. This includes community pharmacists and their teams. The role of community pharmacy teams in suicide prevention was first mentioned 50 years ago in the literature but it is in the last five years that research and practice in this area has accelerated. Indeed, last year, the International Pharmaceutical Federation (FIP) included suicide prevention as a specific chapter in 'Mental Health Care: A Handbook for Pharmacists'. In this

symposium we will provide an overview of the role of pharmacy teams in suicide prevention and provide a snapshot of international progress. This will include understanding of pharmacy teams' experiences in suicide prevention, and development of training and interventions.

[Research and Development on Community Pharmacy Roles in US Veteran and Servicemember Suicide Prevention](#)

Jill Lavigne, PhD, MPH, Research Health Scientist, Department of Veterans Affairs Center of Excellence for Suicide Prevention, Canandaigua, New York, USA and Professor, Wegmans School of Pharmacy, St John Fisher University, Rochester, New York, USA

US veterans have high suicide rates and approximately 75% receive care in the community. Examples of intervention development efforts in dispensing settings include suicide prevention gatekeeper training (Pharm-SAVES), free gun lock distribution and research on repurposing pharmacy technologies and services for management of lethal means. This presentation will discuss VA-supported research in pharmacy practice including preliminary results of a VA-funded planning study.

[Preparing pharmacists to communicate with and refer individuals with suicide warning signs](#)

Delesha Carpenter, PhD, MSPH, Executive Vice Chair and Associate Professor, Eshelman School of Pharmacy, University of North Carolina at Chapel Hill, Chapel Hill, NC

More than 1 in 5 pharmacy professionals report interacting with individuals with suicide warning signs but not knowing how to respond effectively in those situations. Training pharmacy staff to act as gatekeepers who recognize suicide warning signs and to refer at-risk patients is part of a holistic public health approach to suicide prevention. We describe the development of Pharm-SAVES, a novel online gatekeeper training program developed specifically for pharmacists who practice in a community or retail environment in the US. Pharm-SAVES content was developed using an iterative co-development process with a panel of pharmacy stakeholders and suicide prevention experts that could be replicated with other health professionals. We also present data on the impact of Pharm-SAVES on student pharmacist knowledge, self-efficacy, and behavior.

[Lifeguard Pharmacy — the co-development of a new suicide prevention response service in UK community pharmacies](#)

Josie Solomon, PhD, Professor of Human-Centred Health, School of Pharmacy, University of Lincoln, Lincoln, U.K., Dr Ana Maria Barcelos, University of Lincoln, U.K.

Community pharmacies are playing an increasing role in the provision of public health services in the U.K., but to date there is not a specific service for suicide prevention. However, pharmacies are ideally placed as an easily accessible, drop-in healthcare resource that arguably could play a role in supporting people experiencing a mental health crisis.

This presentation will discuss the findings from this two-phase NIHR funded study of co-development and feasibility testing that created the "Lifeguard Pharmacy" response service. This intervention consists of 7 components: the logo and branding; marketing strategy; specification criteria for participating pharmacies; staff training resources; staff support package; consultation guide and triage tool and a directory of local resources. This evidence-based toolkit of resources has the potential to be rolled out to other locations and places pharmacies on the map as key partners in supporting suicide prevention.

[Contribution of Community Pharmacists in Suicide Prevention Efforts in Nigeria](#)

Somto Chike-Obuekwe PhD Fellow, UNESCO advisory board member. Department of Pharmacy, School of Applied Science at University of Huddersfield, England.

Nigeria has over 7,000 registered suicide deaths. Most Nigerians visit community pharmacies daily, and despite this accessibility to various individuals, their involvement in suicide prevention efforts is poorly understood. Community pharmacists could have a significant role in suicide prevention efforts by restricting access to means, facilitating communication, and referring patients. However, this role has never been explored in Nigeria.

This presentation will discuss community pharmacy settings, stigma, education and training, and incentives as possible facilitators and barriers to establishing suicide prevention programme in community pharmacies. In addition, we will discuss the potential consensus among registered, practicing community pharmacists and their perspectives on suicide prevention efforts.

Symposium #35 The future of suicide prevention: lessons from low- and middle-income countries., September 22, 2023, 2:30 PM – 4:00 PM

Chair: Dr Daiane Machado

Dr Duleeka Knipe¹, [Dr Piamee Bandara¹](#), [Dr Daiane Machado²](#), [Dr Sanderson Onie³](#)

¹University of Bristol, ²Harvard Medical School, ³Black Dog Institute

Roughly 4 in every 5 suicide deaths occur in low- and middle-income countries (LMICs) – this partly reflects the fact that 80% of the world’s population live in these settings, but also because many countries have higher than average rates of suicide. In suicide prevention, we often look to take approaches which have worked in high income countries (HICs) to LMICs in efforts to reduce suicide. Rarely does this happen the other way. LMICs run the risk of being over-generalized as resource-poor and under-developed. There are already clear examples of where HICs can make strides in reducing self-harm and suicide by employing strategies that have worked in LMIC settings.

This symposium will highlight key examples which include the restrictions of access to lethal means, cash transfer programmes, and the use of Google Ads for suicide prevention.

[Reducing the global suicide rate by restricting access to highly hazardous pesticides \(Bandara\)](#)

Despite being deemed too unsafe and thereby banned in many high-income countries, highly hazardous pesticides are still exported and readily available for use across many LMICs. It is estimated 15–20% of suicide deaths globally are attributed to the ingestion of highly hazardous pesticides, equivalent to up to 165,000 deaths each year. There is clear evidence from multiple LMICs that restricting access to highly hazardous pesticides results in a considerable reduction in suicide deaths. This paper will showcase the lessons learnt from national bans on highly hazardous pesticides using examples from LMICs. Given pesticide self-poisoning comprises almost a fifth of all suicide deaths worldwide, phasing out the use of highly hazardous pesticides will likely contribute to a decline in the global suicide rate and further progress to attaining SDG targets to reduce the suicide rate by one third by 2030.

[Conditional cash transfers to reduce suicide \(Machado\)](#)

While evidence on the impact of socioeconomic interventions to reduce suicide rates is limited, a study conducted in an LMIC using one of the world’s largest conditional cash transfer programme, showed 56% reduction in suicide rates among its beneficiaries. We used data from the 100 Million Brazilian Cohort, covering a 12-year period (2004 to 2015) comprising socioeconomic and demographic information on 114,008,317 individuals, linked to the “Bolsa Família” programme (BFP) payroll database, and nationwide death registration data. We estimated the association of BFP using inverse probability of treatment weighting, and we also used an average treatment effect on the treated (ATT) estimator and fitted Poisson models to estimate the incidence rate ratios (IRRs) for suicide associated with BFP experience. At the cohort baseline, BFP beneficiaries were younger, had

higher unemployment rates, a lower level of education, resided in rural areas, and experienced worse household conditions. BFP beneficiaries had a lower suicide rate than non-beneficiaries (IRR = 0.44, 95% CI = 0.42, 0.45, $p < 0.001$). This association was stronger among women (IRR = 0.36, 95% CI = 0.33, 0.38, $p < 0.001$), and individuals aged between 25 and 59 years (IRR = 0.41, 95% CI = 0.40, 0.43, $p < 0.001$). We observed that BFP was associated with lower suicide rates, with similar results in all sensitivity analyses.

These findings should help to inform policymakers and health authorities to better design suicide prevention strategies. Targeting social determinants using cash transfer programmes could be important in limiting suicide not only in an LMIC, but also in other parts of the world, especially during economic recessions, income and employment declines.

[Google AdWords to reach Individuals Contemplating Suicide: Digitalized Community Values \(Onie\)](#)

Recent research has shown that in a HIC, less than half of the individuals who die by suicide will seek help prior. This number may be even lower in LMICs where services are sparse.

One recent line of research designed to reach people contemplating suicide is using search page advertising, where an advertisement would trigger when an individual searches suicide-related keywords on the internet and present an ad as the first result on the search page. The ad leads to a landing page designed to promote help-seeking and de-escalate a suicidal episode.

This work was considered in Indonesia, given that searches for suicide-related keywords returned questionable forums, and no hotline banner appeared as there is no sustainable hotline. To address this, we developed Google Ads campaigns in Indonesia and used tailoring to present different campaigns to different people depending on their browser language or geographic location. The intervention embodies the Indonesian cultural value of community and 'gotong royong', where every person in distress should be met with an outstretched hand — albeit in this case, a digital one.

This work has shown promise and benefits in HICs.

Given that the intervention uses existing infrastructure available worldwide, it is currently being rapidly translated into multiple countries. The data also shows promise for a real-time, global monitoring system for suicidal risk and has led to pilots in Indonesia, Australia, and the U.S.

[Symposium #36, Nat Strategies: Implementation of suicide prevention actions across European countries, September 22, 2023, 2:30 PM – 4:00 PM](#)

Chair: Mr Alexander Grabenhofer-Eggerth

[The challenge of implementation of suicide-prevention-actions across European countries](#)

Mr Alexandr Kasal¹, [Mr Alexander Grabenhofer-Eggerth](#)², Ms Joy Ladurner², Mrs Eva Tušková³, Mrs Laura Juríková¹, Ms Roksana Táborská¹

¹National Institute of Mental Health, Czechia, ²Gesundheit Österreich GmbH, ³Ministry of Health, Czech Republic

Implementation of suicide prevention actions across European countries with different levels of development of suicide prevention systems

In this symposium, four presentations explore the implementation of suicide prevention actions across European countries with different levels of development of suicide prevention systems, while reflecting how the implemented actions are connected to adopted or prepared public-policy documents (e.g., national/regional strategies, programs, action plans).

Introductory presentation of the symposium: The challenge of implementation of suicide-prevention-actions across European countries

This presentation aims to provide an overview of the status quo of structured national/regional suicide-prevention activities in selected European countries while bringing together research and public health perspectives. It will introduce the topic and set the scene for further presentations. It draws on the outcomes of JA ImpleMENTAL, a major EU-funded Joint Action (2021-2024) project with suicide prevention as a key focus. The input will include a cross-country overview, detailing the common and individual challenges of the 17 countries participating in the project. It aims to show how different policy frameworks (e.g., the existence of national strategies) can influence the status quo (i.e., development of suicide-prevention systems), specifically for the implementation of suicide-prevention actions.

Implementation of suicide prevention actions across European countries with different levels of development of suicide prevention systems in Malta

Dr Antonella Sammut, Dr Kathleen England, Dr Sandra Distefano, Dr Karen Maria Borg, Dr Stephanie Xuereb, Ms Kelsey Renaud, Dr Daniela Zammit

¹Mental Health Services, Ministry For Health

Keywords: Suicide, Standardized Suicide Rate, ImpleMENTAL, Mental Health Services

Background: Goal 3 of the Sustainable Development Goals (SDGs), and the Mental Health Strategy for Malta 2020-2030, put an obligation on the Maltese Mental Health Services (MHS) to draft a National Suicide Prevention Strategy thus filling in the existing void. Malta's participation in ImpleMENTAL has provided the ideal milieu for this to become a reality.

Epidemiological data

Malta has experienced a rapid rise in its resident population over the past 10 years. Malta remains the most densely populated country in the E.U. with 1,649 residents per square kilometer.

The total number of suicides from 1995 to 2018 in the Maltese Islands was 635. The standardized suicide rate for 2021 in Malta was of 6.51/100,000, that peaked in 2014 with a standardized rate of 8.15/100,000. Over a five-year period, (2017 – 2021), there were 83 suicides reported, with the ratio of male to female being 9:1.

Situation Analysis: Malta is well placed to embark on this journey since the national mental health service is governed by the Mental Health Act (2012) and the Mental Health Strategy (2019). Services are provided through multi-disciplinary teams, with professionals having a sound knowledge base and receiving continuous professional education. Mental Health Services have a ring-fenced budget amounting to 6.83% of the national health budget (2022). There is universal coverage for psychiatric care and psychotropic drugs for persons who have statutory rights. Some challenges experienced by the Mental Health Services are the lack of a dedicated national mental health information system, absence of suicide or self-harm registry, and no postvention and gatekeeping services.

Malta's rapid socio-cultural changes with an influx of foreign workers, have put an added strain of an already overstretched mental healthcare system. Services being provided need to respond to the changing needs of the population.

Proposed key elements of the National Action Plan for Suicide Prevention

- Increasing recognition of suicide risk
- Improving mental health awareness and literacy
- Eradicating stigma
- Reducing access to means

- Improved data including risk of suicide and self-harm
- Coordination and collaboration among multiple sectors of society

Conclusion: ImpleMENTAL has provided the right platform for the sharing of knowledge, best practices and providing the right support for Malta to achieve another milestone – a National Suicide Prevention Strategy.

[The Spectrum of Suicide Prevention Activities in Slovenia](#)

Matej Vinko, Saška Roškar, *National Institute of Public Health, Slovenia*

This presentation focuses on suicide prevention activities in Slovenia, specifically using the Universal Suicide Intervention (USI) classification within the context of the National Mental Health Programme 2018–2028 (NMPH). The USI classification provides a structured framework for identifying and addressing suicidal behaviour. The presentation highlights the importance of early intervention and identification of risk factors, as well as the need for collaboration among healthcare providers, mental health professionals, and community organizations. The NMPH aims to reduce the prevalence of mental health problems, including suicide, through increased awareness, education, and access to services. The presentation also discusses the challenges faced in implementing suicide prevention activities and the importance of ongoing evaluation and adaptation of these programs.

[Successes and challenges in implementing suicide prevention strategy across multiple sectors in Ireland.](#)

John Meehan, *National Office for Suicide Prevention (Ireland)*

Connecting for Life is Ireland's National Strategy to Reduce Suicide. It is a complex all-of-government strategy accountable to the Cabinet Committee on Social Policy and Public Services. It contains 69 strategic actions which are assigned to 20 different government departments/agencies. Implementation of the national strategy is supported by 10 local action plans and thirty non-governmental organisations receive funding as part of the strategy.

The strategy was launched in 2015 as an all-of-government suicide prevention framework with (for the first time) commitments from government departments and agencies outside of the health sector. Following an interim strategy review by an expert group, in 2019 Connecting for Life was extended to 2024.

The National Office for Suicide Prevention (NOSP) – within the HSE Irish Health Services – is tasked with driving the implementation of CfL. It has an annual budget of approximately €13m. The office draws on data from the Central Statistics Office, The Irish Probable Suicide Deaths Study (IPSDS) and the national self-harm registry.

This presentation will look at the Irish experience of implementing the strategy and explore key collaborative partnerships in the areas of education and training, research and evaluation, data improvement and communications.

[Facilitators and barriers to implementation of suicide prevention interventions: Scoping review](#)

Mr Alexandr Kasal.

We know that suicide is preventable, yet hundreds of thousands of people still die due to suicide every year. Many interventions were proven to be effective, and dozens of others showed promising results. However, translating these interventions into new settings brings several challenges. One of the crucial obstacles to success is not anticipating possible barriers to implementation nor enhancing possible benefits of factors facilitating the implementation. While we witnessed great support for suicide prevention activities globally in the past years, implementation barriers and facilitating factors

are yet to be comprehensively mapped to help implementation activities worldwide. This scoping review maps current knowledge on facilitators and barriers to the implementation of suicide prevention interventions while using the Consolidated Framework for Implementation Research (CFIR) for classification. We included 64 studies. Barriers and facilitators were most commonly identified in the outer setting CFIR domain, namely in the sub-domain of patient needs and resources, which refers to the way in which these needs and resources are reflected by the reviewed interventions. The second most saturated CFIR domain for facilitators was intervention characteristics, where relative advantage, adaptability and cost of intervention sub-domains were equally represented. These sub-domains refer mostly to how the intervention is perceived by key stakeholders, to what extent it can be tailored to the implementation context and how much it costs. While intervention characteristics domain was the second most common also for barriers, the complexity sub-domain referring to high perceived difficulty of implementation was the most frequently represented. With reference to the results, we recommend adapting interventions to the needs of the target groups. Furthermore, carefully selecting the intervention to suit the target context concerning their adaptability, costs and complexity is vital for a successful implementation. Further implications for practice and research are discussed.

Assisted Dying Policy Position Session 2:30 PM – 4:00 PM

Chair: Reinhard Lindner

The International Association for Suicide Prevention (IASP) Executive Council are working to post a brief draft on the IASP website homepage, on assisted suicide and the position of IASP. In recent months, a short draft has been prepared and sent to a group of about 50 IASP members. Reinhard Lindner, Germany will present a qualitative evaluation of their comments and a new version of the statement. Participants of the conference are invited to join the discussion.

TikTok SymPanel, September 22, 2023, 2:30 PM – 4:00 PM

Policy and product interventions to address suicide and self-harm on TikTok

Chair: Ryn Linthicum

Ryn Linthicum¹, Kira E. Riehm¹, **Sarah Tan**¹, **Erika Crowell**¹

¹TikTok

Platforms that host user-generated content, like TikTok, allow individuals to seek community support and provide a non-judgemental forum for creative expression. Given the potential reach and anonymity platforms provide, users may engage with popular social media and entertainment platforms for a variety of purposes. Some individuals use these platforms to disclose their own experiences with mental health struggles, including thoughts of suicide or self-harm. Others may use platforms in adversarial ways, for example, by actively encouraging suicide or self-harm behaviors or reposting graphic depictions of suicide deaths. Trust and safety teams for popular platforms are thus charged with developing policies and product interventions to address a wide range of content related to suicide and self-harm.

In this presentation, we provide an overview of the research, legal frameworks, and guiding principles used to inform the creation of community guidelines and product interventions for TikTok. First, we highlight how suicide and self-harm research has informed our approach to policy development, with a particular emphasis on issues of contagion. We provide insight into how our policies and product interventions have co-evolved with emerging research and content trends. We ground our discussion by presenting data on the volume and types of suicide and self-harm content removed from the TikTok platform. Next, we discuss product interventions that are developed to foster well-being and support individuals' autonomy and control over their TikTok experience. Examples include content levels, screen time limits, and hashtag muting. Our presentation provides examples of the challenges

inherent in content moderation on sensitive topics like mental health, and how innovations in product design can ameliorate tensions. Finally, we discuss common challenges and research gaps teams face when working to promote mental well-being. We finish by highlighting future directions for collaborative efforts to foster safe discussions on mental health in digital environments.

[Preventing repetitive negative affect content recommendations on TikTok](#)

[Ryn Linthicum](#)¹, Siyu Shen¹, Sarah Tan¹

¹TikTok

Online discussions about suicide and self-harm are governed by the policy limits that platforms enforce. Community Guidelines publicly communicate the types of content allowed (and restricted) on social media and entertainment platforms. The moderation systems platforms used to enforce these guidelines are typically designed to evaluate content and act at an individual level. For example, systems are designed to evaluate whether a single image, content, or account warrants removal from a platform. The emphasis on individual components stems from a historic bias towards policies written to protect against potential negative impacts that a single piece of content can have on a viewer.

With the rise of recommendation systems as a method for automated content presentation across platforms, new potentials for user harm are emerging. Pieces of content that may be harmless, or even beneficial, at an individual level may pose increased risk when presented in an aggregated manner. An ongoing challenge for platforms using recommendation systems now includes the task of building diversity into system design, while still honoring the agency of individuals who seek out specific content.

This presentation describes a novel approach TikTok is using to protect its community against potential negative experiences arising from repetitive content recommendations. We present the design, implementation, and results of a system aimed at limiting repetitive viewing experiences for content with themes of sadness, hopelessness, loneliness, and despair. We begin by discussing the research and clinical basis used to inform the design of the system's intervention parameters. Next, we highlight key insights made throughout our iteration and testing process when building systems to accurately identify and disperse potentially depressive content. Finally, we discuss the impact of implementing the system, presenting information on our system's effectiveness and the impact it has on general mental health, suicide, and self-harm related content presentation on TikTok. We share plans for continued work and iteration, and expansion of these content dispersion systems into future thematic domains supporting mental health and well-being.

[Global concerns and local nuances: Localizing strategies to foster safe digital conversations on mental health](#)

[Sarah Tan](#)¹, Erika Crowell¹, Ryn Linthicum¹

¹TikTok

Global platforms like TikTok allow for a diversity of perspectives to be shared around the world. On TikTok, we care deeply about our community members. We strive to be a platform where individuals worldwide feel comfortable and safe discussing emotionally complex topics. This includes holding space for nuanced conversations about topics including suicide, self-harm, and eating disorders. Yet, in creating a safe space for these conversations, policies and moderation systems must consider cross-cultural and developmental variations in language, comfort, and modes of expression. Without integrating nuances in the in-group signals and symbols that emerge across regions, platforms risk creating biased systems that do not consider global equity concerns.

This presentation considers ethical issues associated with policy and intervention construction for global platforms. We discuss the benefits and drawbacks of localizing approaches to moderating content with themes of disordered eating, suicide, and self-harm. We highlight how cross-cultural research on suicide, self-harm, and eating disorders informs our decisions on when, and how to most effectively localize policies and interventions. Finally, we provide an example of TikTok's approach to tailoring systems designed to identify and moderate content in a culturally-responsive manner. We present cases of localized approaches used to bolster our efforts to identify and address disordered eating, diet, fitness, suicide, and self-harm content on the TikTok platform. We share insights on some

of the variants in signs and signals we saw emerging on TikTok across cultures and contexts, that prompted us to take a localized approach to content moderation. We discuss the process of identifying where global policies needed to be tailored, and highlight insights gained from regional partners. We will share data and insights regarding the impact of taking a localized approach on keeping our platform safe, for all users across all cultures and languages.

[Overview: Safety-by-design approaches to promoting well-being on TikTok](#)

[Ryn Linthicum](#)¹, Sarah Tan¹, Kira E. Riehm¹, Siyu Shen¹, Erika Crowell¹

¹TikTok

Researchers, governments, parents, and tech companies have a shared goal to understand the potential impact of social media on mental health. As new research emerges regarding the potential benefits and pitfalls of media use, and new technologies are developed, platforms must continually update their approach to keeping communities safe. Entertainment platforms like TikTok provide opportunities for human connection, community-building, and creative self-expression; however, a safety-by-design approach is important to promote well-being among those who engage with digital content.

In this combination symposium and panel, we will discuss the strategies TikTok uses to foster a safe community environment while holding space for important discussions on emotionally complex topics like lived experiences of suicide and/or self-harm. We begin with an overview of the research and human rights frameworks that form the foundation of TikTok's approach to promoting mental well-being on the platform. Next, we present an overview of how content moderation strategies shift in response to emergent challenges and platform affordances. We discuss the process of building an intervention strategy to disrupt repetitive viewing patterns. Finally, we acknowledge the diversity of our TikTok community and share insights into where, and how, localization of our approach to suicide, self-harm, and eating disorder content occurs.

We conclude our session with a panel discussion, bringing together researchers, policymakers, and individuals with lived experience to discuss the future of safety-by-design for media platforms. We will discuss emerging issues and how research can inform future decision-making and intervention development. Discussions will highlight areas of overlap in our shared goals to foster well-being for communities worldwide.

WORKSHOPS

W/Shop #1 Growth modeling outcomes from a partially-nested RCT of an eight week standardized and manualized warm calling treatment to combat social isolation, depression, and suicide risk in older adults, September 20, 2023, 4:30 PM – 6:00 PM

[Dr Laura Shannonhouse¹](#)

¹Georgia State University

In the United States, older adults are too often socially isolated (reported by 24%) and almost half report feeling lonely (Cudjoe et al., 2020). These negative states are detrimental to older adults' mental health, as they result in increased anxiety and hopelessness (Luo et al., 2012) and an elevated risk of dementia (McInnis & White, 2001). Further, they also impact physical health as they contribute increased morbidity (Joiner, 2005), and have been found to be significant predictors of suicide (Perissinotto et al., 2012). Twenty percent, or 1 in 5 older adults who receive home and community-based services (HCBS) such as meal delivery have been found to meet clinical criteria for suicide risk (Fullen et al., 2020). Specifically, when older adults feel like they do not belong (thwarted belongingness), and that they are a burden to others (perceived burdensomeness), desire for suicide emerges (Van Orden & Conwell, 2011).

While changes to mental health delivery to American older adults have recently been signed into law (i.e., Medicare reimbursement for Professional Counselors which will amplify the available workforce) systemic barriers still limit the effectiveness of traditional mental health service delivery pathways. Alternatively, community-based interventions within the aging services network such as nutrition services have been found to reduce loneliness and isolation among older adults (Lee et al., 2015). A meal delivery volunteer may often be one of the only regular touchpoints interacting with homebound older adults. Fortunately, there are considerable anecdotal (and now quantified through our research) examples of older adults having reported suicidal thoughts to home delivered meals volunteers.

Our approach to exploring this phenomenon through a structured warm calling interaction was discussed last year at IASP along with preliminary results (from two of five data collection waves). This presentation summarizes the completed project along with more comprehensive analysis from the full data set ($N = 600$).

The method we employed was motivated by the proven success of nutrition services at providing social connection along with previous approaches in “training nontraditional groups to provide psychological first aid” (Cook & Bickman, 1990). Suicide prevention and intervention training in this context is all the more warranted since no such training exists on the National Council on Aging Evidence-Based Registry (NCOA). To combat isolation, loneliness, and suicidality we developed and implemented a standardized warm calling regime, BE WITH (Belonging and Empathy, With Intentional Targeted Helping).

This presentation describes how that program (which was funded by the U.S. Department of Health and Human Services) was grounded in community-engaged best practices at promoting social support for older adults (i.e., narrative reminiscence), and integrated evidence-based suicide intervention (i.e., ASIST) which has been shown to reduce lethality and promote life. Specifically, we trained aging services volunteers how to provide intentional social connection to older adults through a standardized, manualized warm calling program. Volunteers followed a specific calling protocol and were trained in a standardized and manualized phone-based social connection model coupled with an aging specific variant of ASIST, an evidence-based suicide intervention training. They were also supervised and attended weekly supervision groups.

Program effectiveness at reducing SILES was tracked over eight weeks with over 600 older adults. Longitudinal outcomes (e.g., loneliness, isolation, anxiety, depression, suicide desire (thwarted belongingness, perceived burdensomeness), capability for suicide (fearlessness about death, pain tolerance, etc.) were measured prospectively, and assessed through a double-blind, partially-nested

randomized controlled trial. This research design replicated Dr. Gould's coding protocol (2013) of calls to the national suicide prevention lifeline and extended it from a cross sectional study design to a prospective, longitudinal design. We are currently analyzing the continuous outcomes and are applying an augmented version of Gould's (2013) coding protocol to roughly 8,000 audio recorded intervention calls made over the course of the BE WITH program. This is enabling us to (a) outcomes to determine if psychological outcomes (i.e., anxiety, depression, suicide risk) decrease, it also enables us to learn (b) what aspects of the warm calls were associated with specific older adult outcomes.

In short, in this workshop, the prevalence and implications of isolation, loneliness, and suicidality among older adults is discussed, as well as an overview of techniques and best practices that can be used to address these states in homebound, diverse, at-risk, isolated older adults. Then, we quantify the effect of the BE WITH program (in aggregate and on an individual call basis) at ameliorating those constructs of social isolation, loneliness, and elevated suicidality. The results of this PN-RCT will enable us to learn more about the impact of lay providers (aging services volunteers) that serve as "natural helpers" offers measurable positive outcomes for older adults who are isolated and may be considering suicide.

Implications for local, state, and national impact are also discussed along with practical procedures for how to replicate this programming. Our experiences conducting this community-based research spanned multiple-sites and governance hierarchies and forced us to coordinate our workflow efficiently, all while enduring regular staff turnover as graduate student researchers regularly matriculate. In this workshop, we will also consider these aspects of conducting a multi-million-dollar project that often gets left out of the journal articles and scholarly discussion. How do you ensure that volunteers can call older adults when they can't know the phone number? How do you convince a university to disburse thousands of dollars of cash incentives through the mail to a homebound population with low technical literacy? The accumulated HOWs of such a study is given attention here, just as much as we will focus on our results. This workshop will allow for sharing among participants of how they have navigated similar (or very different) challenges in their research projects.

W/Shop #2 Evaluating the effectiveness of MATES in Construction (MATES) Respond Program. Peers guiding worksites through postvention and critical incident support., September 20, 2023, 4:30 PM - 6:00 PM

Mr Nicholas Thompson¹, Dr Rebecca Loudoun², Mr Trent Bazley¹, Mr James Lacey¹

¹Mates In Construction, ²The Centre for Work, Organisation and Wellbeing, Griffith University

This workshop will interact with participants over two distinct sections. The first being the program logic and modality of MATES in Construction followed by the second section addressing the newest component of the MATES program, MATES Respond.

The first component of the workshop will give an overview of the MATES in Construction program, developed in 2007, in Queensland, Australia. The MATES program has dedicated itself to working with and for the building and construction industry to reduce and prevent suicide in the construction industry over the last 15 years in Australia. MATES is an independent construction industry charity established in response to construction workforce suicide rates. The charity is led by and for the construction industry using an anger, hope action model to suicide prevention and a multimodal program based on four principles: raising awareness among workers; building resilience in the workplace; connecting workers to help and support through help offering; and utilising independent research partners to work with, evaluate and enhance psychosocial safety at work (Martin et al., 2016).

The MATES program logic enacts a workplace mental health program utilising a model of general awareness, trained peer to peer Connectors to support a site and Applied Suicide Intervention Skills trained construction workers on each of their accredited sites (LaMontagne et al., 2018). This model had been reinforced by the Blueprint for Better Mental Health & Suicide Prevention in the Building & Construction Industry. The Blueprint is an industry lead framework established in 2016 that benchmarks industry responses to audits around workplace mental health initiatives (Milner & Law, 2017). The Blueprint also incorporates validated responses of over 2,500 construction workers and their workplace stressors, updated over time through the People at Work Construction Survey as additional work groups participate (Loudoun et al., 2020).

This interactive presentation will involve a discussion of MATES program logic, integrated framework of the Blueprint for Better Mental Health and Suicide Prevention in the Building & Construction Industry and key trends and data attached to workplace mental health from the Australian Building & Construction Industry attached to this Blueprint framework.

- Participants will have an opportunity to receive a paper copy of the most recent annual report of Blueprint trends across Australia, as well as the most recent report into the trends of the construction workforce in the Northern Territory, a specific jurisdiction in Australia.
- Participants will hear direct feedback from participating companies through video content of their experiences of the five pillars of the Blueprint.
- Participants will hear video testimony from “Connectors” who use the broader MATES program logic to safely offer support to colleagues experiencing distress.

The second component of the interactive presentation will involve the most recent addition to the MATES in Construction suite of initiatives that feed into the community development framework that is the MATES program, called MATES Respond. This will include an overview of the study to evaluate the MATES Respond program.

MATES Respond was developed to meet the need of sites who had workplace Connectors and Assist Volunteers seeking assistance in best practice to offer help and support to workmates and work groups after a critical incident or death by suicide of a colleague from the site or workgroup (Maple, 2020). A clear continuation of the broader MATES program logic in preventing suicides and improving mental health literacy on construction sites.

This study evaluated the effectiveness of the MATES Respond Program, to equip participants with the confidence, knowledge, and skills to provide immediate, on-site guidance and support in response to a critical incident connected to a construction worksite including death by suicide of a work colleague.

The ‘Mates Respond’ Program focuses on three main areas:

- (a) connecting with the event,
- (b) understanding the event, and
- (c) assisting workers on site (Maple, 2020).

This study engaged a quasi-experimental 2 x 3 design, with data collected from approximately 60 construction workers who completed the MATES Respond program (Intervention Group) and approximately 30 construction workers who did not complete MATES Respond Program Control Group before the training (Pre-Intervention Phase), after completing the training (Post-Intervention Phase), and approximately 3 months (for a smaller cohort) after completing the training (Follow-Up Phase).

Data were gathered using validated scales on giving and receiving emotional support (emotional support scales; Shakespeare-Finch & Obst, 2011), distress tolerance (Distress Tolerance Scale Short-

Form; Garner et al., 2016), anxiety (Brief State and Trait Anxiety; Zsido et al., 2020), resilience (Brief Resilience Scale; Smith et al., 2008), and stress (Perceived Stress Scale; Cohen, 1983).

Results will be presented of correlational analyses, repeated-measures MANOVAs, and chi-squared difference tests, used to determine if perceptions of confidence and ability increased for Mates Responder Training participants from pre- to post-intervention (including follow-up), in comparison to the control group across three areas:

1. Perceived impact of an event after the training;
2. Perceived ability or resilience to be able to respond to a critical incident, death or suicide after training;
3. Perceived ability to actually give and receive support after the training.

MATES Respond takes these preventative workplace initiatives to the next level of site safety through post incident support of peers after a death on a construction site separate to the preventative work of the workplace program. Traumatic events at work can and do lead to mental health challenges, vicarious trauma and heightens risks of additional suicidality of peers (Maple, 2020). MATES Respond seeks to remove some of these barriers and potential risks through psychosocial education of Connectors and Assist Volunteers. Embedding psychosocial safety, effective support boundaries and selfcare and self-awareness into this model through the MATES Respond Program reinforces a construction site's ability to prevent and respond to suicide and trauma on site through community development principles and a peer to peer, culturally appropriate help-offering modality (Maple, 2020).

This interactive workshop will include,

- A paper copy of evaluation report into MATES Respond.
- Video footage of participants lived experiences post participation.
- Opportunities for participants to view and take away resources imbedded in the program:

(a) self care workbook.

(b) site policy for critical incidents and suicide.

(c) collateral used for promotion and explanation of the program to construction workers.

Questions and answers will follow on both the MATES program logic and the evaluation and delivery of the MATES Respond program.

Loudon, R. Biggs, A. Townsend, K. Troth, A. Roberston, A. (2020). Measuring Relationships Between Workers and Managers and Stress and Workload in the Building and Construction Industry: Milestone Report 2. Griffith University:

Brisbane, Australia <https://wellsaid.mates.org.au/resources/milestone-2-reportmates-final-report-december-2020>

Maple, M. Reducing the impact of critical incidence and suicide on construction workers: A rapid review and qualitative study (Doctoral dissertation, School of Health, Faculty of Medicine and Health, University of New England, Armidale NSW Australia).

Milner, A. Law, P. (2017). Summary Report: Mental Health in the Construction Industry. University of Melbourne: Melbourne, Australia

<https://mates.org.au/media/documents/MIC-QLD-construction-industryroundtable-report.pdf>

Martin, G., Swannell, S., Milner, A., & Gullestrup, J. (2016). Mates in the construction

suicide prevention program: A five-year review. *Journal of Community Medicine and Health Education*, 6(465), 2161–2711

W/Shop #3 Helping Frequent Callers to Suicide Prevention Helplines, September 20, 2023, 4:30 PM – 6:00 PM

Professor Brian Mishara¹, Mr. Louis-Philippe Côté¹

¹Université du Québec À Montréal

Helplines worldwide have a small proportion of clients who call quite often. Research shows that counselors may experience “emotional drain” and feel that their calls are difficult and question the usefulness of the help provided. This workshop has the goals of:

- 1) Summarizing what we know about the nature of frequent callers to suicide prevention helplines;
- 2) Presenting, based upon recent empirical research, recommendations about how to better help frequent callers to helplines;
- 3) Showing in role plays the application of recommended intervention methods.

We first present the results of a systematic literature review of empirical research on frequent callers to helplines. A number of concrete suggestions have been made, but with little empirical justification. We then report the results from three studies of telephone interventions with frequent callers. We discuss implications of the findings for practice. Then, role-play activities will demonstrate recommended intervention techniques.

Three complementary studies analyzed complete audio recordings of calls from all 105 frequent callers (people who called at least 30 times the preceding month) to the U.S. National Suicide Prevention Lifeline network.

In the first study, trained research assistants reliably assessed characteristics of their first and last calls during the month. In the second study, we related caller and helper call characteristics to positive changes and callers’ appreciation in post call surveys of help received. In the third study, we conducted qualitative assessments of all the 318 calls received from a random sample of 24 of the frequent callers.

Frequent callers are a heterogeneous group with multiple and diverse serious chronic problems, including suicidal behaviors. Counsellors generally focused on short-term solutions to problems, and rarely on the person, their strengths and feelings. They mostly discussed chronic or repeat problems rather than a new acute or crisis situation. Ratings for the first and last calls from each frequent caller during the observation month indicated almost no differences in caller feelings, call content, and how helpers responded to them. Ratings on caller feelings at the beginning and end of calls indicated that changes were rare. Overall, helpers tended to be quite respectful of callers, but they infrequently expressed empathy. They generally explored the problem, sometimes suggested solutions and asked the caller to call back.

Counselor techniques associated with more positive outcomes and greater caller appreciation include reformulating statements, providing moral support, asking about coping strategies, suggesting problem solving techniques, asking callers to call back if needed, counselors being sincerely interested in them, and counselors disclosing personal information. Callers often rejected suggestions but generally appreciated the calls.

The qualitative analysis of the subsample where we analyzed all calls during the month indicated callers often had serious practical problems in their living conditions and social relations. Most had mental health problems, symptoms of psychological distress and despair and almost half talked about suicide. The majority reported using other resources but often were either dissatisfied with other services or had difficulties accessing them. They coped by doing things, but often rejected

suggestions from counselors, although they generally appreciated the calls. Improvements over the course of the month were rare, but did occur.

These analyses confirm the low frequency of using active listening techniques, expressing empathy and validating feelings. Callers appreciated calls more when the helper seemed sincerely interested in the caller's problems, was enthusiastic in talking about what the caller wanted to discuss and when helpers showed they cared about the caller as a person and their well-being.

We make 14 recommendations about better helping frequent callers. These include: being warmer and more empathic, developing individual care plans, respecting callers who do not desire to discuss solutions, more consistent suicide risk assessments, learning interaction techniques for people with cognitive impairments and those in pain, allowing continued follow-up with the same counselor.

W/Shop #4 Strong Teens and Resilient Minds: A multi-modal school-based approach to depression and suicide prevention, September 21, 2023, 4:30 PM – 6:00 PM

Ms Kristel Jenniskens^{1,2,3}, Marloes Braam^{1,3}, Dr Mandy Gijzen^{4,5}, Dr Daan Creemers^{1,3}, Dr Leonie van Vuuven², Dr Sanne Rasing^{1,3}

¹GGZ Oost Brabant, ²113 Suicide Prevention, ³Behavioral Science Institute, Radboud University, ⁴Flemish Centre of Expertise in Suicide Prevention, Ghent University, ⁵University of Groningen

In recent years, the prevalence of depressive symptoms and suicidal thoughts and behavior has increased among adolescents in Western countries. Moreover, suicide is the fourth leading cause of death among adolescents aged 15–29 years worldwide. This stresses the need for effective, evidence-based approaches to depression and suicide prevention among adolescents. Preventive mental health interventions exist at three different levels: universal prevention, which is aimed at all individuals; selective prevention, which focuses on individuals at risk; and indicated prevention, which targets individuals with elevated symptoms. Next to results of single level interventions, a multi-modal approach, combining different levels of prevention, might be even more effective in reducing depressive symptoms and suicidal thoughts and behavior.

Several preventive interventions have been found to be effective in reducing depressive and suicidal symptoms, including several school-based interventions. Schools serve as an ideal setting for prevention because of their wide reach. Strong Teens and Resilient Minds (STORM) is such a multi-modal school-based depression and suicide prevention approach. It consists of four pillars:

- Universal mental health prevention in the form of mental health lesson program in schools;
- Gatekeeper training for teachers and school personnel, in which they learn 1) to recognize suicidality in adolescents, 2) to talk about suicide with adolescents who might have suicidal thoughts, and 3) where to find professional help for adolescents who struggle with suicidality;
- Systematic, early detection of adolescents with depressive symptoms and suicidal thoughts and behavior at school by public health professionals, and active referral to additional care if needed;
- An effective, indicated Cognitive Behavioral Therapy (CBT) based group intervention for adolescents with elevated depressive symptoms called 'Op Volle Kracht' (OVK, translates to At Full Force), which is based on elements of the Penn Resiliency Program.

The STORM approach will be explained in more detail by the presenters during the workshop. Furthermore, attendants of this workshop will gain practical insight into the STORM approach through exercises based on each of the four pillars. Exercises will be both from the perspective of adolescents and the perspective of professionals who work with STORM in practice.

The STORM approach has been developed based on five guiding principles. First, interprofessional collaboration: various parties, including secondary schools, Dutch Public Health Services (in Dutch: GGD), specialized mental health care organizations and public officers from municipalities work

together to form a supportive network around adolescents. Second, the approach strives to include evidence-based interventions, such as the OVK training. This relates to the third guiding principle of continuous scientific research, which includes research into the interventions included in the STORM approach. The fourth principle is to arrange supra-regional financing, with the aim of ensuring sustainable financing for the approach. Last, a continuous process of professionalization, knowledge development, and improvement from practical experience help to ensure that all parties involved in STORM stay up to date with the approach. Together, these guiding principles help to ensure that STORM will keep developing over time to best meet the mental health needs of adolescents. Therefore, the workshop will also include an interactive discussion about current research, developments around STORM, and possibilities to further improve the approach.

Currently, STORM is applied in a rural area in the south of the Netherlands for several years. Following the positive experiences with the approach in this region, STORM will be scaled up to other regions over the coming years, with the ambition to scale the approach up to a national level. Scaling up and implementing approaches such as STORM is a lengthy process that requires continuous efforts from many parties. The presenters will therefore also reflect on the current efforts to scale up and implement STORM throughout the Netherlands and the lessons learned so far.

Workshop objectives:

After the workshop, attendants will have gained insight into:

- The STORM approach through practical exercises based on the four pillars of STORM;
- Current research and developments around STORM, as well as possibilities to further improve the approach;
- Current efforts to scale up and implement the STORM approach throughout the Netherlands;
- Lessons learned so far for scaling up and implementing a multi-modal approach to depression and suicide prevention.

Publications related to STORM:

Article 1: In a randomized controlled trial among adolescents between 12 and 16 years with elevated depressive, the OVK training was found to effectively reduce depressive symptoms in adolescents. The trial is reported in the article below.

de Jonge-Heesen, K. W. J., Rasing, S. P. A., Vermulst, A. A., Scholte, R. H. J., van Eteekoven, K. M., Engels, R. C. M. E., & Creemers, D. H. M. (2020). Randomized control trial testing the effectiveness of implemented depression prevention in high-risk adolescents. *BMC Medicine*, 18(1), 1–13.

Article 2: A randomized controlled trial of the full STORM approach has been conducted. The results have not been published yet, but the study protocol can be found in the article below.

Gijzen, M.W.M., Creemers, D. H. M., Rasing, S. P. A., Smit, F., & Engels, R. (2018). Evaluating of a multimodal school-based depression and suicide prevention program among Dutch adolescents: design of a cluster-randomized controlled trial. *BMC Psychiatry*, 18(1), 124.

W/Shop #5 Suicidality and suicide prevention in people with Intellectual Disability (ID) or Borderline Intellectual Functioning (BIF). How to engage and maintain contact., September 22, 2023, 9.00AM — 10.30AM

Mr Teunis Van den Hazel¹, Ms Ruthie Werner², Ms Christa Gerrits¹

¹Trajectum, ²113

27-3-2023

Introduction of this workshop:

An Intellectual Disability (ID) leads to a range of vulnerability and risk factors for suicidal thoughts and actions. In this experience-oriented workshop we want to take participants into the daily life of people with ID with suicidal thoughts and behavior, into the choices that counselors and practitioners have to make.

Mixed methods will be used in this workshop:

We aim at recognition and empathizing with the experiences of people with ID, based on what is experienced through discussion and exchange, videoclips, experiential exercises, and short role plays (with the participants).

We want participants to experience the problems experienced by people with ID.

We want to reflect on these experiences, on the perceptions and circumstances that cause the increased vulnerability and risk of suicidal behavior. Some of these experiences, perceptions and circumstances seem to be specific for people with ID.

We want to highlight and summarize what research on suicidality in people with ID has shown (Van den Hazel et al., 2021; Douma et al., 2022). We want to discuss with participants the implications for prevention, counseling and treatment of suicidal behavior in people with ID. In what ways would (should) this be different from people without ID?

With all this information in mind, participants actively participate in a role-play; the moderators present a few counseling and treatment moments, based on choice moments participants determine the direction of the

counseling and treatment.

We want to share how we support and deepen communication with clients about suicidal thoughts and possible plans through storytelling slides (free download from: <https://www.trajectum.nl/vertelplaten-ter-voorkoming-van-suicide>).

Actual developments regarding Intellectual Disability:

The diagnosis of ID – BIF is no longer based solely on IQ or cognitive impairment, but primarily on deficits in the ability to cope independently in an increasingly fast-moving society, in a continuously changing society.

Deficits in adaptive, practical and social functioning; an impaired ability to cope with tension and conflict; an impaired ability to adequately ask for help characterize the diagnosis (DSM-5-Tr, 2022).

We will focus on the problems in daily functioning that people with ID experience; the enormous appeal on their abilities to oversee, understand and adapt quickly. Their idea of thwarted belongingness and burdensomeness is often not based on a self-image but also based on real life experiences.

What makes people with ID-BIF vulnerable to suicidal thoughts, feelings, and behaviors?

It is not just ID or BIF that leads to a higher risk, a greater vulnerability. Primarily, the consequences of an ID may lead to a higher risk of suicidal behavior when there are suicidal thoughts.

Protective factors are often present to a lesser extent. An unsafe social development can lead to distrust and distance in contact. People with an ID who live in residential facilities sometimes choose not to talk about their suicidal thoughts, feelings, and behaviors from fear of possible consequences (e.g., being placed in a time-out room or a forced transfer to a more intensively supervised ward to avert the danger of suicide).

Emotion-regulation and behavioral problems are frequently attributed to the ID and not seen as a signal of suicidality (“diagnostic overshadowing”).

People with an ID are often easily influenced, show often a more impulsive behavior pattern (“do first, then think”), a more thoughtless behavior pattern (even when thinking, the consequences of one's own behavior are not sufficiently considered beforehand).

People with ID may be ashamed of their suicidality because they frenetically maintain a façade of being “normal”. We see that people with ID–BIF camouflage and compensate for their own limitations and difficulties. They often develop strategies that prevent them from showing to others where they fall short or get stuck. Streetwise behavior camouflages, masks and misleads. Streetwise behavior puts therapists often on the wrong track.

When ID is present, it seems there are simultaneously occurring factors that reinforce each other. The most common vulnerability and risk factors for suicidality are often more present; think of mood-related disorders, trauma-related disorders and impulse control disorders. In combination with failure to recognize and diagnose these mood and trauma-related disorders, leading to failure to initiate targeted psychological and psychiatric treatment. Protective factors are often much less present.

There are also specific risk factors in the care or treatment environment, think of the lack of continuity, facing insecurity on wards, not having a clear perspective (“will I ever leave here?”).

What would you do?

There is a discrepancy between the tendency to protect, between stepping up security measures, more surveillance versus preserving one's autonomy.

We want to address the dilemmas between autonomy and safety; between leaving room for personal choices versus protecting and restricting.

Recommendations for support and treatment of people with ID–BIF with suicidal behavior:

We want to give recommendations and guidelines for establishing contact, for discussing perceived hopelessness, suicidal thoughts and plans.

We want to share recommendations for counseling, psychological and psychiatric treatment in people with ID.

Goals and take-home messages:

Participants in our workshop will have experienced what makes people with ID vulnerable to suicidal experiences and behaviors.

Participants know where to focus their attention on diagnosis, counseling and treatment.

Participants will get tools for an in-depth conversation about not wanting this life anymore with people with ID.

W/Shop #6 Shifting the Mindset on Mental Health and Help-Seeking with REACH and REACH—Spouse, September 22, 2023, 9:00 AM - 10:30 AM

Dr Ramya Sundararaman¹, Richard McKeon, Dr. Liz Clark, Dr. Olga Schechter¹, Dr. Laura Neely¹, Dr. Kathryn Holloway¹

¹U.S. Department of Defense

Despite the availability of DoD and Service branch resources to support Service members who are dealing with stressful situations, approximately half of all military personnel who need mental health support, particularly for suicide risk, do not access it. Similarly, research shows that up to 44% of military spouses do not receive the mental health care they need. In 2020, the Defense Personnel and Security Research Center, a division of the Defense Personnel Assessment Center (DPAC), developed and field tested an innovative, upstream suicide risk intervention entitled Resources Exist, Asking Can Help (REACH), in coordination with Military Community and Family Policy, Defense Suicide Prevention Office, and the military Service branches. REACH aims to normalize help-seeking

among Service members by reducing barriers to care, increasing comfort with seeking help, and increasing knowledge of resources. Building on the success of REACH, in 2021, REACH—Spouse was developed to address the help-seeking needs of military spouses. Because spouses often play an influential role in their Service members' well-being and decision-making, REACH—Spouse also equips spouses with the knowledge and skills to encourage their Service members to seek help when needed. The goal of this collaborative symposium is to provide an overview of REACH and REACH—Spouse (presentation #1), present the results from two recent REACH field tests (presentation #2) and an in-progress REACH—Spouse field test (presentation #3), and discuss the policy implications and ongoing initiatives to implement these promising tools across the military Service branches.

W/Shop #7 Building Suicide-Safer K-12 Campuses: A quasi-experimental study with tracked suicide intervention outcomes, September 22, 2023, 9:00 AM - 10:30 AM

[Dr Laura Shannonhouse](#)¹

¹Georgia State University

The purpose of this workshop is to share (a) strategies for intentional participant recruitment based on Wyman and colleagues criteria for “natural helpers”, (b) empirical findings on pre to post changes in the full school community, (c) student outcomes at risk of suicide (i.e., lethality, belongingness, coping, and commitment to follow up), (d) benefits and challenges of using ASIST in K-12 systems, (e) strategies for building a “suicide-safer campus” via working with school personnel, and (f) intervention tracking through data collection system “infinite campus.” We conclude with empirical trends that support Snyder’s (1971) seminal message on the importance and power of gatekeeper training.

Suicide, the third leading cause of death for 10–24-year-olds, has become a rising mental health concern among young individuals (Centers for Disease Control and Prevention [CDC], 2014). Approximately 24% of 12–17-year-olds have considered suicide, and up to 10% have attempted (Nock et al., 2008), whereas within the last year alone, 17% of high school students have seriously considered suicide and 8% have attempted (Kann, Kinchen, & Shanklin, 2014).

Currently, gatekeeper training is commonly used in the school context to identify students that may be at risk of suicide (Wymann et al., 2008). The original spirit of gatekeeper training was to equip natural helpers or “touchpoints” with skills to provide suicide first aid to persons-at-risk, at a moment needed the most (Snyder, 1971). Unfortunately, the original spirit of gatekeeper training is sometimes lost, as caregivers are taught a linear process to simply “identify and refer”, as interventions are challenging to track. Unfortunately, the majority of literature reports number of referrals as opposed to intervention outcomes (Shannonhouse et al., 2017).

Further, schools often have a shortage of mental health professionals or school counselors (Griffin, Hutchins, & Meece, 2011; Provasnik, 2007), exhibiting ratios anywhere from 400 students:1 mental health provider, up to 1000:1. Therefore, it is not surprising that suicide risk among students can remain unrecognized and unattended. Despite the Council for Accreditation of Counseling & Related Educational Programs (CACREP) mandating the implementation of suicide prevention and intervention training in counselor preparation, beginning counselors continue to self-report and are found to remain underprepared to respond (Erikson & Abel, 2013; Liebling-Boccio & Jennings, 2013; Page, Saumweber, Hall, Crookston, & West, 2013).

This workshop is based on a quasi-experimental study ($n = 1,000$) in which every student was baselined. Then, a standardized, manualized, and evidence-based Applied Suicide Intervention Skills training was provided equipping 12 big hearted “natural helpers”, as defined by Wymann and colleagues, learned “suicide first aid” skills. Approximately 40 ASIST interventions were tracked, some students receiving more than one intervention. Those students who were intervened with, on average, were 2.5x more at risk of suicide according to the Columbia Suicide severity rating and double the

number of ACES as the remaining students. Odds ratios analysis are provided along with changes over time. Recommendations for training and future research are also provided.

In addition, preliminary findings from an on-going outcomes research project with longitudinal data from youth at risk of suicide will be provided. The presenters utilized the Suicide Intervention Response Inventory, 2nd edition (SIRI-2), and Training Surveys (adopted from Youth Suicide Prevention Program: Annual Evaluation Report 2001-2002) for data collection. Pre to post test results yielded statistically significant improvement in trainees' skills, competence, confidence, and comfort in responding to persons-at-risk. Further, the follow up meetings with trainees who performed ASIST interventions allowed presenters to learn their experience helping persons-at-risk.

W/Shop #8 Stepping into the shoes of an online counsellor in (suicidal) crisis situation: This is me preventive program, September 22, 2023, 2:30 PM – 4:00 PM

Mr Domen Kralj¹, Dr Saška Roškar², Mrs. Nuša Konec Juričič¹, Mrs Ksenija Lekić¹, Mrs Petra Tratnjek¹, Mrs Klara Pinter¹

¹National Institute of Public Health, ²National Institute of Public Health

Introduction

Adolescence is a transitional phase between childhood and adulthood, marked by accelerated growth and maturation of physical and psychological functions and transitions of social roles. The adolescents hence represent a particularly vulnerable population for mental health problems. To address the needs related to health and mental health in adolescent population, National Institute of Public Health of Slovenia developed, This is me prevention program. The program is focused on development of positive and realistic self-esteem, social, communication skills, and other life competencies to support adolescents in their everyday lives. The program consists of two separate but intertwined approaches namely (i) youth online website and E-counseling service This is me, and (ii) school-based prevention activities (10 workshops) for developing social and emotional competencies and mental resilience. For the purposes of the proposed workshop, we will focus on the E-counseling service and its importance in prevention of suicidal ideations among adolescents.

Youth online website and E-counselling service, This is me, enables adolescents to anonymously, quickly and free-of-charge ask for an expert advice. A multidisciplinary E-counselling network team of 69 experts/volunteers (i.e., doctors from various disciplines, psychologists, teachers, social workers and other experts) provide the answers. Safety, privacy and optimal user experience on the website is managed by professional editor(s) that take care of E-counselling activity, anonymity of users, coding of questions and analytics.

Even though the majority of posts in the youth E-counselling service, This is me, refer to dilemmas regarding physiological maturation, sexual health and relationships, there has been an increasing trend of posts related to deliberate suicidality in the past decade. Among 21,411 online posts in the eleven-year period (2012 – 2022), adolescents revealed suicidal distress in 520 (2.4%) cases. In the baseline year 2012, altogether 31 posts (0.1%) referred to suicidality as compared to 2022 when altogether 100 posts (4.3%) were recorded.

Research shows less than 40% of young people, who contemplate suicide, seek help. The help-negation effect model posits that individuals in most need of help are least likely to seek it. On the other hand, studies also show a strong relationship between mental health status and help-seeking preferences. Regarding the latter, online support platforms may offer an alternative help-seeking pathway for adolescents, who are very handy with internet. Online venues can provide a sense of emotional support and a positive coping resource, which could explain high numbers of suicidal posts on the This is me platform. Having an option to write about problems anonymously and get expert advice can serve as a self-help tool.

E-counseling can play a big role in suicide prevention, especially when online help is offered by mental health experts. It is however, of utmost importance that online counsellors have enough knowledge and expertise to provide emotional debriefing as well as empower and motivate adolescents to seek help in vivo. Just how exactly can we do that in an online environment?

Aim: The aim of our interactive workshop is to provide participants with:

- theoretical foundations of online counselling and differences between counselling in vivo vs online counselling;
- key components of online counselling in crisis situations;
- specifics of e-counselling with suicidal adolescents and other various target groups.

Methods: Learning and teaching methods that will be applied are: case studies, open discussion and reflection. The workshop will consist of three parts:

1) In the first part of the workshop, facilitators will introduce basic principles of online counselling in crisis situations and specifics of working with suicidal adolescents online.

2) In the second part, participants will be divided into groups of three to four people. Each group will receive a worksheet with an example post written by an adolescent (in suicidal crisis) on the This is me E-counselling service. Groups will then try to step into the role of an online counsellor and prepare an answer.

3) In the final part of the workshop, participants will engage in an open discussion with self-reflection. Facilitators will guide participants to the discovery of key components of online counselling in crisis situations.

Expected outcomes:

- Participants will become familiar with basic principles and key elements of online counselling.
- Participants will step into the shoes of E-counsellor and learn key components of online counselling in crisis situations.
- Participants will learn differences between counselling in vivo and online counselling.

Conclusions

Suicidality related online posts call for an immediate and thoughtful response since it may be the first and the last contact with an adolescent. Thus, it is of utmost importance that counselors provide instant emotional debriefing as well as empower and motivate adolescents to seek help. Future interventions should be directed toward increasing mental resilience and coping skills in adolescents (social and emotional competencies), increasing community and parent awareness of adolescent suicide, as well as motivating mental health experts to engage more frequently in E-counselling. Based on more than 22 years of experience, This is me E-counselling service is a good practice example that online support platforms can complement and provide an alternative professional help for those in need.

The proposed workshop is an opportunity for everyone who wants to learn more about the specifics of E-counselling in crisis situations and obtain new skills for providing online support to adolescents in (suicidal) distress.

W/Shop #9 Global Café: Partnering to Achieve Inclusion and Equity in Crisis and Distress Line Interventions, September 22, 2023, 2:30 PM – 4:00 PM

Dr Allison Crawford, Dr. Chantalle Clarkin, Dr. Eva Serhal

¹Centre for Addiction and Mental Health/ University of Toronto

Background: Distress centres, operating local and regional helplines, are an integral, trusted resource for many who are facing mental health and addictions challenges. Helplines support a range of concerns, including isolation, interpersonal issues, emotional support, distress management, suicide prevention, and mental health support. They also play a vital role in referral and navigation for callers, serving as a gateway service for those accessing mental health resources. The need for a strong helpline and distress centre sector was made evident during the COVID-19 pandemic; help and distress lines experienced a surge in demand as the majority of Canadians reported worsening or negative mental health impacts associated with the pandemic. This surge in mental health distress also heightened awareness of inequities in mental health. Disproportionate mental health impacts were experienced by underserved and equity-seeking populations, revealing gaps and urgent needs in public mental health.

Our proposed workshop is based upon our current equity-focused study, funded by the Public Health Agency of Canada, that aims to understand current competencies and practices relevant to providing mental health supports to diverse individuals and equity-seeking groups. Groups and communities highlighted through our research, include Black communities, and other racialized groups, in Canada; First Nations, Inuit and Métis Peoples; LGBTQ2S+; those living in rural areas, among other groups. The aim of the study is to create approaches that will enhance and support the knowledge, skills and self-efficacy of crisis line responders and supervisors in their ability to support diverse populations.

This multi-phase study includes: 1) a national survey of distress centre responders, supervisors, and administrators to understand current approaches and needs to serving diverse populations in Canada [completed]; 2) an environmental scan to understand current approaches to diversity and inclusion in the crisis line sector [completed]; 3) focus groups with diverse groups across Canada working in the crisis/distress sector to complete Health Equity Impact Assessments, HEIAs [analysis underway]; 4) consultation and engagement with expert and communities to co-design approaches to equity and inclusion [ongoing].

Workshop plan: After providing a brief overview of our study findings to date, along with anchoring definitions relevant to participation (e.g., health equity, inclusion, intersectionality, diversity), this workshop will employ the World Café methodology to create a highly engaging and interactive format.

World Café is a collaborative dialogue approach used to stimulate conversation and insights from participants based on key questions. In keeping with the literature on this approach, we will take steps to create a warm and inviting space to share honest conversations, similar to a natural café environment (World Café Foundation, 2015).

During the workshop, participants will engage in three rounds of small group discussion (each with an assigned host or facilitator). Participants will rotate between tables and topics every 15 minutes. Topics are based upon key themes emerging from our research to-date and will include: 1) equity, diversity and training needs for responders and supervisors; 2) outreach to and partnership with equity-seeking communities; 3) policy and sector implications. Table facilitators/hosts will record discussion points on large charts during each rotation, allowing the facilitator to provide a short summary of findings at the start of each subsequent group discussion (Carson, 2011). This will promote the dynamic building of ideas within and between groups.

In the third and final part of the workshop, we will summarize collective insights and discuss areas of conflicting feedback. During this full group discussion, responses will be clustered and arranged thematically (Tan & Brown, 2005). We will document these findings in a brief report, which will be circulated to workshop attendees following the session to invite additional feedback.

Outline:

10 min: Introductions among participants.

Overview of workshop process and objectives.

15 min: Overview of equity-based findings from the Canadian crisis and distress line sector; Key Concepts.

45 min: Participants rotate between tables at 15 min intervals

Table 1: Equity, diversity and training needs for responders and supervisors

Table 2: Outreach to and partnership with equity-seeking communities

Table 3: Policy and sector implications.

20 min: Synthesis and summary.

Implications for practice.

Objectives:

1. Describe the current state of the Canadian distress centre sector, including socio-demographic information and factors relating to equity and diversity, within the larger global context.
2. Apply information on equity, diversity, and inclusion to understand barriers and facilitators to a more equitable sector, including recruitment, training, and supervision of Responders.
3. Apply a collaborative dialogue approach — World Café — to stimulate conversation on research-identified topics and obtain insights from conference participants on actionable steps to strengthen equity within crisis and distress sectors nationally in Canada, and globally.

References:

Carson, L. (2011). Designing a public conversation using the World Cafe method. [Paper in themed section: The Value of Techniques. Martin, Brian (ed.)]. *Social alternatives*, 30(1), 10-14.

Tan, S., & Brown, J. (2005). The world café in Singapore: Creating a learning culture through dialogue. *The journal of applied behavioral science*, 41(1), 83-90.

The World Café Community Foundation (2015). A quick reference guide for hosting world café. Retrieved from www.theworldcafe.com.

W/Shop #10 Using the Global Burden of Disease to improve suicide and self-harm estimation locally and globally, September 22, 2023, 9:00 AM – 10:30 AM

Prof Mohsen Naghavi¹, Professor Rakhi Dandona^{1,2}, Elizabeth Serieux¹, Dr Kanyin Ong¹

¹Institute For Health Metrics And Evaluation, ²Public Health Foundation of India

Introduction:

The Global Burden of Disease (GBD) is a systematic, scientific effort to quantify the comparative magnitude of health loss due to diseases, injuries, and risk factors by age, sex, and geographies for specific points in time. It is the largest, most comprehensive effort to date to measure epidemiological levels and trends worldwide. The GBD is a project aimed at summarizing and analyzing all available data to produce estimates for diseases, risk factors, and injuries in a timely, accurate, and methodologically robust manner to help guide policy makers and researchers. The GBD produces estimates of death and disability for 33 injuries, including self-harm and suicide, for people >10 years old, 204 countries and territories, two sexes, and every year since 1990. The GBD works with over 9,500 collaborators from around the world and with a team of researchers at the Institute for Health Metrics and Evaluation (IHME) to ensure the quality, consistency, and accuracy of the information provided, as well as the relevance to various global contexts.

In the proposed dynamic and interactive workshop, the participants will be introduced to the GBD project. Participants will learn about the background, purpose, and strengths of GBD, specifically as it relates to estimates for suicide and self-harm. The workshop will discuss data and methods, including how GBD has or has not overcome the known data challenges for suicides and self-harm. There will be an opportunity to engage with the GBD visualization tools and discover patterns of suicide and self-harm across different demographic and geographic dimensions. Participants will also learn how to get involved with GBD and how information from the GBD can and has been used by policy makers, researchers, and other stakeholders to improve public health response to suicide and self-harm. This workshop will be led by a diverse array of GBD experts, from in-country users, representatives from teams who are responsible for modeling self-harm and suicide, and the global engagement team who works closely with collaborators, policy makers, ministries of health, and researchers to enhance, interpret and utilize the GBD.

Learning goals and objectives:

Workshop participants will:

- learn the basic principles of the Global Burden of Disease.
- explore how GBD makes fatal and nonfatal estimates of suicide and self-harm as well as the efforts taken to ensure all data is considered including the biases in the data. Participants will also learn about the techniques GBD uses to harmonize data differences and the different challenges we find throughout the world.
- be introduced to the variety of GBD tools that are available publicly for them to learn and investigate patterns of self-harm and suicide and make comparison across year, age, sex, and location.
- learn how GBD results have and can be used to inform policy, resource allocation, and identify gaps across demographic dimensions.
- learn how to collaborate with GBD on diverse areas from data analysis to policy use.

Summary of presentations:

Presentation 1 – Background and principles of GBD: This presentation will provide an introduction and overview to the GBD project. It will familiarize participants with the scale and scope of the project, diversity and robustness of the program as well as what the project provides to different stakeholders. Participants will be introduced to the health metrics that are used to describe self-harm and suicide,

including years of life lost (YLL), years lived with disability (YLD), and DALYS (disability adjusted life years). It will also be an opportunity to demonstrate how interested individuals can become involved with GBD. This presentation will introduce injuries estimation, where self-harm and suicide are situated, as well as current and future improvements to self-harm and suicide estimation which are expected in the next round of GBD.

Presentation 2 – GBD data processing for deaths due to suicide: This presentation will dive into how estimates of deaths due to suicide are developed. We will discuss GBD efforts to identify and capture all available data sources for suicide. Specifically, the participants will learn about different data challenges observed throughout the world and GBD efforts to harmonize and standardize this information. The participants will gain a general appreciation and understanding for the steps and considerations that are applied to difference nuances, including an understanding of how injuries with underdetermined intent are treated in GBD to address the undercounting of suicide deaths. There will be an opportunity to engage and understand why certain data sources or data from certain locations are not used as well. Participants will have an opportunity to engage with GBD visualizations and patterns of suicide throughout the world.

Presentation 3 – GBD data processing for non-fatal instances of self-harm: This presentation will introduce participants to non-fatal estimates of self-harm. Participants will learn the objectives of non-fatal estimation, including an overview of how estimates of long-term disability due to self-harm are made. We will discuss different data sources that we have considered, including clinical data and survey studies, as well as data challenges and covariates. Workshop participants will also have the first preview to initial data, methods, and challenges being considered for new causes of self-harm, self-harm due to strangulation, self-harm due to pesticides, self-harm due to fire, heat, self-harm by non-pesticide substances and gas, that are being estimated in future rounds of GBD. Participants will have an opportunity to engage with GBD visualizations and we will explore geographic, age, and time patterns of incidence and prevalence of self-harm throughout the world.

Presentation 4 – Using GBD for collaboration and policy impact: This presentation will demonstrate the utility of GBD estimates through the lens of an in-country user and the global engagement team in addressing equity and informing health policy to save and improve lives. Policymakers in Brazil, China, India, Indonesia, Mexico, the United Kingdom, and other countries worldwide are collaborating with GBD researchers to adopt GBD approach for measuring their population's health and how it varies by different regions, socioeconomic status, or ethnic groups in their country. Participants will learn how GBD can be used to highlight disparities within a population, data gaps, and challenges to stimulate areas of focus for different stakeholders. Here, participants will also learn how to collaborate with GBD, opportunities and benefits of being a GBD collaborator, and the importance of the collaborator network to GBD in improving rigor of data, methods and results.

ORAL SESSIONS

Oral #1 Suicidal behaviors in children and adolescents, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Polonca Borko

Assessing the social validity of a multi-modal school-based suicide prevention intervention in the UK: A scoping study

Dr Emma Ashworth¹, Miss Joniece Thompson, Dr Pooja Saini

¹Liverpool John Moores University

Introduction: Schools have been identified as a promising location to deliver suicide prevention, providing universal access to children and young people (CYP). The Multimodal Approach to Preventing Suicide in Schools (MAPSS) project is one such approach, and is currently being trialled in schools in Melbourne, Australia. MAPSS consists of a psychoeducation session on suicide (universal), screening to identify students at risk (selective), and an online cognitive behavioural therapy intervention for students who disclose suicidal ideation (indicated). Given the lack of a compulsory school-based suicide prevention programme in the U.K., it is hoped that the MAPSS programme could eventually be expanded for use in this country. However, cultural transferability of school-based interventions cannot be guaranteed, and adaptations may be required.

Aim: This scoping study aimed to interview professionals, parents, and CYP in Merseyside, U.K. to determine the social validity of the MAPSS programme, and to identify any necessary adaptations. More generally, the study also aimed to examine the need for and potential benefits of a school-based suicide prevention programme and investigate how this could be implemented.

Methods: Semi-structured interviews were conducted with mental health professionals ($N=8$), school staff ($N=8$), and parents whose children had experienced suicidal ideation/behaviours ($N=3$). Focus groups were completed with CYP ($N=27$) aged 15–18 years across three state secondary schools. Data were analysed using thematic analysis.

Results: Four themes were identified: 1) the need for and importance of suicide prevention in schools, 2) raising awareness and reducing stigma, 3) the need for suicide prevention training for everyone who supports young people, and 4) delivering universal and targeted interventions.

Conclusion: Participants overwhelmingly agreed that there is a need for a greater and more consistent emphasis on school-based suicide prevention, as a number of CYP are at risk of suicide but there is not enough accessible support available. School appears to be an acceptable location for suicide prevention, and participants felt discussions about suicide should begin at the start of secondary school. However, there are potential barriers that need to be considered before a universal suicide prevention intervention can be delivered effectively, including tailoring for neurodiversity, challenging cultural/family beliefs and stigma, a lack of existing training for school staff, and managing personal experiences of suicidal thoughts or previous bereavement from suicide.

Assessing the Suicide Crisis Syndrome in adolescents presenting to emergency department

Dr Shira Barzilay¹

¹University Of Haifa

In recent years, there has been a troubling increase in youth visits to emergency departments due to suicidal ideation and behaviors. This alarming trend highlights the urgent need for effective short-term suicide risk assessments to guide appropriate treatment following emergency department visits. To address this issue, we have developed a suicide risk assessment battery consisting of multidimensional, multi-informant measures that do not rely solely on self-reported suicidal ideation. One particular concept that has been crucial to the development of these measures is the Suicide

Crisis Syndrome, which is characterized by acute entrapment accompanied by cognitive, affective, and behavioral disturbances. This is the first study to identify and assess this syndrome in youth.

In the current study, the Suicide Crisis Syndrome assessment instruments were adapted for youth and tested among 150 adolescents presenting with suicide-related complaints to the emergency department of a large general children's medical center in Israel. The results demonstrated that the Suicide Crisis Inventory scores prospectively predicted suicidal thoughts and behaviors within one month above and beyond traditional risk factors such as suicidal ideation and depression. The self-reported and clinician assessment forms showed good construct validity and were each predictive of suicidal behavior within one month (Child self-report assessment: $B=.132$ [CI .063, .20], $\beta=.555$, $t=3.99$, $p=.001$; Clinician assessment, $B=.216$ [CI .016, 4.16], $\beta=.304$, $t=2.25$, $p=.036$; $R^2=.65$).

It is worth noting that there were some differences between informant reports, highlighting the importance of utilizing multi-informant reports to assess the Suicide Crisis Syndrome in youth. These differences may also suggest specific domains that should be targeted in the suicide risk assessment of adolescents.

Overall, these findings suggest that a comprehensive suicide risk assessment battery, which includes multi-informant measures and incorporates the concept of the suicide crisis syndrome, has the potential to identify young people at high risk for suicidal behaviors without solely relying on self-report of suicidal ideation and intent. This could lead to the provision of appropriate interventions for those in need.

[Regional differences in mental health indicators and the effectiveness of the "do you understand yourself?!?" workshops among adolescents in Slovenia](#)

Ms Polonca Borko¹, Assist. Prof. Nuša Zadavec Šedivy^{1,2}, Assistant Professor Tina Podlogar², Ms Nina Krohne¹, Ms Vanja Gomboc², Ms Eva Sedlašek¹, Ms Meta Lavrič², Monika Brdnik³, Assoc Prof Vita Poštuvan^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, ²Department of Psychology, The Faculty of Mathematics, Natural Sciences and Information Technologies, University of Primorska, ³Department of Psychology, Faculty of Arts, University of Ljubljana

Previous research has shown higher prevalence of mental health problems in eastern regions of Slovenia, along with regional differences in suicidality, the presence of stigma related to mental health problems and access to help. In the present study, we aimed to investigate whether there are regional differences in mental health indicators among adolescents in Slovenia and to evaluate the effectiveness of the "do you understand yourself?!?" workshops in reducing depression, anxiety, perceived burdensomeness, thwarted belongingness, and suicidal ideation among adolescents.

The study involved 1,257 adolescents from 17 public primary and secondary schools between 2020 and 2022, with 940 participants from the western and 317 from the eastern cohesion region. The mean age and gender distribution were similar in both groups. Participants completed a series of questionnaires before and at least two months after attending three consecutive mental health workshops. The questionnaires included the WHO 5-item Well-Being Index, the Life Orientation Test – Revised, the Centre for Epidemiologic Studies of Depression, the State-Trait Anxiety Inventory, the Interpersonal Needs Questionnaire and the Patient Health Questionnaire.

Prior to the workshops, 13.6% of all participants showed high levels of depressive symptoms (CESD) and 8.2% showed a worrisome level of suicidal ideation. Students who were found to be currently experiencing distress were referred to school counsellors. We found some significant regional differences before the workshops in scores for depression symptoms (WHO – 5, $t(1108) = 2.10$, $p = 0.036$; CESD, $t(357.768) = -2.878$, $p = 0.004$), suicidal ideation ($t(351.905) = -2.710$, $p = 0.007$) and feelings of perceived burdensomeness ($t(357.588) = -2.936$, $p = 0.004$), and thwarted belongingness ($t(1063) = -2.063$, $p = 0.039$), with participants from the eastern cohesion region

exhibiting poorer mental health. However, the effect sizes of these differences were small. No significant differences were found between the eastern and western cohesion regions in mental health indicators measured after the workshops. We also found significant differences in different mental health parameters before and after the workshops, suggesting the effectiveness of the workshops in improving mental health of participants in both regions. However, the change was greater in the eastern cohesion region. In this instance, the effect sizes were small to medium.

It appears that the workshops had a positive impact on the mental health of the participating adolescents and reduced regional differences in mental health measures. An experimental research design would be needed to further evaluate the effectiveness of the workshops.

Self-harm and suicide in Australian adolescents: The role of social, lifestyle and school-level factors
Professor Alison Calear¹, Associate Professor Aliza Werner-Seidler², Ms Kate Maston², Scientia Professor Helen Christensen³, Professor Phil Batterham¹

¹The Australian National University, ²Black Dog Institute, ³University of New South Wales

Background: Rates of self-harm, suicidal ideation and suicidal behaviours are increasing in Australian adolescents. The drivers of this increase are unclear and thus it is important to identify modifiable risk and protective factors for suicide and self-harm to enable the identification of at-risk populations and potential new targets for intervention. The aim of this study is to assess the effect of social, lifestyle and school-level factors on self-harm and suicidal ideation in a large longitudinal cohort of Australian adolescents.

Methods: The Future Proofing Study is a school-based longitudinal cohort study, with an embedded cluster-randomised controlled trial examining the effects of two digital prevention programs on mental health. The baseline cohort includes 6,388 participants (mean age = 13.8 years; 49% female, 47% male and 3% gender diverse) who are being followed up annually for five years. Data for the current study will be drawn from self-report surveys of demographics (gender, location), self-harming behaviour, suicidal ideation and behaviours (plans, attempts), mental health (depression, anxiety, conduct, hyperactivity/attention difficulties), social factors (social support, peer relationship problems, bullying, prosocial behaviour), lifestyle factors (sleep difficulties, screen time, maladaptive social media use) and school environment factors (school climate, school connectedness, school type).

Results: At baseline, 26% females, 15% males and 63% of young people identifying as gender diverse reported having purposefully self-harmed at least once in the past. In logistic regression models, higher odds of self-harm were significantly associated with attending a government school, speaking a language other than English at home, being gender diverse, and having higher levels of depression, and reporting conduct and peer problems. In a linear regression with severity of suicidal ideation as the outcome, the same factors were significantly associated with ideation, with the exception of linguistic diversity.

Conclusions: Interventions targeting mental health difficulties and peer problems, could assist in reducing risk of self-harm and suicidal ideation in young people. These interventions should be targeted to young people most at-risk of self-harm including those reporting gender or cultural/linguistic diversity. While the present analyses are limited by cross-sectional data, at the time of the conference we will present prospective, longitudinal outcomes examining new onset of self-harm, suicidal thoughts and suicide attempts.

Testing the Integrated Motivational-Volitional Model of suicidal Behavior in a Danish population of adolescents – A cross-sectional study using psychometric tools

Associate Prof. Ph.D. Erik Christiansen^{1,2,3}, MSc. Agnieszka Konieczna^{1,4}, Mrs Sarah Grube Jakobsen^{1,2,3}, Ms Christina Petrea Larsen^{1,2}, Professor Rory O'Connor^{5,6}

¹Centre For Suicide Research, ²Department of Regional Health Research. University of Southern Denmark, ³Research Unit Mental Health – Children and Adult, Psychiatric department Aabenraa, The Region of Southern Denmark, ⁴Department of Public Health, University of Southern Denmark, ⁵Suicidal Behaviour Research Laboratory, School of Health & Wellbeing, University of Glasgow, ⁶Mental Health & Wellbeing, Academic Centre, Gartnavel Royal Hospital

Background: Suicide research has for many years been focusing on a broad range of different risk factors, but the prediction is only slightly better than chance and the predictive ability has not improved during the last 50 years. The risk factors are not capable of distinguishing between those with only suicide ideation and those with self-harm, suicide attempts or suicide. One of the purposes of The Integrated Motivational-Volitional Model of suicidal behavior is to identify factors which

moderate the process from suicidal ideation to suicidal behavior. The IMV-model explains the suicide process, as a three-phase process from the pre-motivational phase, with background factors and triggering events, to the motivational phase, where defeat and entrapment create the conditions for development of suicide ideation which might end up in the volitional phase, where suicidal behavior is happening. Different factors can moderate the process from one phase to another. The aim in this study is to test the central model on self-harm and suicide attempts and analysis the effects from moderators on the central model.

Method: We used a cross-sectional design with self-reported answers in a survey. The survey included validated psychometric tools on defeat, entrapment, rumination, belongingness, burdensomeness, resilience, pain tolerance, fearless about death, depression, social support, impulsivity, and mental imagery of own death. We used pathway analysis to test the central model and hierarchical regression modeling to estimate and test the effect from the potential moderators.

Results: We included approximately 1,500 Danish young students, and we found the central model to be significant (defeat to entrapment to suicidal ideation ending up with suicidal behavior) and with high r^2 -value. We also found significant moderators as ruminations was a significant moderator on the process from defeat to entrapment, burdensomeness was a significant moderator on the process from entrapment to suicidal ideation and fearless about death, pain tolerance and mental imagery of own death were all significant moderators on the process from ideation to suicide attempts.

Discussion: Research into risk factors may be more relevant if the IMV model is included as a framework for understanding suicidal behavior. The model has a large potential when used in risk assessment, and this study concludes, among other things, that it is important to include fearless about death, pain tolerance and mental imagery of own death when making risk assessment of young individuals with suicide ideation.

[Adolescent suicide disclosure & parent responses: Misinterpretations and miscommunications](#)
Dr Laura Frey¹, Dr Rebecca Sanford, Dr. David Goldston, Stacie Gibson

¹University Of Louisville

Research has linked EE—the measure of emotional overinvolvement and criticism in the family—to suicidal ideation, planning, and attempts. Further, adolescents from families with low EE reported higher levels of disclosing both ideation and behavior compared to adolescents from families with high EE. More disclosure was linked to lower levels of parental intrusiveness and emotional reactivity. To build on these findings, qualitative data was examined to understand the differences in how adolescents and parents describe the disclosure and response process related to suicidal ideation and behavior. Parent-adolescent dyads ($n=90$) were recruited from a children's psychiatric hospital after presenting to the emergency department for the adolescents' suicidal ideation or behavior. Both parents and youth (ages 12-18 years) completed separate clinical interviews focusing on decision-making related to disclosure and responses, as well as each person's unique perspectives of the interactions that occurred. Qualitative data were analyzed using interpretive phenomenological methods, in which interview transcripts were coded for meaning units to develop subthemes emerging from the data. Adolescents commonly described parents' reactions as either emotional and highly reactive or dismissive and stigmatizing. In contrast, parents often described their own reactions as trying to show that they cared and were available or trying to deter the adolescents from engaging in suicidal behavior by dismissing it. Adolescents reported how parents' overly emotional responses made them feel bad and not want to share for fear of worrying them further. Adolescents also shared how family members repeatedly asking questions while they were in a suicidal state were not helpful, in that many of them found those questions hard to answer especially when in a heightened emotional state. Instead, common descriptions of ways they wished parents had reacted were (a) being present to sit with them calmly while the adolescent was suicidal; (b) sharing comforting team-focused statements such as "we will get through this together"; and (c) being patient and open to hearing

about what the adolescent is experiencing. Findings highlight how parents' intentions behind their reactions to suicidal disclosure do not match how adolescents perceive those statements or behaviors. The interviews also highlighted that parents and adolescents do not process these interactions after they occur, which likely increases the likelihood for miscommunications to happen again in the future. Interventions are needed to help families process negative interactions as a way to clarify miscommunications, re-build trust, and learn new strategies to promote disclosure and help-seeking in the future.

Thwarted belongingness mediates the association between bullying and suicide ideation in adolescents

Mr Sören Friedrich¹, Prof. Dr. Silvia Schneider¹, Prof. Dr Tobias Teismann¹

¹FBZ – Ruhr Universität Bochum

Background: Bullying has regularly been shown to be associated with suicide ideation. However, few studies have examined the mechanism underlying the relationship between bullying and suicide ideation within a theory of suicide. The present study investigated whether thwarted belongingness mediates the association between bullying and suicide ideation.

Methods: A total of 164 outpatients (70% female; Mage=15.44 years, SDage=2.24 years) completed measures of bullying, suicide ideation and thwarted belongingness.

Results: Thwarted belongingness fully mediated the association between bullying and suicide ideation – controlling for gender and age.

Limitations: Given the cross-sectional nature of the data, conclusions on causality cannot be drawn.

Conclusions: Results support the hypothesized and theory-derived relations between bullying, thwarted belongingness, and suicide ideation. Clinically, they provide further evidence to incorporate thwarted belongingness into the psychosocial risk assessment of persons contemplating suicide. Addressing thwarted belongingness could be a viable target for psychotherapeutic interventions in the prevention of suicide in adolescents.

A mixed-methods approach towards understanding the relationship between chronic pain and suicidal distress in adolescence

Dr Verena Hinze^{1,2}, Dr Konrad Jacobs³, Dr Catherine Crane⁴, Prof Andrea Cipriani^{1,2,4}

¹Department of Psychiatry, University of Oxford, ²Oxford Precision Psychiatry Lab, NIHR Oxford Health Biomedical Research Centre, ³Oxford Centre for Children and Young People in Pain, Oxford University Hospitals NHS Foundation Trust, ⁴Oxford Health NHS Foundation Trust

Introduction. Chronic pain (persistent/recurrent pain for more than 3 months) affects up to 38% of young people and is amongst the leading causes of disability in adolescents worldwide. It often co-occurs with mental health difficulties and, at its worst, suicidality (self-harm thoughts and acts, irrespective of suicidal intent). As self-harm thoughts and behaviours are a serious concern in adolescence, affecting between 10–30%, the early identification of suicidal risk and prevention is vital. Chronic pain may be a highly prevalent, easily identifiable, and manageable clinical target for suicide prevention efforts in adolescence. However, little is known about which aspects of the pain experience are associated with suicidal distress. Consistent with leading suicide theories, we focus on one emotional distress pathway leading to suicidal outcomes, including perceived burdensomeness, hopelessness, and self-harm thoughts and acts to inform prevention efforts.

This study aims to explore:

- a) Whether adolescents with chronic pain report suicidal distress.
- b) Which aspects of the pain experience are associated with suicidal distress?

c) How adolescents describe the impact of their pain experience on their feelings?

Methods: This mixed-methods, observational study focusses on the cross-sectional relationship between chronic pain and suicidal distress in 77 adolescents (12–19 years) with chronic pain, recruited from the Oxford Centre for Children and Young People in Pain. Participants completed questionnaires on their pain experience (Adolescent Paediatric Pain Tool) and suicidal distress, including perceived burdensomeness (Interpersonal Needs Questionnaire), hopelessness (Hopelessness Scale for Children), and questions about self-harm thoughts and acts. In an optional interview, participants described their pain experience and how it affects their feelings. Data will be analysed using regression and reflective thematic analyses.

Results: Data collection will be completed in April 2023 (nearly 80% completed the optional interview). So far, participants (12–18 years, largely female) most frequently report persistent pain with pain attacks, often in multiple locations. Preliminary results suggest that feelings of perceived burdensomeness, hopelessness, and self-harm thoughts and acts are very common, which allows us to explore and discuss relationships between aspects of the pain experience and suicidal distress.

Discussion/ Conclusion Findings shed light on the extent to which adolescents with chronic pain report suicidal distress and which aspects of the pain experience might be associated with suicidal distress. By identifying vulnerable youth these findings may have direct clinical implications.

Conflict(s) of Interest. None. **Funding.** ‘Stiftung Oskar–Helene–Heim’.

[Reactivity to experience sampling among adolescents with and without a lifetime or current history of self-harm thoughts or behaviours](#)

Professor Olivia Kirtley¹, Ms Bloeme Sohier¹, Dr Robin Achterhof¹, Dr Noemi Hagemann², Dr Karlijn S. F. M. Hermans³, Ms Anu P. Hiekkaranta¹, Ms Aleksandra Lecei⁴, Professor Inez Myin–Germeys¹, Professor Ginette Lafit^{1,5}

¹Center For Contextual Psychiatry, KU Leuven, ²Flemish Scientific Organisation for Youth Healthcare, ³Strategy and Academic Affairs, Administration and Central Services, Leiden University, ⁴Center for Clinical Psychiatry, KU Leuven, ⁵Methodology of Educational Sciences Research Group, Faculty of Psychology and Educational Sciences, KU Leuven

Researchers increasingly use dynamic techniques, such as the experience sampling method (ESM), to investigate self-harm in individuals’ daily lives. Some researchers, clinicians, and ethical committees question whether repeatedly asking about daily-life experiences, including self-harm thoughts and behaviours, during ESM studies, could cause reactivity. Previous studies with small samples of adults from clinical populations suggest not, but whether this is also true for adolescents from the general population is unknown. Past research has also mainly focused on whether participating in ESM research influences self-harm thoughts and behaviours, but has overlooked participants’ general experience of ESM studies. We explored the between- and within-person associations between ESM burden and compliance and lifetime and current self-harm thoughts and behaviours in adolescents. Data were pre-existing, from Wave 1 of the SIGMA study, a large-scale cohort study of adolescents aged 11 – 20 in Flanders, Belgium. Participants completed baseline questionnaires, including about lifetime history of self-harm thoughts and behaviours, followed by ESM 10x per day for six days, including questions about how much completing the ESM questionnaire disturbed them, and their self-harm thoughts and behaviours. Compliance was calculated as the proportion of completed ESM questionnaires. $N=1,507$ participants provided data on lifetime history and $N=1,788$ participants on self-harm thoughts and behaviours in daily life. There were no significant differences in disturbance or compliance between individuals with no lifetime history of self-harm thoughts or behaviours, self-harm thoughts, or self-harm behaviours. Individuals reporting self-harm behaviours during the ESM period were more likely to experience the ESM questionnaires as more burdensome. More intense self-harm thoughts during the ESM period were associated with experiencing the ESM questionnaires as more burdensome at the between-person level, and at the within-person level, individuals experienced the ESM questionnaires as more burdensome when their

self-harm thoughts were more vs. less intense. Our results indicate that lifetime history of self-harm thoughts or behaviours does not appear to relate to the number of ESM questionnaires adolescents complete or increase the burden of completing ESM questionnaires. However, ESM may be more taxing for individuals experiencing more intense current self-harm thoughts and behaviours, and at moments when their self-harm thoughts are more intense. We suggest that a 'static vulnerability' approach to ethical evaluation of ESM research based on lifetime history of self-harm thoughts or behaviours is inappropriate, and that a dynamic approach is optimal. Researchers should aim to reduce participant burden during ESM studies, such as by using shorter questionnaires.

Developing student leadership in school mental health promotion and suicide prevention in Hong Kong

Miss Ingrid Lui¹, Yiming Bai², Professor Paul Siu Fai Yip^{1,2}

¹HKJC Centre for Suicide Research and Prevention, University of Hong Kong, ²Department of Social Work and Social Administration, University of Hong Kong

Suicide Help Intervention through Education and Leadership Development for Students (S.H.I.E.L.D.S.) is an ongoing leadership training programme for secondary school students in Hong Kong that aims to strengthen peer support for students in distress or crisis. By empowering selected students to become proactive gatekeepers and lay leaders in mental health promotion and suicide prevention in the school community, this programme increases the capacity of student leaders to support their peers through fundamental education about mental health, provides them with expert training on how to recognize and respond to peers in distress or crisis, and gives them practical experience in designing and implementing a student-led project in mental health promotion and/or suicide prevention. Members of school staff also receive training to learn about mental health and suicide issues affecting Hong Kong youths, and how to support their students as a facilitator in carrying out student-led projects. Not only is this programme expected to benefit student leaders and school staff, students in need and in the wider school community are also expected to benefit from participating in the student-led project activities.

Over two programme rounds conducted during the 2021-22 and 2022-23 school years, nine cohorts consisting of both student leaders and school staff from eight local secondary schools were recruited, for a total of 90 student leaders and 37 school staff. Prior to beginning their training, student leaders reported that they were generally concerned about their self-efficacy in providing mental health support, thus they expected to acquire knowledge and skills which could further enhance their ability to support others. Afterwards, students' knowledge on mental health- and suicide-related topics did improve, as evidenced by higher scores on knowledge quizzes. They also self-reported higher ratings on their ability to identify and respond to peers in crisis, and lower self-stigma towards help-seeking behaviours. School staff further reported improved knowledge of youth mental health issues and mental health promotion initiatives in schools. Finally, surveys conducted with general students showed that, after they had participated in their student leaders' activities, students' willingness to seek help increased for a wide range of problems. Based on these findings, we conclude that the S.H.I.E.L.D.S. programme has the potential to be an effective school-based intervention for mental health promotion and suicide prevention.

Oral #2 Implementing suicide prevention at community level, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Annette Erlangsen

Exploring risk factors and potential interventions to tackle suicide among young people in Bangladesh.
Mr Harun Abdullah Al

¹ADD International Bangladesh

Background: Suicide is an alarming problem in Bangladesh, especially among young people. According to the Bangladesh Bureau of Statistics, 10,000 people die by suicide every year. 14,436 suicide deaths were reported between March 2020 and February 2021. The rise in mental health and suicide is placing a strain on the entire health system and Bangladesh's ability to meet the Sustainable Development Goals. There is a critical lack of research into the potential causes of the rise in suicide and more work is urgently required to understand this growing public health crisis.

Objective: This study aims to explore potential suicide risk factors among young people and potential suicide interventions.

Methodology: We used a mixed-methods approach, including secondary document review and media monitoring, to increase our understanding of current suicide rates. Semi-structured focus group interviews ($n=8$), semi-structured interviews ($n=11$) and case studies of suicide deaths, attempted suicides, and people who had thoughts of suicide ($n=4$) were conducted to increase our understanding of potential risk factors and interventions. Our sample of 96 participants includes bereaved parents and family members ($n=40$), community leaders ($n=40$), young people who had thoughts of suicide ($n=4$) and people who had attempted suicide ($n=2$) and students ($n=10$).

Results: Results suggest that suicide rates are increasing and that there are potentially multiple, interacting factors that may put young people at risk. Suicide rates appear to be increasing annually by 2.6% from 2020 to 2022. In 2022, 446 students died by suicide. Female deaths (64%) were higher than male (36%). Suicide rates appeared to be highest among students between the ages of 13 and 20 years. The average number of suicides per month appeared to be 46, with the highest rates in high school and primary school students. Among university students it was 86 in 2022. Potential risk factors seemed to relate to emotional upset and/or resentment; perceived failures relating to love/exams; academic pressure; addiction to devices; substance abuse; parental alienation, and mental illnesses such as long-term depression. References were also made to violence against women, sexual harassment, the vicious cycle of poverty, failure in business, family negligence, etc.

Conclusion: Our research suggests the potential utility of interventions relating to the development and implementation of a national suicide prevention strategy, the decriminalization of suicide and increased national budget for mental health; psychoeducation and media campaigns to increase population level awareness; psychiatrists in educational institutions; and more grassroots mental health professionals.

Potential contribution of community pharmacists in suicide prevention in Nigeria: Key informants' perspective

Other Somto Chike-Obuekwe¹, Dr Nicola Gray, Dr Hayley Gorton

¹University Of Huddersfield, ²United Nations Educational Scientific and Cultural Organization (UNESCO)

Introduction: Over ,7000 registered suicides are recorded annually in Nigeria. However, suicide remains criminalised and stigmatised. In Nigeria, community pharmacists are frequently the most visited healthcare providers; however, there is little knowledge about their role in suicide prevention efforts.

Aim: To explore the perspectives of key informants on the potential contribution of community pharmacists in Nigeria to suicide prevention, and to gain insight into the potential barriers and facilitators in incorporating a suicide prevention programme within community pharmacies.

Method: Online semi-structured interviews were conducted with global key informants between March and September 2022. The key informants were recruited based on their expertise in suicide prevention, public health, mental health, or pharmacy practice from low- and high-income countries; and were identified from network, publications or referred by the informants. Interviews were audio,

and video recorded, transcribed verbatim and thematically analysed using NVivo software. Codes were generated by the lead researcher and reviewed by the study team.

Results: Twenty-two key informants participated from diverse backgrounds: six pharmacists, five academics, four mental health consultants, two policymakers, two cognitive behavioural therapists, two psychiatrists, and an individual with suicide lived experience. Each key informant addressed suicide prevention strategies in their country and how the potential community pharmacist's role in Nigeria could work.

The major themes identified are :(i) The need for a suicide prevention programme in community pharmacies, and this includes (ii) Restricting access to means. This could be achieved by (iii) Education and Training, (iv) Pharmacy service reimbursement, and (v) a referral system with other health professionals. Further, both (vi) stigma and (vii) pharmacy environment were highlighted as barriers.

Conclusion: Global key informants were receptive to the role of community pharmacists in suicide prevention efforts through medication restriction, patient relationships and referrals. However, some expressed concern about the lack of knowledge and awareness among community pharmacists in this area and where they could distinctively fit. All key informants indicated the high existence of cultural and professional stigma and its impact on suicide prevention efforts. Opinions of some key informants may be biased because of their interest in suicide prevention or background in pharmacy.

This is the first study to examine global perceptions of community pharmacists' role in suicide prevention. The generated themes will aid in the development of our Delphi statements to determine the level of interest and knowledge of community pharmacists in Nigeria regarding suicide prevention efforts.

[A school-based risk assessment and referral protocol to prevent youth suicide: Development and evaluation](#)

Dr Deinera Exner-Cortens¹, Dr Liz Baker¹, Ms Aleta Ambrose², School-Based Suicidal Ideation Response Protocol Steering Co²

¹University Of Calgary, ²Alberta Health Services, Addiction and Mental Health

Background: Around the world, schools are a key setting for suicide prevention and intervention, as children and youth spend a large portion of their days in schools. Yet, very few standardized, school-specific approaches to suicide risk identification, assessment, and referral are available. Standardized approaches are important. They can reduce the rate of false positives and false negatives, as well as improve timely linkage to health services, and increase mental health capacity in schools. To support elementary and secondary (K-12) schools with suicide prevention, a multi-sector, community-based Steering Committee in Alberta, Canada designed a School-Based Suicidal Ideation Response Protocol ("SI Protocol"), based on best-available research evidence. The SI Protocol consists of four steps to support a student in distress. Each step has a standardized response pattern, with activities that are appropriate to different school staff roles (e.g., teachers, administrators). Implementation of the SI Protocol is supported by a free, 1-hour online training. In this presentation, we will describe (1) the development and contents of the protocol and (2) evaluation findings to date, including referral patterns following protocol use.

Methods: Research on this project is conducted through a community-university partnership model. To evaluate initial outcomes of the protocol, we conducted surveys with 93 school staff in spring 2020 (retrospective pre/post). We also collected post-protocol referral data from three school divisions in the 2020/21 and 2021/22 school years (with 2022/23 data collection ongoing). This data indicates the outcome of protocol use (urgent/non-urgent) and referral information (e.g., to emergency department (ED)) for 504 students to date.

Results: The protocol was first implemented in fall 2019 and has since been used by schools in over 30 divisions in Alberta. Of the 93 survey participants, 70% ($n=65$) had used the protocol at least one time. Compared to before protocol use (as well as individuals who had not used the protocol), participants reported that post-protocol use, they felt significantly more prepared to complete multiple actions related to prevention, including responding to disclosures of suicidal thoughts ($d=1.13$) and making appropriate referrals ($d=0.89$). Of the 504 total referrals, 37% resulted in a referral to community mental health, 44% to school mental health, and 19% to the ED/urgent care.

Discussion: Findings to date on the SI Protocol are promising and exemplify how research evidence can be moved into action through community-driven approaches. In our presentation, we will discuss implications for suicide risk assessment, intervention, and referral in school settings.

[Combining the arts, co-designed ifarmwell.com.au and a farmer-led social network campaign 'Vocal Locals' to improve wellbeing and reduce suicide risk in rural Australia](#)

Associate Professor Kate Gunn¹, Dr Chloe Fletcher¹, Mr John Gladigau², Mr Dale Woolford¹

¹University Of South Australia, ²Gladigau Enterprises Pty Ltd

Farmers are twice as likely to die of suicide than other employed people in Australia and are globally recognised as a group vulnerable to suicide. To help address this, in Australian agricultural communities there is a need to move beyond mental health 'awareness raising', to meaningfully shift cultural norms and thereby address attitudinal barriers to professional help-seeking. It is also important that community members are equipped with the skills to discuss these issues, and to engage in practical strategies that are likely to lead to the maintenance or improvement of their wellbeing.

We have worked with farmers from across Australia to co-design ifarmwell.com.au, which is now freely available nationally. Module completion is associated with reduced levels of distress and improved wellbeing (that is maintained 6 months post intervention), in the difficult-to-reach farming population. We have also worked with a small agricultural community (Loxton, in rural South Australia) to share practical strategies to enable local farmers to maintain or improve their own wellbeing. This included integrating strategies into the musical 'Kick Off Ya Boots', written by local farmer John Gladigau and performed by locals, to sell-out crowds. It also included a social network campaign underpinned by the socio-ecological model of human behaviour, during which 10 community members (8/10 farmers) became 'Vocal Locals'. They did this by completing the ifarmwell.com.au modules and an orientation workshop. They also received wellbeing coaching to support them with pursuing their own wellbeing goals, and with communicating their efforts to their social networks (largely via social media), to encourage them to do the same.

Vocal Local's social media posts reached over 56,000 people, with 6,800 people reacting to, commenting on, or sharing the posts, over the 3-month campaign period. A community survey was conducted pre ($n=136$) and post campaign. Only those who were 'familiar' or 'very familiar' with the campaign (65/152) were included in the pre/post comparison. Independent samples t-tests revealed significant increases in the number of conversations community members who were familiar with the campaign were having about mental health or wellbeing ($p=.015$), as well as improvements in comfort speaking to others about their mental health or wellbeing ($p=.001$) and engagement in activities to maintain or improve their own wellbeing ($p=.012$).

It is hoped that this presentation will encourage others to think creatively about how they can effectively work with populations who are vulnerable to suicide, drawing upon evidence-based tools, the arts and lived experience.

[Service implementation of a novel youth-focused suicide prevention aftercare service](#)

Dr Dzenana Kartal¹, Hannah Richards², Ms Michelle Lamblin¹, Dr Katrina Witt²

Background: Aftercare services have become a cornerstone of suicide prevention efforts. These services typically include provision of psychosocial care by a multidisciplinary team to people who have presented to a health care service with self-harm or suicidal ideation, with the aim of reducing suicide attempts and ultimately the rates of suicide.

The aim of this research is to evaluate an implementation strategy and identify barriers and facilitators to implementation of Orygen specialised youth-focused Hospital Outreach Post-suicidal Engagement (HOPE) aftercare service designed to reduce risk of suicide among young people aged 12 to 25 years.

Method: Guided by two theoretical frameworks, the RE-AIM and PRISM this research aims to identify service Reach, describe Adoption characteristics, and assess the Implementation processes during the first year of delivering the Orygen HOPE aftercare. A sequential mixed methods approach was used, including hospital records which identified target population, surveys which assessed providers' perceived knowledge and attitudes, and semi-structured interviews which explored potential determinants of implementation.

Results: There were several themes associated with productive organisational functioning (e.g., team culture, goals, climate and leadership support), organisational barriers relating to multilevel characteristics of the service (e.g., staffing resources and stress) and providers (e.g., training, staff support, role definitions and responsibilities).

Conclusion: The findings from this evaluation will inform future implementation service development and roll-out, and future health policy relating to suicide prevention, to enhance the use of suicide prevention aftercare services in settings where young people at risk of suicide are likely to present.

[Experiences from 25 years of suicide prevention first aid training across Norway](#)

Mrs Ann-Jorid Moller¹, Mrs Anette Seierstad Skrindo, Mrs Marianne Larssen

¹Vivat SuicidePrevention

Vivat selvmordsforebygging (Vivat SuicidePrevention) has operated in Norway for 25 years. Our work started with the implementation of LivingWorks programme ASIST (Applied Suicide Intervention Skills Training) in the Northern part of Norway, due to the lack of suicide prevention knowledge in rural areas. Vivat was first organized as a regional project in the North and after a short time as a national project. Today Vivat has regular funding from Norwegian authorities. We work closely with the professional suicidology community in Norway, and we are considered to be an important provider of suicide prevention first aid skills.

A core focus through these 25 years has been to make suicide everybody's business, by educating anyone who can meet people with suicidal thoughts. To implement the knowledge of an ASIST training throughout Norway, Vivat uses a great deal of resources to educate local trainers who can give important suicide prevention skills training across communities. In 2015 we started the implementation of LivingWorks programme SafeTALK. This half-day program has opened new target groups to suicide prevention intervention skills. The combination of a half-day workshop in SafeTALK for everyone in an organization/workplace and the two-day ASIST workshop for key personnel has proven effective. To meet the needs of new target groups Vivat has customized SafeTALK training to an Indigenous Sami context and a military context. Furthermore, we have some experience with customizing the training to youths. The COVID-19 pandemic increased demand for digital available training, and as a result we developed SOS (Snakk om selvmord/talk about suicide) and RESPONS. The presentation will focus on key points of this 25-year long journey and give concrete examples from systematic use of LivingWorks/Vivat workshops.

Exploring the readiness of youth education institutions with high-risk students to implement a suicide prevention Gatekeeper intervention: a nationwide observational survey study in Denmark

Mrs Lena Rossen Østergaard¹, Ms Christina Petrea Larsen, Ph.D Lotus Sofie Bast, Associate Prof. Ph.D. Erik Christiansen

¹Centre For Suicide Research

Background Danish schools offering “Preparatory Basic Education and Training” (FGU schools) have students that are characterized by having different academic, social or personal problems, and many of them are in high risk of suicidal behavior. Some young people with suicidal behavior do not seek help and early identification is important for suicide prevention. Teachers are in a position where it could be relevant to implement a Gatekeeper intervention. To ensure successful implementation, it is important to establish organizational readiness for change including innovation-specific capacity.

Aim: We aimed to explore the innovation-specific capacity of FGU schools in Denmark to implement a Gatekeeper intervention.

Method: The study is based on a nationwide online survey completed by teaching staff ($n=251$) at FGU schools. The questionnaire consisted of both closed- and open-ended items.

The relationship between employment type and having experienced suicidal behavior, and actions to be taken by the teacher, was examined through Chi-squared test. Multinomial logistic regression was used to estimate the effect of employment type, sex, age group, having experienced suicidal behavior and seniority on the level of knowledge about suicidal behavior. Comparison of differences between effects of having no, moderate and high knowledge of suicidal behavior was made. Effects were estimated in two different models; crude and adjusted.

The qualitative data from the open-ended items were analyzed using a thematic analysis approach.

Results: Teachers with high seniority or had experienced students with suicidal behavior were more likely to have high knowledge about suicidal behavior, respectively (OR: 2.49*) and (OR 4.64**). The highest crude effect (OR: 10.75**) was found for teachers who reported to have observed suicidal behavior, and they were more likely to have a high level of knowledge. In the adjusted model, only the OR from “self-perceived observing suicidal behavior” on high knowledge was significant (OR: 7.56**).

The result from the quantitative analysis is substantiated by the analysis of the qualitative data that revealed the teachers’ at FGU schools have limited knowledge on suicidal behavior and that the existing knowledge is mainly obtained from personal experience.

Conclusion: There is a low level of innovation-specific capacity to implement a gatekeeper intervention and there is a need for the teaching staff to be educated. Further studies are called for to investigate the general capacity and motivation at FGU schools and the readiness at both organizational and leadership level should be explored, before a gatekeeper concept can be implemented.

[Outlive: Engaging and enabling youth to address suicide prevention in India](#)

Ms Sweta Pal¹

¹Sangath

Introduction: Suicide is the single leading cause of death in young people aged 15–29 years (1st among women and 2nd among men) in India. Suicide is the result of a unique interaction of different social, economic, cultural, and health-related factors which causes distress to individuals in their specific contexts. For instance, discrimination based on caste, gender and sexuality; breakdown of

intimate relationships; academic stress; violence; substance abuse; unemployment; financial distress; and lack of access to support are some of the diverse triggers for suicide among youth in India.

We co-designed a suicide prevention programme with 48 young people in India consisting of three interventions: A national public engagement campaign to build awareness; a network of youth peer supporters to provide emotional support to youth in distress through a chat-based mobile app; and an Advocacy fellowship for youth to engage with policymakers and participate in policy processes

Methods: 1. Involve young people (18 to 24 years) including those who have lived experiences of distress and suicide in the design of a public engagement and awareness campaign

2. Implement a public engagement campaign to increase awareness of suicide prevention amongst young people. Activities: We organised 38 focus group discussions and co-design workshops with 48 youth participants to build the Outlive Public Engagement intervention which consisted of following activities:

1. Awareness events including large group suicide prevention sensitisation sessions, small group awareness workshops, and film discussions.
2. Multilingual poster campaign in colleges.
3. Story-sharing campaign to amplify voices of young people with lived experiences of suicide.
4. Web resource for young people to learn about suicide prevention.

Results: Over 2022–23, Outlive organised 60 events to reach 2,881 young people in Delhi, Mumbai and Pune. During awareness events, data was collected from participants to assess change in their understanding of suicide and intention to seek help through the Literacy of Suicide Scale (LOSS) and General Health Seeking Questionnaire (GHSQ). There was a 23% increase in suicide literacy scale ($n=187$) after attending workshops. The increase is statistically significant with a p -value 0.001. On GHSQ, participants reported that “Mental health professional” is the most preferred resource for seeking help, participants also reported that they are unlikely not to seek help from anyone. Through a multi-lingual poster initiative in colleges and campaigns on social media, we reached 736,286 users online, 586 website visitors and received 16 story contributions from youth who have lived experiences of suicide. www.outlive.in

[Lessons learned in ten years of suicide prevention in Bangladesh: The pivotal role of youth engagement](#)

Dr Yeshim Iqbal¹ [Rubina Jahan](#)²

¹New York University, ²SAJIDA Foundation

Kaan Pete Roi (KPR), Bangladesh’s first and only telephone-based suicide prevention helpline, marks ten years of its operations on April 28th, 2023. Bangladesh is one of the most densely populated nations in the world, with limited mental health services in the form of psychology and psychiatry; KPR (a member of the Befrienders Worldwide network, a global authority on suicide prevention) is the one of the few nationwide and easily accessible mental health services in the nation. In this presentation, we, as KPR’s founding members, share key challenges and lessons learned in initiating, developing, and improving a volunteer-run suicide prevention service, with a focus on the transformative role of youth in this process. The key challenges we describe include the role of stigma in addressing the topic of suicide publicly, societal expectations that shape our capacity to provide services around the clock, and a shifting political climate around the importance of mental health. Involving youth and emerging adults (the ages of 14–22) has been vital in allowing us to navigate these challenges. Specifically, in relation to these challenges, we describe the potential, and advantages, of primarily targeting youth as volunteers to answer calls on this service and the unique role that youth play in families, educational institutions, and local communities as levers of change in the face of stigma. We support this discussion using a decade’s worth of descriptive data from both callers to the helpline (N = approximately 50,000) and volunteers who have answered calls (N = approximately

400), demonstrating that both the issues that come up on the calls, and the characteristics of the volunteers, point towards the continued powerful role of youth in the suicide prevention space. We conclude by sharing recommendations based on these experiences for the development and improvement of suicide prevention services in the majority world.

Oral #3 Suicidal behavior, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Dan Reidenberg

Suicide ideation among Brazilian college students: Relationship with academic factors, mental health, and sexual abuse

Ms Camila Altavini^{1,2}, Antônio Paulo Rinaldi Ascitti², Dr Geilson Lima Santana², Dr Ana Cristina Oliveira Solis², Dr Laura Helena Andrade², Dr Lúcio Garcia Oliveira³, Dr Arthur Guerra Andrade^{2,3}, Dr Clarice Gorenstein^{2,4}, Dr Yuan-Pang Wang²

¹Centro de Atendimento e Estudos Psicológicos, Instituto de Psicologia, Universidade de Brasília, ²Instituto & Departamento de Psiquiatria (LIM-23), Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo, ³Faculdade de Medicina, Fundação do ABC, ⁴Instituto de Ciências Biomédicas, Universidade São Paulo

Background: Suicide is one of the leading causes of death among youth and its occurrence among college students is a matter of great concern. Challenges of transitional adulthood and mental illness increase the likelihood of suicidal cognition in students. The objective of present study was to investigate the prevalence of suicide ideation and associated factors in a representative sample of Brazilian college students ($n = 12,245$).

Methods: Data were drawn from a nationwide survey and further subjected to estimate the prevalence of suicide ideation and its association with socio-demographic and academic characteristics. We performed logistic regression analyses upon a conceptual framework, considering individual and academic factors.

Results: The point-prevalence of suicide ideation among college students was 5.9% (SE = 0.37). In the final regression model, variables associated with the likelihood of suicide ideation were psychopathology, sexual abuse, and academic variables, such as dissatisfaction with the chosen undergraduate course (OR = 1.86; IC95% 1.43 – 2.41) and low academic performance (OR = 3.56; IC95% 1.69 – 7.48). Having children and religious affiliation were inversely associated with the likelihood of suicide ideation.

Limitations: Participants were recruited from state capitals, which limited data generalizability to non-urban college students.

Conclusions: The impact of academic life on the mental health of students should be carefully monitored in in-campus pedagogical and health services. Early identification of poor-performance students with social disadvantages could indicate vulnerable ones who are much in need of psycho-social support.

Suicide mortality in the Russian Federation, 1956–2021

Mr Ilnur Aminov¹

¹Faculty of Mathematics, Natural Sciences and Information Technologies, University of Primorska, ²Vishnevsky Institute of Demography, HSE University

Introduction: According to WHO, Russia has traditionally been among the countries with one of the highest suicide mortality rates for several decades. A total of 2,480,634 people died by suicide in the period from 1956 to 2021 on the territory of the modern Russian Federation. Despite significant

losses, Russia cannot be attributed to countries that pay sufficient attention to suicide prevention. As part of this presentation, it is planned to describe the main socio-demographic characteristics of suicide mortality in Russia.

Methods: Suicide mortality was investigated using methods used in demography for analyzing mortality by causes of death. The information base of the study was composed of official statistics, the Russian Fertility and Mortality Database.

Results: Despite a significant reduction in the death rate from suicides in the Russian Federation in recent years, the suicidal situation in the country remains one of the most difficult in the world.

Noting the positive trends in the dynamics of suicidal mortality in Russia, it is necessary to consider the possible underestimation of suicides by official statistics, especially in some regions, where the difference in death rates from suicide and events of undetermined intent reaches unprecedented levels. Typical examples of underestimation of the number of suicides are Sakhalin Oblast, Khabarovsk Krai, Astrakhan oblast.

Characteristic of suicidal mortality in Russia are higher mortality of men compared with women, age features, high mortality in rural areas compared to cities, seasonality.

Another feature of the suicidal situation in Russia is its strong regional differentiation. For example, in recent years, the age-standardized suicide mortality rate in the Republic of Altai, one of the traditional "leaders" in suicide mortality among all Russian regions, was hundreds of times higher than in the Chechen Republic, where suicide mortality is traditionally very low.

Official statistics on suicide mortality in Russia make it possible to estimate the mortality rate only among four socio-demographic groups: urban and rural men, urban and rural women. An analysis of the differences in mortality among these groups over the years 1989–2021 indicates that the most alarming suicidal situation is observed among rural men. In 2021, mortality in this population group was almost 3 times higher than in the whole country.

[How to prevent suicide among vulnerable populations? The impact of a national cash transfer program on reducing suicide among women, black people, and the young: A study using the 100 Million Brazilian Cohort.](#)

[Dr Daiane B Machado](#)^{1,2}, Professor Vikram Patel¹, Professor Maurício Barreto²

¹Harvard Medical School, ²The Centre for Data and Knowledge Integration for Health (CIDACS)

Preventing suicide is challenging, but among vulnerable populations can be even more challenging. These populations suffer from less healthcare access and lower economic status and are very often exposed to high levels of violence and discrimination. Using the 100 Million Brazilian Cohort, we followed 114,008,317 individuals for a 12-year period (2004 to 2015). Socio-economic and demographic information was linked to the "Bolsa Família" cash transfer program (BFP) payroll database and the nationwide death registration data. We fitted Poisson models to estimate the incidence rate ratios for suicide among diverse populations (white and black females and males in the 10–24, 25–49, and 60 and over age ranges) associated with being or not a BFP recipient. We conducted propensity score analysis for BFP beneficiaries and non-beneficiaries. We estimated the association of suicide with BFP using inverse probability of treatment weighting, estimating the weights for BFP beneficiaries (weight = 1) and non-beneficiaries, by the inverse probability of receiving treatment (weight = $E(ps)/(1-E(ps))$). We used an average treatment effect on the treated (ATT) estimator and then fitted Poisson models to estimate the incidence rate ratios (IRRs) for suicide associated with BFP experience among diverse populations. Among males, black beneficiaries had a 59% (IRR=0.41, 95% CI=0.39, 0.43, $p<0.001$) lower risk of suicide compared to non-beneficiaries, whereas white beneficiaries had a 53% lower risk (IRR=0.47, 95% CI=0.44, 0.51, $p<0.001$). When comparing age and gender, young black beneficiaries had a higher effect, with a 60% lower risk among 10–24-year-olds, and 63% in the 25–59 age range. However, the highest effect of receiving

BFP was found among black women, achieving a 79% (IRR=0.31, 95% CI=0.28, 0.34, $p<0.001$) lower suicide risk. We found similar results in all sensitivity analyses. These findings indicate that BFP not only assists in preventing suicide but also in narrowing gender and racial disparities. BFP in Brazil has effectively prevented suicide, with a stronger effect among the most vulnerable populations. This may suggest that cash transfer programs, originally targeted to reduce poverty and extreme poverty (a proven determinant of suicide), could be decisive in limiting suicide in other parts of the world. Countries which face gender disparities, and include vulnerable populations, such as racial minorities and immigrants are of particular interest. Lastly, studies on the impact of cash transfers on suicide reduction have the potential to reshape the way suicide prevention is considered since no other intervention has proved to be as effective.

[Prevalence and correlates of 30-day suicidal ideation and intent: results of the South African National Student Mental Health Survey](#)

[Professor Jason Bantjes](#)¹, Ms Molly J. Kessler², Dr Xanthe Hunt³, Prof Dan J. Stein⁴, Prof Ronald C. Kessler⁵

¹South African Medical Research Council, ²Boston College, ³Stellenbosch University, ⁴University of Cape Town, ⁵Harvard

Background: Although suicide prevention is recognised as a priority among university students in South Africa (SA), it is unclear what proportion of students require urgent indicated interventions and what the characteristics are of these students.

Aim: To assess the prevalence and sociodemographic correlates of 30-day suicidal ideation, frequency of ideation, and self-reported intention to act on ideation in the next year among a national sample of SA university students.

Methods: Self-report cross-sectional data were collected online from students ($n=28,268$) at 19 universities across SA as part of the national student mental health survey. Students reported suicidal ideation in the past 30-days, frequency of this ideation, and intention to act on this ideation in the next year. Data were weighted within institutions by gender and population group, and across the four main types of universities (historically white, historically disadvantaged, technical, and distance learning) to correct for response rate discrepancies. Prevalence was estimated with these weighted in the total sample and across types of universities. Poisson regression with robust error variances was used to investigate associations of sociodemographic characteristics with ideation and intention to act on suicidal ideation. Results are reported as relative-risks (RRs) with design-based 95% confidence intervals (CIs).

Results: 30-day prevalence of suicidal ideation was 24.4% (SE=0.3), with 2.1% (SE=0.1) and 4.1% (SE=0.1), respectively, reporting suicidal ideation all/almost all the time or most of the time. 1.5% (SE=0.1) of respondents reported being very likely to act on their suicidal ideation, while 3.9% (SE=0.2) were somewhat likely, 8.7% (0.2) were not very likely and 85.8 (SE=0.5) either reported no suicidal ideation or that they were not at all likely to act on this ideation. Risk of suicidal ideation with high intent in the total sample was elevated among females (RR=1.9, 95%CI=1.3-2.7) and gender non-conforming students (RR=4.3, 95%CI=1.4-13.0) relative to males, Black-African students compared to White students (RR=3.6, 95%CI=1.9-7.1), students whose parents did not progress to secondary school compared to students whose parents had a university education (RR=1.6, 95%CI=1.0-2.5), and sexual minority students compared to heterosexual students (RR=1.9, 95%CI=1.3-2.6). Among students with 30-day ideation (controlling for frequency of ideation), only two of these predictors of high intent remained significant: identifying as Black (RR=2.7, 95%CI=1.4-5.1) and having parents with less than secondary education (RR=1.5, 95%CI=1.0-2.1).

Conclusion: Scalable suicide prevention interventions are needed to reach the large number of SA students who report suicidal ideation with intent.

Suicide trends and breakpoints in Portugal (1913–2018): A comprehensive analysis

Professor Ricardo Gusmão¹, Dr Virgínia Conceição¹

¹EPIUnit – Institute of Public Health, University of Porto, ²Laboratory for Integrative and Translational Research in Population Health (ITR), University of Porto

Background: Masked suicides, stemming from errors in registration procedures and communication between professionals, constitute a crucial component of the suicide public health problem and are assumed to be particularly high in Portugal within undetermined and accidental violent deaths. Epidemiology might help to identify death determinants and to monitor prevention strategies. This research analysed suicide trends in Portugal from 1913–2018, accounting for register bias. We aimed to identify structural changes and breakpoints in age-standardized and age-specific death rates by sex.

Methods: We used data from various primary sources, including official national statistical publications and the National Institute of Statistics (INE) database. We calculated age-adjusted standard death rates (SDR) from 1913–2018 and estimated age-specific death rates (ASDR) for different age groups. We performed a time-series analysis to identify breakpoints and assess trends in suicide rates, undetermined deaths, and accidental deaths and a sensitivity analysis with joinpoint.

Results: Results indicate a general reduction in mortality by suicide, undetermined deaths, and accidental deaths observed across the years. For suicides, three breakpoints were identified in 1930, 1982, and 200–2001, resulting in four segment periods with different trends. The study revealed an upward trend in suicides from 1913–1930, a downward trend from 1931–1982, an accelerated decline from 1983–2001, and a continued decline from 2002–2018. Undetermined deaths exhibited fluctuating trends with breakpoints in 1979, 1986, 1993, 2000, and 2007. Accidental deaths had breakpoints in 1974, 2000, and 2009, with varying trends across segments.

Discussion: These breakpoints were associated with significant changes in death registration procedures or methodology, including updates to the International Classification of Diseases (ICD) and other related registration adjustments, suggesting that the observed trends in suicide rates were often driven by methodological changes rather than fundamental shifts in suicide numbers. This finding highlights the need for caution when interpreting historical suicide data and emphasizes the importance of considering the impact of methodological adjustments on the observed trends. The study also explored the potential for suicide occultation, or masking, within undetermined and accidental deaths. This issue raises concerns about the accuracy of suicide data and may contribute to underestimating the actual number of suicides. By analysing adjusted data and considering biases, this study provides a more accurate representation of suicide trends in Portugal, reducing trend fluctuations and allowing for a clearer understanding of the changes in suicide epidemiology over the past century. This methodology goes beyond joinpoint analysis.

[Multiple sclerosis and suicide attempts: A review including a meta-analysis of prevalence](#)

[Mrs Trine Banke d'Andrade](#)^{1,2}, Ms Christina Petrea Larsen^{1,3}, Prof. MD Egon Stenager^{4,5}, Prof. Elsebeth Nylev Stenager³, Associate Prof. Ph.D. Erik Christiansen^{1,3}

¹Center For Suicide Research, Denmark, ²Research Unit for Health Promotion, Department of Public Health, University of Southern Denmark, ³Research Unit Mental Health, Children and Adult, Aabenraa, Department of Regional Health Research, University of Southern Denmark, ⁴MS Clinic of Southern Jutland, ⁵Department of Regional Health Research, University of Southern Denmark

Background: Multiple sclerosis (MS) is an autoimmune inflammatory demyelinating disorder, and persons diagnosed with multiple sclerosis have a shorter life expectancy than the general population. Recent meta-analyses have examined the association between MS and suicide and between MS and suicidal ideation. The objective of the present review was to examine if MS is associated with a higher risk of suicide attempt. We hypothesised that MS patients were at increased risk of suicide attempts.

Methods: Four databases were searched systematically for studies assessing the risk of attempted suicide in people with MS. Eligibility criteria were studies designed as cohort, case-control or cross-sectional studies with attempted suicide as the outcome and published in English. Life-time prevalence of suicide attempt was calculated through a meta-analysis, and results were presented as a forest plot. Sensitivity analyses were used to investigate the heterogeneity among studies.

Results: 13 studies were identified from 533 records, providing a total population of 50,004 participants of whom 599 had attempted suicide. The weighted overall prevalence of suicide attempts among people with MS was 0.04 (CI 0.02, 0.06) with a Cochran's Q value of 591.05, which rejected the null hypothesis of homogeneous studies. The performed sensitivity analysis resulted in an I² of 81% as the lowest possible value, which still indicated a high level of heterogeneity.

Conclusion: The results suggest a significant association between MS and suicide attempts. However, the small number of included studies and the heterogeneous nature of these studies indicates a need for more studies based on more homogeneous samples.

Review has been submitted for publication.

[The involvement of propranolol in suicide: a cross-sectional study using the National Programme on Substance Abuse Deaths in the UK](#)

[Dr Hayley Gorton](#)¹, Dr Charlotte Archer², Dr Faraz Mughal³, Dr Caroline Copeland^{4,5}

¹University Of Huddersfield, ²Bristol Medical School, University of Bristol, ³School of Medicine, Keele University, ⁴Centre for Pharmaceutical Medicine Research, Institute of Pharmaceutical Science, King's College London, ⁵National Programme on Substance Abuse Deaths

Background: Propranolol is a beta-blocker medication indicated for various conditions, mostly related to heart rhythm, but also for the physical symptoms of anxiety. Prescriptions for propranolol in the U.K. have been increasing year-on-year. Recently, there have been concerns about the involvement of propranolol in intentional poisoning, particularly when used concomitantly with antidepressants. Involvement of propranolol in poisoning deaths is not reported in U.K. national data derived from death certificates. Therefore, use of coroner-reported and toxicology data enables unique investigation into the scale of the involvement of propranolol in suicide for the first time. We therefore describe demographics of people for whom propranolol was detected post-mortem, whether or not implicated in death; and summarise concomitant medication and diagnoses.

Method: We extracted all suicides and unnatural deaths reported to the National Programme on Substance Abuse Deaths (NPASD) between 2010–2019 where propranolol was listed as a prescribed medication, detected at post-mortem and/or implicated in death. The NPSAD includes deaths involving psychotropic drugs. We undertook descriptive analyses using IBM SPSS[®]v28.

Results: Propranolol was identified at post-mortem for 232 people, in combination with other medicines in 98% of deaths. A median of 5 drugs (IQR 3–7) were detected at post-mortem. Fifty-five percent of people were female and the median age 44.5 (IQR 33–51). Most suicides were attributed to poisoning (92%) with medicines prescribed or involved secondary to other causes in remainder. Propranolol was implicated in 63% of deaths (lone drug $n=42$, 18%; with concomitant drugs $n=105$, 45%), and equally as likely to be implicated in those prescribed propranolol ($n=79$, 34%) compared to those who were not. The most commonly co-implicated drugs were antidepressants ($n=110$, 47%), opioids ($n=73$, 32%) and alcohol ($n=56$, 24%). Seventy percent of people had been prescribed at least one antidepressant medication. Of the SSRIs, citalopram was the most commonly prescribed ($n=45$, 20%) and implicated ($n=30$, 13%).

Conclusion: By definition of the NPSAD, other psychotropic drugs will be involved alongside propranolol. Where propranolol is detected post-mortem following suicide, it is most commonly with antidepressants, opioids or alcohol. Given that the combination of propranolol and antidepressants is commonly seen for the management of anxiety with or without depression, vigilance to the combined toxicity profile may be pertinent.

Suicide prevention through art

Ms. Reem AbuKishk¹

¹Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ

Suicide can be prevented when a society works together as a whole to protect those in crisis, and creative arts can be useful tools preferred by many given their visceral nature and ability to address highly stigmatized topics sometimes more easily than using other more traditional methods based in words. The GIZ Regional Project, "Mental Health and Psychosocial Support (MHPSS) in the Middle East", funded by the German Federal Ministry of Economic Development and Cooperation, BMZ, has developed and piloted creative arts-based methods for the support of persons with lived experiences of suicide in Lebanon and Jordan, and hosts the Wojodi Amal initiative (www.wojodi-amal.org), an online and in-person exhibition, which aims to break the silence around suicide, share helpful resources and transform stories of pain into messages of hope for those who feel trapped. In the oral presentation we will present the creative arts methods we used and touch on key lessons learned from our regional initiative on suicide prevention, aimed at building community among people with lived experience and on raising awareness on the topic of suicide and destigmatizing it, and we will give insights into the impact of the project for its participants.

Background: It is estimated that 1 in every 100 deaths worldwide are caused by suicide. 79% of those suicides occur in low- and middle-income countries. Young people, refugees and forcibly displaced and stateless persons are particularly at risk. There are many different risk factors for suicide. Their interaction is often complex, and many of these risk factors also shape the reality of people living in the Middle East. These include unemployment, a lack of perspective, limited access to healthcare, social isolation, and experiences of violence and forced displacement, which often are accompanied by grief, rejection, discrimination, and fear. While official reports of the suicide rate in the Middle East are relatively low, new studies indicate that this may not reflect the actual prevalence of suicidal thoughts, attempts, and deaths. It may instead highlight the social, cultural, and religious stigma that surrounds suicide. Being afraid of shame and lacking access to or awareness of mental health and psychosocial services often translates into silent suffering or, even worse, premature death.

Oral #4 Suicide, media and the internet, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Vanja Gomboc

Quantitative analysis of the Werther Effect on suicide following celebrity suicide reports in Japan: Instantaneous and persistent risk

Mr Takahiro Arai^{1,2}, Ms Kaoru Yamadera¹

¹Japan Suicide Countermeasures Promotion Center, ²Keio University

Study objectives: Although numerous studies have demonstrated the existence of suicide contagion (the Werther effect) following media coverage of celebrity suicides, the underlying mechanism has yet to be fully elucidated. This study aims to quantitatively clarify the mechanism of the Werther Effect, using Internet search behavior data for representative Japanese celebrity suicide reports in 2022.

Methods and materials: Daily suicide data collected by the National Police Agency from April 27 to May 25, 2022 (29 days) was used. This includes the days when celebrity suicides were widely reported and the 14 days before and after. Google Trends was used for search behavior data, and 28 search terms were selected, including celebrity names, anxiety, suicidal ideation, suicide methods, and counseling services. A principal component regression analysis was performed to evaluate the association between principal component scores and the number of suicides.

Results: The analysis revealed that search behavior was reduced to two principal components, interest in suicide in general (PC1) and recall effect evoked by suicide reports (PC2), which accounted for 69.4% of Internet search volume. The results of the factor decomposition in the regression analysis (Adj. R(2) = 0.669) revealed that PC1 (Standardized coefficients = 7.57, 95% CI 4.82–10.31) and PC2 (Standardized coefficients = 6.86, 95% CI 4.12–9.60) may have an increased risk effect on the number of suicides following a suicide report, with PC1 showing an instantaneous effect during the 2 days, including the day of the suicide report, and PC2 showing a sustained effect over the 2 weeks following the suicide report.

Conclusion: There may be two types of the Werther Effect: instantaneous and persistent. In order to stop long-term copycat suicides, media professionals as partners in suicide prevention need to be aware of these two types and adhere to WHO guidelines and raise awareness of safe reporting.

Social media use of adolescents who died by suicide: Lessons from a psychological autopsy study

Mr Elias Balt¹, Dr Saskia Merelle¹, Professor Jo Robinson², prof. Arne Popma³, dr. Daan Creemers⁴, Ms. Isa van den Brand¹, Dr Diana Van Bergen⁵, Dr Sanne Rasing⁴, Mr. Wico Mulder⁶, Dr Renske Gilissen¹

¹113 Zelfmoordpreventie, ²Orygen, ³Child and adolescents psychiatry and psychosocial care, Amsterdam University Medical Center, ⁴Child and adolescent psychiatry, GGZ Oost-Brabant, ⁵Department of Pedagogical and Educational Sciences, Faculty of Behavioural Social Sciences, University of Groningen, ⁶Youth healthcare, Dutch Centre for Youth Health (NCJ)

Background: while there are many benefits for young people to use social media, adverse effects such as cyberbullying, online challenges, social comparison and imitation may provoke and aggravate suicidal thoughts and behaviors. The influence of social media on mental health and suicidal thoughts and behaviors has been amply studied, but there is little empirical evidence for its potential role in adolescent suicides. The current study aimed to inform digital suicide prevention strategies by examining the meaning of social media in the lives of young suicide victims and elucidating the harmful and supportive effects of social media use on their wellbeing and distress.

Methods: data were analyzed from a psychological autopsy study of 35 adolescents who died by suicide in the Netherlands (43% of all adolescents who died by suicide in that year). There were 18 females and 17 males. All were under the age of 20 years, with an average of 17 years. Interpretative Phenomenological Analysis was conducted on 55 semi-structured interviews with peers and parents of the decedents.

Results: young people benefitted from peer support and recovery stories. However, various themes were discussed relating to the harmful effects of social media, including dependency, triggers and imitation, challenges, cybervictimization and psychological entrapment. The themes of dependency and triggers and imitation were more salient in young females. A group of females cultivated an online identity around their suicidal thoughts and behaviors. Next-of-kin, particularly parents, faced various challenges to talk to the adolescents about social media use, including technological illiteracy, online anonymity, and the youths' closedness.

Conclusions: based on the findings, we recommend education to stimulate the digital literacy of parents, health workers and educators, supporting conscientious social media use in young people, and extending the prevention of cyberbullying. We encourage future research to examine how virtual social networks may sustain suicidal thoughts and behavior, and to further investigate the effectiveness of digital interventions, like moderated peer support and the use of positive role models.

[Suicide-related internet use of mental health patients](#)

Ms Lana Bojanic¹, Ms Jessica Kenworthy², Ms Tamara Moon³, Dr Pauline Turnbull¹, Dr Saied Ibrahim¹, Dr Sandra Flynn¹, Prof Navneet Kapur¹, Prof Louis Appleby¹, Dr Isabelle Hunt¹

¹University of Manchester, ²Staffordshire University, ³Camden and Islington NHS Foundation Trust

Background: Suicide related-internet use (SRIU) can be considered both a risk and preventive factor for suicide. Determining the characteristics of patients who died by suicide and used the internet for suicide-related purposes as well as knowing how disclosure of SRIU to clinicians occurs, is necessary for informing suicide prevention efforts.

Method: We analysed data on patients with SRIU from a national consecutive series of people who died by suicide and had been in contact with mental health services. Associations between SRIU use and sociodemographic, behavioural and clinical characteristics were investigated using multivariable logistic regression models. Interviews with clinicians explored how the SRIU disclosure occurred as well as their attitudes and beliefs about SRIU.

Results: SRIU was present in 7.5% of deceased patients. Presence of SRIU was associated with being aged under 45 years, a diagnosis of autism, medication non-adherence, recent attendance to the emergency department for self-harm, dying by unusual means, and dying by suicide on or near a significant date. Clinicians reported that the disclosure of SRIU mostly occurred spontaneously during risk assessment and comprised researching methods of suicide. Knowing about patient's researching methods online was viewed as important due to the perception that it can signify increased risk as well as offer opportunity for prevention. **Limitations:** No data in this study came directly from patients who use the internet for suicide-related purposes. Due to small numbers, it was not possible to investigate different types of SRIU separately.

Conclusion: SRIU seems to be present in almost all age groups and is associated with dying by unusual means. By asking about SRIU, clinicians could inform care plans and improve suicide prevention. Potential factors to address in clinicians' training about SRIU are discussed.

[Down the rabbit hole: Social media encouraged suicide](#)

Dr Chris Caulkins¹

¹Caulkins Consulting, LLC

A notorious social media website, under the guise of suicide prevention, encourages members to take their own lives. Advice is dispensed on how to best achieve death and people are even encouraged in real-time. The most prominent method of encouraged suicide is ingestion of sodium nitrate, with a back-up plan, like a firearm, in place.

The website was infiltrated by using a username and password provided by a family who commissioned a psychological autopsy to gain an insider's view of what is transpiring online. The hope is to provide insight to the suicidology community to focus efforts on developing countermeasures for online predation of those at increased risk of suicide.

[Online emotional support chatbots and expression of suicidal ideation: Suicide risk management by artificial intelligence and ethical concerns](#)

Dr Andreia S. Gonçalves¹, Dr. Francesco Monteleone¹, Dr. Beatriz Couto¹, Dr. Rita Ortiga¹, Dr. Rosa Rodrigues¹

¹Hospital Da Senhora Da Oliveira Guimarães

Introduction: The provision of emotional support over distance using chatbots is a growing market reaching many patients worldwide. This has become an easily accessible and accessible method where individuals from all over the world find emotional support at times when they feel the need to

seek that support, even in moments of greater anguish, in which suicidal ideation may arise and can be expressed to these chatbots.

Objectives: Understand whether suicide risk assessment methods are being implemented in online emotional support chatbots, how they respond to suicidal ideation expression, and whether alerts are being issued to human hotlines in these cases.

Methods: Information was collected after the experimental use of eight online emotional support chatbots that are available for free. Interactions with the chatbot were carried out in English and it analyzed the response of the chatbot to a user who appears to be at risk of attempting suicide using simulated patient scenarios. SPSS software was used for the statistical analysis of the results.

Results: Most chatbots included at least one suicide prevention strategy. More commonly, direct access to international helplines (7/8 chatbots, 87.5%), suicide-related education information (4/8, 50%), and recommendations of activities to deter suicidal thoughts (3/8, 37.5%). None of the chatbots identified “I feel hopeless” as a worrying statement that may require follow-up questions. 7/8 (87.5%) chatbots responded to “I just feel like dying now” by seeking confirmation that the user was having suicidal ideation and offering access to crisis helplines.

Conclusions and Implications: Technological innovation has led to rapid change in many fields including psychiatry, bringing both benefits and challenges. There are no international guidelines for the development of chatbots to optimize user safety regarding the possibility of suicidal ideation. These chatbots are free, easy to use, and a potential means of suicide risk assessment and suicide prevention. The authors argue that international societies should be aware of and contribute to the improvement of mental health assistants based on artificial intelligence. The findings may also help practitioners to inform patients about the risks and benefits of online emotional support chatbots, improve ethical guidelines, and stimulate further discussion. Further research is needed.

[Online harms or benefits: How and why are young people talking about self-harm and suicide online?](#)
Dr Anna Lavis¹, Dr Lisa Marzano, Dr Ian Marsh

¹Institute of Applied Health Research, University of Birmingham, U.K.

Introduction: Self-harm and suicide content on social media has been a recent focus of concern across academia, policy and the media. Cross-sectoral calls on platforms to enhance safeguarding have emphasised the potential for such content to lead to offline acts such as cutting and burning, as well as completed suicide. However, whilst it is urgently necessary to enhance young people's online safety, existing knowledge gaps limit our ability to understand connections between social media and offline wellbeing and behaviour, and thus to identify or mediate pathways to harm.

Methods: This presentation will draw on online ethnographic research (2018–2022) into a wide range of self-harm and suicide content across social media platforms, funded by Wellcome and Samaritans.

Discussion: By listening to how and why a young person might engage with online self-harm and suicide content, the presentation will explore this complex topic in a contextually situated way. It will show that harm arises at the coming together of content and context. We therefore need to think beyond focal content forms, such as graphic imagery or suicide forums, to reflect on the meeting points between social media and young people's social worlds. Doing so allows for the identification of critical risks and also opportunities for intervention both online and offline.

Conclusions: Online conversations around self-harm and suicide offer crucial insights into distress and suicidality, as well as their complex social underpinnings, with key lessons for both suicide prevention and the legislation of online spaces.

The quality of media coverage of terrorist attacks in Austrian and German print media and the short-term effects of news reports about Islamist terrorism: Randomized controlled trial and content analysis

Dr Brigitte Naderer¹, A/Professor Thomas Niederkrotenthaler¹, Dr. Zrinka Laido¹, Professor Benedikt Till¹

¹Medical University of Vienna, Center for Public Health, Department of Social and Preventive Medicine, Unit Suicide Research & Mental Health Promotion

Study objectives: Terrorist attacks are extraordinary events that are almost always covered in the media. Studies show that sensationalist media reports about terrorist attacks can have a detrimental impact on readers' mental health, can contribute to their (re)traumatization, and may increase stigmatization of some social groups. There are two obvious similarities between terrorism reporting and suicide reporting: Sensationalist reporting of both suicide and terrorism have been found to trigger 1) imitative behaviors and 2) stigmatization. Based on media recommendations for suicide reporting, international media and suicide preventions experts have developed guidelines for safe reporting on mass shootings or terrorist attacks with several fatalities.

Methods and material: In this study, we conducted a randomized controlled trial ($n=148$). We compared the effects of articles about Islamist terroristic attacks consistent vs. not consistent with media guidelines to a control group reading articles about homicide. We measured islamophobia, suicidal ideation, stress, and mood with questionnaires before and immediately after reading the respective articles as well as one week later. In an ongoing step, we will conduct a content analysis of coverage of terrorist attacks with and without suicide of the terrorist(s) in Western European countries between 2016 and 2020. The largest nationwide daily newspapers in Austria and in Germany will be included with a random sample of 2,000 articles. The quality of media reporting will be assessed based on media recommendations for safe reporting on mass shootings.

Results: Results of the randomized controlled trial suggest a short-term increase in Islamophobia for readers of media reports on Islamist terrorist attacks not consistent with media recommendations compared to the control group. There was no such effect for the version of the reports consistent with media recommendations. Preliminary results of the content analysis will be presented and discussed at the congress.

Conclusion: This study provides insights on the effects of (sensationalist) reporting about Islamic terrorist attacks and the relevance of adhering to developed guidelines. Consistency with media recommendations might help to reduce negative attitudes towards Muslim minorities. The results of the currently ongoing content analysis will provide further valuable insight to inform preventive interventions in this area.

The content analysis is funded by the FWF (Austrian Science Fund, project number: P36029-G, PI: BT).

[Working with and within the media sector: How Ireland flipped the model of media-centered suicide prevention programmes.](#)

Rosie Woolfson¹ Ms Aine O'Meara¹

¹Headline

Context: Headline is Ireland's national programme for the responsible reporting and representation of suicide and mental illness. Founded in 2006 and housed within mental health organisation, Shine, Headline was tasked with monitoring Irish print news media, reacting to suicide coverage that infringed on the suicide reporting guidelines, and giving presentations to student journalists. After over 10 years in operation, it was uncertain what difference, if any, the programme was making to standards of reporting in Ireland. It stood firmly in the mental health sector, observing and critiquing the news media from the outside. Following a programme evaluation in 2017, Headline relocated itself

within the media sector, becoming increasingly relevant and influential. Five years on, the programme, and Ireland's relationship with mental health reporting, is unrecognisable.

Background: In 2017, the programme was evaluated by academics at The Institute for Future Media and Journalism, Dublin City University. The evaluation indicated a shift was needed to place the programme and its suicide-prevention initiatives inside the media sector, working with journalists and newsrooms in a more supportive role.

Methods used:

- Hire programme lead with media expertise.
- Survey media professionals' needs through interviews and qualitative analysis.
- Develop comprehensive content analysis coding sheet for media monitoring, expand to broadcast media.
- Redevelop student and professional workshops to reflect trends observed in monitoring;

2023 marks 5 years since the publication of that evaluation. In that time, Headline's position and relevancy within both the mental health and media sectors has dramatically changed.

Key Changes:

- In-house media expertise
- Shift in focus from guidelines to guidance
- Emphasis on new media and broadcasting
- Hands-on student and professional workshops
- Media monitoring as tool for trend analysis
- Establishment of national Mental Health Media Awards and fellowship programme
- Humanising the work of journalist, highlighting dangers of vicarious trauma and compassion fatigue
- Confronting negative attitudes and bias towards media within the mental health sector
- Centering the voice of lived experience
- Participation in national media policy

Conclusion: A fundamental shift from critiquing the Irish news media to collaborating with them has had a transformative impact on Irish mental health reporting. Year on year, the number of guideline breaches is decreasing. The gaps in mental health reporting expertise are minimising with the development of more relevant resources identified through trend analysis and immersion in the needs of stakeholders.

[Framework of developing a lived experienced informed multilingual media aid card for responsible suicide reporting](#)

Dr Ravivarma Rao Panirselvam¹, Miss Nur Farahin Khirudin², Professor Ann Luce³

¹Hospital Miri, Ministry Of Health Malaysia, ²Social Development Council Sarawak, Ministry of Women, Early Childhood and Community Wellbeing Development, Sarawak, ³Bournemouth University

Causation of suicide is complex and multifactorial. Media reporting of suicides has been an identified population risk factor. Early signals from media studies in Malaysia have indicated that reporting quality matters and needs attention.

Unique to Malaysia and Sarawak state, media is consumed in multiple languages and formats with different degrees of content safety. Malaysia is a Commonwealth country where at the time of writing

suicide attempts are criminalised. Sarawak is a state in East Malaysia with predominantly Indigenous groups people, unlike West Malaysia.

Interventions in Sarawak have thus far targeted multiple points in the news cycle including implementing guidance for police officers in producing a press statement for suicide news and journalist-led media training for reporting suicide news. A co-produced media card was created as an output of co-created workshops with journalists on responsible suicide reporting. Journalists identified that this format would be best suited as a quick reference when producing suicide news reports.

In two qualitative workshops, conducted with 22 journalists in Kuching and Miri cities of Sarawak, we identified through consensus exercises the essential standards journalists believe to be responsible reporting. Using global best practice guidelines to guide the consensus exercises, journalists identified six critical points journalists must follow when reporting on suicide. These exercises involved using previously published but anonymised news stories to identify safe and unsafe journalism including writing their own stories and critically appraising them among each other. Three journalists were appointed as authors of the card for three different languages: Malay, English and Mandarin.

The next steps for the framework include sharing the card with lived experience for content validity and safety; working with the Content Forum (media industry regulator) to disseminate more widely across the field of journalism.

Further research will include monitoring the quality of suicide news reporting following wider dissemination of the card and further training to build upon locally adapted content.

[Using advanced language models to predict which chat messages contribute to improvement in a suicide prevention helpline](#)

Mr Salim Salmi², [Dr Saskia Mérelle](#)¹, Prof.Dr. Rob van der Mei², Dr Renske Gilissen¹, Prof Sandjai Bhulai³

¹113 Suicide Prevention, ²Centre for Mathematics and Computer Science, ³Vrije Universiteit Amsterdam

Background: Helplines have been set up around the world to answer thousands of people with suicidal thoughts every day. Evaluation of the quality of these helplines is difficult however, due to their anonymous nature. Qualitative analysis of helpline conversations effectiveness has been done, but on a small scale. With the internet becoming a bigger part of daily life, helplines can often be contacted online, through chat services. Chat services produce large amounts of text data that can be leveraged for large scale analysis. Machine learning provides a way to do large scale analysis through large language models.

Methods: State-of-the-art machine learning text analysis was used to predict help seeker scores on multiple suicide risk factors. From August 2021 until January 2023, help seekers scored themselves on these factors before and after a chat conversation on a Dutch suicide prevention helpline. The language model was built by adapting a BERT network for use in long chat conversations. It was then pre-trained on a large Dutch corpus and fine-tuned on the helpline conversation. Two separate techniques were used to look inside of the model, to show which messages in a conversation contributed to the prediction.

Results: According to the machine learning model positive affirmations contributed to improvement in score after the conversations. Use of macros and giving the help seeker standard lists of possible options contributed to a lower score. Messages that said the counsellor was ending the conversation prematurely, due to the help seeker being in an unsafe situation, also led to a decrease in score after the conversation.

Conclusion: This research highlighted several insights that could be used to assist helplines in providing higher quality conversations. Whereas the counsellor would primarily use an evocative

conversation style with a lot of questions, positive affirmations being an indicator of improvement was a surprising result. This research has also shown the potential of recently advanced language models and their application in helpline analysis.

Oral #5 Suicidal exposure to vulnerable groups, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Michelle Lamblin

Suicide in prisoners — risk factors and prevention

Dr Ana Duarte¹, Dr João Revez¹, Dr Carlos Siopa¹, Dr Catarina Cordeiro¹, Dr Paulo Martins¹

¹Centro Hospitalar Lisboa Norte – Psychiatry and Mental Health Service

Suicide is a leading cause of mortality in prisons worldwide and suicide rates among prisoners are at least three times higher for men and nine times higher for women than in the general population. Demographic, criminological, clinical, and institutional are important risk factors associated with suicide in prisons.

Inmates have numerous risk factors for suicide and self-harm. The main risk factors identified were health factors such as current psychiatric diagnosis, in particular depression, alcohol misuse, previous suicide attempts and suicidal ideation. Additional factors included single-cell occupancy, return to prison status, being married and a charge or conviction for homicide.

The likelihood of suicide increases during the first hours and days of imprisonment, considering this a very fragile and critical period. Factors such as sudden isolation, lack of information and family support and high-stress levels come together and can precipitate suicidal behavior.

The absence of visits might reflect a poor supportive social network, consistent with findings showing that male prisoners who have been involved in near-lethal suicide attempts have reduced social support. This difference might reflect a complex combination of psychosocial needs for some prisoners, for whom pre-existing impulsivity and aggression could act as a shared risk factor for suicidality, criminal behavior, and lack of social connections. The key to suicide prevention in prisons is unlikely to be in individual-level risk assessments and interventions; rather, a whole-of-institution approach is required to create a humane environment that promotes the safety and well-being of all people who are incarcerated. This approach would include ensuring purposeful activity and adequate time out of cells for people in custody; avoidance of unnecessarily punitive disciplinary actions; and accessible support for prisoners experiencing psychological distress, including peer-based programs.

There is robust evidence supporting the efficacy of suicide and self-harm prevention programs in correctional settings. Modifiable risk factors should be the main target, particularly in those with previous suicidal behaviors, mental illness, and single-cell occupancy. These programs should include access to psychological and pharmacological treatment for psychiatric disorders. With technological advancement, it is possible to anticipate that new surveillance tools will become available to prevent suicide in prisons and jails and help to assist in the monitoring of suicidal inmates.

The association between hospital diagnosed migraine and migraine medication with suicidal behavior: a nationwide cohort study

Mr Nikolaj Højer¹, Dr Annette Erlangsen¹, Professor Merete Nordentoft¹

¹Danish Research Institute For Suicide Prevention

Introduction: Migraine affects approximately 10% of the world's population and is linked to great pain and suffering. Further, it has been shown to be associated with psychiatric comorbidity and suicidal behavior.

Aim: We aimed to assess whether individuals with a hospital diagnosis of migraine had higher rates of suicide attempt and suicide than individuals with no such diagnosis.

Methods: We utilized a cohort design and national longitudinal data on all individuals aged 15 years or above and who lived in Denmark between 1980 and 2021. Individuals with a diagnosis of migraine with or without aura were identified in the National Patient Register. Data on suicide attempts were obtained from the National Patient Register and the Psychiatric Central Register, while suicide deaths were identified in the Cause of Death Register. Incidence Rate Ratios were calculated using Poisson regression. All analyses were adjusted for age, period, living status, socio-economic level, Charlson Comorbidity Index and previous psychiatric comorbidity.

Results: During 1980–2021, 23,927 males and 11,556 females died by suicide. Of these, 153 (0.63%) males and 289 (2.5%) females had a hospital diagnosis of migraine, resulting in adjusted IRRs for suicide of 1.2 (95% CI, 1.0 – 1.4) and 1.8 (95% CI, 1.6 – 2.0) for males and females, respectively, when compared to those not in treatment. In the same period, we observed 52,282 male and 68,054 female suicide attempts, respectively. Of these 529 (1.01%) males and 1,546 (13.3%) females had a hospital diagnosis of migraine. The adjusted IRRs for suicide attempt were 1.7 (95% CI, 1.5–1.8) and 1.5 (95% CI, 1.5–1.6) for males and females, respectively.

Conclusions: In this study, we found that individuals with a hospital diagnosis of migraine had significantly higher rates of suicide and suicide attempt when compared to those not in treatment, this persisted when adjusting for a large variety of covariates. These elevated rates for suicidal behavior might be driven by the underlying pain inflicted by the disease, suboptimal treatment and management as well as the high rate of psychiatric comorbidity in this patient population. Thus, highlighting a higher need to treat mental wellbeing in migraine patients.

[A trauma informed approach to refugee and asylum seeker suicide prevention](#)

Professor Nicholas Procter¹

¹University Of South Australia

At the time of writing, the UNHCR global estimate of people of concern (i.e., victims of war, civil strife and other violence) exceeds 100 million. At the same time, several international humanitarian and aid groups are becoming increasingly concerned by suicide and suicidal behaviour among this group, with calls to implement proven suicide prevention efforts ‘at scale’ to mitigate suicide risk, to respond effectively to people expressing suicidal behaviour, and to take appropriate actions to reduce the effects on others when people die by suicide. However, there are few evidence-based interventions that have been implemented and evaluated in humanitarian settings. As events in Afghanistan, Ukraine and elsewhere continue to unfold, COVID-19 adds new layers of complexity and vulnerability for people who have been forced to flee from their homes, complicating the task of protecting them, comforting them, and helping them to get home again, or to start over. This presentation will discuss and consider efforts to respond to the onset and worsening of suicidal behaviour among refugees and asylum seekers. Consideration will be given to suicide prevention efforts for refugees and asylum seekers with insecure visa status in high-income settings as well as low and middle-income countries, including work undertaken by technical staff working in mental health and psychosocial support, public health, protection – including community-based protection and child protection, policy makers and staff of partner organisations in refugee operations. Given that exposure to war, conflict, violence, disaster, or other potentially traumatic events can increase the risk for suicide, this presentation will also discuss findings of an evidence review commissioned by Suicide Prevention Australia to examine trauma-informed suicide prevention, the impact of interventions and strategies, as well as barriers and facilitators.

Stress-related self-destructive behaviour in adolescents and young adults

Professor Galyna Pyliagina¹

¹Shupic National Healthcare University of Ukraine

Aim: to investigate the stress-related basis of self-destructive behavior (SdB) at a young age. We analyzed 138 patients' diagnostic examinations (from Kyiv and region, and of refugees to West Ukraine regions and Europe – online) with different kinds of SdB during Wartime in Ukraine (March 2022 – March 2023). All patients were divided by age group. Gr 1 – 70 adolescents, 16–18 years (17.6±1.4): 50 girls (71.4%), 20 boys (28.6%). Gr 2 – 68 young adults, 19–23 years (21.5±1.9): 36 girls/women (52.9%), 32 boys/men (47.1%).

We have highlighted the different stages of adjustment in the study time: the shock period of starting the full-scale invasion (SP, March – April 2022), the first period of unstable adaptation (1PUA, May – September 2022), the period of massive bombing and blackout (PMBB, September 2022 – February 2023), the second period of unstable adaptation (2PUA, March 2023).

We fixed essential clinical differences in psychopathological basis and dynamic changes of SDB in these groups. The most diagnosis in the SP were: acute stress reaction, recurrent panic attacks, complicated bereavement. These disturbances caused suicidal tendencies in an exhaustion state mostly in Gr 2. Two cases of suicide attempts were next to intense confusion and guilt following the death of parents or other close ones, after a bombing or direct shooting. Other psych-traumatic content related to life-threatening problems in the invaded zone and hard snags of evacuation as well. We observed acute neurotic disturbances in Gr 1 and periodic suicidal ideas related to overcrowding in housing (in evacuation) and family conflicts as subsequences.

There were suicidal ideas (mostly in Gr 2), adolescent self-harm (exactly in Gr 1), and six cases of suicidal attempts in the 1PUA. These variants of SDB were generally associated with asthenic depression, depressive conduct disorder, and were justified by severe evacuation problems in both Gr (social, language, cultural maladaptation, and life together with parents in a difficult living housing). Typically, cases of cutting in Gr 1 related to oppositional defiant disorder, and depressive conduct disorder in combination with dissociative identity disorder and/or depersonalization-derealization syndrome.

In the PMBB (and in the 2PUA too) there were the like problems as in the 1PUA, added death fear and blackout problems (prolonged being off the power, heating, internet), partner fights, study/job complications in Gr 2, and severe/long misunderstanding conflicts with parents, school maladaptation, loneliness with racing cases of cutting in Gr 1.

Contributory factors for suicide related events in psycho-social withdrawal. A retrospective cohort study in 116 cases.

Dr Osamu Tanaka¹, Yuiko Kakuta¹, Kazuki Sasaki¹, Yukine Sakashita¹, Rie Sato¹, Sanae Suzuki¹

¹Aomori Mental Health And Welfare Center

Backgrounds: The psycho-socially withdrawn people were a big social problem in Japan, and we considered that it needed to be explored their psychological, economical, and social conditions, and to be clarified how to take cares and support them effectively. And furthermore, it also needed to be explored which factors were related to their suicidal risks for the purpose of suicide prevention. This study investigated various factors of psycho-socially withdrawn persons, which included school and professional careers, psychological, social, and familial factors, and we clarified which factors contributed to their suicidal risks.

Methods: Subjects were 116 psycho-socially withdrawn persons (84 males and 32 females), who were self- and/or family reportedly interviewed in the paper-pencil methods in our facility, using our own

questionnaires. And we investigated demographic and psychological factors, it meant that age, gender, duration of social withdrawal, diagnosed psychiatric illnesses, adjustment problems of school and business, degree of anxiety and impulsiveness, physical illnesses, degree of psycho-social withdrawal, relationship with family members and conditions of family supports, marriage, school careers, those were evaluated in our own questionnaires, and we investigated suicide related events (SREs), which meant suicidal thought, self-harm, suicidal attempt. Based on those data, we analyzed which factors were related to their suicidal risk by multiple logistic analyses.

Results: Average age of subjects was 28.91+–9.67 years–old, average duration of social withdrawal 7.95+–7.11 years, diagnosed psychiatric illnesses (67.24%), adjustment problems in school (88.79%), and those in businesses (43.10%). Participants who were suffering from anxiety (81.03%), impulsiveness (56.90%), and from SREs was (27.59%). We analyzed the factors of psychiatric illnesses and impulsiveness and results indicated they significantly contributed to SREs through multiple logistic analyses.

Conclusions: We firstly found that psycho-socially withdrawn persons had been in isolated state for long years and had been in anxious and impulsive states. Psychiatric approaches should be dominantly done to treat psychiatric illnesses and impulsiveness which contributed to SREs. Due to the fact of high ratios of maladjustment in school and business, we should be taking into consideration how to perform effective treatments for their early distressful stages by mental health professionals.

Psychiatric and physical illness comorbidity among individuals with frequent self-harm episodes: A mixed methods convergent parallel study

Dr Anvar Sadath, Dr Isabela Troya, Ms Sarah Nicholson, Dr Grace Cully, Dr Dorothy Leahy, Dr Ana Paula Ramos Costa Ramos Costa, Dr Ruth Benson, Dr Paul Corcoran, Dr Eve Griffin, Ms Eunice Phillip, Professor Eugene Cassidy, Dr Ann Jeffers, Dr Frances Shiely, Dr Íñigo Alberdi-Páramo, Dr Katerina Kavalidou, **Professor Ella Arensman**¹

¹School of Public Health and National Suicide Research Foundation , ²School of Public Health and National Suicide Research Foundation , ³National Suicide Research Foundation , ⁴School of Public Health and National Suicide Research Foundation , ⁵ Cork Kerry Community Healthcare, Health Service Executive, ⁶School of Public Health and National Suicide Research Foundation , ⁷School of Public Health and National Suicide Research Foundation , ⁸School of Public Health and National Suicide Research Foundation , ⁹School of Public Health and National Suicide Research Foundation , ¹⁰School of Public Health and National Suicide Research Foundation , ¹¹Liaison Psychiatry Services, Cork University Hospital, ¹²Health Service Executive , ¹³School of Public Health & Health Research Board (HRB), Clinical Research Facility, University College Cork, ¹⁴Hospital Clínico San Carlos, ¹⁵School of Public Health and National Suicide Research Foundation

Background: Research has indicated an increased risk of self-harm repetition and suicide among individuals with frequent self-harm episodes. Co-occurring physical and mental illness further increases the risk of self-harm and suicide. However, the association between this co-occurrence and frequent self-harm episodes is not well understood. We examined the profile of individuals with frequent self-harm episodes and the association between physical and mental illness comorbidity, self-harm repetition and highly lethal self-harm acts.

Methods: The study included consecutive patients with five or more self-harm presentations to Emergency Departments across three general hospitals in the Republic of Ireland. The study included file reviews ($n = 183$) and semi-structured interviews ($n = 36$). Multivariate logistic regression models and independent samples t-tests were used to test the association between the sociodemographic and physical and mental disorders comorbidity on highly lethal self-harm methods and suicidal intent, respectively. Thematic analysis was applied to identify themes related to physical and mental illness comorbidity and frequent self-harm repetition.

Findings: Most individuals with frequent self-harm episodes were female (59.6%), single (56.1%), and unemployed (57.4%). The predominant current self-harm method was drug overdose (60%). Almost 90% of the participants had a history of a mental or behavioral disorder, and 56.8% had recent physical illness. The most common psychiatric diagnoses were alcohol use disorders (51.1%), borderline personality disorder (44.0%), and major depressive disorder (37.8%). Male gender (OR = 2.89) and alcohol abuse (OR = 2.64) predicted the risk of a highly lethal self-harm method. Suicide intent was significantly higher among those with a diagnosis of major depressive disorder ($t = 2.43$; $p = 0.020$). Major qualitative themes were (a) the functional meaning of self-harm, (b) self-harm comorbidity, (c) family psychiatric history, and (d) contacts with mental health services. Participants described experiencing an uncontrollable self-harm urge, and self-harm was referred to as a way to get relief from emotional pain or self-punishment to cope with anger and stressors.

Conclusion: Physical and mental illness comorbidity was high among individuals with frequent self-harm episodes. Male gender and alcohol abuse were associated with highly lethal self-harm methods. The mental and physical illness comorbidity of individuals with frequent self-harm episodes should be addressed via a biopsychosocial assessment and subsequent indicated treatment interventions.

Conclusion: Physical and mental illness comorbidity was high among the participants. The mental and physical illness comorbidity of these patients should be addressed via a biopsychosocial assessment and subsequent interventions.

[Examining patterns of self-harm in autistic adults using a novel task](#)

Dr Sarah Cassidy¹, [Mrs Mirabel Pelton](#)^{1,2}, Victoria Newell¹, Dr Blandine French¹, Prof Ellen Townsend¹

¹University of Nottingham, ²Coventry University

Background: Autistic adults diagnosed with autism, or with high autistic traits indicating possible undiagnosed autism, are more likely to attempt and die by suicide than the general population. One contributing factor is high prevalence of self-harm (any act of self-injury or poisoning regardless of suicidal intent) but there are no tailored tools or treatments for autistic/possibly autistic people who self-harm. Thus, the current study explored patterns, risk and protective factors for self-harm using a novel visual task: the Card Sort Task for Self-harm (CaTS) (Townsend et al., 2016).

Materials and methods: The CaTS includes 117 cards describing feelings, thoughts, behaviours, events, services and afterwards with time points from longer than six-months before, to the point of self-harm and afterwards. Autistic adults with lived experience of self-harm reviewed the CaTS, clarified the task instructions and ensured the task and cards were relevant and appropriate for autistic adults. Autistic and possibly autistic participants completed the CaTS online to describe their most recent episode of self-harm. Frequency analysis and lag sequential analysis of 29 complete autistic and possibly autistic participant records (Mean age 41.62 years (range 18–73 years), 82% (n=24) female) determined significant transitions in factors leading to self-harm.

Results: Participants selected 42 cards on average to complete the CaTS. Frequency analysis reported negative life events were distal to self-harm. Help-seeking reduced, whilst negative emotions increased as the point of self-harm approached. The data showed significant sequential structure ($X^2(361)=470.02$, $p<.01$). Strongest distal transitions were from depression through anxiety to unbearable mental pain. Self-harm was preceded by transitions from negative emotions (burdensomeness and entrapment), through being unable to tell anyone how you are feeling to behaviors (acting on impulse and having access to means). Self-harm was followed by feeling better and worse, then exhausted and hopeless.

Conclusions: Our results suggest that the CaTS offers a systematic approach to explore dynamic processes leading to self-harm with autistic/possibly autistic adults. Reducing negative life events and providing effective support could reduce distal experiences that contribute to self-harm. Reducing negative emotions, particularly providing opportunities for autistic people to be listened to, could

reduce transition to acting on thoughts of self-harm. Interventions should support impulsivity and reduce access to means. More research is needed to understand the role of agitation and restlessness. Our results highlight the importance of reducing self-harm given its contribution to hopelessness for autistic adults.

[Unexpected suicides by male adolescents: Lessons for suicide prevention](#)

[Dr Diana Van Bergen](#)¹, Dr Saskia Merelle, Mr Elias Balt, Ms. Milou Looijmans, C Grieve

¹The University Of Groningen

Introduction: Multiple psychological autopsy studies have shown that a substantial share of youth suicides was classified as ‘unexpected’ by those bereaved.

Aim: To offer a fine-grained analysis of adolescent suicides classified as “unexpected”, and compare them with suicides that were not unexpected, for suicide prevention lessons

Methods and Materials: Coroners identified adolescent suicides in The Netherlands 2017 in their records and general practitioners contacted the parents of these youth. Qualitative interviews were held with the parents, peers, and teachers of 35 adolescent suicide cases (17 boys and 18 girls, mean age= 17 years). We performed a thematic analysis regarding life course trajectories of youth who died by suicide, and identified three categories of youth suicides, “unexpected suicides” being one of the categories.

Results: Seven adolescent male and two female suicides could be categorized as “unexpected” (N= 9); for the remaining 26 cases, parents and peers had known their child was suicidal. The 9 “unexpected” suicides concerned adolescents without clear signals, who had not received mental health care nor diagnosis and had not made previous attempt. Some youth in the “unexpected” suicide category were seen as active, sporty, extrovert and fun loving, others were labelled as somewhat introvert and holding very high expectations of themselves. In hindsight, for almost all 9 young people informants could retrieve “normal” adolescent issues that had been challenging in youth’s lives. For, some of these youth had suffered from loneliness, feeling worthless or depressed mood, based on their notebook. Others had been anxious about growing up and what the future would bring, and for others school stress or insecurity about social relationships had played a role. Referral to suicide had sometimes been made by these 9 youth, albeit in covert ways. Precipitating factors consisted of school problems or conflicts with peers. By contrast the suicide of youth who were not considered unexpected included more direct and explicit suicidal communications, long mental health care trajectories, substance abuse, history of bullying or abuse, and took place in families where parents urged their children to talk about their mental health.

Discussion and Conclusion: Schools and peers may be important sources for identifying psychological problems and suicidality, and this seems to apply particularly to adolescent suicides that happened “unexpected”. Youth with “hidden” suicidality can give implicit messages at school or to friends. Gatekeeper training among pupils and school staff could play an important role in suicide prevention. Suicide prevention requires a social network approach where schools, peers, teachers and general practitioners, together with parents share responsibility for care and support of youth.

[Preventing suicide in family caregivers](#)

[Agnes Munday](#), Professor Siobhan O'Dwyer¹

¹University Of Birmingham

More than 9 million people in the U.K. currently provide unpaid care for family members or friends with long-term illnesses and disabilities. These family caregivers make a significant personal, social, and economic contribution, but the caring role frequently takes a toll on their physical and mental health. A growing body of evidence also suggests that caregivers are a high-risk group for suicide. Despite this, suicide risk in family caregivers is not currently recognised in any national policy, and

frontline health and social care professionals lack the knowledge and resources to identify and support at-risk caregivers. Furthermore, existing suicide prevention training programmes foster skills for supporting individuals in crisis and so fail to account for the dyadic nature of caring, where both the caregiver and the care recipient may be at risk of harm.

There is an urgent need to develop suicide prevention training that incorporates the latest evidence on suicide risk in caregivers and addresses statutory obligations for the safeguarding of vulnerable care recipients. In this presentation we will share the development and evaluation of a new caregiver-focused suicide prevention training programme, developed for health and social care professionals in the U.K. The course aims to help professionals: recognise the risk factors specific to caregivers; understand the challenges caregivers face in seeking and accessing support; integrate suicide prevention with safeguarding; and build the skills necessary to deliver an evidence-based intervention that goes beyond first aid and is trauma-informed and wellness-oriented. Drawing on best practice in adult education and suicide prevention, the course is highly interactive and also equips professionals with the skills to manage their own wellbeing while supporting at-risk caregivers. Preliminary evaluations suggest that the training fills a gap in knowledge and practice, with those who attended reporting high levels of satisfaction and immediate application for real-world service delivery. Findings from a more comprehensive evaluation will be reported in the presentation. Future directions for research, policy, and practice — including in international contexts — will be discussed.

Oral #6 Suicide Postvention, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Maggie Hardiman

Evaluating Suicide Postvention Services for individuals bereaved by suicide in England: a mixed methods study

Ms Laura Abbate¹, [Dr Pooja Saini](#), Professor Helen Poole, Dr Jennifer Chopra

¹Liverpool John Moores University

Postvention services aim to support individuals bereaved by suicide, prevent further suicides and reduce adverse mental health in this at-risk population. The aim of this study was to evaluate the effectiveness of postvention services in the U.K. and develop a model for anyone seeking to create a new postvention service. A mixed methods design was used to assess effectiveness and develop recommendations. Fifty-eight interviews were conducted with nine services, including beneficiaries, commissioners, service Chief Executive Officers (CEOs), referrers, and Suicide Liaison Employees (SLOs). Interviews were analysed twice using thematic analysis, once to generate themes from each service and then again to create themes from each participant group. Two services' audit data on beneficiary demographics and evaluation outcome measures (CORE-10 and SWEMWBS) were analysed using paired samples t-tests. This study found that well-being significantly improved between the initial assessment and recent assessment. Themes that emerged included: 1) The importance of a bespoke service offering practical and emotional support; 2) Services differ in referral pathways but should attempt to offer multiple referral points and develop good relationships with key organisations involved in suicide; 3) Funding concerns; 4) Evaluation outcome measures are key but rarely utilised; 5) The cost-effectiveness of these services; and, 6) Shared learning of challenges and improvements for postvention services. In conclusion, postvention services in England are having a positive impact on people bereaved by suicide and the wider community, by offering a tailor-made service. However, the longevity of these services is a concern due to funding. Evaluation would evidence their value and support the development of new services. Postvention services could be cost-effective in reducing the use of statutory services for people bereaved by suicide and reducing further suicides. A model for new services and further research is discussed.

Postvention guidelines as basis for a crisis intervention after a suicide attempt in Slovenian primary school

Ms Nuša Konec Juričič¹, Mr Domen Kralj¹

¹National Institute of Public Health Slovenia

Introduction: Suicide attempt or a student death by suicide is a tragic, devastating and often unexpected event that can leave school staff with many burdens and uncertainties. Ripple effect that can occur can have unintentional influence on many other people connected to school environments such as students, families and community. In 2018, Slovenia adopted its first National mental health program — the first strategic document to comprehensively address mental health issues, with one of its main strategic objectives focused on suicide prevention as well as postvention. Since suicide is the second most common cause of death amongst Slovenian adolescents aged 15 to 19 years, it is of utmost importance to provide school communities with a set of practical tasks to assist with the grief process following suicide loss or suicide attempt.

Methods: In 2021, the first postvention guidelines for primary and secondary schools in Slovenia were published, based on foreign evidence-based crisis interventions as well as our own postvention experiences. Shortly after publication, postvention guidelines were used as basis for a crisis intervention after a suicide attempt that happened in one of Slovenian primary schools.

Results: After a deliberate suicide attempt of a student in 8th grade and consequently their hospitalisation, the school principal contacted the local mental health experts from National Institute of Public Health. After an initial debriefing with school management, a crisis team was formed the next day, which consisted of principal, vice principal, school counsellor, class teacher and local experts. In the next steps, school management provided additional information about suicide attempt; how to communicate about this topic; and offered emotional support to all school employees. Furthermore, mental health experts lead support groups and offered counselling to all 8th grade students affected by this traumatic event. The students and their parents had constant support of the crisis team and were connected with mental health resources in their local environment to ease their transition back into community.

Conclusion: An important aspect in successfully addressing this case was an already well-established interdisciplinary network of (mental) health experts in the region. Postvention guidelines proved to be effective in responding not just to suicide, but also suicide attempts in school and can offer a template for further suicide prevention guidelines. Evaluation of postvention guidelines and their effectiveness in schools are planned in the near future.

The gift of peer understanding and suicide bereavement support groups: A qualitative study

Dr Jean Morrissey, Professor Niels Buus, Dr Lene Berring, Mr Terry Connolly, Dr Lisbeth Hybholt, Professor Agnes Higgins

¹School of Nursing & Midwifery, Trinity College Dublin

The experience of suicide bereavement has considerable impact on people, with an increased risk of adverse physical, mental, and social health outcomes, including increased risk of suicide and suicide attempt. There is a growing recognition of the power of peer support within all aspects of health, including suicide bereavement. While previous studies highlight the positive impact of peer support groups, there is a need for more studies on groups practices and processes, to develop greater insight into the helpful elements that may be distinctive to bereavement support groups for traumatic loss, such as suicide. The presenters of this paper draw from a wider study that focused on the micro-processes within a peer suicide bereavement support group. Using a qualitative descriptive design, focus groups and individual interviews were conducted online and face-to-face with a purposive sample of 27 participants in Ireland and in Denmark, who were bereaved by suicide and were attending peer bereavement support groups. Thematic analysis resulted in the development of five

themes; 'Bearing compassionate witness', 'Revealing the unspoken', 'Taking ownership and believing in possibility', 'Trusting the process and people', 'Extending the bond of friendship'. Findings suggest that the group provided a safe place where people felt nurtured and a deep emotional connection between themselves and others, a place where people trusted themselves and others to speak the unspoken, tell, and re-tell their story without fear of consequence and a place where they learnt to process their loss. Mental health practitioners need to be aware of, and value suicide bereavement peer services as both an intervention to support people process loss and grief, and a possible suicide prevention strategy, given the potential risk of suicide with bereaved families.

[Barriers and facilitators to accessing formal supports following suicide bereavement: a survey of adults bereaved by suicide in Ireland](#)

[Dr Selena O'Connell](#)^{1,2}, [Dr Cliodhna O'Brien](#)^{1,3}, [Ms Fiona Tuomey](#)⁴, [Dr Caroline Daly](#)¹, [Ms Almas Khan](#)^{1,2}, [Ms Laura McDonnell](#)⁴, [Professor Ella Arensman](#)^{1,2}, [Dr Karl Andriessen](#)⁵, [Mr Adam Grennan](#)⁴, [Dr Eve Griffin](#)^{1,2}

¹National Suicide Research Foundation, ²University College Cork, ³HSE National Office for Suicide Prevention, ⁴HUGG (Healing Untold Grief Groups), ⁵Melbourne School of Population and Global Health

Background: People bereaved by suicide are at risk of long-term mental health challenges. Many require formal support in order to help them manage these impacts. However, a substantial proportion do not access timely support and the barriers to help-seeking from the perspective of people bereaved by suicide are not well understood.

Aim: To explore the perceived barriers and facilitators to accessing specialised supports following suicide bereavement.

Methods: Adults bereaved by suicide in Ireland ($N=2,413$) completed an online survey, recruited via support organisations, social media and traditional media. The survey included items related to demographics, wellbeing, the nature and impact of suicide bereavement and supports accessed. Barriers to accessing support were reported quantitatively and grouped to examine the relationship between sociodemographic factors and barrier groupings. Facilitators to accessing support were explored via open text responses and content analysis.

Results: Barriers were grouped into five main areas with the most common being (1) concerns about personal outcomes (e.g. reluctance to ask for help, concern about what others would think of me), (2) service/information unavailability, and (3) practical constraints, followed by (4) perceived deservingness of help, and (5) distrust in services. Younger people reported a greater number of barriers to accessing services and supports. There were gender differences, such as males more commonly reporting concerns for personal outcomes, and females more commonly reporting practical constraints. Those bereaved more than five years reported challenges regarding service/information unavailability. The main facilitators to accessing support were realising the severity of the mental health impact, information and encouragement from others, financial and practical ease of access and positive past experiences.

Conclusion: Enhancing access to formal and specialised supports is key to addressing the impacts of suicide bereavement. The prominence of negative attitudes to help-seeking highlights the need to reduce stigma towards suicide and help-seeking for mental health, particularly for males. Tailored approaches can be used to address the barriers that are most prominent for certain demographic groups. While the lower prominence of barriers relating to service/information unavailability among those more recently bereaved is encouraging, it is important to consider how information and support can be accessed by those bereaved less recently who may continue to experience long-term impacts.

The Canadian Suicide Exposure Study: Support Needs and Experiences Following Workplace Exposure to Suicide

Dr Rebecca Sanford¹, Madisson Byczynski, Dr Laura Frey

¹Thompson Rivers University, ²Thompson Rivers University, ³University of Louisville

Research on exposure to suicide death predominately draws from treatment-seeking samples of kin, narrowing our understanding of exposure and its impact and resulting in a bereavement orientation in both research and practice. While many people exposed to suicide death are bereaved by the loss, bereavement may not accurately capture the experience of those who are exposed to suicide death through their workplace. Workplace exposure to suicide is common for some occupational groups, such as mental health professionals and public safety personnel. To date, most literature on workplace exposure to suicide contributes to our understanding of the varied impacts resulting from such exposure, with much less attention given to support needs and experiences of workers.

Drawing from a larger dataset of participants in Canada exposed to suicide attempts and/or deaths, we examined the experiences of 56 participants exposed to suicide attempts or deaths through their work in one of the following occupational groups: emergency responders/public safety personnel, teachers/school personnel, mental health professionals, and other helping professionals/administrators. Unexpectedly, we also found a group of participants with exposure to a co-worker's suicide. While not the original intention of the study, we included participants in the co-worker group, as their experiences are often underreported.

When asked if their employer provided support following the death, 57.1% ($n=32$) of participants indicated yes, with Employee Assistance Program (68.8%; $n=22$) and internal debriefing or counselling (65.6%; $n=21$) indicated as the most commonly provided supports. We asked participants what was most and least helpful about the support they were offered by their employer, and we also asked what support they wish had been available to them. We used thematic analysis to identify the following themes pertaining to support needs: the need for suicide education and awareness, acknowledgment of impact from others, emotional validation from the employer, mandatory debriefing and ongoing support, updated workplace policies and procedures, and supports outside of the workplace.

The findings shed important light on workplace exposure to suicide, particularly the support needs of those who are significantly impacted by such exposure. Importantly, many of the occupational groups reflected in this study are considered helping professions, which may result in their own needs for help being overlooked. While counselling is commonly offered to workers following exposure to suicide, it may be insufficient. Interventions tailored specifically for occupational groups reflected in this study are critical to ameliorating harms associated with workplace exposure to suicide.

Aoake te Rā: Bereaved by Suicide Service

Mr Ben Te Maro¹, **Mrs Amanda Christian**

¹Clinical Advisory Services Aotearoa

Aoake te Rā is a new national service to support those in Aotearoa, New Zealand, who have been bereaved by suicide. Through brief specialist therapeutic intervention, it aims to help those bereaved by suicide adapt to their changed future. The service is currently rolling out across Aotearoa New Zealand with a focus on a codesign process, working with communities around how the service can meet their needs and who is best to deliver it. This process includes an emphasis on bereaved choice, having a diverse range of providers, and removing barriers in accessibility and acceptability of the service. Providers nationwide are being identified, trained, funded, and supported to provide this specialist support for those bereaved by suicide.

The presentation from a lived experience presenter will provide a brief overview of the ongoing development and delivery of Aoake te Rā including how we have sought, incorporated and gathered feedback from the bereaved voice and providers regarding their experiences.

Symptoms of grief and the efficiency of the psychological counselling – subjective experience of bereaved clients

Mrs Gaja Vatovec Barborič¹, dr. Onja Grad¹, Ms. Anka Zavasnik¹, Mrs Alenka Klemenčič¹, Mr Brane Kogovšek¹

¹Center za psihološko svetovanje Posvet

Death is one of the most fundamental and inevitable facts of human life. The loss of someone dear and subsequent bereavement is therefore a normative event. While most bereaved individuals survive their bereavement alone or with some help from friends or relatives, a smaller percentage decide to seek professional help. Some of them find it in the form of psychological counselling, which is oriented towards supporting the individual in finding more efficient ways of coping with the loss and comprehending its meaning. In the Slovenian Centre for Psychological Counselling, Posvet, we designed and conducted a study to help us understand the nature of problems for which the bereaved clients seek our help, as well as their subjective experience of the counsellor, their relationship and the counselling process.

We managed to include 54 ex-clients, two of whom were male, aged from 25 to 87 years, who sought our help following an important loss. To gather information, we used a set of open-ended questions designed by a group of experts with years of experience working with the bereaved. The responses were analyzed using content analysis. Additionally, we applied the Post-Traumatic Growth Inventory.

In line with previous research, the most commonly reported symptoms were negative emotions, followed by physiological, motivational, social and cognitive symptoms. Emotional symptoms were reported as those that cleared the fastest, but some of them also persisted the longest. Conversation was reported as the most efficient coping strategy, followed by relationships, hobbies and professional help. Most participants reported counselling having a positive effect. Nonetheless, we must take into account that clients satisfied with our service were more likely to respond to our request to participate in the study. 33% of participants found counsellor the most helpful whereas the others reported that psychological interventions were the most influential. 62% reported developing successful self-help strategies, and 75% listed positive long-term effects of the process (personal development, improvements in personal relationships etc.). On PTGI, 73% reported moderate to high post-traumatic growth. On the other hand, 23% of participants reported more negative than positive consequences of the loss.

The primary aim of the study was internal evaluation of our work. However, the contribution is broader because there have been no previous studies exploring the symptoms of bereavement or the experience of counselling process following bereavement on Slovenian population. The findings also highlight the importance of accessible psychological counselling.

Oral #7 Suicidal behaviors in children and adolescents, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Tina Podlogar

Association between childhood psychotic-like experiences and risk of suicide ideation and attempts as a teenager – a longitudinal study

Dr Stephen Austin², **Dr Trine Madsen**¹, Professor Merete Nordentoft¹

¹Danish Research Institute of Suicide Prevention, ²Psychiatric Research Unit, Region Sjælland, Denmark

Background: Psychotic-like experiences (PLE) in childhood have been linked to suicidal ideation and suicide attempt, however often in cross-sectional studies. Longitudinal research based on large samples with possibilities for confounder adjustments have been called for in a recent systematic review to better establish the association between childhood PLE and suicidality. The aim of this study was to examine the association of PLE with suicidality in The Danish National Birth Cohort (DNBC).

Methods: The study cohort included adolescents who participated at both the 11-year-follow-up and the 18-year-follow-up of DNBC. The 11-year-follow-up included seven questions on PLE and social environmental-, behavioural- as well as mental well-being factors. At the 18-year-follow-up the adolescents were asked about lifetime suicidal ideation and -attempt. Data from DNBC were linked with individual level data from Danish Registers enabling further information on hospital contacts for suicide attempt and a range of parental socio-demographic variables to also be included. Associations were estimated using multinomial logistic regression models and adjusted for a wide range of social, behavioural, and mental well-being factors. Further, to account for sample selection, we applied inverse probability weighting, based on data from the entire national birth-cohort born in the same period as the DNBC-birth cohort participants.

Results: A total of 27,657 adolescents were included (16,359 females and 11,298 males) and 12% experienced at least one PLE. In fully adjusted analyses having responded yes (versus no) to at least one of the seven PLE's were associated with a higher odds ratio (OR) for suicidal ideation (OR=1.67, 95% CI 1.54-1.80) and suicide attempt (OR=2.87, 95% CI 2.46-3.35). The risk of suicidal ideation and suicide attempt were even higher in those experiencing at least five of seven PLE's compared with those experiencing none (suicidal ideation: OR=2.17, 95% CI 1.38-3.42 — suicide attempt, OR=7.41, 95% CI 4.17-13.15). Also type of PLE were examined and compared with those not experiencing any PLE, those experiencing delusional PLE's had higher odds of suicide attempt (OR=2.60, 95% CI 2.04-3.32) than did those with hallucinational PLE's (OR=1.95, 95% CI 1.51-2.53), however those reporting both kinds of PLE's had highest risk of suicide attempt (OR=4.40, 95% CI 3.52-5.50).

Conclusion: Findings indicate longitudinal association between childhood PLEs and risk of suicidality during teenage life, even after extensive confounder adjustments.

[Use of psychotropic medication in the treatment of suicidal and self-harming adolescents - a cross-national comparison between three treatment trials](#)

Professor Lars Mehlum¹, Professor Joan Asarnow, Professor Pilar Santamarina, Professor Gabrielle Carlsson, Dr Sudan Prasad Neupane

¹National Centre for Suicide Research and Prevention, University of Oslo

This presentation will describe baseline use of psychotropic drugs as reported by adolescents participating in three randomized trials of dialectical behavioral therapy for adolescents (DBT-A) conducted in the U.S., Norway and Spain. Although RCTs have replicated the efficacy of DBT-A, alongside CBT and MBT, in reducing suicidal ideation, suicidal attempts and psychiatric symptom load in adolescents with suicidal and self-harming behavior, no empirically supported pharmacological treatment options are available for this vulnerable population. Nonetheless, children, adolescents and young adults in many settings across the world frequently receive a range of psychotropic medication to address depressive, anxiety and borderline symptoms as well as suicidal and self-harming behaviors. In this study, the leads of the three published DBT-A trials jointly examined baseline psychotropic medication use across these fairly comparable samples of adolescents as they entered into the respective trial. While 67% of the U.S. sample and 86% of the Barcelona sample received a psychotropic medication, only 12% of the Oslo sample did, with antidepressant topping the list. Among those adolescents who had major depression (MD), the rates

of psychotropic medication closely followed the usage pattern in each sample. While 16% of MD participants in the Oslo sample used a psychotropic medication, the rates were 86% in the Barcelona sample and 65% in the U.S. sample. In order of frequencies, other drugs used by the U.S. sample were antipsychotic (22%), mood stabilizer (16%) and anticonvulsant (12%); by the Barcelona sample were antipsychotic (72%), anxiolytic or CNS stimulant (17% each); whereas less than 3% of the Oslo sample used any of these. We will provide a thorough interpretation of the findings and discuss clinical and research implications. The present analysis highlights continued lenience towards pharmacotherapy as a remaining challenge in DBT-A implementation.

[Comparative analysis of child and adolescent psychiatric emergency department presentations in Australia in 2019 and 2021, before and during the COVID-19 pandemic](#)

[Mr Jackson Newberry-dupé](#)^{1,2}, Adj Clin Prof [Simon Craig](#)^{3,4,5}, A/Prof [Glenn Melvin](#)⁶, Dr [Kylie King](#)⁷, A/prof. [Rohan Borschmann](#)^{1,2,8,9}

¹Centre for Mental Health, Melbourne School of Population and Global Health, University Of Melbourne, ²Centre for Adolescent Health, Murdoch Children's Research Institute, ³Paediatric Emergency Department, Monash Medical Centre, Melbourne, Australia., ⁴Department of Paediatrics, Monash University, ⁵Emergency Research Group, Murdoch Children's Research Institute, ⁶School of Psychology, Deakin University, ⁷Turner Institute for Brain and Mental Health, Monash University, ⁸Department of Psychiatry, University of Oxford, ⁹Melbourne School of Psychological Sciences, The University of Melbourne

Objectives: Hospitals have seen increased paediatric mental health-related emergency department (ED) presentations during the COVID-19 pandemic. However, the factors precipitating these mental health-related ED presentations remain under-researched. We will generate and compare risk profiles of children and adolescents presenting to Australian EDs with mental health complaints before and during the COVID-19 pandemic. We will also compare the frequency of specific diagnoses, the acuity of presentations, and management strategies used to deliver care.

Methods: Retrospective audit of child and adolescent mental health presentations at seven hospitals in Australia between 1 January and 31 December 2019 (pre-COVID), and 1 January and 31 December 2021 (COVID). At each site, 200 patients' records were included, with 100 randomly selected from each group (pre-COVID and COVID groups; total sample size of 1,400 across all hospitals). Hospitals were recruited through the Paediatric Research in Emergency Departments International Collaborative (PREDICT) network. Data will be analysed using Chi-squared tests for categorical variables and t-tests and ANOVA for continuous data (or non-parametric equivalents). We will compare pre-COVID and COVID groups on preliminary and final diagnosis, demographics, precipitants, mode of arrival (e.g., police, ambulance, self/family/friends), triage category, use of restraints, security response, length of stay and final disposition at discharge. Any mention of COVID-19 as a precipitating factor will be recorded and categorised according to key stressors (e.g., social isolation, online education difficulties, family violence, etc.).

Results: This is an ongoing study. Data collection concluded in March 2023, with analysis ongoing. We anticipate that analysis will be completed in May and a manuscript submitted for peer review in June. We anticipate that there will be changes in the diagnoses and precipitants of presentations associated with the pandemic period. Specifically, we expect an increase in presentations for eating disorders and self-harm and a decrease in substance abuse in 2021, compared to 2019. We expect precipitants such as social isolation and schoolwork related difficulties to increase, with factors such as bullying and social stressors decreasing.

Conclusions: Based on our findings, we will comment on the unintended consequences of health policies, public discourse, and bereavement during the COVID-19 pandemic on child and adolescent utilisation of the ED for mental-health related reasons.

Adolescents' mental health after psychiatric hospitalization: preliminary findings of a follow-up study
Assistant Professor Tina Podlogar^{1,2}, Assoc Prof Vita Poštuvan^{1,2}, Ms Vanja Gomboc^{1,2}, Ms Meta Lavrič^{1,2}, Ms Eva Sedlašek¹, Ms Polonca Borko¹, Monika Brdnik¹, Asst Ives Zemljarič¹, Asst Patricija Kerč¹, Assoc prof Maja Drobnič Radobuljac^{3,4}, Assoc Prof Hojka Gregorič Kumperščak^{5,6}, Prof Diego De Leo^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, ²Department of Psychology, Faculty of Mathematics, Natural Sciences and Information Technology, University of Primorska, ³University of Ljubljana, Medical Faculty, ⁴Unit for Intensive Child and Adolescent Psychiatry, Center for Mental Health, University Psychiatric Hospital Ljubljana, ⁵University Medical Centre Maribor, ⁶University of Maribor, Faculty of Medicine

Background: Apart from preventing a person in suicidal distress from hurting themselves, the primary goal of psychiatric hospitalization and treatment is an improvement in the individual's mental health. However, the well-being of adolescents after psychiatric hospitalization is under-studied.

Aim: The aim was to explore well-being, suicidality and subjective views regarding the factors contributing to improvement in well-being among adolescents with an experience of psychiatric hospitalization.

Methods: 107 adolescents, aged 11–19 years (M = 15.7; SD = 1.6) participated in follow-up telephone interviews, mostly conducted within 5–12 months (M = 7.8; SD = 1.7 months) after psychiatric hospitalization. The interviews included application of WHO-5 well-being scale, Paykel Suicidality Scale (PSS) and questions assessing adolescents' subjective views on improvement in their well-being. Descriptive statistics and non-parametric correlations (Spearman's ρ) were computed.

Results: Diverse levels of well-being (WHO-5 scores: M = 12.7; SD = 4.8; min = 2; max = 23) and suicidal ideation (PSS scores: M = 9.0; SD = 5.5; min = 0; max = 20) were reported. Substantial differences were also noted in perceptions of the positive roles of family, friends/classmates, other adults, school activities, and extra-school activities. Some participants (56%) also mentioned other factors as helpful (e.g., pets, books and movies, creativity), therapy (e.g., psychotherapeutic techniques, medicaments), personal coping strategies, and a change of environment. The level of follow-up well-being correlated positively with the perceived helpfulness of family ($\rho = .358$; $p < .001$), friends/classmates ($\rho = .368$; $p < .001$) and extra-school activities ($\rho = .274$; $p = .006$). Similarly, follow-up suicidal ideation correlated negatively with the perceived helpfulness of family ($\rho = -.256$; $p = .008$), friends/classmates ($\rho = -.231$; $p = .018$) and extra-school activities ($\rho = .377$; $p < .001$).

Limitations: The sample consisted of adolescents, who decided to and were feeling well enough to participate in a telephone interview, conducted several months after hospitalization. A self-selection bias may thus be present.

Conclusion: Our findings suggest that strengthening the positive roles of family, friends/classmates and extra-school activities may be among the most relevant universal goals of supportive interventions for adolescents after psychiatric hospitalization. However, the observed diversity in adolescents' well-being, suicidality and perceived helpful factors also highlights the need to adjust any such follow-up interventions to the individual's current mental health and needs.

Psychosocial Correlates of Suicidal Ideation and Behavior in Adolescents and Preadolescent Children Discharged from Emergency Department

Mr Oren Shahnovsky¹, Mr. Lior Pirogovsky², **Prof. Alan Apter**², Dr Shira Barzilay¹

¹University of Haifa, ²Schneider Children's Medical Center of Israel

Adolescent suicidal behavior is the most common reason adolescents present to the emergency department in pediatric hospitals. Recently, suicidal behavior has become more common in preadolescent children. It is important to understand the underlying nature of non-fatal suicidal

behavior in children and how they may differ from adolescents to implicate unique prevention and management for this population. The current study aims to investigate the psychosocial characteristics associated with suicidal ideation and behaviors in an emergency department sample of 183 children and adolescents aged 7–18 years. All participants completed a diagnostic interview, self-report and parent-report questionnaire of psychosocial correlates. Cross-sectional correlational and regression analyses were used to determine significant correlates of suicidal outcomes within the two age groups. The results indicated that among adolescents, suicidal thoughts and behavior were more common in females compared to males, while among children, the prevalence of males and females was similar. Depression was correlated with suicidal ideation for both adolescents and children. Moreover, anxiety and conduct symptoms correlated with suicidal behavior in children, whereas depression, anxiety, and emotional symptoms correlated with suicidal behavior in adolescents. These results add to the growing knowledge about risk correlates associated with suicidality among children compared to adolescents, suggesting the importance of targeting different mechanisms in developing assessment and intervention strategies for the two populations.

[Adolescents' online help-giving actions towards a peer experiencing a mental health crisis: A qualitative study](#)

Ms Aruni Subasinghe¹

¹La Trobe University

Aims: Adolescents often use online platforms to communicate. They also tend to seek help from each other for mental health problems. However, there is a significant gap in the literature about adolescents' experiences of helping a peer online for a mental health crisis such as suicidal ideation and self-harm. The purpose of this study was to gain an in-depth understanding of adolescents' experiences of helping a peer with a mental health crisis in an online setting. A secondary aim was to understand other aspects related to helping such as their level of confidence, barriers, and outcomes of helping.

Methods: Semi-structured interviews were conducted with a purposive sample of adolescents who previously completed teen Mental Health First Aid training or Physical First Aid training when they were at secondary school as part of a large Australian randomised trial. Data were analysed using thematic and content analysis.

Results: Semi-structured interviews were conducted with 22 participants (aged 17–19 years old, 54% female). Of these, eight participants described helping a peer experiencing suicidal ideations, self-harm urges or engaging in self-harm. Participants reported using a range of online platforms to provide help including, text messages, social media (Snapchat, Instagram and Discord) and video calling. Preliminary thematic analysis indicated that adolescents helped their peers experiencing a mental health crisis by encouraging adult and professional support, sending helplines, asking about risk and attempting to de-escalate the situation. The results of this study also suggest that adolescents often were willing to help their peers, however, varying levels of confidence in helping were also identified.

Conclusions: The findings show that adolescents use online platforms to support their peers experiencing suicidal ideation or self-harm. Therefore, it is important that adolescents receive appropriate training to ensure they understand how to provide appropriate and effective care when helping. It is clear that young people are willing to help their peers, however, there is still a barrier of low confidence due to not knowing how to help. Training programs designed to improve help-giving should provide further information about how to safely help a friend experiencing a mental health crisis online. This will allow for early intervention and potentially prevent suicides in this vulnerable population.

[Analysis of high school student suicides by school type in Japan](#)

[Ms Kimiko Tanabe](#)¹, Mr Yoshiaki Matsuda¹, Ms Mayumi Hangai¹, Mr Yasuyuki Shimizu¹

¹Japan Suicide Countermeasures Promotion Center

BACKGROUND: The rising suicide rate among high school students is a serious issue in Japan, but little is known about their risk factors. In Japan, police departments are required to make an individual record for each case whose cause of death is determined to be suicide through investigation. The date, time, place, method, presumed cause/motive of suicide, and occupation of the victim are recorded as well as his/her age and sex. With the modification of the record format in 2022, detailed school type by curriculum is newly documented for high school students. This study aims to evaluate the number and rate of high school student suicides by school type.

METHODS: National data on suicides of high school students in 2022 were obtained from the Suicide Statistics collected and released by the National Police Agency. Suicide rates (per 100,000 population) were calculated by school type based on student populations obtained from the School Basic Survey which was collected and released from the Ministry of Education, Culture, Sports, Science and Technology. The types of high school were as follows: (1) full-time school, (2) part-time/correspondence school, and (3) special support school.

Results: A total number of 354 high school student suicides (208 males and 146 females) were reported in 2022. Of these, 259 (73%) were full-time school students, 89 (25%) were part-time/correspondence school students, and six (2%) were special support school students. The suicide rate of full-time school students was 8.8, and that of part-time/correspondence school students was 28.9. Of the 208 male suicides, 161 (77%) were full-time school students (suicide rate 10.8), and 42 (20%) were part-time/correspondence school students (suicide rate 26.8). Of the 146 female suicides, 98 (67%) were full-time school students (suicide rate 6.8), and 47 (32%) were part-time/correspondence school students (suicide rate 31.1).

CONCLUSION: The number of high school student suicides in full-time schools was about three times that in part-time/correspondence schools, while the suicide rate in part-time/correspondence schools was about three times that in full-time schools. In order to promote effective high school student suicide prevention, more detailed research is needed to elucidate the mechanism.

[Long-Term Impact of an Intervention on Suicide-Related Thoughts and Behaviors for Youth in Foster Care: A Randomized Controlled Trial](#)

[Dr Heather Taussig](#), Dr Anthony Fulginiti, Dr. Sarah Racz, Dr Rhiannon Evans, Dr Colleen Katz

¹University of Denver

Importance: Youth in foster care are at high risk for suicide-related thoughts and behaviors (STBs) yet there are there no rigorously tested prevention or intervention efforts designed to reduce STB in this population.

Objective: To determine whether the Fostering Healthy Futures for Preteens (FHF-P) program reduces STBs nine years post intervention and whether baseline STBs moderates FHF-P's impact.

Methods: This was a randomized controlled trial conducted in the United States. Eligible participants were aged 9-11 years and had been placed in foster care due to maltreatment within the previous year. County departments of human services provided lists of eligible children for recruitment and 91.4% of eligible youth were recruited. Participants were stratified by sex and county prior to randomization. Participants were 48.9% female, 54.1% Hispanic, 30.1% Black, 27.1% American Indian, and 9.8% lesbian, gay or bisexual. Mean (SD) age in years at baseline was 10.4 (.88) and 20.1 (.98) at the follow-up interview.

Following the baseline interview that included child and caregiver-report of STBs, participants were randomized into a control group (that received a baseline assessment only) or an intervention group

(that received a baseline assessment plus FHF-P). Follow-up interviews, conducted nine years post intervention by interviewers masked to condition, asked 18–22-year-old participants to self-report lifetime STBs. The main outcome measure was any lifetime report of STBs as indexed by non-suicidal self-injury, suicidal thoughts, plans, and/or attempts.

Intervention: The FHF-P intervention consists of 1:1 mentoring (conducted by graduate students in social work or psychology) and weekly skills groups over a 30-week period.

Results: There was a non-significant 26% reduction in the odds of STBs for the intervention group nine years post intervention (OR = .74; 95% CI, 0.32, 0.1.69). Baseline STBs significantly moderated the impact of the intervention such that control youth who reported baseline STBs had 10 times the odds of reporting young adult STBs (OR = 10.44, 95% CI, 2.28, 47.78) while baseline STBs was not a predictor of young adult STBs for intervention youth.

Conclusions: The findings suggest that FHF-P reduces STBs by young adulthood for care-experienced youth with preadolescent STBs. Further research is needed to identify the mechanisms that may reduce STBs for young people with trauma histories to inform prevention and intervention efforts.

[Intentional overdoses in children in emergency department: in search of implications for suicide prevention](#)

Dr Przemysław Waszak¹, Karena Dzwonnik², Oliver Sowulewsk², Magdalena Dettlaff-Dunowska², prof Paweł Zagożdżon¹

¹Department of Hygiene & Epidemiology; Medical University of Gdansk, ²Department of Paediatrics, Gastroenterology, Allergology and Paediatric Nutrition; Medical University of Gdansk

Background: In recent years, the number of children and adolescent suicide attempts has increased in Poland. Intentional drug overdose is the most common method of suicide in that group. This study was designed to further analyze the trends and characteristics of pediatric emergency department (ED) presentations.

Methods: The study was a retrospective description of a case series (N=113) from a single center, the biggest regional pediatric ED. Data from ED patient reports from 2018–2022 were used for the analysis. The demographic data of patients, ICD-10 codes of diagnosis as well as drugs and their doses used for intentional overdose were analyzed. Basic overall statistics and between-group comparisons were calculated with a p-significance level set on $p > 0.05$.

Results: The average age of the participants was 14.4 years. Most overdoses were recorded during the night hours, on Mondays, in November and April. The most common psychiatric diagnosis in the sample was depression, with a count of 51 (45.13% of the sample). The other diagnoses have much lower frequencies, ranging from 0.88% to 11.5% of the sample. Most of the patients were under psychiatric treatment at the time of overdose. Multiple drug overdoses accounted for 34.5%. The most frequently used substances were paracetamol (23.7%), sertraline (13.8%) and ibuprofen (10.5%). The mean doses of these substances were 4150mg, 1423mg and 8375mg, respectively.

Conclusions: The study offers an overview of the population under the age of 18 years who intentionally overdosed on medications. The data could be helpful in developing suicide prevention strategies. The very large share of over-the-counter substances (NSAIDs) in overdoses strongly suggests the need to regulate access to these drugs in children and adolescents.

[Economic burden of youth self-harm in 2019: A systematic analysis of 204 countries and territories](#)

Mr Siddhesh Zadey¹

¹Association For Socially Applicable Research (asar)

Background: Globally, young people (<24 years of age) contribute to about a quarter of the total disease burden of self-harm. However, national strategic plans have been found to contain no specific recommendations for managing children and young people suffering from suicidality or preventing youth self-harm. Limited policy attention and allocation of funds can be partially attributed to limited evidence on the economic burden of self-harm. Beyond ethical and health arguments, a high economic burden could persuade policy action. Hence, understanding the global economic burden of youth self-harm including that in low- and middle-income countries (LMICs) is crucial.

Methods: We analyzed the economic burden of self-harm among people up to 24 years of age for 204 countries and territories included in the Global Burden of Disease (GBD) study. We extracted self-harm DALYs in the <20, 20-24 age groups for both sexes for 2019 using the GBD Results tool. The mean estimates for the gross domestic product (GDP) per capita in 2020 purchasing power parity (PPP) adjusted dollars and projected population for 2019 were taken from GHDx. We used the value-of-life-year (VLY) or full-income approach for economic burden as outlined in 'Global Health 2035'. Different World Bank regions are considered to have had different levels of impact of mortality reduction on full income in the past decades. We chose the region-based factors at a 3% discount rate. The economic burden or VLYs lost to youth self-harm were calculated as the product of DALYs, GDP per capita (in \$ PPP [2020]), and the factor. Uncertainty was propagated for VLYs lost using the 95% uncertainty interval (UI) of DALYs.

Results: The global economic burden of youth self-harm in 2019 was \$251,779,943,868 (95% UI: 208,845,558,648 — 303,222,010,830). Of the 204 countries, India had the largest economic burden of youth self-harm of \$71,098,857,448 (60,118,492,219 — 83,332,732,126) while Bermuda had the smallest burden of \$1,440,346 (1,074,392 — 1,913,681). Among the World Bank Income Groups, the LMIC group had the largest economic burden followed by high-income, upper-middle-income, and low-income countries. Among WHO regions, Southeast Asia had the largest economic burden.

Conclusion: To our knowledge, these are the first such comprehensive estimates. Self-harm in youth massively burdens economies around the world. This necessitates urgent policy attention from the finance, youth empowerment, and family welfare ministries beyond health ministries for planning and implementing effective suicide prevention strategies.

Oral #8 National strategies for suicide prevention, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Vikas Menon

Lethal Means Safety in the United States

Dr. Ramya Sundararaman¹, Dr. Liz Clark¹, CAPT Chris Jones², Dr. Richard McKeon³, Dr. Matt Miller⁴, **Dr. Deb Stone**²

¹U.S. Department Of Defense, ²Centers for Disease Control and Prevention, ³Substance Abuse and Mental Health Services Administration, ⁴Department of Veterans Affairs

In the United States there were 45,979 deaths by suicide in 2020. More than half of all suicides involved firearms. In the military, firearm use is the most common method of injury, accounting for approximately 60 percent of all suicide deaths among active-duty Service members.

Restricting access to lethal means in the United States is a complex issue due to Constitutional sensitivities around the right to bear arms. Yet, lethal means safety has been shown to be one of the few effective suicide prevention strategies. This session will provide historical and current context related to firearm research. It will detail the White House's inter-agency efforts to promote safe storage of firearms. It will also highlight strategies where public health programs have worked with firearm retailers and manufacturers to promote safe storage and prevent suicide. Another national

effort has been education for clinicians to educate parents and individuals at risk about lethal means safety, and resources for families.

As next steps, the United States is looking at expanding collaboration with domestic violence prevention programs, expanding safe storage training, and promoting safe storage as the norm. Finally, this session will lay out the challenges with lethal means safety and strategies to overcome these challenges.

[Early impacts of the 'National Suicide Prevention Trial' on trends in suicide and hospital admissions for self-harm in Australia.](#)

Professor Andrew Page¹, Professor Jane Pirkis², Dr Piamee Bandara¹, Dr Sanne Oostermeijer², Prof. Philip Burgess³, A/Prof. Meredith Harris³, Associate Professor Dianne Currier²

¹Translational Health Research Institute, Western Sydney University, ²Melbourne School of Population and Global Health, University of Melbourne, ³School of Public Health, The University of Queensland

Objectives: The National Suicide Prevention Trial (NSPT) was announced by the Australian Government in 2016 and aimed to prevent suicidal behaviour in 12 trial sites (representing a population of ~8M). This study investigated the early population-level impact of NSPT activity on rates of suicide and hospital admissions for self-harm in comparison to control areas.

Methods: Relative and absolute differences in monthly rates of suicide and hospital admissions for self-harm were compared in the period after the NSPT implementation (July 2017 – November 2020) to the period prior to implementation (January 2010 – June 2017) in (i) 'NSPT areas' and (ii) 'Control areas', using a difference-in-difference method in a series of negative binomial models. Analyses also investigated whether associations for suicide and self-harm rates differed by key socio-demographic factors, namely sex, age group, area socio-economic status (SES), and urban-rural residence.

Results: There were no substantial differences between 'NSPT areas' and 'Control areas' in rates of suicide (2% relative decrease, RR=0.98, 95%CI, 0.91–1.06) or self-harm (1% relative decrease, RR=0.99, 95%CI, 0.96–1.02), adjusting for sex, age group, and SES. Stronger relative decreases in self-harm only were evident for those aged 50–64 years, high SES areas, metropolitan, and remote geographic areas.

Conclusion: There was limited evidence that the NSPT resulted in reductions in suicide or hospital admissions for self-harm during the first four years of implementation. Continued monitoring of trends with timely data is imperative over the next two to three years to ascertain whether there are any subsequent impacts of NSPT activities.

[Building community capacity to communicate safely about mental health, mental ill-health and suicide through international collaboration between Australia and Brunei.](#)

Dr Jaelea Skehan^{1,4}, Dr Fariza Sani², Dr Hilda Ho², Mrs Mel Benson¹, Dr Elizabeth Paton^{1,3}, Dr Jennifer Peprah¹, Atikah Sapar², Ms Chloe Woodland¹

¹Everymind, ²Ministry of Health, ³College of Human and Social Futures, University of Newcastle, ⁴College of Health, Medicine and Wellbeing, University of Newcastle

Issue addressed: Suicide is a crime under both the Civil Penal Code and the Shariah Penal Code of Brunei. In recent years, there has been emerging public concern about increasing rates of suicide in Brunei. Problematic public communication about suicide in the media and limited knowledge about mental health issues were identified as two key issues in Brunei. Internationally, research has shown that problematic reporting about suicide deaths in the media is associated with increased rates of suicide and suicide attempts. Based on these key issues, the Ministry of Health (MOH) in Brunei and Everymind Australia co-designed a mental health literacy program, based on the Mindframe program, as part of a bilateral agreement between the two countries. This was done in the context of the launch

of Brunei's Mental Health Action Plan in October 2022 to serve as a roadmap for all stakeholders in the government, private sectors and community to work together to ensure good mental health and wellbeing for the people of Brunei.

The objectives of the workshop were to provide a culturally appropriate mental health literacy program, incorporating suicide prevention, to increase the confidence and knowledge of participants to communicate safely about these topics. Cultural considerations were integrated into the design of the program to ensure its successful implementation in the community. Due to the cultural and religious sensitivity surrounding suicide in Brunei, the workshop was delivered as a broad-based mental health education and literacy program to reach a larger audience. The findings of an evaluation of participants' knowledge before and after the workshop are reported in this study.

Method: MOH and Everymind co-delivered a three-hour online mental health literacy workshop to 100 participants, focusing on safe public communication about mental health, mental ill-health and suicide, the importance of help-seeking and how organisations can promote mental wellbeing. Bruneian participants included government staff, service providers, media and public communicators and media sources such as police.

Results: Pre- and post-surveys showed that participants felt significantly more confident in communicating about mental health and wellbeing following the workshop and requested further training. As a result of this session, plans are underway for the delivery of psychological first aid training as a joint project between Brunei and Australia in the future.

Conclusion: Collaborating across cultures to deliver the workshop both improved participants' mental health literacy and showcased opportunities for mental ill-health and suicide prevention when implementing prevention-focused programs.

[Determining National Suicide Prevention Research Priorities in a Rapidly Changing World](#)

Dr Lennart Reifels¹, Dr Karolina Kryszynska¹, Dr Karl Andriessen¹, Dr Maria Ftanou¹, Dr Anna Machlin¹, Dr Samuel McKaye^{1,2}, Mrs Sharon Bower³, Professor Jo Robinson^{1,2}, Professor Jane Pirkis¹

¹The University of Melbourne, ²Orygen, ³Suicide Prevention Australia

Objective: Targeted and timely research is essential to address the persistent public health challenge of suicide in Australia and in a rapidly changing world. Building on our earlier national research priority setting exercise conducted in 2017, we examined current and future research priorities and recent shifts in Australian suicide prevention research with a view to informing the future directions of the National Suicide Prevention Research Fund. The National Suicide Prevention Research Fund was established by the Australian Government and is managed by Suicide Prevention Australia.

METHOD: We classified current research priorities in terms of the type of research activities reflected in published journal articles and research grants and fellowships awarded by competitive funding bodies in Australia during 2017–2022. An online survey sought key stakeholder views on future research priorities. Replicating the methodology from our earlier exercise enabled us to contrast current and future research priorities and identify any shifts in research emphasis over time.

Results: During the five-year study period, overall research investment in 110 grants and fellowships quadrupled to AUD\$45.1m, while annual publication output increased by 50% with a total of 393 journal articles. Research funding efforts are starting to manifest key changes in research types called for by stakeholders, while publications are yet to fully reflect the evidence base to support practice. Specifically, intervention studies (43%) emerged as the most frequently funded study type, while epidemiological research continued to dominate in published articles (59%). Grants and publications reflected a relative shift away from suicide and a greater focus on suicide attempts. Young people continued to be the most researched target group. Digital/online settings featured strongly in research funding, while stakeholders prioritised research in community settings. One quarter of grants

reflected lived experience co-design and one grant addressed the impacts of the Covid-19 pandemic.

CONCLUSION: The recent national boost in research funding is encouraging and commensurate with the significant scale of the task ahead to develop the evidence base for effective suicide prevention. Key priority areas for future suicide prevention research should address suicide attempts, protective factors, social determinants, community settings, and interventions. Designated research funding schemes such as the National Suicide Prevention Research Fund are well placed to target priority research areas and gaps in suicide prevention. In future, it will be important to sustain the overall momentum of national research investment, coupled with a greater emphasis on effective research translation, to bring about reductions in suicide.

[Creating Hope Together - an outcomes focused strategy for Scotland](#)

Ms Haylis Smith, COSLA

Creating Hope Together was published in September 2023, it is a 10 year outcomes focussed strategy and an initial three year action plan which will be reviewed and refreshed to address new and emerging areas of work. The Strategy and Action Plan are jointly owned by Scottish Government and COSLA (Convention of Scottish Local Authorities) to ensure connection and oversight between national and local delivery.

The strategy was developed over a year long period of time and involved wide public engagement along with targeted engagement of key groups. This included people who had lived and living experience of suicide either their own suicidal thoughts and attempts, caring for someone with suicidal thoughts or being bereaved by suicide. The information collected helped shape the vision, guiding principles and the outcomes which lay the foundations for the strategy.

The vision is to reduce the number of suicide deaths in Scotland whilst tackling the inequalities which contribute to suicide, shifting the focus towards a whole of government and society approach which will realise the ambition that suicide prevention is everyone's business and helping everyone see where they can contribute.

The initial action plan contains wide ranging actions which will help achieve the outcomes. An Outcomes framework has been developed which will enable the monitoring and evaluation of the strategy.

A governance and oversight structure has been put in place which will build on the partnership approach of previous strategies and support collaborative delivery. This includes a national advisory group and a delivery collective bringing all stakeholders and interested parties together who can bring practice evidence to influence approaches. These will be supported by continued commitment to an academic advisory group, lived experience panel and youth advisory group who will be central to the decisions and developments for delivery.

The oral presentation will focus on the range of engagement required to create an outcomes focussed strategy, the structures and approaches required to ensure its delivery and the importance of collective local and national government oversight and ownership to achieve its vision.

[Suicide Prevention Training Frameworks and Processes across Diverse Stakeholders and Contexts in India](#)

Dr K.S Meena¹, **Professor Poornima Bhola**¹, **Dr Anish V Cherian**¹

¹National Institute Of Mental Health And Neurosciences, Bengaluru-india

INTRODUCTION:

Suicide is a major public health concern in India which encompasses a complex spectrum of human behavior with multiple interacting determinants. According to the latest National Crime Records Bureau (NCRB) data published in August 2022, there were 1,64,033 suicides recorded in India in 2021, an increase of 7.2% compared to the previous year. Suicide is one of the leading causes of mortality for people between the ages of 15 and 39 years in the country. These statistics call for strengthening multi-sectorial capacity building and collaborations with relevant stakeholders from the targeted communities and the development of indigenous suicide prevention interventions.

As India moves forward with implementing the National Suicide Prevention Strategy, it is imperative to implement the framework which emphasizes the role of multiple stakeholders to implement activities for suicide prevention in targeted communities. In this symposium, we focus on building capacities and developing training modules that are unique and responsive to different contexts. We discuss the development, processes and effectiveness of suicide prevention training interventions across independent studies with stakeholders and contexts; Media Students, Air Warriors of the Indian Air Force and a District Community Population.

[Effectiveness of a Suicide Prevention Training Program for Media Students from Urban Bengaluru](#) **K.S Meena***, Sumedha Bordoloi, Kanmani T.R, Indrani Lahiri, Nirmala M.N & Latha K.

Institutional affiliation: National Institute of Mental Health and Neuro Sciences, Bangalore, India, Media & Communications Leicester Media School, De Mont Fort University, UK and Christ (Deemed to Be) University, Bengaluru.

A public health approach to suicide prevention encapsulates development and adherence to media guidelines to improve media coverage on suicide. For journalists to continue adhering to the guidelines there is an urgent need for monitoring and training to enhance their knowledge on the subject and to sustain it. Training media students who are going to constitute the media community in the future and providing them knowledge and skills on suicide prevention and responsible media reporting is an important domain. A training program on responsible media reporting on suicide was conducted for media students from urban Bengaluru. The objectives of the training program were to assess knowledge, attitude and stigma of media students on suicide prevention, to develop a structured suicide prevention training program for media students and to analyze the effectiveness of the suicide prevention training program among media students.

The comprehensive suicide prevention training program was carried out for 35 undergraduate students aged between 18–25 years and who were enrolled in various journalism and mass media courses. The training program was divided into four modules namely, Understanding Suicide and its Risk Factors, Stigma as a Barrier in Suicide Prevention, Role of Media in Suicide Prevention and Addressing Burnt out, and Self-Care in the Media Community. Each module was disseminated using didactic and interactive methods including case narratives from print and audio-visual media, educational videos, brain-storming activities and role plays.

The evaluation of the training program was done using single-arm pre- and post-test with Quasi-experimental research design.

The outcome of the comprehensive suicide prevention training program for media students & its future implications will be discussed.

[Building Capacities for Suicide Prevention among Air Warriors of the Indian Air Force](#) **Poornima Bhola***, Guru S. Gowda, Prashanthi Nattala & Meena K.S.

Institutional affiliation: National Institute of Mental Health and Neurosciences, Bangalore, India

Mentorship and mental wellbeing initiatives can be beneficial in a military environment which involves intensive training and unpredictable, ambiguous and stressful contexts. A training programme was

developed for the Indian Air Force (IAF) based on a needs assessment, particularly in the context of the newly introduced Agnipath programme. This is a short-term induction into the armed forces, with intensive six-month training for new recruits aged between 17 ½ and 21 years.

We discuss the effectiveness of a Suicide Prevention Education and Support module as part of a week-long structured training program on mentoring and mental well-being. This was conducted for 70 officers and instructors in the IAF across three batches. The facilitators of the module included a clinical psychologist and psychiatrist with experience in suicide prevention training with diverse stakeholder groups. The module involved a skill-based experiential learning framework, with didactic and interactive elements including case scenarios, and brain-storming group activities.

The participants' evaluation of elements of the module and a pre- to post-training assessment of changes in knowledge, attitude and self-perceived competence were obtained.

The observations during the training process, the need to contextualize gatekeeper training for the military context, and the need for evaluation of sustained changes are discussed.

[Community based suicide surveillance team – training for community stakeholders on suicide prevention](#)

Anish V Cherian*, Arya Thirumeni & Gurucharan B Mendon

Institutional Affiliation: National Institute of Mental Health and Neuro Sciences, Bengaluru, India

Suicide prevention is the need of the hour in India. Mental health treatment gap in low- and middle-income countries like India is alarming and an effective way to address the issue and facilitate optimum care is to involve the community stakeholders in the process. With the aim to develop a sustainable community-based suicide prevention model, we are training the community stakeholders on suicide prevention.

The grama panchayat task force (GPTF) is a group of volunteers established during the COVID-19 pandemic to combat the spread of the disease. The members are community leaders, teachers, community health workers, religious leaders and grama panchayat officials. The GPTF is an established group in the community and training them on suicide prevention is a cost-effective and accessible model. We are training the GPTF of 32 panchayats of Channapatna Taluk, Ramanagra District, Karnataka on early identification, brief counselling and referral of persons with suicidality. In addition to this, we are also training the police personnel and media professionals on suicide prevention. Baseline awareness of suicide, attitude towards suicide and gatekeeper behavior is assessed.

The pre-post assessment of training and the observations are shared in the presentation.

Oral #9 Cultural and historical aspects of suicide, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Thomas Niederkrotenthaler

[Suicide risk associated with a prior family history of suicide: A population-based linkage study using the 100 Million Brazilian Cohort](#)

Dr Flavia Alves^{1,2}, Dr Lidiane Toledo¹, Dr Elisangela Rodrigues^{1,3}, Dr Julia M. Pescarini^{1,4}, Prof Maurício L. Barreto¹, Professor Vikram Patel², Dr Daiane B. Machado^{1,2}

¹Center of Data and Knowledge Integration for Health (CIDACS), Instituto Gonçalo Moniz, Fundação Oswaldo Cruz (FIOCRUZ), ²Harvard Medical School, ³Federal University of Ceará, ⁴Departments of Infectious Disease Epidemiology (JMP), and Epidemiology and Population Health (LS), Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine

Literature has documented the familial clustering of suicide. However, previous studies have been based on small samples, selected study groups, such as hospitalized individuals from high-income countries, and are outdated. This scenario may not reflect the current status of the epidemiology of suicide, since suicide has increased in some regions, such as Latin America, including Brazil. We evaluated whether having a case of suicide in the same household is associated with increased suicide among the other members. This is a nationwide, population-based cohort study, using data from the 100 Million Brazilian Cohort, linked to the Mortality Information System (SIM) (2001–2018). We considered as exposed all individuals who had a suicide index case in the same household. Unexposed individuals were those: (a) who have never had a suicide index case in the same household; (b) who have had a suicide index case but were considered unexposed until occurrence of the suicide index case. For exposed individuals, follow-up began on the date which the suicide index case occurred and ended when the individual: (i) became a suicide death; (ii) died by other causes, or (iii) by December 31, 2018 (cohort end date). We calculated the adjusted hazard ratio of suicide since being exposed, or not, to a suicide index case, using a multivariate, time-varying Cox regression model. A total of 117,521,389 individuals were included in the analysis, and 49,203 of these died by suicide. The suicide rates among individuals from households with, and without, a suicide index case were 23.5 (95% CI = 20.6–26.7) and 4.0 (95% CI = 4.0–4.1) per 100,000 individual person-years, respectively. Over half of the recurrent suicides in families (55.17%) occurred in the first four years. The risk of suicide was almost five times higher among individuals from households, with a suicide index case (HR= 4.8 95% CI: 4.2–5.5), when compared to families without a suicide index case. To the best of our knowledge, this is the first large population-based cohort study using administrative record linkage data, to evaluate suicide risk associated with a family history of completed suicide. Our findings showed that the household members of suicide victims have a remarkably higher risk of suicide and, therefore, should be followed up for early identification, and receive family-based, preventive and therapeutic suicide interventions.

[How are moral foundations associated with attitudes toward suicide and suicidal behavior?](#)

Dr TOLGA KÖSKÜN¹, Dr Gözde Sayın-Karakaş¹, Dr Ece Sağel-Çetiner¹, Dr Mehmet Eskin²

¹Aydın Adnan Menderes University, ²Koç University

Background: Suicide is a phenomenon related to social norms and cultural values. Studies show that suicidal behaviors and attitudes toward suicide have varied across cultures. Both social values and moral beliefs are essential in influencing attitudes toward a particular situation or behavior. In this study, we examined the relationship between suicidal behaviors, attitudes toward acceptance of suicide and social acceptance of a suicidal person, and their moral foundations.

Method: A total of 797 participants (53% female, mean age = 40.1 ± 14.5 years) were surveyed by a battery of questionnaires that contained the Moral Foundations Questionnaire, Eskin's Attitudes towards Suicide Scale, and Social Reactions to Suicidal Persons Scale.

Results: The lifetime prevalence of suicidal ideation and attempts in the sample was 13.8% and 4.2%, respectively. Results of multinomial regression showed that compared to those in the no suicidal history group, those who had experienced suicidal ideation reported higher concern for fairness/reciprocity and lower concern for authority/respect foundation. However, concern about moral foundations did not differentiate those who had made suicide attempt from those who do not suicidal history. When the association between attitudes toward the acceptance of suicide and moral foundations was examined, results showed that caring, loyalty, and purity concerns negatively related to attitudes toward approval of suicide. On the other hand, caring and fairness concerns positively related to attitudes toward social acceptance of the suicidal person.

Discussion: Our findings indicate that those more concerned about social justice and autonomy may be at higher risk for suicidal ideation. Additionally, attitudes toward conforming to social norms and authority may be protective against suicidal ideation. "Caring" is a related concept of caring for others

and not harming others. The association with caring and attitudes that disapprove of suicide is understandable. Then again, “loyalty” and “purity” concerns, which are conceptualized as binding moral foundations, include complying with moral value judgments and group norms, the needs of society being more important than the individual, and the sanctity of the body. Therefore, attitudes toward acceptance of suicide do not coincide with these moral foundations. “Caring” and “fairness” are conceptualized as involving non-harming and altruistic attitudes and are therefore associated with high social acceptance of the suicidal person. Individuals with such moral concerns seem to be more socially accepting of the person who thinks or attempts suicide.

Keywords: Attitudes toward suicide, moral foundations, suicidal behavior.

Elderly Suicide in Gunungkidul Regency, Special Region of Yogyakarta, Indonesia, from The Perspective of Criminology

Mrs Nastiti Lestari¹

¹Parent Support Group, Sekolah Victory Plus, Bekasi

Gunungkidul Regency is one of the regions in Indonesia with a high suicide rate, which is equivalent to 4 per 100,000 population. In 2012–2019 there have been 242 suicide cases. During this period, suicide was dominated by men (67.34%), elderly (49.17%), working as a farmer (74.79%), and hanging (95.04%) as the most widely used suicide methods compared to other methods. In criminology, suicide is categorized as deviant behavior, not a crime that harms others. As crime, deviant behavior can be categorized as a normal phenomenon, because it will always be found and so does suicide, since there is no society with no suicide cases. Various legal bases, including the Gunungkidul Regent Regulation Number 56 of 2018 concerning Suicide Prevention which is not effective, only strengthens Weber's thesis if the law made supports political interests, and further emphasizes that there has been omission by the state which does not guarantee the mental health of its citizens (state crime). Through the use of descriptive analysis methods to describe clearly and systematically the object of study, by testing the theory of social bond, Hirschi (1969) and then analyzing comparative research discussions based on literature reviews, this research found that negative social bond had occurred in Gunungkidul regency. Attachment with the social environment (family, peers) does not occur, commitment to conventional types of action (work, cultivating rice fields) is weak, and involvement in conventional activities (religious activities, hobbies, etc) is not carried out, and belief of moral norms does not exist. These made an elderly person became close to suicidal behavior. Suicidal behavior occurs when the bond of the individual to society is weak or broken. The novelty in this study is a new theoretical contribution to the use of social bond theory (Hirschi) not linearly but in reverse, as a negative dialectic of social control.

[Suicidal behaviors among undergraduate medical students in Bangladesh](#)

Dr Chiranjeep Biswas¹, **Dr Miliva Mozaffor**¹

¹Medical College For Women And Hospital

Background: Suicide among medical students is a global public health concern; however, it is often addressed poorly in developing countries like Bangladesh. This study aims to examine suicidal behaviors among undergraduate medical students in Bangladesh.

Methods: This cross-sectional analytical study was conducted between February and July of 2019. Data were collected from 583 MBBS students at Bangladesh's public and private medical colleges. A convenience sampling method was used, and data were collected through a pretested semi-constructed questionnaire.

Results: A lifetime suicidal ideation was found among 23.8% of the participants. Significant

associations were found among lifetime suicidal ideation, plan and attempt with depression, comorbidity, and family history. Multivariable logistic regression models revealed that a family history of suicide attempts or death by suicide increased the odds six-fold for ideation, over sixfold for a plan, and threefold for an attempt. Females were twice likely to be susceptible to suicide ideation, plan, and attempt.

Conclusion: Suicidality appears high among medical students in Bangladesh. Levels of depression, comorbidities, as well as substance abuse affect lifetime suicide ideation. A previous history of attempting or committing suicide in the respondent's family increases the individual risk for ideation, plan, and attempt. Females are more vulnerable than males.

[Recognising and resolving a suicide crisis: A mixed-methods investigation of safety plan content](#)

Mr Christopher Rainbow^{1,2}, Dr Ruth Tatnell², A/Prof Grant Blashki^{1,3}, A/Prof Glenn Melvin²

¹Beyond Blue, ²Deakin University School of Psychology, ³University of Melbourne, Nossal Institute for Global Health

This study aimed to understand how people who complete suicide safety plans describe their emerging crises and support systems, the relationships between their warning signs and coping strategies, and any potential difficulties in managing suicidal thoughts. A sample comprising 150 users of the Australian suicide safety planning mobile app Beyond Now consented to share the content of their safety plans. Thematic analysis was used to identify themes in plan content. Most participants identified as women (61%), had a history of at least one suicide attempt (61%) and completed their plans by themselves (84%). Three major themes emerged: (1) Interpersonal connections of varying strength, quantity and quality, including supportive and ambivalent relationships; (2) Selection of coping strategies with opposing valence to warning signs, including cognitive challenging or distraction, productivity and stress management, and emotional-sensory activities; (3) Technology use that was both helpful (supporting distraction, connection and self-expression through emojis) and harmful (limiting social interaction, researching suicide methods). Most plans were personalised and demonstrated high self-awareness of warning signs and available supports. Safety plan content provides a window into the thought process underlying suicide crisis management and preferred communication style. Mental health practitioners and support people who meaningfully engage people at risk of suicide through this content could collaboratively improve suicide-related coping skills.

[Oral #10 Data and surveillance in suicide prevention, September 20, 2023, 2:00 PM – 4:00 PM](#)

Chair: Greg Armstrong

[Some data is better than no data: suicide surveillance systems in LMICs](#)

Dr Duleeka Knipe, Ms. Rebekka Gerstner, Dr. Emmanuel Nii-Boye Quarshie, Dr Sandersan Onie, Dr. Vikas Arya

¹South Asian Clinical Toxicology Research Collaboration, Faculty of Medicine, University of Peradeniya, Peradeniya, 20400, Sri Lanka; Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, BS8 2PS, UK, ²Monitoring and Evaluation Officer, German Institute for Medical Mission, Tübingen-Germany; Former specialist/consultant at the Undersecretary of Health Services/ Ministry of Public Health in Ecuador (2017-2021), ³Faculty Member, Department of Psychology, University of Ghana; Acca President, Association for Suicide Prevention Ghana (GASP), Accra, ⁴Post-Doctoral Fellow, Black Dog Institute, Sydney, Australia; President, Indonesian

[Big lessons from a small island: How Sri Lanka's routine suicide data are saving lives](#)

[Dr Duleeka Knipe](#)

One of the WHO's main suicide prevention interventions as part of their LIVE LIFE approach is to reduce access to lethal means, particularly pesticides, as a universal intervention. This recommendation is partly based on overwhelming evidence that has emerged from many countries where the introduction of bans of the most highly hazardous pesticides has led to significant reductions in suicide deaths. Sri Lanka was one of the first countries to implement such bans and by utilizing routine data collected by the Police Departments in Sri Lanka, we were able to use a natural experimental design and interrupted time series models to assess the impact of the bans on suicide rates nationally — we estimate that 93,000 lives were saved over two decades. This modelling was then done in several other countries again using routine data. Additionally, Sri Lanka was one of the very few low- and middle-income countries during the COVID-19 pandemic to explore the impact of the pandemic on suicide rates. Whilst Sri Lanka's suicide data are unlikely to be robust, there is limited reason to believe that the degree of under-reporting will have significantly changed over time. The tracking of the rate of suicide over time in Sri Lanka has allowed suicide prevention activities to showcase how a national policy outside of the health sector was able to make significant reductions of suicides. If these routine data were not there, this big lesson from Sri Lanka would have been overlooked.

[Police-Reported Suicides during the First 16 Months of the COVID-19 Pandemic in Ecuador and the Use of Real-Time Suicide Monitoring](#)

[Ms. Rebekka Gerstner](#)

The presentation focuses on the practical implications of real-time suicide monitoring in a middle-income country, Ecuador, as well as a study published based on real-time suicide data. During the pandemic, the Ministry of Public Health in Ecuador monitored real-time suicide data, relying on police records, information from calls to the national poison center, and official death registers. This system provided valuable insights into suicide trends and helped identify high-risk groups and areas, enabling rapid intervention and targeted prevention efforts. The Ministry also monitored "hot spots" working with the police and communities to reduce suicides in these areas. For the first time in Ecuador's history, a public mental health crisis line was established. The study, based on real-time suicide data published in "The Lancet Regional Health Americas", analyzed police-reported suicides in Ecuador from January 2015 to June 2021. The study aimed to investigate changes in suicide numbers, risk factors, precipitants, geographic distribution, and methods used. The findings showed that suicide rates during the pandemic were not higher than expected, and number of male suicides decreased. Suicides increased in urban and coastal areas and decreased in indigenous and minority groups. The proportion of suicides linked to alcohol consumption, disability, and among married individuals decreased, while the number linked to mental health problems increased. The study also found an increase in suicides by hanging and a decrease in self-poisoning and other methods.

[Registration of Suicide and Attempted Suicide Data in Ghana: Accuracy, Completeness and Prospects](#)

[Dr. Emmanuel Nii-Boye Quarshie](#)

According to the WHO, the highest rates of suicide are recorded in Africa. The absence of routinely collected national-level data about suicidal behaviors in many countries on the continent remains a critical challenge to understanding the extent of the problem and formulating prevention strategies to

reduce self-harm and save lives from suicide. While national suicide mortality data are available from a few countries (e.g., Egypt, Mauritius), other countries — including Ghana — are beginning to include suicide related data in their national health information databases or set up registries exclusively for self-harm and suicide. The Ghana Health Service Health Information Management System (GHS-HIMS) was started in 2012 to collect and analyze routine national-level health service data, mainly on medical conditions. Data on suicide and attempted suicide were not included in the database until 2018. Considering the lack of national-level data about suicidal behaviors prior to 2018, what we knew about self-harm and suicide from Ghana was through police-recorded data, media reports, and published scientific literature drawing on medico-legal autopsy data/coroners' reports, and cross-sectional (self-report) data. Thus far, the GHS-HIMS has recorded data on suicide and attempted suicide presentations to health facilities across the country for five consecutive years — 2018 through 2022. Beyond providing an initial assessment of the accuracy and completeness of recorded suicide related data, this presentation also underscores the importance and gauges the prospects of including suicide related data in the GHS-HIMS.

[Insights from Indonesia's first suicide data study: Managing heterogeneity across multiple data sources](#)

Dr Sandersan Onie

We investigated the sources of suicide data, their respective data pipelines, how they relate to each other in Indonesia. We analyzed four sources of suicide-relevant data: police data held by the national police, civil death registry data held by the ministry of civil affairs; registry study data from national vital statistics studies over the years, and the national village potential survey for suicide attempt data. Analyses across different sources found a 303% underreporting— the highest underreporting rate from a national study in the literature, large heterogeneity across the 34 provinces, and large heterogeneity across the different data sources, given that the different use of means may lead to the recording by a different body, depending on the location of death. One reason for its suspect validity is the large social stigma surrounding suicide (suicide is considered a cardinal sin in Indonesia). Despite the potential utility of the data in identifying priority populations and locations, there does not exist a single body to bring together the sources that is able to analyze the data meaningfully. While data is available, more curation and processing are needed to maintain its utility. The next steps include setting up an organization to pool together different sources of suicide data for a formal registry.

[India's suicide surveillance system and lessons for other LMICs](#)

Dr. Vikas Arya

The National Crime Records Bureau (NCRB) is a government organization that records, and reports crime data based on police reports collected from each state and union territory in India. The NCRB data have been used to describe trends in age, gender, and method specific suicide rates. This data has also been useful for examining complex ecological associations at population level. For example, multilevel analyses have observed that suicide rates are higher in states with higher levels of development, higher levels of agricultural employment, higher levels of literacy, and higher proportions of people identifying with Hinduism. The data have also been used to evaluate the impact of policies on suicide rates. For example, an analysis of NCRB data observed a reduction in suicide by pesticide poisoning in India after a national ban on the toxic pesticide endosulfan. However, there are some limitations of the NCRB data including under-reporting, especially among females and younger age-groups. Suicide data from any source is better than no data, especially as some LMICs might have to wait for a while for the availability of sophisticated and well-resourced vital registration data. Taking the example of India, other LMICs should aim to routinely publish police suicide data as countries move towards establishing civil registration systems.

The last visit to a GP in the 30 days before suicide in Sweden in 2015

Dr Nina Palmqvist Öberg^{1,2}, Dr Sara Probert Lindström^{1,2}, Dr Erik Bergqvist^{1,3}, Dr Anna Ehnvall^{4,5}, Associate Professor Tabita Sellin⁶, Dr Anne Stefansson⁷, Dr Charlotta Sunnqvist^{1,8}, Professor Margda Waern^{4,9}, Professor Åsa Westrin^{1,2}

¹Department Of Clinical Sciences, Psychiatry, Lund University, ²Office of Psychiatry and Habilitation, Region Skåne, SE-221 85 Lund, Sweden, ³Psychiatric In-patient Clinic, Hallands Sjukhus Varberg, Region Halland, SE-432 81 Varberg, Sweden, ⁴Department of Psychiatry and Neurochemistry, Institute of Neuroscience and Physiology, University of Gothenburg, SE-413 45 Gothenburg, Sweden, ⁵Psychiatric Out-patient Clinic, Region Halland, SE-432 43 Varberg, Sweden, ⁶Faculty of Medicine and Health, University Health Care Research Center, Örebro University, SE-701 82 Örebro, Sweden, ⁷National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institute, SE-17177 Stockholm, Sweden., ⁸Committee on Psychiatry, Habilitation and Technical Aids, ⁹Region Västra Götaland, Psychosis Clinic, Sahlgrenska University Hospital, 41345 Gothenburg, Sweden

Background: Suicide is often preceded by a consultation in primary care, but unfortunately suicidality can be missed in the large numbers of individuals attending primary care. The aim of this study was to gain further knowledge to help identify primary care patients at imminent risk of suicide.

Method: As a part of a larger project, medical records for the last two years for all individuals who died by suicide in Sweden 2015 were evaluated ($n=1,179$). The last contact with a GP within 30 days before death ($n=238$) was analyzed regarding clinical characteristics, assessments and the treatment prescribed. We further assessed the differences between the primary care patients with ($n=113$) and without ($n=125$) additional psychiatric contact.

Results: One in five individuals who died by suicide visited a GP during the last 30 days of life. Individuals without additional psychiatric contact were approximately ten years older. Both groups sought help for physical symptoms to almost the same extent as for psychiatric symptoms, approximately 60%. One in three individuals had physical pain. Psychiatric symptoms were noted in the GP records in two thirds of those with contact with psychiatric services, as compared to half of those without ($p < .006$). Cardiovascular/respiratory symptoms and hypertension were more common in the group without psychiatric contact (30% vs 6% in the psychiatric contact group, $p < .001$). The most common psychiatric symptoms were depression and anxiety, with anxiety more commonly noted in the psychiatric contact group. Across all participants, 44% had a psychiatric diagnosis, 57% a somatic diagnosis. Suicide risk was considered elevated in only 6%. Half of all individuals had a somatic investigation done, more common in the group without psychiatric contact. Forty-five percent had an antidepressant medication, similar in both groups.

Conclusion: Physical symptoms were as common as psychiatric symptoms, though the latter were noted to a higher level in the group of individuals that had previous psychiatric contacts than in the older group of individuals without. Older individuals without psychiatric contact might benefit from more questions of psychiatric symptoms. Though almost half of the individuals had a psychiatric diagnosis identified, still only a few were assessed with an elevated suicide risk, highlighting the need for suicide risk assessments in primary care patients with this.

Suicide on the Toronto Transit Commission subway system (1998–2021): A time series analysis

Selina Chow^{1,2}, Vera Yu Men^{1,2}, Rabia Zaheer^{1,2}, Ayal Schaffer^{1,2}, Christine Triggs³, Matthew J. Spittal⁴, Maureen Elliott⁵, Dalia Schaffer^{1,2}, Mathavan Vije^{1,2}, Navitha Jayakumar^{1,2}, **Dr. Mark Sinyor**^{1,2}

¹Department of Psychiatry, Sunnybrook Health Sciences Centre, ²Department of Psychiatry, University of Toronto, ³Safety & Environment Department, Toronto Transit Commission, ⁴Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia, ⁵Distress Centres of Greater Toronto, Toronto, Canada

Introduction: The Toronto Transit Commission (TTC) subway system is North America's third largest transit system by ridership. In 2011, TTC implemented Crisis Link – a suicide helpline on all subway platforms, where counsellors help callers de-escalate the situation and can liaise with TTC Transit Control to slow/stop trains if there are imminent safety concerns.

Objectives: The primary objective is to investigate how TTC suicide rates from 1998–2021 have changed after Crisis Link began in 2011. The secondary objective is to describe the characteristics of individuals involved in suicide incidents.

Methods: Data of non-fatal and fatal suicide incidents were collected from the TTC and provincial Coroner's office, respectively. Interrupted time-series analysis was performed to investigate the association between Crisis Link and quarterly TTC suicide rates. The model controlled for linear time trends, number of TTC suicide cases in the past quarter, number of suicide cases using other methods, unemployment rate, Consumer Price Index, and COVID-19 pandemic.

Results: There were 302 TTC suicide deaths from 1998–2021, and 243 calls to Crisis Link since its 2011 inception. Time was not associated with TTC-related suicide rates before the intervention period. After controlling for confounding variables, the use of Crisis Link was associated with a 47% decrease in TTC-related suicide rate (IRR = 0.53, 95% CI = 0.30–0.93). However, TTC-related suicide rate after the intervention period increased with time.

Among all Crisis Link calls, most individuals seeking help were female (63%). There was a significant difference in gender ($p < 0.0001$) and age ($p < 0.0001$) of those in fatal and non-fatal suicide incidents. Individuals who died were predominantly male (71%) and older (mean=41 years, SD=17), vs 32 years, SD=12) for individuals apprehended for suicidal behavior (39 years, SD=17) for suicide attempt). Furthermore, the deceased were often single (74%), lived alone (56%), had a history of prior suicide attempt(s) (21%) and/or psychiatric illness – most commonly depression (35%), schizophrenia (14%), and substance abuse (11%).

Conclusion: The implementation of Crisis Link had an immediate effect in reducing TTC suicide rates, especially in the short term. However, as time progressed since its 2011 inception, there was no sustained effect. The demographic trends further suggest that adult men with serious mental illness, prior suicide attempts, are single and live alone – are at higher risk of suicide by subway. In contrast, women exhibit more help-seeking behaviors by calling Crisis Link. These results can help inform suicide prevention policies on major subway systems.

[Suicide in individuals with and without prior hospital-treated self-harm: a national retrospective cohort study examining demographic and psychiatric factors and precipitant stressors](#)

[Dr Elaine McMahon^{1,2}, Dr Grace Cully^{1,2}, Dr Paul Corcoran^{1,2}, Professor Ella Arensman^{1,2}, Dr Eve Griffin^{1,2}](#)

¹University College Cork, ²National Suicide Research Foundation

[Suicide in individuals with and without prior hospital-treated self-harm: a national retrospective cohort study examining demographic and psychiatric factors and precipitant stressors](#)

Background: Previous studies examined the socio-demographic and psychiatric profile of individuals who died by suicide. However, further examination is needed of the proportion and characteristics of suicides which occur without prior self-harm, using national surveillance systems. The objectives of this study were to identify clinical and demographic differences between those suicide decedents with and without a history of hospital-treated self-harm.

Methods: Data on a national retrospective cohort of consecutive cases of suicide in Ireland during the period 2015–2017 were drawn from the Irish Probable Suicide Deaths Study. Variables examined included socio-demographics, psychiatric history and precipitant stressors. Deterministic matching

was used to link suicide data with National Self-Harm Registry Ireland data on self-harm hospital presentations to Irish hospitals between January 2007 and December 2017.

Results: During the study period 1,809 suicides were recorded, 1,390 males (76.8%) and 419 (23.2%) females, with a median age of 43 years. Of the suicide decedents, 401 (22.2%) had presented to hospital with non-fatal self-harm between 2007 and 2017. Those with a history of self-harm were more likely to be female (32.7% of those with prior self-harm compared with 20.5% of those without; $p < 0.001$). Those aged 25–54 were more likely to have a history of self-harm than the younger and older age groups ($p < 0.001$). Those with a history of self-harm were more likely to have had a known mental health condition (83.8% vs 60%; $p < 0.001$), a history of drug dependence (39.2% vs 22.4%; $p < 0.001$) or alcohol dependence (25.4% vs 10.4%; $p < 0.001$). Amongst males, a lower proportion of those with a history of self-harm had experienced recent work or school difficulties (5.9% vs 11.3%) or chronic pain or illness (10.0% vs 15.9%) prior to suicide.

Conclusion: Most suicides occurred in individuals with no prior history of hospital-treated self-harm. Those who had previously presented to hospital had higher levels of known risk factors from socio-demographic and psychiatric domains. Among males in particular, a sub-group was identified without any psychiatric history and low levels of known risk factors, but with salient occupational or health-related proximal stressors. Suicide prevention interventions should include occupational settings as well as promoting support for those with chronic physical health conditions.

[Improve Coding Practices for Patients in Suicidal Crisis](#)

[Ms Molly McCarthy](#)¹, Dr Pooja Saini, Professor Rajan Nathan, Dr Emma Ashworth, Dr Jason McIntyre

¹Liverpool John Moores University

Background: The recording of suicidal ideation in emergency departments (EDs) is inconsistent and lacks precision, which can impede appropriate referral and follow-up. EDs are often the first point of contact for people experiencing suicide-related distress, but while data are available on attendances for self-harm, no comparable data exist for suicidal crisis.

Method: Data was collected from six EDs across Cheshire and Merseyside ($N=42,096$). Data was derived from presenting complaints, chief complaints and diagnosis codes for all suicidal crisis presentations (suicidal ideation, self-harm, suicide attempt) from January 2019 to December 2021.

Results: There was inconsistent coding within and between ED sites for people presenting in suicidal crisis. Attendances for suicidal ideation were often given the chief complaint code of 'depressive disorder' (12%). There was a high level of missing data related to the coding of suicide-related presentations (65%). Variation in coding was also reported for individual presentations; for example, 12% of attendances reported to be due to 'self-inflicted injury' were given a primary diagnosis code of 'depressive disorder' rather than 'deliberate self-harm'. There was also high variability in the routinely collected data (e.g., demographic information, attendance source and mode, under the influence at time of arrival) both within and between EDs.

Conclusions: Accurate detection and documentation of suicidal crisis is critical to understand future risk and improve services. Research and development in monitoring systems for suicidal crises should be a priority for health services, and a national data collection tool is urgently needed to maximize accuracy and utility. Better data could be used to inform crisis care policy and to target suicide-prevention resources more effectively.

Oral #11 Characteristics of suicidal people, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Myfanwy Maple

The Implicit Emotional Evaluation of Death versus Life in Persons with Acute Suicidal Thoughts

Ms Lara Marie Aschenbrenner¹

¹University Of Bern and University Hospital of Psychiatry and Psychotherapy Bern, Switzerland

Background: Individuals with suicidal ideation share cognitive biases linking multiple thoughts to death. Previous studies have explored implicit associations between a person's self and death using the suicide-specific Implicit Association Test (IAT-S). While the IAT-S exhibits good predictive validity for future suicide attempts, it omits the emotional component that has been indicated in research as a factor in suicidality. In this cross-sectional study, we investigated the association between the self and death based on the classic IAT-S as well as the influence of emotional proximity to death on suicidality applying a second and new IAT-S version. It was hypothesised that patients with current suicidal ideation exhibit stronger and more positive associations towards death than patients without suicidal ideation and behaviour.

Methods: A total of $N = 147$ patients were studied and divided into two groups: Patients with suicidal thoughts within the last week ($n = 100$) and patients without suicidal behaviour and thoughts within the last six months ($n = 47$). Two versions of the IAT-S were applied to record implicit associations between (O1) "death" / "life" and "me" / "not me", and (O2) "death" / "life" and "I like" / "I don't like". The resulting d-values measured the strength of the associations. A positive d-value corresponded to stronger associations between the self and death than between the self and life and a more positive emotional evaluation of death than life. Additionally, clinical, and suicide-specific data were collected and correlated with the d-scores.

Results: In both versions, mean d-scores were more positive for current suicide ideators compared to clinical controls. While we did not find an effect in version O1, in version O2, there was a difference in d-scores [$t(145) = -2.82, p = .005$]. We found a positive correlation between the d-scores of the suicide ideators in version O2 and their scales for internal control of death ($p = .042$).

Conclusion: We were unable to find evidence for the hypothesis that patients with current suicidal ideation have stronger implicit associations between themselves and death. However, we were able to demonstrate that patients with current suicidal ideation emotionally evaluate death in a more positive manner than do patients without suicidal behaviour or suicidal ideation. Furthermore, we were able to show that the more positive the emotional evaluation of death was in these patients, the stronger was their belief of internal control of death.

Clinical and suicide-specific characteristics in the "oldest old": A cluster analysis on individuals aged 75+ who died by suicide

Ph. D. Sophie Liljedahl^{1,2}, Dr Sabrina Doering², Anne Stefenson³, Dr Stefan Wiktorsson^{2,4}, Dr. Khedija Hedna², Dr Nina Palmqvist Öberg⁵, Associate Professor Tabita Sellin⁶, Jana Hartelius⁷, Sara Probert-Lindstöm⁵, Dr Erik Bergqvist⁷, Professor Åsa Westrin^{5,8}, Professor Margda Waern^{2,4}

¹National Specialized Medical Care Unit for Severe Self-Harm Behaviour, Sahlgrenska University Hospital, ²Institute of Neuroscience and Physiology, Sahlgrenska Academy, ³NASP, National Centre for Suicide Research and Prevention, ⁴Psychosis Clinic, Sahlgrenska University Hospital, ⁵Clinical Sciences Lund, Psychiatry, Lund University, ⁶Faculty of Medicine and Health, University Health Care Research, Örebro University, ⁷Psychiatry Clinic, Region Halland, ⁸Office of Psychiatry and Habilitation

Background: Little is known about clinical and suicide-specific characteristics and health care utilization in adults aged 75 or above.

Aim: The aims of the study were to determine whether meaningful groups emerge for individuals aged 75 or above via cluster analysis, and in a second step compare sociodemographic, clinical, and suicide-specific characteristics in those groups. Results are based on retrospectively collected medical health record data originating from a nationwide study of suicide decedents in 2015.

Methods: Hierarchical agglomerative cluster analysis using Ward's method was conducted on suicide decedents aged 75 years and above ($N = 132$). Sociodemographic, clinical, and suicide-specific characteristics, and health care utilization in cluster groups were compared via Chi²-tests.

Results: A two-cluster solution best fits the data. Cluster 1 was the larger cluster ($n=104$) and predominantly characterized by high rates of documented pain. A second smaller cluster emerged ($n=28$) which was predominantly characterized by psychiatric concerns. Within Cluster 1, 65% had documented pain issues compared to 39% in the psychiatric cluster ($p = 0.012$). Within Cluster 2, 71% had an affective disorder compared to 6% in Cluster 1 ($p < 0.001$), and three out of four had documented depressive and anxiety symptoms compared to 20% and 11%, respectively, in Cluster 1 ($p < 0.001$). The majority (89%) had prescribed antidepressant medication compared to Cluster 1 (34%, $p < 0.001$). Suicidal thoughts and/or plans were documented in 39% of those in Cluster 2, and 4% of those in Cluster 1 ($p < 0.001$). Increased risk of suicide was noted in 36% within Cluster 2, and in 4% within Cluster 1 ($p < 0.001$). Individuals in Cluster 2 more commonly sought psychiatric care 30 days prior to suicide (36%) compared to those in Cluster 1 (7%, $p < 0.001$).

Conclusion: Our analysis revealed a large cluster primarily distinguished by high rates of physical pain, low rates of psychiatric concerns and almost no assessment of suicidality. Findings point to a need for heightened awareness of the potential for suicidal behavior in older aged patients who present with pain issues. Programs to increase awareness should target not only primary care doctors but also physicians who deliver specialist services.

[Why do they come back? Reflections on the experience of those who return to psychoeducational groups for people living with suicide attempting.](#)

Professor Myfanwy Maple¹, Associate Professor Sarah Wayland¹, Professor Navjot Bhullar²

¹University Of New England, ²Edith Cowan University

Past suicide attempts are a key risk factor for future attempts and suicide deaths. Stigma associated with suicide attempt behaviours contributes to social withdrawal, hopelessness, loneliness, dampened help-seeking intentions and, ultimately, heightened suicide risk. Eclipse is a non-clinical, psycho-educational support group for people who have previously attempted suicide, with the aim of reducing suicidality (ideation, attempting and death) and increasing resilience and help-seeking behaviours. Preliminary findings from the evaluation of Eclipse indicated that participation reduces depression severity and perceived burdensomeness and increases resilience and social support. Since 2017, over 40 Eclipse groups have been delivered across regional Lifeline sites and many ($N=33$) participants have returned to participate in more than one group. This study aimed to (1) determine the effect of participating in multiple Eclipse groups over time; and (2) explore the value and experiences of participating in multiple Eclipse groups. Standardised scales were administered to participants at the following timepoints of each group iteration: baseline, post-intervention, 1-month follow-up and 6-month follow-up. A multi-site focus group was conducted with all participants who had participated in more than one Eclipse group. Quantitative results were mapped longitudinally and changes with regard to study outcomes were assessed and compared with those who only attended once. Qualitative results were analysed deductively, and narrative synthesis was used to present qualitative findings. This presentation will explore the ways in which understanding the lived experience of returning to receive support, can enhance awareness as to the planning of suicide prevention activities and identify how support across different timepoints provides distress reduction strategies whilst enhancing help seeking behaviours. Implications for future offerings of psychoeducational support groups for suicide attempt survivors are considered within the broader suicide prevention service ecosystem.

Association of IL-1 β gene polymorphisms with suicidal behavior in Indian population: a case-control study

Ms Ruchika Kaushik¹, Professor Chittaranjan Behera¹

¹All India Institute Of Medical Sciences

Suicide rates in India have been increasing, with a rate of 12 per lakh population in 2021, which is higher than the global suicide rate of 9. Suicidal behavior has been associated with inflammation and mood disorders. Cytokine gene polymorphisms have been implicated in aberrant cytokine production and associated with mood disorders, including suicidal behavior. However, few studies have investigated the effects of cytokine gene SNPs on suicidal patients, particularly in India. This study aimed to investigate the genetic pattern of two single nucleotide polymorphisms in the proinflammatory cytokine, IL-1 β gene in suicidal behavior in India. Using a RFLP method and sanger sequencing validation, 224 cases of suicidal death and 253 non-suicidal death controls were genotyped for SNPs rs1143627 and rs16944. HWE was followed by controls in both SNPs, but cases were observed to deviate from HWE. The TT genotype of SNP rs1143627 was found to be significantly associated with an increased risk of suicide (OR 2.141, $p < 0.05$) compared to the CC genotype. Similarly, the TT genotype (OR 2.348, $p < 0.001$) and CT+TT (OR 1.717, $p < 0.05$) genotype of SNP rs16944 increased the risk of suicide, with the minor allele C found to be protective (OR 0.597, $p < 0.001$) and the major allele T a risk (OR 1.675, $p < 0.001$). The TT genotype of rs1143627 and rs16944 were found to be associated with higher production of IL-1 β . These results suggest that proinflammatory IL-1 β SNPs play a significant role in the pathophysiology of suicide in India. In conclusion, our study provides evidence that genetic variations in proinflammatory cytokine genes, specifically IL-1 β , may be associated with an increased risk of suicidal behavior in the Indian population. These findings suggest that cytokine gene polymorphisms may play an important role in the pathophysiology of suicide and could potentially be useful in identifying individuals at risk for suicidal behavior. Further studies with larger sample sizes are necessary to validate our findings and to understand the underlying mechanisms of this association.

Clinical and suicide-specific characteristics in suicide decedents with and without ongoing physical pain: a national retrospective medical record-based study

Mrs Emilia Olsson^{1,2}, Dr Sabrina Doering², Dr Anna Ehnvall^{2,3}, Dr Stefan Wiktorsson^{2,4}, Khedidja Hedna², Nina Palmqvist, Öberg⁵, Associate Professor Tabita Sellin⁶, Dr Sara Probert-Lindström⁵, Professor Åsa Westrin^{5,7}, Professor Margda Waern^{2,4}

¹Affective Psychiatry Clinic, Sahlgrenska University Hospital, Göteborg, Sweden., ²Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden., ³Psychiatry Clinic, Varberg, Region Halland, Sweden., ⁴Psychosis Clinic, Sahlgrenska University Hospital, Göteborg, Sweden., ⁵Clinical Sciences Lund, Psychiatry, Lund University, Lund, Sweden., ⁶Faculty of Medicine and Health, University Health Care Research, Örebro University, Örebro, Sweden., ⁷Office of Psychiatry and Habilitation, Region Skåne, Sweden.

Background: Physical pain conditions have been linked to suicide. This study sought to compare sociodemographic, clinical, and suicide-specific characteristics among persons with and without documented pain three months prior to suicide.

Method: Results are based on data from a retrospective study of all suicide decedents in Sweden in 2015 who had at least one doctor's consultation three months prior to suicide ($N = 754$). Data were collected from all medical settings. A person was considered to have ongoing physical pain (OPP) if any of the following was documented in the medical record: ongoing pain issues, ongoing prescription of pain medication, or a specific pain diagnosis. Individuals with OPP ($n = 353$) were compared with those without OPP ($n = 401$) via Chi²-tests.

Results: OPP was detected in 47% of the total study sample, with similar proportions in males and females. Opioids and pain medication were prescribed in one third and specific pain diagnoses were

recorded in 29% of those with OPP. Psychiatric diagnoses were less common in individuals with OPP (61%) compared to those without OPP (77%, $p < .001$). Depressive symptoms were noted in 45% in those with OPP and in 53% in those without OPP ($p = .046$). Approximately half of both groups were prescribed antidepressants. Almost a fifth of those with OPP and one fourth without OPP had documented suicidal thoughts and/or plans. Increased risk of suicide was documented in 13% of those with OPP and 25% of those without ($p < .001$). Almost 40% of those with OPP had contact with a non-psychiatric specialist during the final month of life, compared with 21% of those in the no-OPP group ($p < .001$).

Conclusion: Our findings suggest a need for increased awareness of suicide risk in clinicians who meet and treat persons with physical pain issues. The finding that half of those who died by suicide (regardless of pain status) were prescribed antidepressants indicates a need for treatment augmentation.

Suicide Prevention in Veterinary Professionals

Dr Clíodhna O'Brien¹, Ms Doireann Ní Dhálaigh¹, Dr Paul Corcoran^{1,2}, [Prof Philip Dodd](#)³

¹National Suicide Research Foundation, ²University College Cork, ³HSE National Office for Suicide Prevention

Introduction/Aim: The working environment for veterinarians and veterinary nurses is associated with stressors unique to the profession. International research indicates that higher rates of suicide have been observed among veterinarians than other professionals. The veterinary profession has been associated with four times the risk of death by suicide than the general population. This study aimed to understand the wellbeing, including risk for self-harm and previous suicide attempt, of veterinary professionals working in Ireland.

Materials and Methods: Veterinary professionals registered with the Veterinary Council of Ireland were invited via email to participate in an online survey to understand their mental health. The survey was completed by 747 veterinary professionals working in Ireland. Burnout, anxiety, depression, and resilience were assessed using standardised measures. Questions in relation to deliberate self-harm, suicide, mental health knowledge, stigma, help-seeking and sources of support were also included.

Results: Overall, 12.4% of the sample reported having engaged in non-suicidal self-injury, and 5.1% reported that they had attempted to take their own life. In terms of the three occupational groups, 10.2% of veterinary nurses, 4.3% of veterinarian employees and less than 1% of veterinarian managers reported having made a suicide attempt. Anxiety was high amongst all veterinary professionals with 23% experiencing borderline abnormal levels and 43% experiencing anxiety in the abnormal range. Veterinary nurses indicated higher levels of depression, burnout, self-harm, and suicidal behavior than other veterinary professionals.

Discussion: There is a high level of psychological distress amongst veterinary professionals in Ireland. Increased access to support, decreased on-call hours, increased time off when needed, mental health awareness promotion, psychoeducation, and suicide prevention training may mitigate the risk of distress for veterinary professionals.

Conclusions: The findings from this research have led to the delivery of suicide prevention training to veterinary professionals nationally and to the development of a mental health and wellbeing for veterinary undergraduate students in higher education in Ireland.

Geometrical Characteristics of Handwritten Suicide Notes

[Dr Israel Oron \(Ostre\)](#)¹

¹Independent researcher

Background: Analyzing the content of suicide notes to gain insight into a suicidal frame of mind is already an acceptable method among professionals. Yet, I suggest that handwriting in itself includes valuable characteristics that may contribute to suicide risk-assessment.

In essence, handwriting and drawing are both graphic means of expressing behavior. While psychologists have been willing to use drawing as a means of assessing the behavior of individuals, they are reluctant to rely on handwriting. This is contrary to findings in schools that handwriting has provided vital clues to certain conditions such as dyspraxia and dyslexia, and that specific handwriting features are associated with obsession-compulsion and depression in adults.

I will share the results of a study that can contribute to the field of suicide risk-assessment by detecting measurable change in the geometric elements of handwritten suicide notes, when compared with the writers' pre-note mode of writing. Finally, I will comment critically on the unvalidated methods of graphologists when analyzing the handwriting of suicidal persons.

Sample: Handwritten suicide notes and personal diaries of males and females who died by suicide were sampled from my archive, together with previous materials handwritten by the same individuals.

Analysis: For the purpose of geometrical measurements, handwriting features were identified through the forensic (police) practice of analyzing handwritten documents.

Results: Transformations in the analyzed features were found to differentiate the handwriting mode of the participants from their pre-suicidal practice of writing, as the date of suicide approached.

Conclusions: Changes are detectable in the handwriting of individuals who are composing their last words. The observation of changes in handwriting aligns with the endeavor to identify other behavioral manifestations which could indirectly indicate suicidal intent (e.g., giving away prized possessions; withdrawing from activities that were previously enjoyable). The common denominator of these manifestations is an unexpected change in routine and general behavior. As such, it is suggested to include handwriting transformations detected in any material written by supposed suicidal individuals as an additional indirect indicator of suicide risk.

[Domestic Murder-Suicide: An Additional Type of Suicide](#) [Dr Israel Oron \(Ostre\)](#)¹

¹Independent researcher

Background: The issue of domestic murder-suicide raises the question of whether these acts should be viewed as either homicide or suicide, or whether they constitute a separate category altogether of lethal acts.

Since the answer to this question is essential for building better risk-assessment tools, a crucial component in understanding the psychological makeup of these murderers should be their motivation. That is, what has activated the behavioral sequence of the murder-suicide. The research I will present addresses this question.

Sample: Domestic murder-suicide cases carried out by males and by females were sampled and divided into several victim categories.

Analysis: The circumstances of each case and the behavior of each murderer were analyzed, including the content of their suicide notes and posts on social media platforms. In addition, their behavior was compared with cases of domestic-murder and domestic-suicide alone (i.e., acts which were related solely to domestic conflicts).

Results: Analysis revealed that the main impetus that motivated the murderers in the sample was the wish to die by suicide. The wish to kill was an intermediate, secondary motive, to be accomplished as a mental prerequisite to killing themselves. In other words, the act of suicide was contingent upon the act of killing.

Conclusions: Analysis demonstrated that murder was an inextricable stage in the course of actions performed before carrying out the wish to die by suicide. While this specific stage is rare, it is nevertheless an additional type of action among rare and nonrare types performed on the threshold of suicide. (An example of a nonrare type: writing a suicide note).

Furthermore, if we were able to detect suicidal intent in the sampled murderers early enough, their victims' lives may have been saved. Therefore, I will discuss appropriate suicide risk-assessment methods.

[Understanding the relationship between ADHD, mental health and suicide risk](#)

[Dr Seonaid Cleare](#)¹, Professor Rory C O'Connor¹

¹University Of Glasgow

Background: Attention Deficit-Hyperactivity Disorder (ADHD) is a neurodevelopmental condition that commonly emerges during childhood. ADHD presents with various combinations of inattention, hyperactivity and impulsivity symptoms which can impair interpersonal or academic functioning. Higher levels of ADHD symptoms have been associated with suicidal thoughts and behaviors throughout the lifespan. However, there are many gaps in our understanding of why and how some individuals with ADHD or probable ADHD are at increased suicide risk.

Aims: To investigate the ADHD-suicide risk relationship by exploring the association between a range of psychological and psychosocial factors and suicide risk in those individuals with ADHD or probable ADHD.

Methods: A search of the main academic databases was conducted to update ADHD and suicide risk research literature produced since reviews published in 2018 and July 2022 resulted in 49 unique studies being identified.

Key Findings: Studies showed that individuals with ADHD have a higher risk of suicidal thoughts and suicidal behavior. Indeed, premature all-cause mortality is also higher when compared to individuals without ADHD.

Studies exploring why these relationships may exist have often focused on the presence of co-occurring psychiatric conditions, rather than exploring the role of psychological or other biopsychosocial factors. However, a few studies investigated the role of psychological factors such as executive functioning and perfectionism as potential factors that may be associated with vulnerability to suicide.

Studies were heterogeneous in design and a wide range of populations were examined. Further, despite the plethora of new publications since 2018, much of these studies focused on secondary analyses of existing datasets, rather than new research.

Conclusions: Consistent with previous findings, we found clear associations between ADHD and suicidal thoughts and suicidal behaviors. This review highlights the need for studies to move away from simply focusing on the ADHD-suicide risk relationship to exploring factors that may underpin this complex relationship. Currently, our understanding of mechanisms that may underlie this relationship remains limited; as a result, it is unclear which specific factors should be targeted for treatment and suicide prevention.

Next steps: Further investigation of the ADHD-suicide risk relationship by exploring a range of the key psychological and psychosocial factors informed by our review and the IMV model of suicidal behavior in individuals with and without ADHD.

Physical pain in older and younger adults who died by suicide: a comparative study

Mr Stefan Viktorsson^{1,2}, Dr Sabrina Doering¹, Mrs Emilia Olsson^{1,3}, Dr Anna Ehnvall^{1,4}, Anne Stefenson⁵, Khedidja Hedna¹, Dr Nina Palmqvist Öberg⁶, Associate Professor Tabita Sellin⁷, Dr Sara Probert Lindström⁶, Professor Åsa Westrin^{6,8}, Professor Margda Waern^{1,2}

¹Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, ²Psychosis Clinic, Sahlgrenska University Hospital, ³Affective Psychiatry Clinic, Sahlgrenska University Hospital, ⁴Psychiatry Clinic, Varberg, Region Halland, ⁵NASP, National Centre for Suicide Research and Prevention, ⁶Clinical Sciences Lund, Psychiatry, Lund University, ⁷Faculty of Medicine and Health, University Health Care Research, Örebro University, ⁸Office of Psychiatry and Habilitation, Region Skåne

Background: Physical pain has been associated with suicide. The aim was to examine sociodemographic and clinical characteristics in older adult suicide decedents (aged 65 years and older) with physical pain and to compare them to those aged ≤64 years.

Methods: Medical records from primary, psychiatric, and somatic specialist care were reviewed in a national retrospective study of all certain suicides that occurred in Sweden in 2015. Suicide decedents with physical pain issues and at least one doctor's consultation during the final year of life were included ($N=449$). A person was considered to have pain issues if there was documentation of pain symptoms, a specific pain diagnosis, and/or a prescription of pain medication. Suicide decedents aged 65–96 years ($n=149$) were compared to those aged 13–64 years ($n=300$) via Chi²-tests.

Results: Almost 50% of the older adults and 60% of the younger had a psychiatric disorder ($p = .023$). Proportions with depressive diagnosis did not differ between groups (older adults, 17% vs 19%, $p=.753$), nor did proportions with antidepressant prescriptions (older adults 42% vs 43%, $p= .257$). Fatigue was more often reported among (older adults 34% vs 18%, $p < .001$). While physical pain symptoms were less commonly documented (older adults 76% vs 89%, $p < .001$), this group was more often prescribed opioids (35% vs 23%, $p = .007$) and other analgesics (42% vs 21%, $p < .001$). The proportion with any specific pain disorder was almost identical between groups (older adults, 30% vs 29% in the young group). Documentation of elevated suicide risk, at any point during the year preceding suicide, did not differ between groups (older adults 9% vs 12%, $p = .295$). Older adults more commonly had contact with a non-psychiatric specialist during the final month of life (42% vs 25%, $p < .001$).

Conclusion: Our findings highlight a need for increased awareness of suicide risk in clinicians who meet patients suffering from pain. This is of particular importance for non-psychiatric specialists due to the high proportions of older adults with physical pain who were seen in non-psychiatric specialist care during the month that preceded suicide.

Oral #12 Suicide prevention interventions, September 20, 2023, 2:00 PM – 4:00 PM

Chair: Nina Krohne

Evaluation of a Suicide Prevention Training Module for Social Work Students

Mr Bharath Rathinam, Dr Anish V Cherian, Dr Santosh Loganathan, Dr. Prabha S. Chandra, Associate Professor Gregory Armstrong

¹Nimhans

Introduction: Social workers are employed in a diverse range of settings, including hospitals, industries, non-governmental organizations, community-based agencies, family and child welfare, correctional facilities, and short- and long-stay establishments. Social workers constitute a significant task force that serves diverse populations experiencing psychosocial challenges in their daily lives. Thus, offering suicide prevention training to social work students would be a suitable measure to identify vulnerable groups and facilitate effective intervention.

Method: The purpose of the present study was to test a suicide prevention training module for social work students at the postgraduation level from Bangalore city in the context of a quasi-experimental trial. At the baseline, 185 students from nine institutes were recruited, and 157 were considered for final analysis. During the process of the study, 28 students dropped out from the study. Participants had completed a one-day suicide prevention training program in the intervention arm. Assessments were completed at pre-post training and 5-month follow-up from the intervention group (IG) and control group (CG).

Results: Less than ten percent of the participants reported suicide prevention training in their PG program, in both groups. In terms of the exposure to suicide prevention topics in the class nearly one-third 21 (32.8) of the participants in IG, and less than one-fifth 14 (15.1) of the participants in CG had a class on suicide prevention. Less than ten percent of the participants in both groups reported that they are aware of suicide prevention training. This one-day suicide prevention training program was associated with an increase in suicide prevention knowledge, attitude, and behavior among students. Significant positive correlation between suicide prevention knowledge and perceived preparedness of the gatekeeper role, gatekeeper behavior, likeliness to perform gatekeeping, and self-efficacy in gatekeeping among the participants of the intervention group. It was also associated with a student who identified a person with suicidality, over the course of five months.

Conclusion: The aim of the study was to develop a suicide prevention training module for social work students and test its effectiveness by assessing the knowledge, attitude, and behavior toward suicide prevention among students. The intermediate results indicate that there is a positive change in suicide knowledge, suicide prevention knowledge, attitude, and intervention behavior. However, there is a decline in follow-up, which emphasis the need for booster sessions.

[Development and validation of the competences and attitudes towards suicide prevention scale](#)

Ms Lucia Rojs¹, Ms Nina Krohne^{1,2}, Ms Vanja Gomboc^{1,2}, Prof Diego De Leo^{1,2}, Assoc Prof Vita Poštuvan^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, ²Department of Psychology, Faculty of Mathematics, Natural Sciences and Information Technology, University of Primorska

Introduction: Suicide prevention and psychoeducation are critical components in reducing suicide rates. The ability of the population to recognise and respond to suicide crises is central to suicide prevention. However, there is a lack of appropriate measures to assess lay people's perceived competence in suicide prevention. Current questionnaires are aimed at mental health professionals and are therefore not tailored to the needs of lay people. The development of a reliable and valid instrument that specifically targets suicide prevention competencies in the general population is essential for effective prevention and intervention strategies. Such an instrument would help to design targeted psychoeducational interventions, evaluate their effectiveness and improve our understanding of suicide prevention.

Aim: The aim of this study was to develop and evaluate the competences and attitudes towards suicide prevention scale designed to assess the general population's perceived competence in recognising and responding to suicide crises.

Methods: The study included 154 participants (95 male, 57 female and 3 with missing gender data) aged 18-75 years (M=27.76; SD= 10.50). A newly developed scale in Slovenian was used to assess participants' perceived competencies in engaging with a suicidal person. To assess the psychometric properties of the scale, confirmatory and exploratory factor analyses as well as reliability and correlational analyses were conducted.

Results: The exploratory factor analysis of the competences and attitudes towards suicide prevention scale revealed three factors, namely (i) competence, (ii) avoidance and (iii) distancing. However, not

all items had sufficient loading indexes. The item pool of the competences and attitudes towards suicide prevention scale was reduced from a pool of 14 items to 4 items which were found to be highly discriminant. The three-factor structure was not confirmed. Instead, we proposed a one-factor solution with 4 items, which was confirmed in the confirmatory factor analysis. Model fit was good; $\chi^2(2) = 3.076$, $p > .05$, CFI = .99, SRMR = .024, and RMSEA = .059.

Conclusion: The results suggest that the competences and attitudes towards suicide prevention scale may be a useful measure of perceived competence in suicide prevention. These results provide a background for further refinement of the scale.

[Psychotherapists' experiences of client suicide](#)

Ms Roksana Tábořská¹

¹National Institute Of Mental Health

Background: The suicide of a client is a highly stressful event. It is considered and referred to as a "professional risk" for those working with clients with mental health difficulties or with clients facing social or economic problems. Those working in helping professions are often concerned that their client might want to die by suicide. The aim of this study was to understand the psychotherapists' experiences after their client's suicide. It focuses on their experience and coping with such an experience. Furthermore, the study focused on psychotherapists' coping strategies.

Methods: Six in-depth semi-structured interviews were conducted with psychotherapists who have lost a client due to suicide. The group consisted of two female and four male representatives. Data analysis was conducted using interpretative phenomenological analysis.

Results: Results of this study suggest that suicide has an impact on the psychotherapist that manifests concrete effects on the therapist. It is a major event which leads to changes on both a personal and professional level. On a personal level, the impact is shown in the form of experiencing intense emotions and confronting thoughts and attitudes about suicide. On a professional level, therapists experience a greater sensitivity to a person's possible suicidal tendencies and greater alertness in their work. The most effective coping strategy for all respondents is sharing the experience and support from others.

[Suicide in prisons: 2022, the Annus Horribilis of the Italian system](#)

Professor Diego De Leo^{1,2,3}, Ms. Josephine Zammarrelli¹

¹De Leo Fund, ²Slovene Centre for Suicide Research, Primorska University, ³Australian Institute for Suicide Research and Prevention

Suicide in prisons is a significant public health and human rights issue. It affects both inmates and staff. In many countries, the suicide rate in prisons is much higher than in the general population, and individuals who are incarcerated are at increased risk of suicide compared to those in the community. There are many factors that can contribute to suicide risk in prisons, including mental health issues (many inmates have a history of mental illness or substance use disorders); the traumatic experience of incarceration; isolation and lack of social support; and stigma and discrimination. All these factors can contribute to feelings of hopelessness and despair and increase the risk of suicide.

Suicide in Italian prisons has received significant attention in recent years. According to data from the Italian Ministry of Justice, the suicide rate in Italian prisons has been steadily increasing over the past decade. Following the Antigone association, in 2022, 84 deaths by suicide were recorded in Italian prisons. These represent the most dramatic data historically, especially if compared to the peak of 2009 (72 deaths), when the prison population numbered 5,000 more conscripts (Ristretti Orizzonti, 2023).

There are several factors that may contribute to the high suicide rate in Italian prisons, including lack of mental health services (many Italian prisons still lack adequate mental health services, which can leave inmates struggling with mental health issues without adequate support); overcrowding (which can contribute to feelings of hopelessness and despair among inmates); and lengthy pre-trial detention. The latter represents a major problem for Italian prisons: individuals can be held in pre-trial detention for extended periods of time, and this can exacerbate mental health issues and increase suicide risk.

This presentation will examine the last two decades of Italian data by also discussing the preventive initiatives implemented in recent years. These included hiring more mental health professionals and providing training for prison staff; implementing alternative measures to pre-trial detention, such as house arrest or electronic monitoring; and, suicide prevention programs, involving training for prison staff and peer support programs for inmates.

[‘My Fatal Mistake’. Guilt, blame and the role of the clinician in a patient's suicide](#)

[Dr Rachel Gibbons¹](#)

¹Royal College of Psychiatrists

The profound effect the suicide of a patient has on the clinician working with them will be discussed. Knowledge gained about how to process and work with this trauma will be shared. The consequences of this distress can include burnout, mental health problems, not progressing with training and in some cases, leaving the mental health sector all together. Staff support following a death of this nature varies widely across organisations. Some staff report feeling prepared and well-supported, whilst others describe feeling blamed or even scapegoated by the organisation employing them. Dr Gibbons has led national work in the U.K. on this important area. She has 2 papers published with the Oxford Centre for Suicide Research and has led on writing Royal College of Psychiatrists guidance for all mental health organisations published in January 23.

[Exploring the experience and impact of discovering the body at a suicide site: a qualitative investigation](#)

[Professor Pedro Magalhaes¹](#), [Other Lauro Marchionatti¹](#), [Dr. Carolina Padoan¹](#), [Ms. Jessica Gonçalves¹](#), [Ms. Julia Contessa¹](#)

¹Universidade Federal Do Rio Grande Do Sul

Introduction: Previous research on the impact of encountering the body at a suicide site has yielded mixed results. This study aimed to investigate the experiences of family members who have encountered the body at the place of suicide.

Methods: Close relatives of people who died by suicide were approached at the forensic medicine department of Porto Alegre, Brazil, as part of a study on post-mortem tissue donation and the experiences of family members. Participants were invited to participate in a qualitative interview exploring the impact of suicide on the family. In-person or telephone interviews were conducted, and thematic analysis was used to examine interviews that described the experience of encountering the body.

Results: We analyzed 30 interviews, all describing suicides by hanging. Five themes and three sub-themes emerged: "description of the scenario," "immediate sensing of the event," "emotions and reactions," "actions and attitudes," and "posterior elaborations." Participants encountered the body in diverse scenarios, such as finding it unexpectedly or after being alerted. Some participants quickly grasped the situation, while others struggled to accept the death. Negative emotions and physical reactions were described. Removing the rope was common, with some participants attempting life-

saving measures. The viewing of the body led to elaborations on the suicide death, with aspects such as the position of the body taken as evidence for intentionality or a source of estrangement.

Discussion: Here, we explore the experience and impact of encountering the body of a person who died by suicide at the scene of death. The diversity of contexts, reactions, and elaborations found in this study may explain the mixed results of quantitative studies on the impact of encountering the body at a suicide site.

[Evaluation of teachers training programme to prevent suicide in India](#)

[Dr Shilpa Aggarwal](#)¹, Prof Michael Berk²

¹Manotsav Foundation, ²Deakin University

Background: Teachers can be important gatekeepers in suicide prevention for children and youth in low- and middle- income countries (LMICs). However, very limited research has been done to evaluate internationally available gatekeeper training programmes in LMICs. The factors that contribute to suicide prevention training effectiveness could be different in LMICs as compared to high-income countries (HICs) with an impact on teachers' role as gatekeepers.

Objective: This study will evaluate a gatekeeper training programme in improving teachers' appraisals of their ability to identify and refer youth at high risk for suicide.

Methods: Participants will include secondary and higher secondary (grade 6 to 12) schoolteachers of central board governed schools in North Zone in India (N=2,100). Cluster-randomisation of schools allows us to make a comparison between those who get five to six hours of gatekeeper QPR training programme modified to suit the local context delivered over two days versus the control arm which will receive the list of available local resources to help the students at risk. Competence and confidence in intervening as a gatekeeper and attitude while handling suicidal students will be measured by a self-reported questionnaire before, immediately after and a month following the program.

Results: We will evaluate the improvement in competence and confidence in the management of suicidal students following the gatekeeper training versus those who received the local resources. We will assess if the improvements (if any) continue for a month and if the participants get one or more chances to utilize their skills within a month.

Conclusion: The results will help in identifying the effects of a gatekeeper training programme in schools in India.

[Oral #13 The chain of care in reducing the risk of suicide, September 21, 2023, 3:00 PM – 4:00 PM](#)

Chair: Priya Sreedaran

[Telephone and digital interventions in individuals at increased risk of suicide: An Indian experience](#)

[Dr Priya Sreedaran](#)¹

¹St John's Medical College

Individuals with suicidal ideation, self-harm behaviors and history of suicide attempts are at increased risk of dying by suicide. These individuals comprise a high-risk vulnerable population at need for indicated interventions targeting suicide risk. India has high absolute numbers of deaths due to suicide. Suicide prevention is a stated priority in India at national as well as regional policy levels. Barriers to effective suicide prevention in India include absence of specific suicide surveillance systems at community and regional level, inadequate evidence on strategies for restrictions to means

of suicide and monitoring systems for high-risk populations. There is also an absence of information on interventions for suicide prevention in high-risk populations.

This symposium describes an experience from Indian settings with respect to setting up of a mental health service for high-risk populations, emerging evidence on newer means of suicide and interventions being studied.

[Assertive management of attempted suicide \(AMAS\)](#)

[Dr Priya Sreedaran¹](#)

This deals with the setting up of a service that ensured individuals at high risk of suicide taking treatment for medical problems in a general hospital setting. This service was started in January 2016. At this juncture, the service has intervened in around 1,400 individuals. We report on how this service has served as a model for hospital suicide surveillance system and discuss potential scaling up of this to other settings. We also discuss findings from this service with respect to sociodemographic populations at risk. Vulnerable populations as identified from this service include married women. A significant proportion of participants did not meet criteria for psychiatric disorders. Prescription drug overdose emerged as means of suicide and these included drugs for chronic medical disorders like hypertension and diabetes mellitus. We discuss the relevance of these findings and implications of emerging risk factors.

[Interventions for follow up](#)

[Dr Priya Sreedaran¹](#)

This focuses on evidence generated from telephonic Interventions. A completed study called 'Telephone Outreach in Persons with Suicide attempts-TOPS' has compared efficacy of telephone based psychosocial interventions with telephone contacts on suicidal ideation and hopelessness in 390 persons with suicide attempts. We will discuss the findings and their implications. We are also in the process of evaluating internet-based interventions in adolescents with suicide attempts and will discuss our experience.

[Training and delivery of interventions](#)

[Dr Priya Sreedaran¹](#)

This abstract will discuss our experience with training for delivery of interventions. As part of training, we have conducted workshops at community level with primary health workers and women's self-help groups. The community workshops involved sessions on information about suicide and dispelling myths about the same followed by role-play techniques as teaching learning methods. We have conducted training for nurses in general hospital setting to identify patients in medical wards with suicide risk. We have developed a manual for delivery of telephonic interventions and ensured that non specialist mental health professionals are maintaining fidelity for these interventions. We discuss our experiences from these endeavors and their potential future role.

[Urban Self-Harm Study \(USHAS\) – Assessment and intervention to reduce suicide intent and immediate future attempt among suicide attempt survivors](#)

[Dr Anish V Cherian¹](#), [Dr. K Shankar²](#), [Dr. N R Prashanth²](#), [Dr. Rajani Parthasarathy³](#), [Dr. Binukumar Bhaskarapillai¹](#)

¹National Institute Of Mental Health And Neuro Sciences, ²Bangalore Medical College and Research Institute, ³Government of Karnataka

Background: Emergency Departments (EDs) of hospitals are vital locations for suicide prevention, as they encounter and treat many patients with suicidal behavior. USHAS aims at testing an emergency department-initiated brief intervention with telephone based follow up to reduce self-harm and suicidal behavior among patients brought to ED.

Method: The study consists of maintaining a self-harm registry, a brief intervention and a telephone based follow up using tailor made intervention and a self-administered safety plan. Telephone based follow up will be carried out at one week, and at two, four, eight, twelve weeks, and six months of the intervention. Intervention is facilitated to all adult patients and families of patients with any level of self-harm/suicidal ideation or behavior in emergency departments of all the government general hospitals in Bengaluru. The posttests for suicidality would be completed by November 2023.

Results: The primary results from the study in terms of demography, methods and risk factors for suicidality are presented here. A total of 1,048 suicide attempts were reported from the five general hospitals between 1 November 2022 to 25 March 2023, out of which brief intervention was facilitated to 1,018 cases. A slightly higher number of male suicide attempt survivors were identified compared to females (526 and 519, respectively). The study identified more serious attempts among the age group between 18–24 years. The major risk factors in this age group are relationship breakup, failure in exams, poor decision-making, and confusion in career building. The data also revealed that the factors contributing to suicide attempts, in general, were family problems, marriage-related issues, alcohol addiction, interpersonal relationship issues, financial issues, and adjustment problems. A total of 89 completed suicides, 34 female and 55 males, were identified from the study sites. The cases were either brought dead to the emergency department or died in the hospital during the admission. The most common method used is poisoning.

Conclusion: ED-based interventions should be a mandated treatment protocol for all patients with suicidality as the continuum of care is otherwise less due to patient dropout from referred outpatient psychiatric care or they never attend the outpatient care post discharge.

Oral #14 Educational programmes in suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Jaelea Skehan

The impact of Gatekeeper Training for suicide prevention: a pre post study including comparison across three training modalities involving over 5,900 participants

Ms Denise Kingi-uluave¹, Associate Professor /Acting Director Suicide Prevention Office Dr Sarah Hetrick^{1,2}

¹University of Auckland, ²New Zealand Suicide Prevention Office

Introduction: Gatekeeper training (GKT) is an important component of an overall suicide prevention strategy. This study examined the immediate outcomes of a newly designed Gatekeeper training programme in New Zealand called ‘LifeKeepers’ that has three modalities including in-person, online and a culturally tailored training for New Zealand Indigenous peoples, Māori.

Methods: A total of 5,981 participants across New Zealand participated in either a full day in-person general training ($n=643$), a full day Indigenous training ($n=561$), or a two-to-four-hour online programme ($n=4,777$). Pre-post measures were of declarative and perceived knowledge and self-efficacy. Participants were also asked to rate the safety, their satisfaction with and cultural acceptability of the training modality that they received via a self-report questionnaire. Equivalency across the three training modalities was examined.

Results: Pre-post training results in this study showed statistically significant improvements in all three training modalities (General, Indigenous, Online) and across all three outcome measures (declarative knowledge, perceived knowledge and self-efficacy). Over 90 percent of participants rated their

satisfaction, acceptability, and safety processes highly. Nearly 99% attending the Indigenous modality rated it as being culturally appropriate. When comparing equivalency across the three training modalities there were no differences in declarative knowledge, but the Online modality showed slightly higher improvements in perceived knowledge. The Online modality also showed higher increases in self-efficacy when compared to the Indigenous modality.

Conclusions: Evidence from this very large study supports the immediate effects of a new and uniquely designed Gatekeeper Training, 'LifeKeepers' across in-person, culturally tailored and online programmes. There were statistically significant increases in all outcomes indicating meaningful changes in knowledge and self-efficacy. Results highlighted the safety of the programme and participants' satisfaction with it, including its cultural acceptability.

Studies of GKT that is designed and tailored to unique populations, in particular Indigenous communities, are vital to ensure they are not only effective but also do not produce iatrogenic effects and result in equity of outcomes for Indigenous populations. In this study we have shown GKT tailored to the specific country and population needs can have a positive effect and beneficial impact.

Further research on the retention of these positive results on all outcome measures is required. Preliminary results from phase two of this research will also be presented, which evaluates the effectiveness of a post-training enhancement to the LifeKeepers suicide prevention programme across three training modalities via three separate randomised control trials.

[Life on the agenda: A suicide prevention program in Norwegian schools: preliminary results](#)

Dr Anne Marita Milde¹, Dr Kyrre Breivik¹, MSc Jon Opsahl¹, MSc Annie Norevik³, Professor Kjell Morten Stormark¹

¹Norwegian Research Centre Norce, ²University of Bergen, ³Resource center for violence, traumatic stress and suicide prevention

Self-harm most often emerges in early adolescence, and the border between self-harm and suicide attempts may be covert. Surveys show that 3–4% of young people report to have attempted to take their own life, and the extent of suicide among young adults in Norway has increased in recent years. Suicide among children and young people of school age is relatively rare; suicidal thoughts are more prevalent and a risk for suicide attempts. School personnel interact with children and young people daily, and can observe behavioral changes, initiate revealing conversations, and perform measures. "Life on the Agenda" (LOTA) is a competence program for all employees in the schools and the school health service, which provides operational competence in the detection and follow-up of pupils with self-harming and suicidal behavior. The purpose is: 1) to measure change in their intention to ask about suicidal thoughts when concerned about a student, and 2) to map the perceived usefulness of LOTA in daily practice. LOTA must provide school personnel with confidence and competence in suicide prevention, as well as knowledge of relief measures.

Primary target group: employees in schools and the school health service ($n > 300$; 23–67 years) (primary school and upper secondary school). The design (mixed methods) is twofold: multilevel longitudinal analyzes (and ANOVA, t-test for groups such as gender; $p < .05$ level); school personnel before and after a seven-hour course (gatekeepers) filled out self-reported questionnaires on their action competence based upon the theory of planned behavior; we also carried out semi-structured interviews with Trust Counselors after a five-day intensive training (thematic analysis and systematic text condensation) where two main themes and seven subcategories were deductively constructed.

The participants generally experienced increased confidence in asking students of concern directly about suicidal thoughts; increased belief in coping of suicide prevention, and belief in one's own competence in dealing with suicide issues, and students who self-harm. Changed practice was a consequence shown by increased initiatives to disclosure possible risk factors in conversations with the students.

Conclusions: With background from evidence-based knowledge on 'gatekeeper' models and the utility of school-based suicide prevention programs, we can support that such measures are valuable societal investment. LOTA gives school personnel experiences of utility in conversations with students who may be at risk of suicide through increased confidence in asking directly about suicidal thoughts. The Norwegian Directorate of Health has recommended LOTA as one of several universal preventive measures aimed at schools.

[The effects of Australia's first residential peer-support Suicide Prevention and Recovery Centre \(SPARC\): A pilot study.](#)

Professor Nicola Reavley¹, Dr Sanne Oostermeijer¹, Dr Amy Morgan¹, Dr Long Khanh-Dao Le²

¹University of Melbourne, ²Monash University

Aim: This presentation reports preliminary evidence of the impacts of Australia's first residential peer-support service for people at risk of suicide.

Methods: Suicidal ideation was measured pre-intervention. Psychological distress was measured pre- and post-intervention, and at three-month follow-up. These measures were analysed using paired t-tests. Interviews were held post-intervention and were analysed using thematic analysis.

Results: Suicidal ideation scores indicated that participants were not at immediate risk of suicide ($n=17$). Psychological distress significantly improved pre- to post-intervention ($n=16$, $d= 1.77$) and follow-up ($n=5$, $d= 1.12$). Interviews ($n=10$) indicated that the intervention improved participants' mental wellbeing and feelings of connectedness, provided experiences of respite, and built participants' confidence to engage with other services. Peer support and proximity to nature were key to participants' positive experiences. Some participants felt that the location was too remote, that they were given too little information and that a longer stay would have been preferable.

Conclusions: These findings indicate that residential peer-support services have the potential to offer a valuable alternative care pathway to conventional inpatient treatment for people at risk of suicide.

[Multilevel suicide prevention intervention; a joint Norwegian-Ukrainian project](#)

Dr Johan Sigveland^{1,2}, Dr Vira Chernobrovnika³, Dr Andriy Karachevskyy³, Mrs Kari Lorentzen¹, Ms Jorunn Roervik¹

¹Akershus University Hospital, ²National Centre for Suicide Research and Prevention, ³National University of Kyiv-Mohyla Academy

Background: Several countries in Eastern Europe and Eurasia have higher suicide rates compared to countries in Western and Northern Europe, with a particularly high suicide risk among men. At the same time, the availability for outpatient treatment of mental disorders and help in mental crises is not always available to everyone in the population. Thus, it becomes important to build models for help for people in suicidal crises that can also serve the population under the local conditions.

We developed three different measures to promote suicide prevention in several arenas:

1. Gatekeeper course. Course for people who encounter people who may be in suicidal crises but who are not specialists in mental health work, such as teachers, police, etc. These received training through a cascade model where a group of course holders in Ukraine were trained to hold a two-day course. Each course was attended by approximately 20 participants who were encouraged to share their knowledge by giving shorter lectures and presentations in their local communities and at their workplaces. Material distributed on the course was used as an aid in communications.

2. University courses. Developed a course for bachelor students in psychology and social work. The course gave the students' knowledge about suicide prevention both at individual and system level.

3. E-learning for the general population and health workers. The course is an adaptation of a course previously developed for Norwegian health personnel and municipal employees.

The project was financed by funds from the Ministry of Foreign Affairs and part of a larger health cooperation between Norway and Ukraine.

Results: The Gatekeeper course has been held 26 times in different locations in Ukraine with a total of 389 participants. Most of these participants report having given a three-hour version of the course to colleagues and other interested parties. In this way, we have reached around 3,500 people with this measure. The university course has been held twice with a total of 50 students, with good feedback from the students. The e-learning course is now being revised for Ukrainian conditions.

Conclusion: Building capacity for suicide prevention at different levels is feasible in international collaborations even in difficult conditions due to war and pandemic.

[Teaching nursing assistants about suicide prevention: A feasibility study of the impact of novel, online teaching materials for suicide prevention among elderly](#)

Dr Mette Valdersdorf Jensen¹, MSc Christina Petrea Larsen¹, MSc Stine Bojen Aagaard Frandsen², Associate Prof. Ph.D. Erik Christiansen¹

¹Center For Suicide Research, ²Center for Suicide Prevention

Background: Despite a decrease in the overall suicide rate, elderly people above 65 years consistently have the highest suicide rate among all age groups in Denmark. Elderly people often use determined methods for suicide, and further have stronger suicide intention compared to younger people. To successfully decrease the elderly's suicide rate, early detection of suicide behavior and prevention is needed.

Nursing assistants are a group of health care professionals that often meet elderly people in the primary health care system, either in community care or at nursing homes. Recent research has shown that nursing assistants in Denmark often meet elderly with suicidal behavior, yet do not receive any systematic training in responding to suicidal behavior or methods for suicide prevention.

The aim of the study is to evaluate the impact of online, flexible teaching materials in suicide prevention delivered to nursing assistant students on their knowledge of, and attitudes towards, suicide behavior.

Materials: The teaching materials consist of five online modules. The modules contain PowerPoint shows, recommended literature, case work, and simulation training, related to risk factors, clinical tools for assessing suicidal risk, and options for treatments. The material further consists of an introduction module aimed at preparing the teachers to deliver the materials, as well as encouraging them to consider their own attitudes towards suicide prior to engaging in the teaching programme. The material offers the teachers flexibility and freedom to choose the module(s) they find relevant for their specific group of students.

Data collection and analysis: Data on the students' knowledge about and attitudes towards suicide and suicidal behavior will be assessed through pre- and post-training with two validated questionnaires. The students will complete the survey before and after using the materials. The teachers will complete a survey on the usability of the materials, after every teaching session is completed. Repeated measures analyses will be used to examine the changes in knowledge and attitudes from pre- to post-training.

Anticipated results: The results of the pre- and post-training survey will demonstrate whether the teaching materials have helped to increase nursing assistants' specific knowledge and improve attitudes towards suicide prevention. The results of the teacher survey will help to inform future adaptations of the teaching material, by highlighting modules that need to be strengthened. The

findings will help to determine future avenues for training nursing assistants in suicidal behavior as a means for early prevention of elderly's suicide.

Oral #15 Suicide prevention interventions, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Vikas Arya

Improving outcomes in patients who self-harm – Adapting and evaluating a brief psychological intervention in Emergency Departments (ASSURED)

Dr Alexandra Elissavet Bakou¹

¹City, University Of London

Introduction: Self-harm and suicidal ideation are increasingly presenting to Emergency Departments (ED) in the U.K. and are considered key risk factors for suicide. NICE recommends that people who present with self-harm receive a psychosocial assessment conducted by specialist mental health practitioners in the ED. However, while many people need further support, there is often limited capacity and access to resources and treatment. ASSURED is a randomised controlled trial conducted in EDs for people who present with self-harm and/or suicidal thoughts. The study is funded by the National Institute for Health and Care Research (NIHR) and sponsored by Devon Partnerships NHS Trust and City, University of London. The aim of this trial is to assess the clinical and cost-effectiveness of the ASSURED intervention; a rapid, solution-focused intervention that is delivered as follow-up care by mental health practitioners in liaison psychiatry teams, compared to Treatment as Usual (TAU). Patient recruitment for ASSURED commenced in July 2022 and is currently active across 10 different hospitals in England, U.K. Since the beginning of patient recruitment, the study team has come across a series of pragmatic challenges causing significant delays. In agreement with the Programme/Trial Management and Steering Committees, the study team has adapted the trial methodology and study procedures to ensure the viability of this project.

Aims: The aim of this presentation is to discuss the challenges presented for ASSURED, particularly around practitioner resources, practitioner retention and patient recruitment, and the adaptations in the trial methodology and study procedures that have shaped up the current study protocol.

Methodology: ASSURED is a randomised controlled trial that aims to recruit and train mental health practitioners to deliver the ASSURED intervention or TAU to 620 patients presenting in the ED with self-harm and/or suicidal thoughts.

Ethics: ASSURED has received National Health Service (NHS) Ethical and Health Research Authority (HRA) approval (IRAS: 279991).

Conflict of interest: No conflicts of interest to declare.

Keywords: trial, self-harm, suicidal thoughts, brief intervention.

Effects of the Canadian suicide prevention service's SMS interventions on callers' emotions, distress relief, perceived abilities, and practices associated with better outcomes

Mr. Louis-Philippe Côté, Professor Brian L. Mishara

¹Center for Research on Suicide and End-of-life Practices

Background: There is little empirical research on best practices in suicide prevention text interventions. This paper examines the impact of SMS interventions and best practices associated with positive outcomes, based on an analysis of exchanges on the Canadian Suicide Prevention Service (CSPS) text helpline.

Objectives: To describe the users of the CSPA text service, explore their perceived impact of the service and identify characteristics of the interventions that are associated with a greater likelihood of more positive effects of the exchanges.

Methods: Data from 146 transcripts were analyzed using quantitative content analysis, and were compared with counsellor assessments, and pre- and post-intervention questionnaire responses. Suicidal risk was assessed using the Suicidal Ideation Attributes Scale (SIDAS).

Results: 78.8% of callers had “severe” suicidal ideation on SIDAS and 26.7% reported having a specific plan to kill themselves. Although counsellors did not always conduct a complete suicide risk assessment, they thoroughly explored the caller's resources and discussed potential solutions to their problems. Positive changes in their emotions as reported by callers were significantly associated with the degree to which counsellors explored resources and solutions. Only one technique, “Reinforcing a strength or a positive action of the caller,” was a significant predictor of positive effects of the call.

Conclusions: A large proportion of callers reported that they were less upset and are better able to cope with their problems after the text exchange. However, there is a need for more training and supervision to ensure that adequate suicide risk assessments are undertaken. Use of the technique associated with positive outcomes should be encouraged.

[Collaborative development of a Canadian competency framework for crisis line responders](#)

Dr Allison Crawford¹, Dr. Chantalle Clarkin, Ms Jennifer Carroll, Jenny Hardy, Shawna Gibbs, Amy Johnson, Karen VanderSluis

¹Centre for Addiction and Mental Health/ University of Toronto

Background: Crisis line responders deliver crucial suicide prevention services to the public. In Canada, responders are non-clinicians who receive training in crisis intervention and suicide risk assessment. Crisis line standards and procedures have been developed, such as the 988 Suicide and Crisis Lifeline Suicide Safety Policy from the United States (Vibrant Emotional Health, 2022), and the American Association of Suicidology Organizational Accreditation Standards for Helplines (2019). Despite this, a knowledge-to-practice gap persists. Variable intervention approaches are employed during crisis line interactions (Gould et al., 2013; Gould et al., 2016; Mishara et al., 2007; Sindahl et al., 2019), and approaches to training and evaluation remain inconsistent across the sector (Mishara et al., 2007; Ramchand et al., 2017).

A shift towards competency-based education could reduce this know-do gap by defining levels of performance that result from the integration and mobilization of knowledge, skills, judgment, and abilities to service user contexts (Tardif, 2006). As the sector evolves, competency-based education will support quality service provision.

Objective: Demonstrate the development and validation of the Canadian Competency Framework for Crisis Line Responders.

Methods: The project was guided by the six-step model for competency framework development (Batt et al., 2021). An initial analytic framework was generated through iterative phases of scoping review, document analysis, review of existing policies and standards, and expert consensus. Similar or interrelated concepts were clustered and refined to minimize redundancy. This resulted in a preliminary competency framework.

Two Plan-Do-Study-Act (PDSA) cycles were conducted for validation and trustworthiness of the framework through member checking and refinement. PDSA Cycle 1 included a virtual, facilitated group discussion with a purposive sample of trainers and supervisors from the Talk Suicide service delivery network. PDSA Cycle 2 involved a Knowledge Café session at the Canadian Association for Suicide Prevention annual conference, open to the broader Canadian suicide prevention community.

Results: 16 trainers and supervisors participated in PDSA Cycle 1, and 24 participants participated in PDSA Cycle 2. Consensus was reached on four core competencies: engagement; risk and strength assessment; safety planning and action; and support and navigation. These core competencies were supported by four nested roles: communicator; professional; lifelong learner; and advocate. The validation process resulted in a defined scope for each core competency and role. Competency statements were examined to ensure clarity and acceptability.

Conclusion: The proposed Canadian Competency Framework for Crisis Line Responders distinguishes educational competencies that will guide crisis response training, practice and evaluation.

[Discharged from the emergency department following self-harm: referral patterns and risk of repeated self-harm](#)

[Dr Grace Cully](#)^{1,2}, [Dr Paul Corcoran](#)^{1,2}, [Dr Mary Joyce](#)², [Dr Caroline Daly](#)², [Dr Eve Griffin](#)^{1,2}

¹School of Public Health, University College Cork, ²National Suicide Research Foundation

Introduction: Presentation to the emergency department (ED) following self-harm provides an important opportunity for intervention and suicide prevention. Clinical guidelines recommend that individuals presenting with self-harm are referred to appropriate aftercare prior to discharge. This study investigated the characteristics and self-harm repetition risk of those discharged home from the ED with and without referral to mental health services.

Method: Data on consecutive self-harm presentations to hospital emergency departments (2013–2019) were obtained from the National Self-Harm Registry Ireland. Predictors of referral to mental health services were analysed using multilevel Poisson regression models. Associations between referral to mental health services and self-harm repetition were analysed using Cox regression models.

Results: During the study period, 54,127 self-harm presentations were made to the ED, half of which resulted in the individual being discharged from the ED, including 14,252 persons (26.3%) who received a mental health referral. Of the 12,513 (23.1%) who were discharged without a mental health referral, 4,985 (9.2%) were referred to their GP and 7,528 (13.9%) received no referral. The most common mental health referral was to outpatient psychiatric services (70.4%), followed by community mental health teams (17.9%), private psychological services (7.1%), and addiction services (4.6%). Biopsychosocial assessment was the strongest predictor of mental health referral, with an 87% increase in likelihood of referral compared to those not assessed. Other factors positively associated with referral included younger age (under 18 years), history of self-harm presentations, and attempted hanging as a self-harm method. Arriving by ambulance and presenting outside the hours 9am–5pm were associated with reduced likelihood of referral. Referral to mental health services was significantly more common in the latter half of the study period (2017–2019 vs. 2013–2016). Those who were referred for follow-up mental healthcare had a higher risk of a repeat self-harm presentation.

Conclusions: The proportion of individuals discharged from the ED without referral to aftercare indicates a potential gap in continuity of care, underlining the need to reinforce clinical guidelines regarding the provision of assessment and follow-up care planning for individuals presenting with self-harm. The observed increase in referral over the study period may be an indication of improved implementation of best practice guidelines over time.

Ketamine for the treatment of suicidal ideas

Professor Fabrice Jollant¹

¹Paris-Saclay University, ²CHU Bicêtre, ³CHU Nîmes, ⁴McGill University

There is limited scientific evidence regarding suicidal crisis management. Over the last years, ketamine appeared as a promising avenue. Here, I will present findings from 1) a large randomized double blind controlled trial (RCT) named KETIS, and 2) a review of literature.

KETIS was a multicentric RCT conducted in France. Participants were male and female adult inpatients with current suicidal ideas. Patients were stratified into three groups according to the main diagnosis: bipolar, depressive, and other disorders. All patients received two intravenous (IV) 40-minute infusions at a 24-hour interval of either ketamine (0.5mg/kg) or placebo (saline), in addition to their usual treatment. The main outcome was the rate of suicidal remission (SSI score < 3) at Day 3. Patients were followed over six weeks.

156 participants were included. More patients reached full remission of suicidal ideas at Day three in the ketamine (63.0%) than placebo (31.6%) arm (OR=3.7 95%CI (1.9-7.3), $p < 0.0001$). This effect differed according to the main diagnosis (interaction: $p = 0.02$): bipolar (84.6 vs. 28.0%; OR=14.1 (3.0 to 92.2), $p = 0.0005$), depressive (42.3 vs. 35.7%; OR=1.3 (0.3 to 5.2), $p = 0.6$), or other disorders (61.9 vs. 30.8%; OR=3.7 (0.9 to 17.3, $p = 0.07$)). Few patients experienced side effects, and no manic or psychotic symptoms were observed. At week six, remission rates in the ketamine arm remained high although non significantly different from placebo (69.5 vs. 56.3%; OR=0.83 (0.26 to 2.50), $p = 0.7$). A mediating effect of mental pain is suggested. In this large sample, ketamine was therefore found to be an efficient, fast-acting and safe in the short-term drug for the treatment of suicidal ideation.

We then conducted a systematic review of literature. We identified 12 RCTs with reduction of suicidal ideas as the primary objective and 14 trials as secondary objective. Our review supports the use of ketamine IV (but not esketamine intranasal) for the treatment of suicide ideas during the first 72 hours.

Ketamine appears to be an interesting drug for the treatment of suicidal ideas within a global care strategy (psychological support, mental disorder treatment, education, family support, etc.) More studies are, however, necessary to identify a preventative effect on suicidal acts.

Reference:

Abbar M. et al. Ketamine for the acute treatment of severe suicidal ideation: double blind, randomised placebo controlled trial. British Medical Journal, 2022.

Jollant F et al. Ketamine and esketamine in suicidal thoughts and behaviors: a systematic review. Ther Adv Psychopharmacol, 2023.

Oral #16 The voice of lived experience, September 21, 2023, 3:00 PM - 4:00 PM

Chair: Staffan Hammarbäck

The meaning of the encounter with ambulance clinicians whilst being in a suicidal process

Staffan Hammarbäck^{1,2,3,4}, Associate Professor Mats Holmberg^{1,2,3,4,5}, Professor Lena Wiklund Gustin^{5,6}, Associate Professor Anders Bremer^{1,2}

¹Linnaeus University, Faculty of Health and Life Sciences, , ²Linnaeus University, Centre of Interprofessional Collaboration within Emergency care (CICE), ³Region Sörmland, Department of Ambulance Service, ⁴Centre for Clinical Research Sörmland, Uppsala University, ⁵Mälardalen University, School of Health, Care and Social Welfare , ⁶UiT/The Arctic University of Norway, Department of Health and Care Sciences

Background: Patients in suicidal processes describe ambivalence about living or dying, and that there are feelings of loneliness, shame and failure, and longing for someone to truly see and understand.

When encountering hospital emergency care, the experiences range from hostility to gentleness. However, a positive relationship is understood as part of recovery.

It can be challenging for ambulance clinicians to encounter patients in suicidal processes, and suicidal ideation is not necessarily considered to be within the scope of their responsibility. Ambulance clinicians encounter patients in all stages of the suicidal process, and they could have responsibility in preventing future suicide. Nevertheless, there is scarce research on how patients experience this encounter and what meaning it has to them.

Aim: The aim of the study was to elucidate meanings of encountering ambulance clinicians whilst being in a suicidal process.

Method: A qualitative inductive design was used. Fifteen individual interviews were conducted with eight participants with experience of encountering ambulance clinicians whilst being in a suicidal process. The interviews were transcribed, and the data analyzed using phenomenological hermeneutics.

Ethical considerations: The study was approved by the Swedish Ethical Review Authority.

Results: Preliminary findings present three themes. Being under ambulance clinicians' authority, which means to be inferior in the power balance to the clinicians. However, the power balance is highlighted through body language, tone or focusing on diagnosis, but it could also be balanced through a personal and empathic encounter. Being unsure of one's own value where one keeps up a façade to protect both one's vulnerability but also to avoid putting one's burden upon the clinicians. Being a problem to solve, and not a person in need of help, is elucidated when the clinicians use impeaching language. Regaining hope in moments of togetherness where the brief relationship with the clinicians can raise hope when one is seen as a unique person. Having an everyday conversation reminds of human community. An opportunity to share one's story and to be supported in approaching what is distressful arises when clinicians have an understanding attitude.

Conclusions: Encountering ambulance clinicians means to be inferior. Clinicians' communication highlights the power imbalance and can increase feelings of loneliness and being a burden. But there is also in the clinicians' power to equalize the imbalance, to convey hope and remind of human community. Thus, the encounter could be the start of the patients' recovery.

[Guidelines for involving young people with lived experience of suicide in suicide research: a Delphi study](#)

[Dr Marianne Webb](#)^{1,2}, Mr Charlie Cooper^{1,2}, Laura Hemming^{1,2}, Mr Alex Dalton¹, Mx Emily Unity¹, Professor Jo Robinson^{1,2}

¹ Centre for Youth Mental Health, University of Melbourne, ²Orygen

Introduction: Suicide is the fourth leading cause of death in young people worldwide. Despite this, evidence regarding interventions and treatments that work for suicide-related behaviors in young people is still emerging. Actively involving young people in the research process improves research outcomes and ensures that interventions are more effective and relevant. However, to date young people with lived experience tend to be excluded from involvement in youth suicide research, beyond being 'subjects', with key barriers identified by researchers being a lack of guidelines, the process of gaining ethics approval, and concerns about perceived risk.

Objective: The aim of this study was to develop guidelines to actively involve young people with lived experience of suicide in suicide research.

Method: The study employed a Delphi expert consensus method, consisting of the following two stages: 1. A systematic search of the peer and grey literature, and interviews with international experts (14 researchers, and 13 young people with lived experience of suicide), to identify 'action items' to construct a Delphi survey, with an 'action item' defined as any action that researchers or young

people with lived experience of suicide should carry out, or had carried out, when partnering in suicide research activities; 2. The survey, conducted over two rounds, was completed by international expert panels of suicide researchers ($N=28$) and young people with lived experience ($N=27$). Included items in the guidelines were based on an 80% consensus agreement threshold within and between panels.

Results: A total of 239 items were included in the guidelines, organized into four broad themes: 1. Steps researchers can take to prepare for the involvement of young people, including staffing, recruitment, and training; 2. Supporting the safety and wellbeing of young people through a clear, multi-dimensional strategy responsive to the individual needs of young people; 3. Evaluating the impact of involvement on wellbeing and research output; and, 4. Tips for young people on steps they can take to reduce potential distress, be adequately supported, and safely communicate about suicide.

Conclusion: This study provides world-first guidance on how to involve young people with lived experience in suicide research. The guidelines have the potential to lead to greater confidence and willingness of researchers to involve young people with lived experience in their research. Ultimately, it is hoped that these guidelines will lead to improved treatment and outcomes for young people at risk of suicide.

Constructing suicide in the research process

Ms Emily Yue¹

¹University of Edinburgh

Background: Suicide research and prevention often centres on death and dying. People who have died by suicide are transformed into statistics that inform who is thought to be at risk of dying by suicide. Men — statistically reported as the most likely to die by suicide — have long been the focus of suicide research and prevention in Britain. In focussing on suicide death, different types of (living) ‘experts’ on suicide have been enacted. Ranging from clinicians and researchers, to people bereaved by suicide; those with authority to produce knowledge on suicide are often assumed not to have their own lived experience. In obscuring the contexts in which suicide is produced and invited (Mills, 2020), lived experience is missing from our understandings suicide.

Methods: In this presentation, I draw on multiple in-depth qualitative interviews conducted for my PhD on Mixed Heritage and Suicidality. I interviewed five people with lived and living experiences of suicide/ality. To make sense of the different ways they expose their suicidality to me and others, I made the research process central to my analysis. I paid attention to how suicide/ality is constructed in our interviews and consider the contexts from which their ability to talk about suicide/ality is produced, enabled and disabled.

Findings: In death-focused suicide research and media, people with suicidal intentions are encouraged to tell someone, so that their death can be prevented. However, my findings suggest that people whose experiences of suicidality do not fit within the U.K.’s normative definition of a suicidal subject (White, male, death-intentioned, in crisis) face challenges in being taken seriously as suicidal subjects. As a result, the people I have interviewed often worked to devalue their own experiences with, and knowledge about, suicide. This limits our ability to expand the possibilities for understanding and engaging in suicide knowledge production beyond death prevention.

Conclusions: In this presentation, I interrogate the politics of exposing suicidality, and the often-inhospitable responses people received when they have asked for help. Despite having a platform in this research to claim lived and living experiences of suicide/ality, the people I interviewed often struggled to do so. I consider how this devaluation of ‘living experience’ of suicide is structured by a limited enactment of an ideal (dead) White male suicidal individual. My analysis underlines the

importance — and challenges — for suicidology in engaging with and recognising diverse lived and living experiences with suicide.

[A Missing Piece of the Puzzle: Exploring Different Perspectives on the Phenomenon of Suicide Recovery in Developing a Recovery-Focused Suicide Management Program](#)

[Dr Angelie Bautista](#)¹, Dr. Marc Eric Reyes¹, Dr. Clarissa Delariarte^{2,3}

¹University of Santo Tomas, ²Far Eastern University, ³De La Salle University

The primary aim of suicidology is to understand the phenomenon of suicide by increasing its predictability and prevention, which is hoped to subsequently reduce the suicide rate. However, the rate of suicide remained obstinately high. Further, the Inflorescence Model of Suicide Recovery Theory, showing the suicide recovery process (i.e., immersion, germination, emersion, entrenchment, and inflorescence), emphasizes that when one focuses on recovering, suicide risk decreases. Hence, as a follow-through, this current phenomenological study explored the lived experiences of the selection, composed of five suicide attempt survivors, and seven mental health professionals.

Phenomenological methods were used to analyze the participants' perspectives on suicide recovery through reduction, description, and finding the essence. This present study found that the concept, as well as the process, of suicide recovery, is a missing link in the puzzle of suicide treatment and management. This also yielded four distinct categories that describe the participants' perspectives, namely: 1) contextual; 2) facilitating; 3) impeding; and 4) procedural elements. Similarities and differences in the participants' views about suicide recovery were observed and reported. These differences pose gaps or cracks that contribute to the fragmented healthcare system for suicidality. The findings of our current study recommend the Inflorescence Suicide Management Program in handling suicidality. This program hopes to contribute to the establishment of a structured, systemic, and collaborative health care system; thereby, strengthening suicide management care and reducing the suicide rate.

[The forever decision: A qualitative study among survivors of a suicide attempt](#)

Mrs Karlijn Heesen¹, [Dr Saskia Merelle](#), Mr Sisco van Veen, Dr Diana Van Bergen, Mr David Baden, Ms C. Slotema, Dr Renske Gilissen

¹113 Zelfmoordpreventie

Introduction: The prevalence of non-fatal suicide attempts is estimated to be 25 times greater than that of suicides. While suicide attempts take an immense emotional toll on individuals, families and communities, the scientific evidence on the process leading up to a suicide attempt is limited. Insights from persons with lived experience would therefore enrich the available data of ideation-to-action models. For a better understanding of the suicidal process, we need more detailed information about the steps taken by a person throughout the process from suicidal ideation to planning to enactment.

Aim: To gain a deeper understanding of the suicidal process through which suicidal thoughts lead to a suicide attempt, and identify related triggers, barriers, considerations and preparations. The secondary aim is to inform suicide prevention strategies.

Materials and Methods: A mixed methods study that uses a semi-structured interview and a questionnaire. The interview guide included: considerations about method, place, and time, the process from ideation to attempt and the time each participant engaged in each step prior to the attempt, preparatory actions (e.g., 'did you do anything to prepare for the suicide attempt?'), and the amount and intensity of thoughts about consequences. Additionally, we asked questions that were focused on prevention and aftercare such as 'did anybody know that you were preparing an attempt?', 'did you experience any barriers during the preparations of your attempt?', and 'how did you experience the aftercare?'

Results: We interviewed 27 survivors between 21 and 63 years old (M age = 33 years). We will present the findings of this study that are both relevant for the scientific field and prevention strategies.

Discussion: Studies that include interviews with people with lived experience of suicide attempts are scarce but are a valuable addition to the work so far. One of the first results shows that most people carefully prepare their attempt, even when the ultimate decision is very impulsive. Regarding prevention, the results show that there is a world to be won by restricting the medication that is provided by pharmacy.

Oral #17 Risk and resilience in suicidal behavior, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Tobias Teismann & Thomas Forkmann

Risk and resilience: New insights into factors influencing the suicidal process

Prof. Dr Tobias Teismann¹, Prof. Dr. Thomas Forkmann², Dr. Inken Höller², Dr. Juliane Brüdern³, Ms Stella Brogna⁴, Dr Anja Gysin-Maillart⁵

¹Ruhr-University Bochum, ²University of Duisburg-Essen, ³University Leipzig, ⁴University of Bern, ⁵Translational Research Center, University Hospital of Psychiatry and Psychotherapy, University of Bern,

Risk and resilience: New insights into factors influencing the suicidal process.

Mental health and suicide risk in Afghan students after the Taliban takeover in 2021

Tobias Teismann & Azam Naghavi

Background: On the 15th of August 2021, Kabul was captured by the Taliban, leading to the fall of the Islamic Republic of Afghanistan. In two studies we investigated PTSD symptoms, depression, suicide risk and facets of positive mental health in the immediate aftermath of the Taliban take over as well as one year later.

Methods: 214 Afghan students (73.7% female) took part in a first assessment (in 2021) and 279 Afghan students (61.6% female) took part in a second assessment (in 2022). Self-report measures of PTSD, depression, suicide risk, positive mental health, social support, posttraumatic growth and trust in higher guidance were used.

Results: Severe posttraumatic stress disorders symptoms were reported by 58% to 70%, clinically relevant depression symptoms were reported by 55% to 70% and significant suicide risk was reported by 39% to 44% of both samples. Posttraumatic growth moderated the impact of depression on suicide risk and trust in higher guidance moderated the impact of PTSD symptoms on suicidal ideation.

Conclusion: PTSD symptoms, depression and suicidality are highly prevalent in Afghan students. Various protective factors seem to be insufficient to buffer the association between PTSD, depression and suicide risk in these highly burdened samples.

Positive self-appraisal as a resilience factor and motivational moderator in the Integrative Motivational-Volitional Model of Suicidal Behavior.

Inken Höller, Jan-Luca Tegethoff & Thomas Forkmann

Background: The integrated motivational-volitional (IMV) model of suicidal behavior describes the constructs of defeat and entrapment as core components of the development of suicidal ideation. Despite the consideration of other risk factors, studies show inconsistent findings, which may be due to the lack of attention to protective factors influencing defeat and entrapment and the emergence

of suicidal ideation. Positive self-appraisal is discussed as one possible resilience factor. The present work examines the postulated pathways of the IMV model considering self-appraisal in a sample with recent suicidal ideation.

Methods: $N = 338$ health care workers with recent suicidal ideation (97.6% female) were assessed for defeat, entrapment, and positive self-appraisal in a cross-sectional online study. Two linear regression models moderated by positive self-assessment – entrapment to suicidal ideation as well as defeat to entrapment – and two moderated mediation models taking into account all proposed factors, were conducted.

Results: The moderated regression models revealed significant interaction effects of positive self-appraisal especially in the late motivational phase. Contrary to expectations, the more complex moderated mediation models did not show indirect effects of positive self-appraisal on entrapment, but a direct effect of defeat on suicidal ideation.

Conclusion: The investigated resilience factor seems to have a protective effect on suicidality but only late in the model. Possible structural weaknesses of the motivational phase of the IMV model become visible. Results provide important insights on the influence of resilience factors on suicidal ideation.

[Sleep disturbances predict active suicidal ideation the next day: an ecological momentary assessment study](#)

Juliane Brüdern, Nina Hallensleben, Inken Höller, Lena Spangenberg, Thomas Forkmann, Dajana Rath, Maria Strauß, Anette Kersting & Heide Glaesmer

Introduction: Sleep disturbances are an underestimated risk factor for suicidal ideation/behavior (STB). Previous research provided preliminary support of a temporal relationship between sleep disturbances and suicidal ideation. The present ecological momentary assessment (EMA) study therefore sought to investigate the prospective association between sleep disturbances, passive and active suicidal ideation, and further psychological risk factors, such as state impulsivity and depression.

Methods: Seventy-three psychiatric inpatients (71% female) with unipolar depressive disorder and current or lifetime suicidal ideation took part in EMA study. Participants filled out a baseline assessment and data were collected via smartphones over a six-days period. Multilevel analyses with sleep disturbance as predictors for active and passive suicidal ideation, state impulsivity, and depression were carried out.

Results: Patients with sleep disturbance experienced more active suicidal ideation, but no passive suicidal ideation, the following day. Of the four state impulsivity items, one item was significantly associated with sleep disturbance. Sleep disturbance had no effect on the next-day depression.

Conclusion: The micro-longitudinal study provides preliminary support for sleep disturbance as a proximal risk factor for next-day active suicidal ideation. Moreover, findings provide preliminary evidence that sleep disturbances are not only associated with suicidal ideation but also with a reduced impulse control which will be discussed regarding current theoretical concepts of STB.

[Difference in Psychological Pain Between Suicide Ideators and Suicide Attempters](#)

Stella Brogna, Tobias Teismann, Adriana Frei, Heide Glaesmer, Thomas Forkmann, Sebastian Walther & **Anja Gysin-Maillart**

Background: Psychological pain has been shown to be a relevant factor in suicidal crises. The present study examines how psychological pain differs between suicide ideators and suicide attempters.

Methods: The Mee–Bunney Psychological Pain Assessment Scale (MBPPAS) was translated into German and its validity and reliability was assessed. The scale was used to cross-sectionally measure psychological pain in adult patients. The study included $n = 93$ patients with lifetime suicide attempts, $n = 141$ suicide ideators without lifetime suicide attempt, and $n = 139$ non-suicidal clinical controls.

Results: The internal consistency of the German MBPPAS was excellent. Significant group differences in psychological pain were shown between suicide attempters, suicide ideators, and non-suicidal patients. The post hoc t-test indicated that the MBPPAS sum score was significantly higher in suicide attempters, and in suicide ideators as compared to clinical controls. The MBPPAS sum score was significantly higher in suicide attempters than in suicide ideators.

Conclusion: Assessment of psychological pain can help to identify individuals at increased risk of suicide.

[Metacognitions about suicidal thoughts — model description and questionnaire development](#)

Thomas Forkmann, Anna Knorr, Christiane Gerdes, Björn Vüst, Dennis Hamacher & Tobias Teismann

Background: Rumination about suicide has been identified as a risk factor for suicidal behavior. According to the metacognitive model of emotional disorders, the activation and maintenance of rumination is dependent on specific metacognitive beliefs. The current study outlines a metacognitive model of suicide and reports about the development of a questionnaire to assess suicide-specific positive and negative metacognitive beliefs.

Methods: Factor structure, reliability and validity of the new “Scales for Suicide-related Metacognitions” (SSM) were investigated in two samples comprised of participants suffering from lifetime suicide ideation. Participants of sample 1 ($N=214$; 81.8 % female) took part in a single assessment using an online survey. Participants of sample 2 ($N=56$; 71.4% female) took part in two online assessments within a two-week time-period. To establish convergent validity questionnaire-based assessments of suicidal ideation, general and suicide specific rumination and depression were used. Furthermore, it was analyzed whether suicide-related metacognitions predict suicide-specific rumination cross-sectionally and prospectively.

Results: Factor analyses revealed a two-factor structure of the SSM. Results indicated good psychometric properties and provided evidence for construct validity and stability of the subscales. Positive and negative metacognitions predicted concurrent and prospective suicide-specific rumination beyond the effect of suicide ideation and depression.

Conclusion: The results provide initial evidence that the SSM is a valid and reliable measure of suicide-related metacognition. Furthermore, findings are in line with a metacognitive conceptualization of suicidal crises and provide first indications of factors that might be relevant for the activation and maintenance of suicide-specific rumination.

Oral #18 Epidemiology of suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Chris Killick-Moran

[The Australian National Suicide and Self-harm Monitoring System: data and research to support suicide prevention policy and practice](#)

Mr Chris Killick-Moran¹, **Ms Rosalind Morland**¹, **Mr Paul Pham**¹, **Dr Matthew Spittal**³, **Ms Jo Riley**

¹Australian Institute of Health and Welfare, ²National Suicide Prevention Office, ³University of Melbourne, ⁴South East New South Wales Primary Health Network

Overview: The session will start with a presentation from the Australian National Suicide Prevention Office on translating data and research insights into practical, national suicide prevention policy.

The session will then present three recent pieces of original research on suicidal behaviours, risk factors and service use. These research pieces have been conducted by, or in collaboration with, the Australian Institute of Health and Welfare (AIHW) as part of the Australian National Suicide and Self-harm Monitoring System. This includes research conducted in collaboration with state coroners' courts and academic institutions. Research to be presented has been conducted or commissioned through the Suicide and Self-harm Monitoring Unit and the Defence and Veteran Suicide Monitoring Unit.

The session will conclude with a presentation from regional suicide prevention program managers on professional experiences of using National Suicide and Self-harm Monitoring System data to inform local intervention planning.

[Analysis of linked, administrative data to model socio-economic risk factors for suicide, and the use of health services in the last year of life before death by suicide.](#)

Using linked data from the Australian Bureau of Statistics (ABS) Multi-Agency Data Integration Project (MADIP), the AIHW has conducted two studies and a further study in collaboration with the Australian National University's Centre for Social Research and Methods to identify social and economic characteristics associated with greater risk of death by suicide.

In a second set of analyses using linked data in the National Integrated Health Services Information Analyst Asset (NIHSI-AA), the AIHW has conducted a study to measure the patterns of health service use in the last year of life before death by suicide, and to identify key demographic factors related to variation in the patterns of health service use in the last year of life.

[Identifying spatiotemporal suicide clusters using real-time data.](#)

This project aims to answer the research question: Can modern cluster detection methods be used on real-time data with precise geocoordinates to monitor the emergence of suicide clusters? The study builds on previous work on the detection of suicide clusters, especially that conducted by the Centre for Mental Health, University of Melbourne, and the Coroner's Court of Victoria's work in developing and maintaining the Victorian Suicide Register. This research has been co-funded by the AIHW and the Victorian Department of Health.

[Suicide monitoring in serving and ex-serving Australian Defence Force members who have served since 1985.](#)

The Australian Institute of Health and Welfare (AIHW) has an established program to provide regular and accurate reporting of the incidence of, and risk factors for, suicide among serving and ex-serving Australian Defence Force (ADF) members. This work contributes towards strategic policy development enabling effective suicide prevention, with all agencies and levels of government having a role to play. The study population is serving and ex-serving ADF members with at least one day of service since 1985, compiled by the Department of Defence from current and historic payroll systems. This data was linked with the National Death Index and National Mortality Database (both held by the AIHW) to determine the number of deceased personnel and cause of death.

[The use of data and research in regional suicide prevention planning: The Illawarra Shoalhaven Suicide Prevention Collaborative and the South-East New South Wales Primary Health Network.](#)

The Illawarra-Shoalhaven is a region of about 400,000 people located on the south coast of New South Wales, with the city of Wollongong being the largest population centre. The Southeast New South Wales Primary Health Network includes the Illawarra-Shoalhaven and extends south to the Victorian border and includes parts of the Southern Tablelands.

Primary Health Networks (PHNs) are a key element of Australia's regional, primary health service planning and commissioning infrastructure. This presentation will examine the use of data and research provided by the National Suicide and Self-harm Monitoring System in planning and delivering suicide prevention interventions both within the Illawarra Shoalhaven Suicide Prevention Collaborative and the wider Southeast New South Wales Primary Health Network.

Increased suicide mortality among women in health professions: evidence from a registry-based study on high-skilled occupations in Austria

Ms Claudia Zimmermann¹, Susanne Strohmaier¹, Thomas Niederkrotenthaler², Kenneth Thau³, Eva Schernhammer^{1,4}

¹Department of Epidemiology, Center for Public Health, Medical University of Vienna, ²Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna, ³Department of Psychiatry and Psychotherapy, Division of Social Psychiatry, Medical University of Vienna, ⁴Channing Division of Network Medicine, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School

Objectives: Several studies have indicated that health professionals, especially women, are at higher risk of suicide compared to the general population, although the evidence is mixed and varies across countries. Interestingly, research has also shown that high-skilled occupations in general appear to have a lower suicide risk, mostly ascribed to higher income and educational attainment. This study investigated the suicide risk of several Austrian health professions (physicians, dentists, veterinarians, pharmacists) and other high-skilled occupations (notaries, tax advisors/public accountants, and lawyers) compared to the general population, and analyzed suicide methods across occupations.

Material and methods: Data was collected from the respective professional associations and collated with Austrian cause-of-death statistics to determine suicide cases among the selected occupations. Gender-specific standardized mortality ratios (SMRs), crude and age-adjusted suicide rates and frequencies for suicide methods were calculated for each profession (maximum time span of data availability: 1986-2020).

Results: Among males, only veterinarians had a significantly elevated suicide risk compared to the general population (SMR 2.12, 95%CI 1.42-3.04). Physicians (SMR 0.74, 95%CI 0.63-0.87) and tax advisors/public accountants (SMR 0.55, 95%CI 0.32-0.89) had a significantly lower suicide risk. Among females, veterinarians (SMR 2.96, 95%CI 1.44-5.43), physicians (1.58, 95%CI 1.23-2.01), and pharmacists (SMR 1.73, 95%CI 1.02-2.74) had a significantly elevated suicide risk; for dentists, it was also elevated, though non-significantly (SMR 1.74, 95%CI 0.81-3.30). Age-adjusted suicide rates showed a smaller gap between men and women in all professions compared to the general population. Poisoning was the predominant suicide method among health professions, except dentists.

Conclusion: The high rate of suicides by poisoning in some health professions suggests that professional access, expertise, and familiarity regarding lethal pharmaceutical products are an important factor in their suicide mortality. Consequently, these findings call for specific suicide prevention efforts in health professions, focusing particularly on women.

Oral #19 The Law and ethics in suicide prevention, September 21, 2023, 3:00 PM - 4:00 PM

Chair: Mark Goldblatt

The wish for death in dying patients: Ethical issues encountered during psychotherapy with patients at the end of life.

Professor Mark Goldblatt¹, Professor Reinhard Lindner, Prof. Dr. Phil Martin Teising, Assoc. Prof. PD Dr. Nestor Kapusta

¹Harvard Medical School

The end-of-life experience is challenging, especially when having to deal with the added stressors of medical treatments and possible psychiatric illnesses. Those who have struggled with suicidal thoughts in their past often experience intense dysphoric states when they become physically ill and face imminent mortality. Psychotherapy can play an important role in helping patients who are severely ill with medical problems deal with end-of-life issues and suicidal wishes. However, several challenges arise in these situations, including which treatments may be effective, the burdensome reality of facing impending death, and ethical issue relating to suicidal wishes in dealing with hopelessness and fear of pain.

In this session, we present a case description of the clinical and ethical dilemmas associated with the treatment of a primarily suicidal and later physically ill patient. Three discussants review the ethical and therapeutic questions involved in dealing with the torment of facing imminent death and its effect on the care specialist.

Case presentation (RL): Ms. G. was diagnosed with a primary metastatic carcinoma of the right breast at the age of 30, approximately 10 years before her eventual death. She had ignored the associated lymph nodes for years, so that bone and liver metastases were already present at the time of the original diagnosis. She was treated intensively with chemotherapy and radiotherapy and received psycho-oncological treatment. However, Ms. G became acutely suicidal and required inpatient hospitalization. Following discharge, she agreed to outpatient psychotherapy and began once a week sessions which enabled her to regain some stability in her life.

As she became more engaged in this treatment, she expressed ambivalent feelings of envy, disappointment and a desire for love. Alongside this was her enduring self-destructive fantasy of a "hastened death." She told her therapist that she planned to die by suffocation using a "suicide kit". The therapist suggested that she give him this suicide device, which she did. This led to an intensification of Ms. G.'s feelings in the therapeutic relationship. She felt both more attached to her therapist and also more resentful. She felt that her therapist had control over her life and that she was at the mercy of her therapist. Through the therapeutic relationship Ms. G. came to feel strong emotions of aliveness but she struggled again and again with intense aversive feelings of wanting to get away and die. She felt an increased ability to love, on the one hand, but also to despair in the face of having to say goodbye to life.

Ms. G continued her therapy even as her illness progressed, and she entered a hospice facility. She became more and more aware of her wishes, needs, fears and despairs, which intensified in her last remaining days. She also became more aware of the reality of her fatal medical illness and the psychic pain she experienced facing death. She told her therapist of her fantasy wish of "dying well" in her sleep, which then finally happened.

[Increasing awareness and the struggle to contain unbearable feelings](#)

Professor Mark GOLDBLATT¹

The fear of recognizing changes to her body, likely associated with a fear of death, led Ms. G. to avoid recognizing her physical deterioration and creates a suicidal fantasy that by taking her own life, she will be able to avoid these painful fears. However, in the process, she avoids intimacy leading to isolation and loneliness which are suicide inviting. Psychotherapy provides a relatedness that was suicide protecting for Ms. G. The ethical dilemma that the therapist faces in dealing with this patient

who has difficulty tolerating her affective experience is how to encourage connection that is emotionally significant but also increases the pain of facing the unbearable, including her own death?

[The function of suicidal thoughts and fantasies](#)

Prof. Dr. Phil Martin Teising

In the last ten years of her life, a seriously ill, suicidal and self-destructive patient gains access to her inner emotional world for the first time in her life with the help of psychoanalytically oriented psychotherapy and begins to really live by getting to know her wishes and hopes, her fears, her anger and her hatred. The case study impressively shows what can be achieved when suicidal patients can really be reached in an emotionally significant therapeutic relationship. A prerequisite is the therapist's willingness to really engage with these patients, which is a great challenge with significant emotional burdensomeness. The result is very touching and deeply satisfying moments experienced together on the threshold of death. To make such encounters possible, the setting conditions have to be adapted to the respective current situation. The case study shows that palliative psychotherapeutic support lasting several years is invaluable and effective in preventing suicide. Based on this case study, the function of suicidal thoughts and fantasies will be discussed.

[Projection of destructivity and death and it's handling](#)

One particular aspect of Ms. G.'s case description is the deposit of the suicide-kit into the hands of the therapist. This therapy allows for an examination of means restriction in suicide prevention from a psychodynamic perspective, in particular as we consider the use of projective identification. We can understand the movement of the suicide-kit from patient to therapist as a successful projection of lethal and murderous self-parts into the therapist, who offers to contain the deposited destructivity, by consciously and purposefully using a part of his valence to act in a therapeutically appropriate manner. By the therapist's invitation to safely take in her projection, he creates a temporary space allowing both patient and therapist to examine and negotiate painful and hateful circumstances of her existence and their subjective meanings within a safe environment. This opens the question of whether the therapist will ever return the lethal means into Ms. G.'s hands and allows them to acknowledge, that her suicidality serves important defense purposes enabling omnipotent phantasies of a solution through death. However, the intake of this projection of death and destruction puts a professional strain on the therapist, who is then challenged with the identification with these projected self-parts of the patient, often experienced in self-doubt or guilt about not doing enough. This is also reflected in the acknowledgement that Ms. G. will die one day, "but not today and not tomorrow."

Conclusion: Three discussants discuss aspects of the psychotherapy of a terminally ill patient as she struggles to deal with increasing awareness of her physical and mental state, her relationships, particularly with her therapist and her methods of seeking solutions to her unbearable affective experience.

Oral #20 Epidemiology and Diagnostics in suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Luke Bayliss

[Registration practice of self-harm and suicide attempts in Denmark](#)

Mrs Sarah Grube Jakobsen^{1,2}, Professor Pernille Tanggard Andersen³, Professor Jens Lauritsen⁴, Ms Christina Petrea Larsen², Professor Elsebeth Stenager¹, Associate Prof. Ph.D. Erik Christiansen^{1,2}

¹Department of Regional Health Research, Unit of Mental Health, University of Southern Denmark,

²Centre for Suicide Research, ³Department of Public Health, Unit for Health Promotion Research,

University of Southern Denmark, ⁴Accident Analysis Group, Department of Orthopaedic Surgery and Traumatology

Background: The World Health Organization has called for an attempt to improve surveillance of self-harm and suicide attempts worldwide to benefit suicide prevention programs. However, international comparisons of registrations have been challenging and proper methods for registration of self-harm and suicide attempt are still lacking. More attention is needed to improve the quality and reliability of data across countries.

Aim: This study investigated health care personnel's perception of registration practice and their own suggestions on possible ways to ensure high quality data of registered self-harm and suicide attempts.

Methods: Qualitative interviews were conducted among medical secretary, doctors, nurses, and registration consultants from psychiatric and somatic emergency departments in all regions of Denmark between September 2022 and March 2023. A content analysis was then performed in NVivo.

Results: Almost all health care personnel perceive registration practice as chaotic, inconsistent and unreliable. Informants suggested better visibility and guidelines about the usage of codes.

Conclusions: The health care personnel had several specific suggestions on how to improve registration practice, which in turn can provide better and more specialized treatment to patients. (These specific suggestions will be mentioned at the presentation).

[The interplay between psychiatric disorder and parent-to-child transmission of suicide attempt and death: A Danish nationwide, registry-based study using multistate modeling](#)

Associate Prof. Ph.D. Erik Christiansen^{1,3}, [Dr Mette Reilev](#)^{1,2,3}, Ms Christina Petrea Larsen¹, Prof Niels Bilenberg⁵, Prof Esben Agerbo⁴

¹Centre for Suicide Research, ²Clinical Pharmacology, Pharmacy and Environmental Medicine, Department of Public Health University of Southern Denmark, ³The Research Unit in Psychiatry – child and adults, Psychiatry in the Region of Southern Denmark, ⁴Centre for Register-based Research, Aarhus University, ⁵Odense University Hospital

Background: Psychiatric disorders and parental suicidal attempts are well established single risk factors for suicidal behavior in the offspring, but the combined effect is sparsely elucidated. We aimed to investigate whether the combination of these affects the offspring's risk of suicide attempt and death of all causes, also evaluating potential differences across sex.

Methods: Using the Danish, nationwide health registries, we conducted a cohort study including the birth cohort 1983–1989 from their 10-year birthday until end of 2018. A Cox regression model and a multistate model was used to evaluate relative and absolute risks of suicide attempt and death of all causes among individuals: (1) unexposed to both parental suicide attempt and own psychiatric disorder, 2) exposed to parental suicide attempt only, 3) exposed to own psychiatric disorder only, or 4) exposed both to parental suicide attempt and own psychiatric disorder.

Results: We included 384,569 individuals of whom 49% were women. During follow up, 7,218 individuals experienced their first suicide attempt while 2,762 individuals died of all causes. At time of the outcome, 3.7% were exposed to at least one parental suicide attempt, 16% were exposed to their own psychiatric disorder, while 1.2% were exposed to both.

Parental suicide attempt and own psychiatric disorder were single risk factors for both suicide attempt (adj HR 1.68 vs. adj HR 16.39) and death of all causes (adj HR 1.16 vs. adj HR 2.78). In the multistate model analysis, the absolute risk of suicide attempt and death of all causes increased by exposure state. At the age of 35 years, the risk of suicide attempt was 20% for offspring exposed to both parental suicide attempts and own psychiatric disorders (23% for women vs. 15% for men), while the

risk of death of all causes was 4% (0.6% for women vs. 7% for men). If having had a suicide attempt, there was a 7% of dying of all causes (3.7% for women vs. 15% for men).

Conclusions: The combination of being exposed to both parental suicide attempt and own psychiatric disorder led to a considerable increase in the absolute risks of suicide attempt and death. Our findings suggest that the combined effect of these risk factors and the substantial differences observed across sex are important in the assessment of individuals with suicidal behavior. We recommend that future suicidal research address the potential combined effect of single risk factors.

[Trends in suicide attempts and self-injury in the Netherlands](#)

[Dr Lizanne Schweren](#)¹, MSc Noa van Zwieten¹, Dr Saskia Merelle¹, Dr Inge Krul², Dr Renske Gilissen¹

¹113 Suicide Prevention, ²Veiligheid NL

Introduction: The mental health of young people in the Netherlands has worsened since the start of the COVID-19 pandemic. These changes might, however, also reflect long-term effects unrelated to COVID-19. In fact, suicide rates among Dutch young people have seen a gradual increase since the beginning of the twenty-first century. In the current study, we investigated the prevalence of non-fatal suicide attempts and other self-injurious behaviours as presented to emergency departments (EDs) of Dutch hospitals over a ten-year period.

Methods: Data for the period of 2013–2022 were obtained through the Dutch Injury Surveillance System (DISS), that continuously collects data from 14 EDs within a representative sample of Dutch hospitals. All injuries presented at these EDs that are recognised as ‘self-inflicted’ are labelled as events. Events include both suicide attempts and other self-inflicted injuries. The observed number of events is extrapolated to estimate the total number of events in the Netherlands ($\pm 95\%$ CI). Events are reported monthly for males and females and for younger (age 0–29 years) and older (30+ years) individuals separately and are converted to prevalence per 100,000 inhabitants using population statistics. We predicted the estimated prevalence of self-inflicted injuries and suicide attempts as a function of time, age group, sex and their interactions.

Findings: As expected, self-inflicted injuries and suicide attempts were most prevalent among females under age 30 years (10.95 per 100,000), followed by females age 30+ years (8.99 per 100,000), males age 30+ years (4.99 per 100,000) and males under age 30 years (3.13 per 100,000). Preliminary findings showed that the prevalence of self-inflicted injuries and suicide attempts increased over time among younger individuals but not among older individuals, with the most pronounced increase among younger females. Excluding all the months since the start of the COVID-19 pandemic did not change our findings.

Interpretation and future directives: Our initial findings show that in the past ten years, self-inflicted injury and suicide attempts presenting to Dutch EDs have increased among young people, and especially among girls and young women. The observed trend cannot sufficiently be explained by detrimental effects of the COVID-19 pandemic. As the negative effects of the pandemic on young people’s mental health continue to unfold, it is important to remain vigilant of changes in the prevalence of suicide attempts in hospital settings.

Funding: This project was funded by the Dutch Ministry of Health, Welfare, and Sport.

[Validation of a model for suicide risk in individuals with Autism or intellectual disability](#)

[Dr Cécile Bardon](#)^{1,2,3}, Dr Diane Morin^{2,3}, Ms Sarrah Thomas–Persechino^{1,2}, Ms Lorraine Millette^{1,2}

¹Centre de recherche et intervention sur le suicide, enjeux éthiques et pratiques de fin de vie (CRISE),

²Université du Québec à Montréal (UQAM), ³Institut Universitaire en DI et en TSA

Suicidal behaviours (SB) are frequent, although still poorly understood in individuals with autism or intellectual disabilities (I-AID). Accurate populational data is scarce, but it appears that suicidal ideations, attempts and deaths by suicide are at least as frequent in these groups as in the general population. Individuals with I-AID also present with cognitive, emotional and social characteristics that limit the usefulness of current prevention tools developed for the general population.

In this context, we developed conceptual and clinical tools to support suicide prevention in I-AID (Processus AUDIS). They aim to support clinical decisions in identifying suicidal individuals, managing suicidal crises, and reducing long term risk factors. We constructed a model for suicide risk to conceptually support the Processus AUDIS, based on an in-depth analysis of clinical files of patients and on interviews with rehabilitation service providers. It is anchored in the diathesis-stress model of suicide risk, including specific risk and protective factors, trigger events or processes, and markers of distress associated with SB (particularly relevant in cases of language impairment and problems recognising and communicating emotions). Its main innovation is the construction of a “suicide option” based on cognitive and social elements (understanding of death, experience with death, previous experience with suicidal behaviour, reasons to consider suicide, functions of suicidal behaviour in social interactions), particularly present in the development of suicidal risk in I-AID.

The current project aims to evaluate the relevance of this model directly with I-AID, to complete its adaptation and validation. It is rooted in a diversity and inclusion paradigm to include the voice and lived experience of marginalised groups in the modeling of their suicidality.

A qualitative project was carried out, with $N=15$ I-AID with SB (completed before the COVID-19 pandemic) and $N=8$ matched I-AID without SB (severely impacted by the COVID-19 pandemic). Semi-structured interviews were done with the I-AID, a close person and their clinician, to triangulate information and compare direct experiences with SB by the I-AID with perceptions by others. During the spring of 2023, thematic analyses are performed in two complementary phases, first including only I-AID and then per triad. Results are used to improve the conceptual model and to support an update of the Processus AUDIS.

Oral #21 Interventions in Suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Maggie Hardiman

Healthcare workers' experiences of Attempted Suicide Short Intervention Program (ASSIP): a qualitative content analysis

Dr Erik Bergqvist¹, PhD Ulrika Bergsten², Dr Anna Ehnvall³, Professor Åsa Westrin¹

¹Lund University, ²Region Halland, ³University of Gothenburg

Objectives: Since 2016, several scientific papers have evaluated the efficacy of the Attempted Suicide Short Intervention Program (ASSIP) in different contexts and with various controls. However, little is known about the therapists' experience of this brief psychotherapeutic intervention targeting patients with a recent suicide attempt. Therefore, our primary aim was to examine how healthcare workers experience ASSIP as a method, and secondary to explore their experience of becoming and working as an ASSIP therapist.

Method: Using inductive qualitative content analysis, we conducted a study based on six focus group interviews and four supplementary individual interviews with 15 healthcare workers (nine nurses, three psychologists and three social workers) in training to become ASSIP therapists.

Preliminary results: The following categories can characterise the healthcare workers' experience of ASSIP as a method: 1) A helpful and effective method with a new approach, 2) A patient-centred method with a cooperative approach, 3) Healthcare context matters, and 4) Form and theory bring issues. Moreover, their experience of becoming and working as an ASSIP therapist can be characterised by the following categories: 1) Emotional impact on the therapist, 2) Ambiguous conflict

between activeness and passiveness, 3) Improves care for patients at risk for new suicide attempts, and 4) Easy to learn but requires time to acquire.

Conclusion:

The study gives novel insights into healthcare workers' experience of ASSIP's applicability and valuable knowledge for future implementation of the therapy in regular healthcare.

[A pilot RCT of blended therapy compared to therapy alone in suicidal men](#)

[Dr, Simon Hatcher](#)¹

¹The University of Ottawa

Background: Hospital presentations for intentional self-harm are common and associated with excess mortality due to suicide and other causes. Men form about 40% of people who present to hospital with intentional self-harm, yet they form about two thirds of those who die by suicide afterwards. There is some evidence that cognitive behavior therapy, including problem solving therapy (PST), provided soon after presentation can be beneficial. Also, some work suggests that blending computerised therapy with clinician delivered therapy can deliver more than either treatment alone. However, the evidence is not clear and there is a need to clarify which patients benefit from such interventions.

Objective: The current trial is a pilot multi-centre randomised controlled trial in men who present with intentional self-harm to three emergency departments, comparing a blended therapy of clinician delivered PST plus a patient facing app (BEACON) and a clinician facing dashboard, to clinician delivered PST alone. The objective of the pilot study is to test the processes and materials for a definitive trial and estimate recruitment rates and the size of any effects.

Methods: The study design is a randomized controlled trial. Patients are eligible if they present to one of three emergency departments with intentional self-harm, identify as male and are over the age of 18 years. Participants are randomized in a 2:1 ratio to blended therapy or therapist delivered PST alone.

Results: To date 38 participants have been recruited, 26 to blended therapy and 12 to clinician PST alone, with the study closing recruitment in April 2023 (this means full results will be ready for the conference). Between a half and three quarters of participant's completed therapy. Recruitment post-COVID-19 has been a challenge with recruitment rates varying between 6% and 30% of potential participants. Engagement with the app varies significantly with as little as a single interaction and as many as 321 interactions from one individual. The most popular features of the application were the mood log (579 interactions), trackables (426 interactions), and the resources (127 interactions). Participants also made regular use of the coping strategies, warning signs, goals, journal entries, support contacts and environmental notifications.

Conclusion: It is possible to do blended therapy in this population and some men find the blended therapy acceptable and useful. A future trial will also include men who present to emergency departments with suicidal thoughts and recruit from other settings such as outpatient clinics and crisis centres.

[Adapting Gatekeeper Suicide Prevention Training for the LGBTIQ Population](#)

[Mr Marc Bryant](#)¹, **[Mr Indra Herbert](#)**, Mr Shayne Connell

¹LivingWorks Australia

While it is unknown how many LGBTIQ people die by suicide, we do know suicide is a significant part of LGBTIQ people's lives and is a common experience. We need to support our peers to support each other.

Barriers in the mental health system in providing adequate support LGBTI people:

- LGBTI people are not identified as a priority population.
- Unconscious bias assumption that people are not LGBTI.
- Lack of LGBTI awareness training and education.
- No identification or data collection strategies.
- Discrimination by staff in services.
- Lack of services that target the specific needs of LGBTI people.

The Private Lives 2 research found sexuality or gender identity for fear of violence or discrimination in several locations, with 33.6% report “Occasionally” or “Usually” hiding their sexuality or gender identity when ‘Accessing services’, 41.9% at ‘Social and community events’ and 38.8% ‘At work’.

Friends and non-biological chosen family play a significant role in providing support. The results suggest that GLBT people associate dependent care more with ties of blood and intimate relationships, and emotional support and advice more with GLBT friends and social networks. Peer support is important for LGBTI suicide prevention as LGBTI people are more likely to turn to LGBTI people for support.

With this in mind, an opportunity arose with National Suicide Prevention Trial Sites with two Government Primary Health Networks, Brisbane North (Queensland) and Northwestern Melbourne (Victoria), to work with LivingWorks Australia to co-design and develop training for LGBTI communities. The Presentation will explore the tackling the following barriers to training:

- Training content was not inclusive of LGBTI people's experiences of suicide.
- Trainers did not have adequate knowledge of LGBTI populations, or competence in how to engage LGBTI people.
- LGBTI people felt unsafe in ASIST workshops.
- LGBTI people disconnected from workshop content if they felt marginalised, stigma, invisible or by the content or trainer.

The vision was to:

- LGBTI people have the knowledge, skills and confidence to provide suicide prevention for their LGBTI peers.
- Suicide prevention programs are inclusive, accessible and relevant to LGBTI people.
- LGBTI communities form integrated safety networks.

Building on LivingWorks so far, the task was to look at content, delivery and capacity to improve agency and the presentation will explore the first 12 months post the development to 2022 and the state-wide trail expansion in Victoria Australia.

[Reducing entrapment and suicide risk through a community based clinical intervention](#)

Dr Pooja Saini¹, Dr Jennifer Chopra¹, Mrs Jane Boland², Prof. Rory C. O'Connor³

¹Liverpool John Moores University, ²James Place Charity, ³University of Glasgow

Introduction: Previous research suggests that suicidal behaviour results from feelings of entrapment, and it has been highlighted as a key factor in the development of suicidal ideation within the Integrated Motivational-Volitional (IMV) model of suicidal behaviour. James' Place is a community-based suicide crisis centre for men which delivers a clinical intervention based on the IMV model. The aim of this study was to investigate the associations between entrapment and suicidality in men

attending the James' Place service and determine the effectiveness of their intervention in reducing levels of entrapment.

Methods: A case series study was conducted, following men who engaged with the intervention at James' Place. Eight hundred and thirty-four men were referred to James' Place between 1st September 2020 and 31st January 2022. Of these referrals, 585 (70%) were accepted by the service, and 390 went on to engage in therapy. The CORE-10 Clinical Outcome Measure (CORE-OM) was used to assess levels of distress, and the Entrapment Scale Short-Form (E-SF) was used to measure feelings of entrapment. These measures were taken at initial assessment, throughout therapy, and at discharge from the service. Socio-demographics, socio-economic factors, information on referral sources, and precipitating factors to the crisis were also recorded.

Results: Preliminary findings show that most men came from areas with high levels of deprivation, with the majority of referrals coming through as Self Referrals rather than from primary or secondary care. Men presented with a wide range of precipitating factors to the crisis, with the most common being the breakdown of a relationship or work-related issues. Analysis found that the intervention significantly reduced levels of distress and feelings of entrapment between initial assessment and discharge ($p < .0001$), demonstrating large effect sizes.

Conclusion: James' Place delivers a clinical intervention in a community setting to men in suicidal crisis, based on the IMV model of suicidal behaviour. This study demonstrates the intervention effectively reduces distress and feelings of entrapment, two of the key indicators of suicide risk. Findings highlight the role of entrapment in levels of distress and suicidality and identify it as a key area to be targeted within crisis management and interventions to address suicide risk.

Oral #22 Suicide prevention in at risk populations, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Louise La Sala

[Exploring the relationship between speech and suicide risk factors in Australian adolescents](#)

Mr Lachlan James¹, A/Prof Glenn Melvin¹, Dr Ruth Tatnell¹, Ms Christine Pavlou², Dr Hashini Senaratne³, Dr Amelia Patrick², Adj Clin Prof Simon Craig², A/Prof Michael Gordon²

¹Deakin University, School of Psychology, ²Monash Health, Early in Life Mental Health Service, ³CSIRO (Commonwealth Scientific and Industrial Research Organisation), Data61 Robotics and Autonomous Systems Group

Introduction: Hospitals provide critical opportunities for suicide risk assessment, yet many patients are discharged with undetected suicide risk. Technological advancements like computerized speech analysis offer novel methods for augmenting suicide risk assessments in hospitals. Computerized speech analysis has the potential to become an automated suicide risk assessment tool, though more examination of the relationship between speech and suicide risk is needed. Previous literature has focused on using machine learning models which lack clinical interpretability. As such, there is a paucity of research utilizing null hypothesis testing to characterize the speech features underlying suicide risk. Our cross-sectional study thus aimed to improve understanding of the relationship between vocal speech characteristics and suicide risk factors such as depression and suicidal ideation in adolescents through correlation and regression analyses. We hypothesized that there will be multiple significant relationships between suicide risk factors and speech characteristics, suggesting that suicidal adolescents speak with a breathy, monotone, or flat voice, and language differences.

Method: Participants were adolescents aged 12–18 years recruited from inpatient and outpatient tertiary mental health settings, and community settings (e.g., schools). Exclusion criteria included psychosis, mania, autism, intellectual disability, and English as a second language. Participants

completed a questionnaire battery consisting of the Patient Health Questionnaire–Adolescent, the Suicidal Ideation Questionnaire–Junior, and self-report items about non-suicidal self-injury and past suicidal behaviour. Participants then participated in an audio-recorded semi-structured interview consisting of purpose-built neutrally-valenced questions, a reading task, and an assessment of suicidal ideation severity using the Columbia Suicide Severity Rating Scale, conducted by a registered trainee psychologist. Data collection is expected to be completed by June 2023.

Results: We predict that correlation and regression models will show significant relationships between suicide risk factors and multiple speech characteristics. Further, we predict that variations in glottal cycle features will be associated with suicidal ideation, reflecting a breathy-tense voice quality in suicidal adolescents. Variations in frequency-based and power spectral features will be associated with suicide risk factors suggesting the voices of high-risk adolescents have reduced energy and a dull, monotone, or flat quality. Finally, suicidal ideation will be associated with increased use of first-person pronouns and references to death, and decreased use of tentative words.

Conclusions and implications: This study will produce new knowledge about the associations between speech characteristics and suicide risk factors, contributing towards the development of an automated assessment tool to increase detection of adolescent suicide risk.

[Google Searches do not Predict Suicide Rate but Suicide Attempt and Self-Harm Rate](#)

[Dr Sandersan Onie](#)¹, Dr Mark Larsen¹

¹Black Dog Institute

Previous studies have found an association between the volume of Google Searches indexed by Google Trends and suicide rate. However, recent studies have suggested that this relationship may be tenuous. One possibility is that while searches may reflect contemplation, the link between suicide contemplation, attempt, and death may be affected by various factors, such as availability of means, emergency services, and reporting accuracy. Given these factors differ across different settings and through time, and more variability being introduced at each subsequent stage removed from suicidality, it may be that Google searches better predict suicide attempt or self-harm rate rather than the suicide death rate. We investigated this hypothesis over two studies. Across both studies, we used the same keywords in different languages based on previous studies and extracted all search volume data from Google Trends.

In the first study, we assessed the relationship between provincial search volume for suicide-related keywords in Indonesia with provincial suicide death and attempt rate. Suicide death and attempt rates were drawn from police data and the National Bureau of Statistics, respectively. We found no evidence for an association between provincial suicide death or attempt rates, and there was no association between provincial search volume for suicide keywords and provincial suicide rate. However, a positive relationship existed between search volume for multiple keywords and provincial attempt rate.

In the second study, we assessed the relationship between search volume for suicide-related keywords in Australia with the national suicide rate and national self-harm hospitalisation rate from 2008 to 2021. We obtained the suicide and self-harm data from the Australian Institute of Health and Welfare. Following pre-whitening, the analyses revealed no evidence for an association between search volume for any of the keywords and the national suicide rate; however, there was a positive relationship between search volume for multiple keywords and the national rate of self-harm due to hospitalisations. Critically, the relationship between search volume and self-harm or attempt was found in the same keywords across both studies.

Thus, across two studies in different countries, across provinces and time, we found that Google search volume for suicide-related keywords did not predict suicide rate but did predict attempt or self-harm. While these findings lend support for a relationship between Google searches and suicide

attempts and self-harm, various other issues need to be addressed before the utilisation of Google searches to monitor suicide-relevant metrics.

[A qualitative study to explore clinician decision-making and inform an evidence-based service delivery model for patients with complex mental health needs](#)

Ms Laura Sambrook¹, Dr Taj Nathan², Dr Christopher Bu², Dr Jason McIntyre¹, Mr Peter Ashley-Mudie¹, Dr Jackie Tait¹, Dr Amrith Shetty², Ms Hana Roks¹, Ms Anna Balmer¹, Dr Pooja Saini¹

¹Liverpool John Moores University, ²Cheshire and Wirral Partnership NHS Foundation Trust

Introduction: Little is known about the experiences of individuals presenting with complex mental health (CMH) needs and the provision of care they receive for suicide and self-harm behaviours. Observational work has highlighted the influence of clinician decision-making on service user outcomes; however, there is a lack of empirical analysis into how decisions are made for individuals with CMH needs. Research suggests that those with complex clinical presentations may have a history of both suicide attempts and self-harm, with risk highlighted as a key factor influencing clinician decision-making.

Aim: To evaluate the decision-making processes which lead to service users being classed as 'complex,' to help define the experience of providing mental health care for this cohort and collate in-depth information about clinicians' decision-making processes in respect of service users with CMH needs and their self-harm and suicidal behaviours.

Method: One-on-one semi-structured interviews were conducted with 18 clinicians working within an NHS mental health trust in order to generate qualitative data. It was a requirement of the study that clinicians were involved in making clinical and pathway decisions for service users with CMH needs within their job role. Interviews were audio recorded and transcribed verbatim. A transcript-based thematic analysis was conducted to conceptualise themes.

Results: The following three themes were developed from the clinician interviews in relation to their decision-making: (i) Service user characteristics including traumatic background and risk of self-harm or suicide; (ii) Time required to understand the complexity of service user needs; and (iii) Balancing the management of short-term needs such as risk of self-harm and suicide with long-term goals of living independently in the community.

Conclusion: This study highlighted the following recommendations for clinicians treating service users with CMH needs: having time to review service users' notes in order to understand their psychopathology and future risk to themselves or others; considering self-harm and suicidal behaviours when making decisions about placements; increasing awareness in listening to service users' distress about suicidal or self-harm thoughts for each individual's situational context; and to promote positive risk-taking when appropriate.

[Self-reported suicidal ideation among individuals with first episode psychosis and healthy controls](#)

Ms Caroline Heuschen¹, Dr. Koen Bolhuis², Jasper Zantvoord¹, Prof. dr. Claudi Bockting^{1,3,4}, Prof. Damiaan Denys¹, Dr. Anja Lok^{1,3,4}, Prof. Lieuwe de Haan¹, Dr. Frederike Schirmbeck¹

¹Department of Psychiatry, Amsterdam UMC, ²Department of Child and Adolescent Psychiatry/Psychology, Erasmus MC-Sophia Children's Hospital, ³Amsterdam Public Health Research Institute, Amsterdam UMC, University of Amsterdam, ⁴Centre for Urban Mental Health, University of Amsterdam

Introduction: Suicidal ideation is common among individuals with first episode psychosis (FEP), with prevalence estimates up to 56.5%. Despite its high prevalence, relatively little is known about the sociodemographic, clinical, and developmental characteristics associated with suicidal ideation in individuals with FEP, which is necessary to improve risk stratification efforts.

Methods: This cross-sectional study (FEP $n=551$ and controls $n=857$) is part of the European network of national schizophrenia networks studying Gene- Environment Interactions (EU-GEI). Univariate logistic regression analyses were performed to study the associations of sociodemographic, clinical, and developmental factors with suicidal ideation in individuals with FEP. Suicidal ideation was assessed using the Community Assessment of Psychic Experiences (CAPE). In addition, multivariate logistic regression analyses were conducted based on a stepwise approach.

Results: In FEP, positive, negative and depressive symptoms as well as traumatic childhood experiences were significantly associated with suicidal ideation in the univariate logistic regression. When integrating these predictors into one model, only depressive symptoms remained statistically significantly associated with suicidal ideation. In controls, gender, no previous education, positive family history for depression, positive, negative and depressive symptoms, traumatic childhood experiences, and lower social and academic functioning in childhood were associated with suicidal ideation in the univariate logistic regression. In subsequent multivariate analyses, depressive symptoms, positive symptoms, and traumatic childhood experiences significantly contributed to the model.

Conclusion: This study showed that depressive symptoms were an important factor relating to suicidal ideation in individuals with FEP, underscoring their relevance for suicidal risk stratification endeavours.

Limitations: cross-sectional study design, self-reported questionnaires.

Keywords: suicidal ideation, positive symptoms, negative symptoms, depression, European network of national schizophrenia networks studying Gene-Environment Interactions (EUGEI).

[Transition to a first suicide attempt among young and middle-aged males with a history of suicidal thoughts: a two-year cohort study](#)

Associate Professor Gregory Armstrong¹, Dr Matthew Spittal¹, Dr Tilahun Haregu¹, Professor Phil Batterham², Professor Anthony Jorm¹

¹University Of Melbourne, ²Australian National University

Introduction: Although many studies have examined the risk and protective factors associated with suicidal behaviour, little is known about the rate of transition from suicidal thought to suicidal attempt and the factors that distinguish those who have suicidal thoughts from those who progress to a suicide attempt.

Objectives: To determine the rate and predictors of transition to a suicide attempt among young and middle-aged males with a history of suicidal thoughts but no prior history of attempting suicide.

Methods: We used data from 12,218 males aged 15-55 years who participated in the first two waves of the Australian Longitudinal Study on Male Health, approximately two years apart. We followed the cohort of 1,564 males who, at wave 1, reported a lifetime history of suicidal ideation but no history of a prior suicide attempt. We described rates of transition to a first suicide attempt at Wave 2 using proportions and 95% confidence intervals and used logistic regression models to examine baseline predictors of transition to a first suicide attempt over the two-year period among males aged 18 years and older.

Results: From the 1,564 males with suicidal thoughts at wave 1, 140 participants (8.9%; 95% CI:7.6,10.5) reported to have had their first suicide attempt in the two-year period. In multivariate analyses, the odds of males aged 30-39 (OR=0.31; 95% CI: 0.16,0.60), 40-49(OR=0.47; 95% CI:0.24,0.91) and 50-55 (OR=0.31; 95% CI: 0.13,0.72) had a lower risk of transition to a first suicide attempt compared to males aged 18-29 years. The odds of transitioning to a first suicide attempt were significantly higher for males who were: living in inner regional areas (ref: major cities) (OR=2.32; 95% CI: 1.36,3.98); homosexual or bisexual (OR=2.49; 95% CI: 1.16,5.33); working night shift as their

main job (OR=1.74; 95% CI: 1.05,2.89); and, living with a disability (OR=1.99; 95% CI: 1.08,3.67). Clinical indicators such as symptoms of depression and illicit substance use were not significant predictors of transition to a first suicide attempt in multivariate models, nor were indicators of social connection.

Conclusion: We found that just under 10% of males aged 15–55 years with a history of suicidal thoughts and no prior history of suicide attempts will progress to a first suicide attempt within two-years. Rather than clinical and social connection indicators, it was socio-demographic indicators that were associated with transition to a first suicide attempt.

Oral #23 The role of social risk factors in suicide prevention, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Seimon Williams

Understanding Self-Harm in Eating Disorders: Findings from In-Depth Qualitative Interviews

Dr Anna Lavis¹, Dr Sheryllin McNeil, Dr Helen Bould, Dr Anthony Winston, Kalen Reid, Christina Easter, Ms Rosina Pendrous, Dr Maria Michail

¹Institute of Applied Health Research, University of Birmingham

Background: Eating disorders (ED) have long-term clinical implications, including a high risk of dying by suicide. Self-harm (SH), one the strongest predictors of future suicide attempts, is common amongst those diagnosed with an ED. Currently, however, there is uncertainty over how best to treat SH in EDs, and there are few targeted services or interventions. This service gap stems from a lack of evidence regarding the factors that lead a person with an ED to also develop SH, or how these interact or impact one another on a day-to-day basis.

Methods: This presentation will draw on qualitative results from the NIHR-funded Self-Harm In Eating Disorders (SHINE) Study, a mixed-methods investigation of SH in EDs. People aged 16+ years with any ED diagnosis and either current or a history of SH thoughts and/or behaviours were recruited through three specialist outpatient ED services in England (U.K.). For the qualitative component, participants took part in one in-depth semi-structured interview to explore the genesis and functions of both their SH and ED, as well as their treatment experiences and support needs.

Results: The interviews elucidated the psychological, emotional, and social factors that give rise to and maintain SH across the ED diagnostic spectrum. Participants describe a complex and often-changing relationship between SH and EDs. There is variability in terms of which developed first and how each function over time, with participants recounting how SH and EDs interact or come to stand in for one another across various affective and social contexts.

Conclusion: In qualitatively exploring the relationship between SH and ED, this research demonstrates the urgent need to incorporate nuanced understandings of lived experiences into the design and delivery of services. This is crucial to ensuring that both prevention and intervention are shaped by the clinical and social needs of people living through SH and an ED.

The CO-produced Psychosocial INTERvention delivered by GPs for young people who self-harm- Intervention Development (COPING-ID) study

Dr Faraz Mughal¹, Dr Benjamin Saunders¹, Dr Martyn Lewis¹, Prof Ellen Townsend², Prof Christopher Armitage³, Professor Carolyn A Chew-Graham¹

¹School of Medicine, Keele University, ²School of Psychology, University of Nottingham, ³Division of Psychology and Mental Health, University of Manchester

Background: Self-harm in young people is an international public health concern with reducing rates a key priority. In high-income countries young people often seek help for self-harm from general

practitioners (GPs). GPs have a key role in the management of self-harm, but some GPs describe lacking confidence treating young people with self-harm behaviour.

There are no effective interventions for GPs to offer young people 16–25 years after self-harm. There is evidence cognitive behaviour and dialectical behaviour type interventions can reduce self-harm repetition, however these have only been tested in specialist care settings. We developed, in partnership with young people with lived experience and GPs, an evidence and theory informed brief GP-led psychosocial intervention (COPING) for young people 16–25 years after self-harm. We present the development process below.

Methods: COPING's development was guided by the U.K. Medical Research Council's framework for developing and evaluating complex interventions. A combination development approach was adopted across two stages. Stage one was a semi-structured interview study with GPs in England about their clinical management of self-harm and views on future COPING components and implementation. Data were analysed thematically and mapped onto the Capability, Opportunity, and Motivation (COM-B)-Behaviour change framework. Stage two adhered to Behaviour Change Wheel (BCW) steps and included an evidence search, stakeholder consultation, behavioural analyses of target behaviours, co-production, and prototyping of COPING.

Findings: Fifteen GPs were interviewed; eight female and seven male (age range 32–52 years). Most GPs described having the physical and psychological capability to help young people not self-harm, but some GPs felt doing so was emotionally tiring. GPs stated COPING needed to be practical and simple for GPs to use daily. Behavioural diagnoses were mapped to six intervention types for COPING to target in young person and GP: education, training, enablement, incentivisation, environmental restructuring, and modelling.

Six young people aged 16–25 years with lived experience and five GPs participated in three online co-production workshops to design COPING. Members ranked/scored 42 behaviour change techniques (BCT) using mentimeter. The final COPING draft consists of eight BCTs and is a personalised treatment guide for GPs to use with young people across two consultations.

Conclusion: To our knowledge, this is the first study to co-produce a GP-led intervention for young people after self-harm. COPING will be tested in a feasibility study in U.K. general practice to inform a randomised controlled trial. COPING has the potential to benefit young people, their families, and general practice.

[Risk factors which distinguish those who have thoughts of self-harm or suicide from those who act on them: A systematic review in young people.](#)

Dr Marianne Etherson¹, Prof Ellen Townsend, Professor Dorothee Auer, Dr Sieun Lee, Dr Nitish Jawahar, Dr Joey Ward, Ms Krystyna Loney, Dr Heather McClelland, Prof. Rory C. O'Connor

¹University Of Glasgow

Self-harm and suicide behaviors in young people are a significant public health problem. Notably, most people with thoughts of self-harm and suicide do not act on their thoughts. In this regard, it is important to identify factors involved in the transition of thoughts of self-harm and suicide to behaviors. Reviews which have summarized distinct risk factors for suicide attempts, to date, have been examined in adult populations only. In addition, no reviews have synthesized factors involved in the transition from self-harm ideation to self-harm behaviour. Drawing on the “ideation-to-action framework”, our review addresses this gap in the literature by identifying the distinct factors involved in this transition in young people. We systematically searched databases: CINAHL, Embase, Medline, PsycINFO, Psychology and Behavioural Sciences Collection, and Web of Science Core Collection for articles published between 2011–2022. The search was restricted to peer-reviewed articles written in English. After duplicates were removed, 5,707 articles were identified. Following title and abstract screening, 919 articles were screened by full-text, and of these 69 met final inclusion criteria. Four

additional articles identified through screening the reference lists of studies were included. Of the 73 articles identified, 68 articles examined factors involved in the transition from suicidal ideation to behavior, and five articles examined factors involved in the transition from self-harm ideation to self-harm behavior. Key factors involved in the transition from suicidal ideation to behavior included non-suicidal self-injury, exposure to suicide or self-harm, alcohol or drug use, impulsivity, physical or sexual abuse, violence, suicidal planning, mental health disorders, emotion regulation, life stress, and various family factors. Similar psychosocial factors emerged in the transition from self-harm ideation to self-harm behavior, including exposure to self-harm or suicide, depressive disorders, lower self-compassion, and impulsivity. Our review has important implications for intervention and prevention efforts. Identifying factors that distinguish those with thoughts of self-harm and suicide and those who engage in behaviors, for instance, can help improve risk assessment (for young people experiencing thoughts of self-harm and suicide) and can provide possible targets for intervention.

[Conflict and bargaining in Micronesia: with implications for mental health and suicide](#) [Dr Kristen Syme¹](#)

¹Institute of Governance and Global Affairs, Leiden University

Background: Chon Chuuk of the Federated States of Micronesia have a youth suicide rate. At the proximate level, parent-child conflict is identified as a leading cause of suicide. Amwuwumwun is the Chuukese term associated with the state of the suicidal person but is also associated with behaviors such as refusing to eat or speak and running away as well as low-cost behaviors like avoidance. To understand why some parent-child conflicts lead to suicidal behavior, whereas the vast majority do not, I collected 72 detailed retrospective accounts of parent-child conflict during adolescence and young adulthood (ages 12–25 years) with 58 Chon Chuuk. Taking an evolutionary biological and game theoretical approach, we hypothesized that 1) if suicidal behavior is part of spectrum of costly behaviors humans exhibit to resolve conflict, then higher cost behaviors like running away from home and suicide threats should be associated with more threatening conflicts compared to lower cost behaviors like persuasion and avoidance; and, 2) strategies like running away that threaten the parent-child cooperative relationship should be associated with favorable outcomes towards that party, such as gaining concessions in a conflict.

Methods: Over two years, I recruited Chon Chuuk participants living on the U.S. mainland, where there is a sizable and growing population, from churches and high schools. I worked with Chon Chuuk community leaders to ensure the project was culturally appropriate. Participants were asked to recall a conflict (big or small) that occurred between them and their parents during adolescence or young adulthood. The interview format was semi-structured. I transcribed the interviews verbatim and coded the interviews for causes and operationalized variables.

Results: Common sources of conflict often concerned education and activities with peers; however, these were usually not sources of severe conflict. Time spent away from home and long-term home stress were associated with severe conflicts, including witnessing violence, neglect, and threats of being sent away. In line with our predictions, high-cost behaviors like running away and suicidal ideation occurred in response to severe conflicts and not in response to everyday conflicts over schoolwork and friends, and engaging in behaviors that threatened the parent-child cooperative relationship, like running away, were predictive of outcomes favoring the child. I interpret these findings in light of the formidable (but often overlooked) body of evidence gathered by social scientists that most suicidal behavior is a last resort in the face of serious threats to well-being and extreme social powerlessness.

Oral #24 Implementing suicide prevention at community level, September 21, 2023, 3:00 PM – 4:00 PM

Chair: Alan Woodward

Cultural and Social Factors for Suicide Prevention in Southern Africa

Dr Alan Woodward¹, Mr Molefi Takalo², Mr Michael Mmusi³, Mr Kenwilliams Mhango⁵

¹Lifeline International, ²Lifeline South Africa, ³Lifeline FTMTB Botswana, ⁵Lifeline Malawi

Suicide rates in Southern African counties appear to be rising and there is growing media, government and community concern about suicide prevention.

Lifeline organisations operate crisis lines and related crisis support services in these countries and have insights into the personal, social and cultural factors contributing to suicidal behaviour.

This Symposium examines the experiences of two countries: South Africa and Botswana. The experiences are compared and contrasted to illuminate common factors and the importance of community-based, culturally informed suicide prevention action.

Socio-cultural dynamics and mental health in South Africa

Molefi Takalo

Correlation between suicide and mental health was found to be one of the current major causes of death in South Africa. Lifeline South Africa has thus transformed its vision to providing mental and emotional health for all. This was motivated by the findings from the Global Health Estimate Report that South Africa has the third highest suicide rate out of all African countries. Research has revealed that various socio-cultural dynamics come into play and impact the above findings.

Men and women differ in their suicide behavior, and deaths by suicide amongst males has been reported to be four times than women, with a significant trend amongst male celebrities identified. Lifeline South Africa confirmed that in 2021/2022 more than 80,000 clients were reached through the crisis helpline with a significant rise in male callers who reported to seek for help suffering from mental health related problems.

Conversely, suicide is a global emergency and reported as a second leading cause of death amongst young people. In South Africa, teen suicide has been reported as a major cause of concern affecting educational institutions and communities Lifeline South Africa is serving. Through field work in educational institutions, Lifeline South Africa found that many adolescents experience bullying, neglect from their families and various forms of abuse which has led to a majority suffering from acute to severe mental health problems. Moreover, SADAG also said that one in five high school learners have attempted suicide in the country.

Suicide carries a social and moral meaning in all societies and therefore society and culture play an enormous role in indicating how people respond to and view mental health and suicide. More recently, research has started to recognize the role of contextual, psycho-social and socio-cultural factors increasing the risk of suicide. The taboo around mental illness, especially suicide, forces it underground and results in people contemplating suicide to remain silent about their thoughts and experiences. This silence must be broken and negative perceptions and stigma towards suicide and mental health in South Africa must be dealt with through holistic prevention and early intervention programs at all structural levels.

Socio-cultural dynamics and mental health in Botswana

Michael Mmusi

Media reporting of suicides in Botswana depicts more men than women dying by suicide, and in recent times, more youth and teenagers included in report about suicide. Reports suggest emotional anguish and relationship difficulties as the reasons for suicides in Botswana.

Two studies are examined: the first aimed at exploring suicidal ideation and its relationship to depression in university students in Botswana. Data were collected from 122 undergraduate students (68.9% females, 31.1% males) with a mean age of 20.02 years. Depressive symptoms were measured with an adapted version of Beck's Depression Inventory-II. In total, 47.5% of the respondents reported suicidal ideation, 28.7% reported previous suicide attempts, and the mean depression score was 19.14. Suicidal ideation correlated strongly with total depression scores. The level of depression severity was linearly related to suicidal ideation but 14.3% of respondents who scored at the level of minimal depression and 53.8% of those who scored at the level of mild depression had also contemplated suicide. The level of education of respondents' mothers had an inverse relationship with suicidal ideation and with depression, in that those whose mothers had a tertiary level education were less likely to engage in suicidal ideation and had significantly lower depression scores. The results are discussed from within the specific social ecological context of Botswana.

The second study explores the psychosocial factors that contribute to suicide among the youth in Botswana and how it affects the family. The study uses available literature to examine the psychosocial causes of suicide among the youth and also its implications on the family.

The study uses Durkheim's twin theory of social integration and social regulation to describe the causes of suicide among youth and its impact on the family. Findings from the literature reveal that there is a combination of one or more psychosocial factors leading to suicide among the youth. These factors, to mention a few, include intrapersonal issues, relationship problems, unemployment, sexual problems, family problems and social status. The paper also highlights the important lessons that Botswana can learn in their struggle to address suicide. It lastly discusses the recommendations that could be useful in addressing suicide in Botswana.

There is no civil society or service alternative to government funded services for people in Botswana to contact. There is limited data and information about suicide deaths in Botswana. There is also the challenge of laws against suicide and stigma towards those who have family members who die by suicide.

[Socio-cultural dynamics and mental health in Malawi](#)

[Kenwilliams Mhango](#)

Although some studies have associated suicide with mental disorders such as severe depression, research also shows that a significant number of cases occur due to emerging life stresses. Suicide is one of the leading causes of death among young people and is steady on the rise in Malawi. Malawi's suicide cases disproportionately affect young males from rural areas. Chasimpha et al. found that suicide due to financial difficulties was among the top three external causes of death in rural Malawi. Other factors contributing to such high suicide rates in the country include lack of interventions such as psychosocial therapy, poor coping skills and/or cultural upbringing.

Men rarely express their stresses or emotions despite there being proverbs such as "Mutu umodzi susenza denga" meaning that one person cannot carry a heavy burden alone. The Malawian culture doesn't allow men to be vulnerable and express emotions during difficult times, unlike women; similarly, to most African cultures.

During the lockdown period to mitigate the impact of the COVID-19 pandemic between April and September 2020, the rise of most suicide cases in Malawi are due to the result of financial hardship. Between January and August of 2022, the police reported 208 suicide cases, which 168 being male and 40 being female. There is a need to tackle the suicide epidemic holistically, on all tiers of intervention. People need to be equipped with socially acceptable coping mechanisms which are easily adaptable to a low resource setting.

The final tier of interventions includes policy changes and other deliberate steps to be taken by authorities. A commonly cited change in Malawi is the removal of suicide from the penal code acknowledging that suicide attempts are a symptom of illness rather than a crime. Other suggestions include deliberate steps addressing existing gender norms, most of which, like toxic masculinity, contribute to suicide statistics.

Oral #25 Suicide prevention interventions, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Renske Gilissen

Development and evident practice in mental health

Dr Renske Gilissen¹, Dr Lizanne Schweren¹, Dr Wouter van Ballegooijen³, Ms Nikki Van Eijk¹, Dr Remco de Winter², MSc Josine Rawee¹

¹113 Suicide Prevention, ²Rivierduinen, ³VU

In this group of five studies we will present new developments to provide the best possible treatment to patients with suicidality in mental healthcare.

Does the use of guidelines improve patient outcomes?

K. Setkowski, K. Boogert, A.W. Hoogendoorn, R. Gilissen* & A.J.L.M. van Balkom

In a meta-analysis we examined the effectiveness of evidence-based guidelines for psychiatric disorders on patient health outcomes in specialist mental health care.

Studies until August 10, 2020, were selected and data was extracted according to the PRISMA guidelines.

18 studies were included in the meta-analysis ($N=5,380$). Results show that patients cared for with guideline-adherent treatments improve to a greater degree than patients treated with treatment-as-usual (TAU): Guidelines showed a positive significant effect size on the severity of psychopathological symptoms at the patient level when compared to TAU ($d=0.29, 95\%-CI=(0.19, 0.40)$, $p<0.001$). Furthermore, these patients improved more quickly: the time to remission was shorter in the guideline treatment compared with TAU ($HR=1.54, 95\%-CI=(1.29, 1.84)$, $p=0.001$, $n=3$).

Personalised treatment recommendations based on the latest scientific evidence: an interactive support tool for mental healthcare professionals.

Lizanne JS Schweren, Noa van Zwieten, Nikki van Eijk, & Renske Gilissen

Adherence to guidelines regarding the treatment of patients with suicidal behaviour in mental healthcare institutions (MHI) has been shown to result in fewer deaths by suicide. Most guidelines, however, are limited in two ways: 1) despite regular updates, published guidelines cannot keep up with emerging scientific evidence; 2) being comprehensive, guidelines can be lengthy and inaccessible.

113 Suicide Prevention developed a flexible and user-friendly tool to support guideline adherence and evidence-based treatment decisions by MHI professionals. At its core are all conclusions and recommendations regarding the treatment of suicidality derived from the Dutch guideline published in 2012. More recent evidence regarding treatment efficacy was collected through literature search. Conclusions were extracted from relevant publications along with their level of evidence. Next, a dedicated expert panel evaluated all eligible conclusions/recommendations that deviated from those in the existing guidelines and advised on revisions where necessary.

Currently, the tool contains 60 recommendations regarding treatment based on literature up until 2022. The update process is repeated four times per year. Personalised treatment recommendations

are shown based on clinical characteristics and known risk factors. We are currently preparing a trial to investigate the effect of the tool on, among others, treatment quality.

[Implementing a systematic approach to suicide prevention in specialist mental healthcare: a large-scale trial of a multi-component intervention.](#)

[Nikki van Eijk*](#), Lianne Schweren*, Marjolein Veerbeek, Wouter van Ballegooijen, & Renske Gilissen

Suicide prevention in mental healthcare requires a systematic approach to improve the quality of care. This large-scale trial aims to implement a four-pillar approach in five mental healthcare institutions (MHIs), targeting around 20% of all mental healthcare patients in the Netherlands. The four pillars (Detection, Diagnostics, Treatment, Reporting) are in line with the Dutch MH-guidelines regarding suicidality, which is crucial for reducing deaths by suicide. A user-friendly tool for professionals has been developed to support the systematic approach.

The trial will follow a lagged design, with MHIs implementing the four pillars over three years. Service users are involved throughout the design, implementation and evaluation. The intervention aims to improve quality of care and guideline adherence, ultimately reducing suicidal behaviors among service users. The trial builds on five years of experience in a network of MHIs focused on improving suicide prevention strategies and quality of care (SUPRANET GGZ).

The main strengths of this trial lie in its systematic approach, the involvement of service users, and the use of an interactive tool to support professionals. The primary goal is to improve the quality of care for patients, thereby reducing the incidence of suicidal behaviors in mental healthcare settings. This trial also aims to provide a model for effective implementation of systematic approaches to suicide prevention in MH services.

[The effect of direct and indirect psychosocial intervention on suicidal ideations and attempts: a meta-analysis](#)

Wouter van Ballegooijen, [Josine Rawee*](#), Christina Palantza, Lianne Schweren, Remco de Winter, Renske Gilissen, Pim Cuijpers

Evidence suggests that psychotherapy, including cognitive behavioural therapy and dialectical behaviour therapy, can reduce suicidal ideation and suicide attempts. In clinical practice, patients with suicidal thoughts receive treatment directly targeting suicidal thoughts and self-harm behaviors, as well as treatment primarily aimed at other symptoms, such as those of depression or personality disorders. It is still unclear whether psychotherapies that directly or indirectly target suicidal thoughts differ in effectiveness.

We conducted a meta-analysis to examine the effect of psychotherapy on suicidal thoughts and suicidal attempts measured post-treatment, distinguishing between direct and indirect treatments.

We systematically searched five scientific literature databases. Randomized controlled trials that reported the effect of any type of psychotherapy on suicidal thoughts or suicidal attempts were included. The database is continually updated with new evidence.

So far, 214 trials have been included, of which 70 are in this preliminary analysis. Results show that direct interventions had a small effect on suicidal thoughts ($g = 0.27$, $p < .001$) and that indirect interventions had a small to moderate effect ($g = 0.42$, $p < .001$). Direct interventions had a significant effect on suicide attempts ($RR = 0.74$, $p < .001$), whereas indirect interventions did not.

Conclusions: Preliminary results indicate while both direct and indirect interventions reduce suicidal thoughts, albeit with a small effect size. Only direct interventions significantly reduced suicide attempts.

Oral #26 The impact of COVID-19 on suicide prevention, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Olivia Kirtley

Suicide Deaths and COVID-19 pandemic: A time series analysis from New Delhi, India

Professor Chittaranjan Behera¹

¹All India Institute of Medical Sciences

The effect of the COVID-19 pandemic on suicide deaths remained uncertain. To investigate this, the present study aimed to examine changes in mortality related to suicides at AIIMS, New Delhi from two districts in Delhi, India, as well as other factors such as demographics, clinical data, and social variables, during the period from January 1 to October 31, 2021. The data was classified into three time frames: pre-second wave (January 1 to April 18, 2021), lockdown phase (April 19 to June 7, 2021), and post-lockdown phase (June 8 to October 31, 2021), and compared the results with the corresponding periods during the first wave of the pandemic (pre-first wave from January 1 to March 24, 2020; lockdown phase from March 25 to May 31, 2020; and post-lockdown phase from June 1 to October 31, 2020). Of the 450 suicidal deaths that occurred during the study period, 63 and 214 were reported during the lockdown (50 days) and post-lockdown (146 days) periods, respectively. The corresponding figures for the same period in the previous year were 61 and 260 during the lockdown (68 days) and post-lockdown (153 days) periods, respectively, out of a total of 418 suicidal deaths. There were no significant differences in age ($p = 0.20$) or gender ($p = 0.20$) distribution between the lockdown and post-lockdown periods. However, there were significantly fewer suicide deaths related to substance use ($p = 0.02$) during the lockdown period (7.9%) compared to the post-lockdown period (20.6%). These results suggest that the impact of the COVID-19 pandemic on suicide deaths varied over time and across different geographic regions. This study provided insights into the pandemic's impact on suicide deaths during the first and second waves. Ongoing surveillance of suicide-related death trends is necessary to understand the pandemic's dynamic character as it continued to spread. These findings can aid researchers in better understanding the pandemic's impact on suicide behavior and the factors that influence it.

[A chart review and comparative analysis of coroner's records for suicide deaths occurring in pre-pandemic and pandemic periods: Preliminary results.](#)

Ms Nicole Edgar¹, Mr. Daniel Sanchez Morales², Ms. Navitha Jayakumar², Ms Prudence Chan², Dr. Jeffrey Rosenthal³, Dr. Richard Wells⁴, Dr. Mark Sinyor^{2,5}, Dr. Ayal Schaffer^{2,5}, Dr Jennifer Dmetrichuk^{4,6}, Dr. Simon Hatcher^{1,7}

¹Ottawa Hospital Research Institute, Clinical Epidemiology Program, ²Sunnybrook Health Sciences Centre, Department of Psychiatry, ³Department of Statistics, University of Toronto, ⁴Office of the Chief Coroner of Ontario, ⁵Department of Psychiatry, University of Toronto, ⁶Department of Laboratory Medicine and Pathobiology, University of Toronto, ⁷Department of Psychiatry, University of Ottawa

Background: There is significant interest in understanding the trends in suicides during the COVID-19 pandemic. Investigating both stressors directly caused by the pandemic, as well as changes in trends of pre-existing stressors can help guide public health action. Contrary to predictions at the start of the COVID-19 pandemic, (1) suicide rates have not increased and may have declined during the pandemic, and (2) possible explanations include enhancement of protective factors, such as social support and a sense of “everyone pulling together” and increased financial supports. However, there may be relevant changes that are disguised under population level rate reporting, such as in increase in suicide deaths among older adults (3). To date, there has been no published examination of demographic changes in suicide deaths or method of death during COVID-19 in Canada. The overarching goal of the study is to provide recommendations to death investigation intake forms, to

better capture stressors related to suicides and to inform suicide prevention initiatives at the local and national level.

Method: We are conducting a systematic detailed case review of all suicide deaths in Ontario in 2019–2022. We will have two cohorts: one being suicide deaths that occurred during the pandemic, and the other being suicides that occurred during 2019 until the declaration of the pandemic. It is anticipated that there will be approximately 6,000 charts to review for our cohorts. We will systematically review each chart for demographics, medical history, adverse life events (including bereavement, employment and financial stress, interpersonal conflict, legal stressors, health stressors and COVID–19 stressors). We will also examine any reported links to COVID–19 and common pre–COVID stressors. Further, we will examine difference between pre– and during COVID–19 as well as by "wave" (as documented in Ontario, Canada) of the pandemic to determine if there were any differences in suicide stressors between these times.

Anticipated Results: We anticipate being able to identify changes in stressors or identification of unique stressors that affected suicide deaths during COVID–19. We anticipate that stressors may vary based on the "wave" of the pandemic and the intensity of public health measures during that time.

Conclusion: This study will shed light on the impact of the COVID–19 on suicides in Ontario, which may be generalizable to other settings. The results will assist with policy design and enhanced service delivery where risks or benefits to public health are observed.

[Rates of suicide attempt and suicide deaths among vulnerable groups during the COVID–19 pandemic](#)

[Dr Annette Erlangsen](#)¹, Dr Trine Madsen, Mr Nikolaj Kjaer Hoyer, Professor Keith Hawton, Prof Merete Nordentoft

¹Drisp

Introduction: The period of the COVID–19 pandemic has been linked to a reduction in the rates of suicidal behavior in several countries. Still, it remains to be examined whether specific subgroups experienced elevated risks of suicide attempt and suicide during the pandemic. The aim of this study was to examine whether (1) young individuals, (2) singles, (3) older adults, (4) unemployed, (5) individuals with mental disorders, (6) individuals with chronic medical conditions, and (7) victims of interpersonal violence had elevated rates of suicide attempt and suicide during the COVID–19 pandemic.

Data and Method: A retrospective cohort design was applied to nationwide data on all individuals aged 15+ years and living in Denmark, from Jan 1, 1980, through Dec 31, 2021 ($N = 6,657,217$). The outcomes, suicide attempt and suicide deaths, were identified in hospital records and cause of death registration, respectively. Incidence rates of the first 21 months of the pandemic (March 2020–Dec 2021) were compared with rates of a preceding 21-month period (March 2018–Dec 2019). Adjusted incidence rate ratios (IRR) with 95% confidence intervals (CI) were calculated using Poisson regression and adjusted for age and sex.

Results: A total of 3,023 and 2,854 suicide attempts were recorded before and during the COVID–19 pandemic, suggesting a lower rate of suicide attempts during the pandemic (IRR 0.94, 95% CI 0.90–0.99). The corresponding numbers for deaths by suicide before and during the pandemic were 1,083 and 1,016, respectively; resulting in an IRR of 0.92 (95% CI 0.85–1.01). No significant difference was seen with respect to suicide attempt for young adults (IRR 0.96, 95% CI 0.90–1.03) nor for singles with respect to suicide (IRR 0.91, 95% CI 0.82–1.02). A lower rate of suicide was observed for older adults (IRR 0.78, 95% CI 0.64–0.95). A 45% higher suicide rate was found for unemployed individuals under the COVID–19 pandemic (IRR 1.45, 95% CI 1.11–1.88). Individuals with any mental disorder were found to have a lower suicide rate during the pandemic (IRR 0.81, 95% CI 0.72–0.92). No elevated rates of suicide attempt or suicide were observed for other groups.

Conclusion: Higher rates of suicide were observed among individuals who were unemployed during the COVID-19 pandemic. Rates of suicide attempt and suicide seemed unaltered for most other groups, while some, such as individuals with mental disorders, experienced lower rates.

Suicidal thinking in Kosovo from the first wave of COVID-19 to 2023: results of repeated cross-sectional surveys

Professor Naim Fana^{1,2}, Professor Sevim Mustafa^{3,2}, Dr Afrim Ajradini²

¹Alma Mater Europaea Campus Rezonanca Prishtina Kosovo, ²OJQ Për mendje të shëndoshë, ³College AAB

Introduction: There are reports from countries and in the scientific literature that COVID-19 affected mental health worldwide, but the literature review on suicide rates escalation during COVID-19 is inconsistent. The aim of this study was to understand the level of suicidal thinking as a result of the COVID-19 situation and possible associations with sociodemographic variables in Kosovo. It is intriguing what impact it had on Kosovo as a country with the lowest suicide rate in Europe.

Objective: To understand the level of suicidal thinking because of the COVID-19 situation and possible associations with sociodemographic variables and number of infected cases/death rates.

Methods: It is a comparative study. We examined data of eight cross-sectional online/direct surveys conducted during 2020, 2021, 2022, and 2023. The participants were online/direct respondents in 2020 (T1=196, T2=1,715, and T3=155); in 2021 (T4=454, T5=155, T6=404) and end of 2022/start 2023 (T7=490, T8=491). Participants (age range 14-74 years, Mage=25.79 years) completed the Albanian version of PHQ-9 and GAD-7. We used statement number nine of questionnaire that asks about suicidal thoughts over the past two weeks. Data processing was performed with SPSS 21.0 and Microsoft Excel 2007.

Results: Suicidal thinking (several days to nearly every day) resulted from 20% (T4, T5) to 60% (T6). These results do not show any correlation with the waves of COVID-19 nor with the number of cases/deaths with COVID-19; T6 is the period one year after the last wave of COVID-19 in Kosovo. The average of the periods analyzed (T1 to T4) is the lowest (29%) compared to the only data we have for the period before COVID-19 in 2019 (51%). There were positive significant correlations between suicidal thinking with perception of worsened psychological state from COVID-19, anxiety and depression level. Significantly higher suicidal thinking resulted for participants who had another mental health disorder or depression before the onset of the pandemic. Also, females, age under 17 to 24 years, and participants with low socioeconomic situation, scored significantly higher in most periods of surveys.

Conclusions: Different levels of suicidal ideation have not been shown to be significantly associated with worsening pandemic conditions. A previous history of mental disorders/depression emerges as consistent contributing factors to these findings. The need for more representative studies is indicated to know the prevalence, influencing factors and the necessity of suicide prevention strategies in our country.

Mental health during Covid-19 epidemic: Negative effects and protective factors

Ms Eva Sedlašek¹, Ms Nina Krohne^{1,2}, Ms Polonca Borko¹, Robert Masten³, Mr Matej Vinko⁴, Prof Diego De Leo^{1,2}, Assoc Prof Vita Poštuvan^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, ²Department of Psychology, Faculty of Mathematics, Natural Sciences and Information Technology, University of Primorska, ³Department of Psychology, Faculty of Arts, University of Ljubljana, ⁴Department of Health Research and Development, National Institute of Public Health

Objectives: The preventive measures taken to contain the spread of Covid-19 affected various aspects of people's lives, while also representing an important risk factor for maintaining the mental health of the population. In the present study, we examined the negative psychological consequences of the preventive measures on people's mental health and the protective factors that strengthened their mental health and well-being during the epidemic.

Methods: A modified Delphi study was conducted with a sample of Slovenian professionals who worked with people from specific demographic groups (i.e., children and adolescents, young adults, adult working population and elderly) during the epidemic. In the first phase, we designed a qualitative study in which semi-structured interviews were conducted with 11 professionals. The second phase of the study was a quantitative study in which 73 professionals completed a structured online questionnaire based on the results of the first phase.

Results: Experts recognized the disruption of informal face-to-face social contacts (because of the social distancing and lockdown preventive measures) as the single most important risk factor that affected people's lives during and after the epidemic. Banning daily face-to-face contact with friends, peers, relatives and family members or romantic partners (who did not live at the same address) had a significant impact on the mental health and psychological well-being of people from all four demographic groups included in the study, with differences in the nature of the (psychological) distress and the consequences for each group. The differences between groups were related to characteristics specific to the individual's developmental period and their inability to successfully meet the (psychological) needs specific to that period. The individual's ability to adapt to change and the emotional support provided by family or other close family members contributed significantly to maintaining mental health and well-being during the epidemic.

Conclusion: The mental health of different demographic groups during the Covid-19 epidemic was identified as the result of an interplay between various risk factors on the one hand and protective factors on the other. Further qualitative investigation of the subjective experiences of individuals from the vulnerable groups studied would be an important addition to the findings of our study.

Effect of COVID-19 Pandemic on suicidal deaths in South and South-East Districts of Delhi, AIIMS, India

Ms Kumkum Singh¹, Dr Ravneet Kaur²

¹Department of Forensic Medicine and Toxicology, AIIMS, ²Department of Centre for Community Medicine, AIIMS

Background: Suicide is an important public health issue and a major cause of death globally. In 2021, National Crime Records Bureau reported 1,064,033 suicide deaths in India. The COVID-19 pandemic had a significant impact on mental health and has been linked to increased suicide deaths worldwide. The pandemic caused stress, anxiety, uncertainty; financial crisis and social isolation that may have contributed to increased risk of suicide. Few studies have provided actual data assessing the trend in suicide deaths during the COVID-19 pandemic worldwide.

Aim: To assess the change in pattern of suicide deaths following the COVID-19 pandemic as compared to previous years.

Methods: We studied the suicide deaths during the COVID-19 Pandemic (1st April 2020–31st March 2023) by using a structured proforma, suicide notes, and treatment records, including COVID-19 status of the suicide completers. The data were compared with the suicide data of previous three years i.e., Pre-COVID period (1st April 2017– 31st March 2020), retrieved from the archives of Department of Forensic Medicine, AIIMS.

Results: The total number of suicide deaths during pandemic (2020–2023) was 1,488, as compared to 1,433 suicidal deaths in the pre-COVID period (2017–2020). The mean number of deaths per month in the post-COVID period was 41.3 as compared to 39.8 in the pre-COVID period.

The median (IQR) age of the suicide-completers in the pre- and post-COVID period [28.0(8) and 28.0(10)] respectively. Majority were male 986 (68.8%) and 1,064 (75.4%) in the pre- and post-COVID period respectively ($\chi^2=0.09$, $p=0.76$). The most common causes of death were hanging (95.1% in the pre-COVID period and 94.1% in the post-COVID period), followed by poisoning (4.3% and 4.6%). There was no significant difference in availability of suicide note [58(4.0%) vs 97 (6.9%), $\chi^2=1.71$, $p=0.19$]. However, there was significant difference in the proportion of suicide-completers who had h/o previous suicide attempt [2(0.1%) vs 78(5.6%); $\chi^2=74.1$, $p<0.001$]; physical illness [48(3.3%) vs 113(8.1%); $\chi^2=26.6$ $p<0.001$], and substance abuse [21 (1.5%) vs 226 (16.2%); $\chi^2=170$, $p<0.01$]in the post-COVID period as compared to pre-COVID period.

Conclusion: We did not find any significant difference in the magnitude of suicide deaths; however, there was a significant change in the pattern of suicide deaths in terms of previous attempt, physical illness and substance abuse in the post-COVID period as compared to pre-COVID.

Limitations: This data was retrieved from post-mortem reports, hence some variables like physical illness, previous attempt and substance abuse may be under reported.

[Is there a relationship between the covid-19 lockdown and the intensity of suicidal thoughts in the Lithuanian sample?](#)

Professor Paulius Skruibis, Mrs Dovile Grigiene, Dr Jurgita Rimkeviciene, Dr Said Dadashev, Professor Danute Gailiene

¹Vilnius University

The study explored the relationship between COVID-19 lockdown and the intensity of suicidal thoughts. At the beginning of COVID-19 pandemic, suicide researchers argued that there might be an increase in suicidal behavior due to a significant increase in suicide risk factors, such as isolation. However, suicide data from 21 countries showed no increase in the early months of the pandemic (Pirkis et al., 2021). We wanted to assess whether the second lockdown in Lithuania was associated with an increased intensity of suicidal thoughts.

A non-probability quota sampling method was used to include people from different places of residence and age groups. We have filtered out 799 participants to form two groups: one group filled in our questionnaire between the first and second lockdown (July–October 2020) and another group during the strictest lockdown (January 2021). These two groups consisted of 25% males and 75% females aged 18 to 86 years old ($M = 44.09$, $SD = 16.69$). To determine how much of the variation in the intensity of suicide thoughts (measured by the Suicidal Ideation Attributes Scale — SIDAS) can be explained by the lockdown, we employed hierarchical multiple regression. Demographical variables and well-known suicide-related variables, such as defeat and entrapment, thwarted belongingness, perceived burdensomeness and hopelessness, were also added to the model.

The full model of gender, age, lockdown and defeat and entrapment, thwarted belongingness, perceived burdensomeness and hopelessness to predict the intensity of suicidal thoughts was statistically significant, $R^2 = .496$, $F(7, 732) = 103.078$, $p < .001$; adjusted $R^2 = .492$. However, adding the lockdown into the model did not lead to a significant increase of R^2 . The strongest predictors of the intensity of suicidal thoughts were suicide-related variables: defeat and entrapment, thwarted belongingness, perceived burdensomeness and hopelessness.

Conclusion: there was no significant relationship between the covid-19 lockdown and the intensity of suicidal thoughts in the Lithuanian sample.

This project has received funding from the Research Council of Lithuania (LMTLT), agreement No S-MIP-21-33.

The impact of the global COVID-19 pandemic on risk factors for suicide in healthcare workers: A narrative review

Dr Jennifer Zohn¹, Ms. Sophia Hovis

¹University Of Colorado Colorado Springs

Background: Suicide is a leading cause of death in the United States and around the globe. Worldwide, over 700,000 people die by suicide each year. Healthcare workers are more vulnerable to suicide risk factors than the general population. The global COVID-19 pandemic presents additional workplace and health concerns that relate to suicide risk factors in healthcare workers. It is important to recognize suicide risk factors in healthcare workers and to implement strategies to reduce these risk factors.

Objectives: This study describes the impact of the global COVID-19 pandemic on risk factors for suicide in healthcare workers and identifies evidence-based strategies and resources to reduce suicide risk factors in healthcare workers now and in the future.

Design: The authors conducted a descriptive study using thematic analysis and narrative review of the literature.

Methods: Using health science databases and key search terms, the authors searched the literature, selected and analyzed studies, identified themes, synthesized findings, and created a narrative review. The STROBE checklist was utilized in this study.

Results: Two themes were identified, (1) the impact of the COVID-19 pandemic on work-related suicide risk factors in healthcare workers, and (2) the impact of the COVID-19 pandemic on mental health-related suicide risk factors in healthcare workers. The pandemic has affected suicide risk factors in healthcare workers. Many studies discussed evidence-based strategies and resources that can be utilized to identify and reduce suicide risk factors in healthcare workers. Implications for healthcare workers in the United States are discussed.

Conclusion: The global COVID-19 pandemic has negatively impacted suicide risk factors in healthcare workers. It is time for individuals and healthcare delivery systems to implement suicide risk prevention strategies to protect healthcare workers now and in the future. It is essential to promote and protect the health and well-being of the local, national, and global healthcare workforce.

Relevance to Clinical Practice: This review increases awareness of the pandemic's impact on healthcare workers' risk factors for suicide and identifies evidence-based suicide risk prevention strategies and resources for healthcare workers.

Future Research: While evidence is emerging, more research is needed to further understand the impact of COVID-19 upon healthcare workers' mental health and suicide risk factors, and strategies to proactively reduce suicide risk factors and promote protective factors against suicide in the healthcare worker population.

Oral #27 Implementing suicide prevention at community level, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Wendy Orchard

Building an online suicide prevention community

Dr Dan Reidenberg¹

¹SAVE.org

Community building is complicated. Community building online across continents, multiple technology platforms and with dozens of individuals is even more complicated. But in doing so SAVE&RAID has created a three-year long running partnership that provides information, education,

support, referrals, connections and a community of individuals with lived experience, loss survivors and online gamers. Over the course of a year, event planning takes place that further deepens relationships, extends the participant community to family, friends, spouses and significant others, even broadening the suicide prevention community.

In this presentation participants will learn how an online community has been built, is maintained, fostered and shared internally and externally. Data on number of impressions, number of participants, number of countries and continents involved, activities involved in the community building, incentives, challenges and education and training provided for communication will be shared.

[A Volunteer-Run, Face-to-Face, Early Intervention Service for Reducing Suicidality: A service evaluation of The Listening Place](#)

Dr Sophie Smart^{1,2}, Professor Stephen Platt^{2,3}, Dr Sarah Davidson^{2,4}

¹Cardiff University, ²The Listening Place, ³University of Edinburgh, ⁴British Red Cross

Befriending is one of many strategies with the potential to reduce suicidal ideation and decrease the risk of suicide. The Listening Place (TLP) is a charity which offers volunteer-run, face-to-face befriending to people who are suicidal.

First, we will present a service evaluation where the main aim was to measure change in suicidal ideation and behaviour among visitors (service users) supported at TLP. This study was peer reviewed and preregistered on the Open Science Framework prior to data extraction. Anonymized data were extracted for visitors at the point of referral and after three months of receiving support. Paired-sample tests were used to test whether self-reported suicidal ideation and behaviours changed after three months of support from TLP. Multivariable regressions were used to test whether change in suicidal feelings was associated with demographic characteristics or baseline self-reported suicidality. TLP received 13,938 referrals from July 2016 to February 2022. Self-reported suicidal ideation, suicidal behaviour, and feelings of distress decreased after three months, while feelings of support increased. Only self-reported suicidal behaviour prior to referral was associated with a lesser reduction in self-reported suicidality after three months.

Second, we will present a qualitative service evaluation, which was reviewed by three visitors supported at TLP. Thematic analysis was used to examine what visitors, after receiving three months of support, say about TLP by analysing free-text answers to the question ‘please add comments about any aspect of your experience at TLP’. Responses from 212 visitors from July 2016 to June 2018 were available ranging from three words to multiple sentences in length. Five overarching themes were identified: TLP is a professional but human organization; TLP gives me something I don’t get elsewhere; TLP is a safe space; how TLP helps; and “three months later, I’m still here”.

Finally, we will present some exploratory analysis using anonymised repeated measure data from 2,142 visitors who have consented for their data to be used for research purposes.

In the absence of a control group, it cannot be concluded that TLP causes the reduction observed in self-reported suicidality. However, we demonstrate that an empathetic, non-judgmental, listening service for people who are feeling suicidal was well received by users, who experienced a reduction in suicidality.

[Community-based interventions for suicide prevention in LMICs: Case studies](#)

Mx. Shruthi Murali, **Ms. Priti Sridhar**

Mainstream suicide prevention focuses on risk assessment tools, which position mental health practitioners as experts who assess each individual’s suicide risk. These rarely account for structural issues such as lack of access to healthcare/housing, unemployment, violence, poverty and others. They treat suicide as an individual problem rather than the product of systemic discrimination —

based on identities such as caste and gender — that renders certain communities more vulnerable to suicide, therefore necessitating a structural and psychosocial approach. Furthermore, the risk and protective factors for suicide differ between communities. Particularly in LMICs, indicated interventions such as risk assessment tools are often inaccurate, costly and ill-equipped to account for each community's unique experiences. It is therefore necessary for suicide prevention efforts to be decentralized and tailored to each community's needs and lived realities.

Community-based interventions for suicide prevention are cost-effective and impactful alternatives to risk assessment. They provide more accessible and appropriate services and span the spectrum of prevention, crisis intervention and postvention, addressing root causes of distress that may lead to suicide. This presentation will discuss case studies of such interventions in India.

Prevention: Farmer Suicides

In 2021, over 10,000 farmers died by suicide in India due to structural issues including financial debt, lack of accessible social support schemes, and climate change. Shivar Foundation addresses farmer suicides in Osmanabad, a drought-afflicted district in Maharashtra, by providing counseling and referral services to indebted farmers and their families, in an agri-psychosocial program that is accessible and low-cost.

Contact and Safety Planning Project (CASP) by CMHLP:

The Mental Healthcare Act, 2017 decriminalised suicide in India. However, it remains a medico-legal issue, as suicide data is still collected as a crime indicator by police; and cases are still filed against survivors. Thus, user-centric interventions in healthcare settings in the immediate aftermath of a suicide attempt are key. This project aims to reduce repeat suicide attempts through interventions delivered by public health workers in government district hospitals.

Postvention: Project SPEAK

The stigma around suicide prevents those bereaved from speaking about the loss of their loved one, leading to isolation and an increased risk of suicide attempts. Project SPEAK in rural Tamil Nadu, spearheaded by women survivors of suicide loss themselves, aims to address this by focusing on services and support for women bereaved by suicide through the Local Outreach to Suicide Survivors (LOSS) model, involving outreach by trained teams from the community to survivors.

[Pharmacists as gatekeepers in suicide prevention: Needs assessment](#)

Ms Pauline Stas¹, Elien Cornelis¹, Céline Claus¹, Ms Eva de Jaegere¹, Kirsten Pauwels¹, Professor Gwendolyn Portzky¹

¹Flemish Centre of Expertise in Suicide Prevention (Ghent University, Belgium)

Introduction: Gatekeeper training is an effective suicide prevention strategy. Pharmacists and pharmaceutical technical assistants (PTAs) are one of the most visible and accessible health care providers, making them important possible gatekeepers. Moreover, they provide medication and, therefore, can play an important role in the restriction or management of access to means for people who are suicidal. This study aimed at assessing the needs of pharmacists and PTAs regarding their role as gatekeepers in the prevention of suicide, in the context of a project in collaboration with the Flemish Pharmacists Network.

Methods: Pharmacists and PTAs were asked to complete an online questionnaire, after giving informed consent. The questionnaire examined their perceptions, attitudes and perceived barriers in the context of suicide prevention, as well as their self-efficacy and need for gatekeeper training. Furthermore, experience with suicide(prevention) and suicidal behavior amongst pharmacists was investigated.

Results: A total of 110 participants gave informed consent, of which 69 (62.7%) completed the questionnaire. Most of the pharmacists (73.6%) had encountered someone suicidal in their pharmacy, but only 9.7% felt confident in approaching or starting a conversation with people who might be feeling suicidal. Moreover, most of the participants indicated they lacked training in screening mental health issues ($n=72$, 81.8%), did not know which actions to undertake with suicidal patients ($n=57$, 64.8%) or how to ask about suicidal thoughts ($n=56$, 63.6%). More than 90% of participants indicated that gatekeeper training is needed (91.3%) and that they are willing (97.1%) to follow such training. They would prefer online training, including topics such as recognizing signs, starting a conversation about suicide and referring to other caregivers.

Conclusion: These findings contribute to the growing research on pharmacists as gatekeepers and provide insight into their current perceptions, attitudes and barriers regarding suicide prevention, but also which aspects are important to include in a gatekeeper training. Overall, this study shows a clear need and willingness to participate in gatekeeper training amongst pharmacists.

[Suicide risk of Canadian HCWs during the first two waves of the COVID-19 pandemic: An ecological momentary assessment](#)

Professor Christine Genest¹, Doctor Nicolas Bergeron, Émilie Provost-Tremblay, Professor Marie-Michèle Dufour, Dr Stéphane Guay, Professor Steve Geoffrion

¹Université De Montréal

Introduction: During the COVID-19 pandemic, health care workers (HCWs) experienced various psychological impacts associated with the health situation. Cross-sectional studies conducted during the pandemic demonstrated the presence of suicidal ideation in this population, but no longitudinal studies were identified that would allow us to see the evolution of these ideations over time.

Objectives: The aim of the present study is therefore to evaluate the evolution of suicidal ideation among HCW in Quebec (Canada) during the first two waves of the COVID-19 pandemic and to identify the associated risk factors.

Methods: A longitudinal study among Quebec (Canada) HCWs using ecological momentary assessment was conducted between May 8, 2020, and March 31, 2021 (corresponding to the second half of the first wave to the end of the second). Questions related to anxiety (GAD-7), depression (PHQ-9), suicidal ideation (PHQ-9, Q.9), exposure to COVID-19, exposure to COVID-19-related deaths, their infection status and that of their co-workers and loved ones, as well as the amount of time they spent consuming news related to COVID-19 were answered by participants ($n=865$) on a weekly basis.

Results: The proportion of suicidal ideation increased between May and June 2020 with a peak of up to 18% of HCWs presenting suicidal ideation. Thereafter the proportion of suicidal ideation decreased until March 2021. Risk factors associated with suicidal ideation among HCW are anxiety symptoms, depressive symptoms, and having a colleague who tested positive for COVID-19. Social support was not found to be a protective factor for suicidal ideation in this population during the pandemic. Suicidal ideation was, however, associated with media consumption and appeared to be mediated by the presence of clinical distress expressed as anxiety or depressive symptoms.

Discussion and conclusion: During the pandemic period studied, media consumption was associated with anxiety and depressive symptoms that could lead to suicidal ideation. Although this study does not determine the presence of a causal link between media consumption and the presence of suicidal ideation, it would be appropriate to recommend that HCWs limit their media exposure during a disaster like a pandemic.

Oral #28 Psychological factors, September 21, 2023, 4:30 PM – 6:00 PM

Chair: Maurizio Pompili & Alberto Forte

Subjective experience and emotional support in suicide prevention, caregiver and patient perspectives.

Dr. Carole Kapp¹, Dr. Dimitrios Kiakos², Prof. Céline Bourquin², Prof. Friedrich Stiefel², Dr. Stéphane Richard-Devantoy³, Mrs Dolores Angela Castelli Dransart⁴, Dr. Anais Morzier², Dr. Yves Dorogi², Dr. Stéphane Saillant⁵, Dr. Claire Girardet⁸, Lorraine Astier Cholodenko⁶, Dr. Raphael Thélin⁶, Dr. Dagmar Pauli⁷, Dr. Isabelle Häberling⁷, PD Dr. Med. Gregor Berger⁷, Prof. Maurizio Pompili⁹, Dr Laurent Michaud²

¹Division of Child and Adolescent Psychiatry Department of Psychiatry Lausanne University Hospital (CHUV) Lausanne Switzerland, ²Psychiatric Liaison Service, Lausanne University Hospital, Lausanne, Switzerland, ³McGill Group for Suicide Studies, Montréal, Canada, ⁴HES-SO University of Applied Sciences and Arts Western Switzerland, School of Social Work, ⁵Department of General and Liaison Psychiatry, Neuchatel Psychiatric Center, Switzerland, ⁶Association StopSuicide, Genève, Switzerland, ⁷Psychiatric University Hospital Zürich, Clinic of Child and Adolescent Psychiatry, ⁸Unité PSPS- Unité de promotion de la santé et de prévention en milieu scolaire, Lausanne, Switzerland, ⁹Faculty of Medicine and Psychology Dept. of Neurosciences, Mental Health and Sensory Organs

Despite innovative psychiatric treatments and novel prevention strategies being proposed in the last years, there are still significant issues that are hindering progress in preventing suicide. Furthermore, there is a lack of interventions that promote empathy toward patients' emotions. The aim of the present symposium is to provide an overview of innovative and multidisciplinary research and interventions, focusing on the subjective and emotional experience of caregivers and people facing a suicidal crisis.

Countertransference reactions towards suicidal patients: a qualitative study

Dimitri Kiakos, Friedrich Stiefel, Stéphane Richard-Devantoy, Céline Bourquin, **Laurent Michaud**

The care of suicidal patients is challenging for various reasons, among them is the conflicting goal of the patient, who wishes to die, and the clinician, who desires to heal. This can result in adverse countertransference (CT), which may impact the clinician's judgment, favor rejecting behaviors or lead to inadequate decisions, such as compulsory hospitalization. Quantitative studies have already demonstrated that suicidal patients elicit negative CT manifested as stress or feelings of being overwhelmed, but research on their origins is scarce.

Qualitative interviews with six psychiatrists allowed for gathering in-depth information on their countertransference towards suicidal patients, how they cope with suicide and death, their way to conceive the care, and their professional and personal backgrounds. Interviews were transcribed verbatim and analyzed in a two steps approach: categorization of the material with a deductive framework (Hayes' model) and thematic analysis.

Origins of CT included physicians' personalities and backgrounds, relations with the job, and ways of connecting to patients. Triggers were personal and psychiatric situations of the patients, their present and past suicidal thoughts and behavior, their attitudes, and system-related factors. Manifestations showed a polarization between empathizing and un-empathizing, acknowledgment of powerlessness, and blaming the patient for confidence and doubts. Origins, triggers, and manifestations were related and showed several specific patterns.

Physicians are affected by suicidal patients depending on their own personal factors, patient characteristics, and context. These findings should be considered in clinical care and training.

[Subjective experience of mental pain, suicide risk, and childhood traumatic experiences](#)

[Prof. Maurizio Pompili](#)

Classical suicidology first posited that the suicidal individual experiences unbearable psychological pain (psychache) or suffering and that suicide might be, at least in part, an attempt to escape from this suffering. Accordingly, suicide is an escape from intolerable suffering, emphasizing that suicide is not a movement toward death but rather an escape from intolerable emotion, unendurable or unacceptable anguish. Experiencing negative emotions, with an internal dialogue making the flow of consciousness painful and leading the individual to the ultimate conclusion, may be related to the fact that, if tormented individuals could somehow stop consciousness and still live, they would opt for that solution. Suicide occurs when that individual deems the psychache to be unbearable.

Apart from such a condition, childhood maltreatment is a significant risk factor for suicidal behaviour. The presentation will discuss these topics with theoretical and experimental perspectives, pointing to whether psychological pain could be associated with a recent suicide attempt and whether childhood traumatic experiences could be related to mental pain in psychiatric patients. Results from an observational study will be discussed in light of the fact that suicide attempters (compared to non-attempters) reported higher odds of reporting worse psychological pain and suicidal intent with/without a specific plan. They also had higher odds of having a personality disorder and major depression.

[Ethical and psycho-social issues in suicide risk assessment and intervention](#)

[Prof. Dolores Angela Castelli Dransart](#)

Suicidal behavior requires careful assessment and intervention by caregivers. The relationship between the caregiver and the suicidal person is fundamental: the accuracy and the appropriateness of the assessment and the support offered depend on it. The relationship is likely to be colored or influenced not only by the caregiver's clinical and professional skills but also by several factors that go beyond the ways in which they work with the suicidal person. The relationship and the assessment are not processes detached from the social and organizational context in which they take place, nor from the characteristics, experiences, and status of the people they involve.

Based on a review of the literature and the author's experiences as a trainer and researcher, the presentation takes a reflective look at the possible influences on risk assessment of personal factors (individual characteristics, experiences, beliefs, values, and perceptions), relational factors (encounter's modalities), organizational factors (constraints and allowance of resources) and societal factors (suicidal scripts, social representations, and relationships, therapeutic paradigms).

Working with suicidal people is challenging for a number of reasons. Professional reflexivity and ethical questioning are essential to guarantee respect, fairness, benevolence, and equity in supporting suicidal people.

[Half-day training program for teachers and educators: Implementation and evaluation study](#)

[Carole Kapp](#), Anais Morzier, Yves Dorogi, Stéphane Saillant, Céline Bourquin, Claire Girardet, Lorraine Astier Cholodenko, Raphael Thélin, Laurent Michaud

Inadequate initial support and referrals for suicidal people are recognized weaknesses in suicide prevention, often due to the fear of speaking about the subject as well as prevalent misconceptions and biases. Since 2005, a two-day training program based on role-play has been available to professionals in health, education, socio-education, and security in the French-speaking region of Switzerland. The role-playing exercises aim to help participants understand the emotions and lived experiences of suicidal people, while also confronting their own biases and misconceptions.

In 2017, a half-day version of the training program was introduced to reach a wider audience, including teachers and educators. Its role-playing exercises focus on challenging the myth that “asking people about suicide may lead them to think about it”. Participants also experienced the importance of not staying alone when meeting a suicidal individual. Using a two-group parallel before-after design, the effect of the program on participant’s attitudes and skills regarding the core objectives will be assessed with the Attitude Toward Suicide Prevention, selected items from the Question, Persuade, Refer and the Attitudes Towards Suicide surveys.

The implementation process as well as the first results of the evaluation study will be presented and discussed.

[AdoASSIP short-term intervention](#)

Gregor Berger, [Carole Kapp](#), Isabelle Häberling, Konrad Michel, Dagmar Pauli, Susanne Walitza and the AdoASSIP Consortium

AdoASSIP is a short-term intervention to prevent suicide reattempts in adolescents after a suicide attempt (www.adoassip.ch). In a preliminary session, patients and families are informed about the risk and benefits. The first session involves a video-recorded narrative interview about the history of suicide attempt(s). In the second session, parts of the narrative are watched together with a special focus on trigger events and basic needs. In between the sessions, the patients complete written homework about suicidality. The narrative and the homework are put into a written lay case formulation that is addressed to the patient including their long-term goals, personalized warning signs, and safety strategies, and recorded in a smartphone app (Robin Z). Finally, the adolescent presents their case formulation to their parents and other significant others (e.g., their therapist). For the following two years, outreach contacts at 3, 6, 9, 12, 18, and 24 months via e-mail, or text message shall consolidate the patient's self-efficacy in dealing with future suicidal crises. Based on over 80 AdoASSIP interventions to date, the intervention has a high level of acceptance.

[Which factors facilitate progression from suicidal ideation to action? Latest data from high suicide rate country, Lithuania](#)

[Dr Said Dadašev](#)¹, Dr Jurgita Rimkevičienė¹, Mrs Dovilė Grigienė¹, Professor Paulius Skruibis¹, Prof. Danutė Gailienė¹

¹Suicide Research Center, Institute of Psychology, Faculty of Philosophy, Vilnius University

Introduction: Despite the fact that most people who have suicidal thoughts do not die by suicide, only in recent years research started to differentiate between factors related to suicidal thoughts from those related to suicidal behavior. The most researched ideation-to-action theories of suicide are the Interpersonal-Psychological Theory of Suicidal Behaviour (IPTS; Joiner, 2005) and the Integrated Motivational-Volitional model of suicidal behaviour (IMV; O'Connor, 2011), yet there are doubts whether theories developed in low suicide rate countries are suitable to explain suicidality in high suicide rate countries. Therefore, the present study sought to identify factors that contribute to the different levels of suicidality in Lithuania.

Methodology: A non-probability sample of 1,873 Lithuanian adults (age M=43.61 years, SD=16.96, 69.1% female) was used with minimum required number of respondents pre-set during sample collection to ensure variability of age, gender and location of residency. We selected three different groups of suicidalities: never suicidal (no lifetime suicidal thoughts or behaviours; N=875), suicidal ideation (lifetime suicidal thoughts; N=889), suicide attempt (lifetime suicide attempt(s); N=98). Suicide Behaviors Questionnaire-Revised (SBQ-R, Osman et al., 2001) was used to assess suicidality, Short Defeat and Entrapment Scale (SDES, Griffiths et al., 2015), Interpersonal Needs Questionnaire (INQ, Van Orden et al., 2012) and Acquired Capability for Suicide Scale (ACSS-FAD, Ribeiro et al., 2014) were used to evaluate theoretical constructs. Also, questionnaires measuring factors significant

to Lithuania based on previous research (alcohol use, traumatic experiences, hopelessness, depressiveness) were included. Binary logistic regressions differentiating between never suicidal and suicidal ideation, suicidal ideation and suicide attempt groups were performed.

Results: Main results showed that factors which contribute significantly to the predictive ability of the model for suicidal ideation were age ($B=-0.034$, $S.E.=0.004$, $Wald=72.944$, $df=1$, $OR=0.967(0.959; 0.974)$), defeat & entrapment ($B=0.055$, $S.E.=0.014$, $Wald=15.028$, $df=1$, $OR=1.057(1.028; 1.086)$), thwarted belongingness ($B=0.019$, $S.E.=0.007$, $Wald=6.911$, $df=1$, $OR=1.020(1.005; 1.035)$) and experience of traumatic events ($B=0.564$, $S.E.=0.123$, $Wald=21.140$, $df=1$, $OR=1.758(1.382; 2.236)$). Further, factors which contributed significantly for suicide attempt were perceived burdensomeness ($B=0.076$, $S.E.=0.021$, $Wald=13.769$, $df=1$, $OR=1.079(1.037; 1.124)$), acquired capability for suicide ($B=0.044$, $S.E.=0.019$, $Wald=5.048$, $df=1$, $OR=1.045(1.006; 1.085)$) and experience of traumatic events ($B=0.590$, $S.E.=0.266$, $Wald=4.906$, $df=1$, $OR=1.803(1.070; 3.039)$).

Conclusions: The results of the study indicate that theoretical constructs of IPTS and IMV are important factors related to different levels of suicidality. Further, these results show the necessity to include culturally specific factors for a better understanding of suicidality.

The project was funded by the Lithuanian Research Council (LMTLT), contract No. S-MIP-21-33.

No longer thinking of suicide: differentiating between those who are currently suicidal and those who only had those thoughts in the past

Dr Jurgita Rimkevičienė¹, Mrs Dovilė Grigienė, Dr Said Dadašev, Professor Paulius Skruibis, Prof. Danutė Gailienė

¹Suicide Research Centre, Vilnius University

Suicidal thoughts remain a serious health issue, as they frequently become ongoing and last for years. However, little is known about the factors that maintain suicidal thoughts. The present study sought to examine the specific differences between those who once had suicidal thoughts, but are no longer suicidal, and those who are currently suicidal, to identify factors that could contribute to maintenance of such thoughts.

Method: From a non-probability sample of 1,873 Lithuanian adults (age $M=43.61$ years, $SD=16.96$, 69.1% female) with minimum number of participants set during sample collection to ensure variability of age groups, gender and location of residency (rural/city), we further selected two groups: 1) no longer suicidal (report lifetime suicidal thoughts or behaviours, but none in the last year ($n = 484$)); 2) currently suicidal (report suicidal thoughts in the past month ($n = 363$)). All participants filled in online or pen-and paper questionnaire pack, which contained demographic questions, scales assessing suicidality, symptom severity (depression, alcohol use), theoretical constructs related to suicidality (entrapment, burdensomeness, thwarted belongingness, acquired capability for suicide, hopefulness) and sociocultural variables (gender role expectations, attitudes towards help-seeking, perfectionism, social rank perception). Binary logistic regressions differentiating between the two groups were performed.

Results: The results of the separate logistic regression analyses for each group of factors (symptom severity, theoretical constructs related to suicidality, sociocultural variables) indicated that, once controlling for demographic factors, current suicidal ideation was linked to worse physical health, history of suicide attempt, higher burdensomeness, entrapment and lower hopefulness, as well as higher perfectionism and lower self-perceived social rank. In the full model the strongest predictors of current suicidal thoughts were male gender, younger age, presence of higher education degree, depressive symptom severity, use of alcohol to cope with feelings, burdensomeness and entrapment.

Conclusions: Perceived burdensomeness and entrapment seem to be the two most important psychological factors related to continuation of suicidal thoughts, in addition to alcohol use to cope with feelings and depressive symptoms. Perfectionism and lower self-perceived social rank seem to

be important in the continuation of suicidal thoughts, even though their effects are likely to be indirect, occurring through other variables discussed. Implications for clinical practice will be discussed.

Funding: The project was funded by the Lithuanian Research Council (LMTLT), grant No. S-MIP-21-33.

A Computerized Text Analysis of Suicide Hotline Conversations of First-time Callers

Professor Lee-Xieng Yang², Yi Ting Yu², [Associate Professor Fortune Fu-tsung Shaw](#)¹

¹National Chi Nan University, ²National Chengchi University

Objective: The aim of the study was to explore the psychological characteristics of individuals with various suicide risks using computerized text analysis, in the hopes of a better understanding of suicide trajectories.

Method: 754 first-time callers' records were randomly selected from Taiwan An-Shin Hotline database between 2013 to 2018. The voice records were evaluated by two psychologists to determine the levels of suicide risk (205 without suicidal ideation, 118 with occasional suicidal ideation, 249 with frequent suicidal ideation, and 130 with suicide preparation, and 52 with an ongoing attempt) and transcribed into text. The Linguistic Inquiry and Word Count (LIWC) program combined with Chinese dictionary were used to calculate the frequency of selected word categories. The revised-latent Dirichlet allocation procedure (revised-LDA) (Yang, Yu, & Shaw, 2022) were also used to identify common themes across texts. The frequency of selected word categories and of the common themes were than compared among the five groups of callers with various suicide risks.

Results: The frequency of words related first-person singular, third-person plural, death, negative emotion, and leisure were significantly positively associated with the levels of suicide risk. Meanwhile, the frequency of words related to first-person plural, cognitive processes, work, and achievement were significantly negatively associated with the levels of suicide risk. Four common themes were identified, including (a) complaints about life, (b) interpersonal, physical, and mental problems, (c) hopelessness about others and the future, and (d) constant down and gloomy. The frequency of the first two themes were not significantly different among the five groups of callers with various suicide risks. The frequency of "hopeless about others and the future" was significantly positively associated with the levels of suicide risk. On the other hand, the frequency of "constant down and gloomy" was significantly negatively associated with the levels of suicide risk.

Conclusions: The psychological characteristics of people with various suicide risks can be described and differentiated via the LIWC closed-word-categories, as well as the themes identified by the revised-LDA procedure. These results may help developing evidence-based training program and practice guidelines for the practitioners.

Oral #29 Suicide prevention interventions, September 22, 2023, 11:00 AM – 12:30 PM

Chair: Jacinta Hawgood

[Develop, Implement, Evaluate, Repeat: How to continuously improve the quality, usability, and effectiveness of evidence-based prevention guidelines.](#)

[Msc. Eva Dumon](#)¹, Professor Gwendolyn Portzky¹

¹Flemish Centre of Expertise in Suicide Prevention (VLESP), Ghent University

Introduction: Providing clinicians with guidelines on the detection and treatment of suicidal ideation and behaviour is an essential strategy in suicide prevention. To be effective, guidelines need to be evidence-based, easily accessible, and tailored to clinicians' needs. However, research evolves rapidly, as do clinicians' needs and the digital platforms through which we reach them. As such, guideline development and implementation are an ongoing process that requires a dynamic cycle to ensure sustainability. Regular evaluation and updates should be integrated to maintain effectiveness.

Method: In the framework of the Suicide Prevention Strategy in Flanders (Belgium), an evidence-based multidisciplinary guideline and e-learning platform for health professionals has been developed and implemented to improve the quality of care in clinical practice.

To update the guideline and platform, we evaluated different factors such as the number of users reached, user-satisfaction, the effect on health professionals' knowledge and skills, integration in clinical practice, and additional needs.

Results: The evaluation of the implementation process yielded positive results. Over a six-year period, the e-learning modules were followed by 20,000 unique users. An online survey demonstrated that healthcare professionals reported increased knowledge and suicide prevention skills after following the e-learning modules, with 89% indicating they could apply it in practice. Additionally, an audit of mental health centers and hospitals demonstrated successful implementation of the guidelines in clinical practice.

However, an exploration of clinicians' needs highlighted the need for more easily accessible web content, and for additional tailored guidelines to specific target groups such as children and young people, individuals with autism, and those with chronic suicidality. Furthermore, a review of the recommendations and underlying scientific evidence was needed, as well as a technical update of the e-learning platform. These updates are ongoing, and a re-launch of the guidelines and e-learning platform is planned by the end of 2023.

Conclusion: To ensure quality, usability, and sustainability, the development and implementation of suicide prevention guidelines should be an ongoing process. This involves frequent updates to the underlying evidence and e-learning tools, monitoring user satisfaction and implementation, and identifying health care professionals' additional needs. Through this dynamic cycle of guideline development, implementation, and evaluation, the quality of care in suicide prevention can be continuously enhanced.

[Translation of the TouchPoints Workshop: Preliminary evidence for lived experience of suicide gatekeeper training](#)

Dr Jacinta Hawgood¹, Ms Bronwen Edwards², Ms Mandy Gibson¹, Ms Katherine Poulton²

¹Australian Institute for Suicide Research and Prevention, Griffith University, ²Roses in the Ocean

Background and Aims: TouchPoints is a lived experience-designed and delivered gatekeeper training workshop (4-hour duration), which aims to build the capacity, confidence and knowledge of community members to recognise and respond to emotional distress and suicide. The workshop content was designed based on a combination of best practice evidence and what people personally impacted by suicide have found helpful for response and support. A long-term goal of TouchPoints is to build sustainability within communities by upskilling community members with lived experience to deliver the workshop under a licensing arrangement.

This preliminary evaluation study aimed to:

- a) determine immediate impacts of TouchPoints on learning outcomes (pre to post workshop);
- b) explore application of knowledge/skills acquired over one to six months post workshop; and
- c) assess trainer's adherence to training content and scheduled content delivery.

Method: Two surveys were administered to a sample of 347 participants from New South Wales, Australia, including 1) Impact Evaluation Survey at pre and post workshop, and 2) Outcomes Utility Survey, monthly from one to six months post workshop. A Trainer Fidelity Checklist was completed by two assessor-observers who each assessed four TouchPoints facilitators on four training domains.

Results: Impact Evaluation Surveys included 117 pre-post matched for analysis. Significant gains were observed on perceived confidence, knowledge (safe suicide terminology, crises support responses, sense of hope). The Outcomes Utility Survey was completed by 125 participants between 1- and 6-months post workshop. 71 participants helped someone in distress with a trend for increased average use of skills over time. Trainer fidelity findings revealed variability in adherence across the four checklist domains. Results of raters were reliable and consistent.

Conclusions/implications: This is the first evaluation study to explore the effectiveness of gatekeeper training designed and delivered by people with a lived experience of suicide. TouchPoints workshop successfully increased all learning outcomes except self-care and literacy measures. Training skills were applied up to six months after the workshop by the majority of respondents who reported supporting someone in suicidal distress. The trainer fidelity checklist outcomes demonstrated there was diversity amongst facilitators with specific weaknesses in facilitator subject matter and presentation style, both known to influence negatively participant uptake on the capabilities taught. Limitations of the study are discussed. If implemented, the recommendations from the present study can inform other lived experience suicide prevention training evaluation methodologies and program development.

[Ensuring and Monitoring the Quality of Emotional Support Provided by Crisis Helplines](#)

[Professor Paulius Skruibis](#)¹

¹Vilnius University

Crisis helplines are considered an important part of a public health strategy for preventing suicide. The main objectives of crisis helplines are to decrease an individual's crisis level, diminish psychological suffering, and lower suicide risk. Crisis helplines may be reached when people are unable to access other forms of social support and professional care, or do not prefer them.

There are different ways, how helplines can ensure and monitor their service quality: strengthening and optimising recruitment, training (introduction and ongoing), mandatory supervision, debriefing after difficult calls, listening to the calls by internal supervisors and external experts, requesting feedback from the callers and other means of quality monitoring. Examples from Youth Line in Lithuania, a member of Befrienders Worldwide, will be presented. Questions concerning the validity of the evaluation, impacts of the evaluation on callers, confidentiality and anonymity, financial costs, technical needs and attitudes of volunteers and workers will be addressed.

[Help-seeker outcomes of accessing a crisis support service: A three-panel Delphi study to identify key outcomes](#)

Dr Kelly Mazzer¹, Ms Sonia Curll¹, [Professor Debra Rickwood](#)¹

¹University of Canberra

Crisis support services play a critical role in suicide prevention and mental health support systems around the world. In recent years, improved awareness and accessibility have contributed to higher demand and diversity of help-seekers. Yet important knowledge gaps remain regarding the impacts of crisis support services on user outcomes. The aim of this study was to identify what outcomes are most relevant and important for help-seekers accessing crisis support via any service modality (e.g., phone, SMS text, online chat). We used a Delphi process to determine a core set of help-seeker outcomes through consensus among three expert groups: people with lived experience of accessing crisis support ($n=32$), crisis supporters ($n=58$), and researchers with expertise in crisis support service outcomes ($n=25$). Thirty-three potential outcomes were initially identified through a systematic literature review and consultation with Lifeline Australia and Samaritans U.K. A further four potential outcomes were identified through participant feedback. Across two online survey rounds (retention rate=89%), participants were asked to rate the importance of each outcome using a five-point Likert scale. Participants were also asked to comment on their ratings and suggest additional outcomes and optimal measurement approaches. Results were analysed separately to allow us to determine similarities and differences between expert groups. Consensus was defined a priori as two or more panels reaching 75% agreement that an outcome was very important or essential for help-seekers accessing a crisis support service (Likert scale score of four or above). Ten outcomes reached consensus across the two survey rounds. In order of endorsement, these were: distress, feeling heard,

suicide risk, connectedness/support, overwhelm, hopelessness, non-suicidal self-injury risk, helplessness, service experience and next steps. Qualitative results highlighted a need for measurement approaches to (i) focus on outcomes that are realistic to achieve in the context of a one-off, anonymous service, and (ii) consider the diverse and fluctuating needs of help-seekers. Our findings provide guidance on what outcomes are most relevant and important for help-seekers accessing a crisis support service. We recommend that future research investigates a consistent set of outcomes. Assessing an agreed set of outcomes, based on user experience, will facilitate a better understanding of user outcomes and allow comparability across different crisis services and delivery modes. Future work needs to determine how best to feasibly implement assessing these outcomes within the crisis support service context.

[What Prompts a Call to a Crisis Line?](#)

[Dr Alan Woodward](#)^{1,2}, Professor Jane Pirkis², Professor Louise Keogh³, Professor Jane Gunn⁴

¹Lifeline International, ²Centre for Mental Health, University of Melbourne, ³Centre for Health Policy, University of Melbourne, ⁴Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne

Study Objectives: Crisis helplines are recognized by the World Health Organization as publicly available ‘selective’ services in national suicide prevention strategies. Knowing what prompts people to call a crisis line is important for effective promotion of these services. However, most research has been limited to reports on call volume after marketing campaigns or data analysis of the issues discussed with callers.

Methods and Material: This study explored the phenomenology of crisis line use from the perspective of callers. It examined the experiences of callers to Lifeline Australia by conducting 140 semi-structured interviews with 58 callers, over 12-months. Qualitative analysis of interview transcripts was undertaken on a thematic basis, using NVivo 12. Most participants in the study were interviewed several times over a 12-month period, enabling the collection of deeper and longer-term reflections on their use of Lifeline. Participants were asked about what was happening in their lives and what prompted the call.

Results: Study participants mostly called Lifeline at the time of an event in their life. These events varied from a situation to a relationship dynamic, or a sudden suicidal urge, or the elevation of symptoms of ongoing mental illness. Whatever the event, the impact generally was that the person was unable to cope with the stress it generated and could not go on with daily living activities or process thoughts. Most people called Lifeline at a point when their emotions had become intense and powerful. Many called because they felt profound loneliness and a deep despair at being alone with their troubles. Almost always, participants stated that they initiated the call to Lifeline without anyone or anything else promoting this. Participants typically demonstrated self-agency in deciding to call Lifeline.

Conclusion: This study’s findings show a close association between what happens in a person’s life and their decision to call Lifeline. It highlights how elevated emotional distress can prompt this call. These findings align with the theoretical frameworks surrounding crisis theory. They demonstrate the connection between an experience of crisis and a rising propensity for suicidal behavior. The importance of immediate distress relief and social support (connection with another person) for suicide prevention is shown through these findings. As Lifeline Australia is a large, national service that adopts practices replicated in most crisis lines, this study’s findings can inform broader conclusions about the reasons people call crisis lines and how they should best be promoted.

[Anticipating a suicide attempt using daily diary data](#)

[Mr Esdras Raposo de Almeida](#), Prof Daniel Nuñez, Dr Yuan-Pang Wang, Prof. Wim Veling, Dr. Sanne Boij, Dr. Hanneke Wigman

¹University medical Center Groningen and Faculty of Medicine of University of São Paulo, ²University of Talca - Chile, ³Faculty of Medicine of University of Sao Paulo, ⁴University Centre of Psychiatry of the University of Groningen, ⁵Interdisciplinary Center of Psychopathology and Emotion regulation, ⁶Interdisciplinary Center of Psychopathology and Emotion regulation

Introduction: A better understanding of the process that leads up to a suicidal attempt can inform and improve interventions aiming to detect and prevent suicide risk. In this $N=1$ study, we used time-intensive daily diary data to map and explore the period directly preceding a suicide attempt (SA) and investigate, retrospectively, whether there are specific psychopathological manifestations that may serve as warning signals in future cases.

Design: We used a single-subject longitudinal study design ($N=1$ study), for which we selected one participant from the $N=96$ individuals of the Mirorr study. This study collects daily diary data on moods, emotions and thoughts once per day for 90 consecutive days. The participant attempted suicide during the study period (after 60 days of participation) and survived. This data provides a unique opportunity to study in-depth the psychological processes that have led up to the SA. The participant is female and between 20–30 years old. This $N=1$ study was discussed with the participant and written informed consent was provided.

Analysis: We used statistical quality control to detect early warning signals for an upcoming SA in time-intensive reports of several psychological domains, namely depression, anxiety, psychotic experiences and the trans-dimensional domains of passive suicide ideation and thought disturbances.

Results. Structural changes in the mean levels of depression, psychotic experiences and passive suicide ideation were detected prior to SA. Passive suicide ideation (assessed with the item: “I felt my life was worthwhile”, 0–100 VAS scale) was the earliest detectable change prior SA followed by depression and psychotic experiences (six, five, and three days prior to SA). Although both anxiety and thought disturbances had also shown structural changes, these were only detected in the posterior day after SA.

Conclusion: We found structural changes in daily reports of several (trans-)dimensions of psychopathology anticipating a SA. These structural changes in the (trans-)dimensions of psychopathology may reflect potential warning signals of an upcoming suicide attempt. Considering that the participant came from a population at risk of attempting suicide, a more sensitive approach that can detect more true positives of risk for a suicide attempt is recommended.

Development and Implementation of Web-Based Safety Planning Intervention Training for Firefighter Peer Support Specialists

Dr Nathan Kimbrel, Claire Cammarata, Eric Meyer, Sarah Wilson, Michelle Dennis, Patrick Calhoun, Jean Beckham, Barbara Stanley, Suzy Gulliver, Natalie Aho, Lydia Neal, Sarah Bernes, Tiffany Beaver, Jeff Hertzberg, Alice Lutrey, Frank Leto, Willy Ostiguy

Duke University School of Medicine

Background: Recent findings indicate that firefighters may be at increased risk for death by suicide; however, there has been only limited suicide prevention work in fire service to date. **Aim:** The objective of this program evaluation project was to develop and evaluate a web-based Safety Planning Intervention (SPI) training course for firefighter peer support specialists. **Method:** A total of 213 peer support specialists completed the SPI training. Most participants took 2–3 hours to complete the training. **Results:** Participants generally reported high levels of satisfaction with the course, with the vast majority (94.4%) indicating they would recommend it to their peers. Participants also demonstrated statistically-significant increases in SPI knowledge [$t(96)= 7.5216$, $p<0.001$, Cohen’s $d=0.76$] and SPI self-efficacy [$t(114)= 7.516$, $p<0.001$, Cohen’s $d=0.64$] from baseline to 3-month follow-up. With respect to SPI utilization, as expected, the percentage of participants who reported

completing a safety plan with someone they suspected at being of risk for suicide increased approximately 7-fold from baseline (3.5%) to 3-month follow-up (25.2%; 2-sided $p < .001$]. In total, 29 participants who completed the 3-month follow-up reported completing one or more safety plans during the three months following the training. These 29 participants reported completing 1.45 safety plans (42 total) during this 3-month period of time on average. They further reported that 41 of the 42 (97.6%) total safety plans that they completed resulted in a positive outcome. Limitations: This was a program evaluation project that did not include an experimental control group. Thus, causality cannot be inferred. Conclusions: The present findings suggest that web-based SPI training is a feasible and scalable approach for training peer support specialists to deliver the SPI to at-risk individuals.

Oral #30 Epidemiology of suicide, September 22, 2023, 11:00 AM - 12:30 PM

Chair: Luke Bayliss

Identifying high risk subgroups for self-harm in adolescents and young adults: a longitudinal latent class analysis of risk markers

Mr David Mc Evoy¹, Dr Ross Brannigan¹, Professor Ella Arensman³, Prof Cathal Walsh², Prof Mary Clarke¹

¹Royal College Of Surgeons Ireland, ²University of Limerick, ³University College Cork

Suicide is the fourth leading cause of death in 15 to 29 year olds globally. According to the World Health Organization (WHO), for each death by suicide, there are many more people with suicide attempts and, furthermore, a prior suicide attempt is the most important risk factor for a subsequent death by suicide. In addition, non-suicidal self-injury (NSSI) is common among adolescents. Self-harm refers to both NSSI and suicide attempts. Self-harm in adolescents and young adults (AYAs) is the result of a complex interaction of biological, psychiatric, psychological, social, and cultural risk factors. A lot of research has already been conducted to identify the risk factors for self-harm in AYAs. On the other hand, there has been less research conducted on the simultaneous effects of, and the interactions between multiple risk factors for self-harm in heterogenous AYA individuals. In this study, we conducted a latent class analysis (LCA) of three waves from the Growing Up in Ireland (GUI) longitudinal cohort study at ages 13, 17, and 20, to identify homogenous subgroups of AYA individuals who exhibit similar risk markers for self-harm at these three time points. Then, we evaluated the risk that these subgroups ever self-harmed by age 17, self-harmed at age 20, and were persistently self-harming if they reported yes at both time points. The most at-risk group appeared to be the individuals aged 17 who had been diagnosed with depression/anxiety. Compared to the low-risk-marker group, the 'diagnosed with depression/anxiety' group had a 30-fold risk of self-harm at age 17, and 32-fold risk of persistently self-harming by age 20. The 'undiagnosed but high depression' group at this time point was also at significant risk of self-harm. Other at-risk groups included those at 13 years who had parents with a mental illness, suffering from depression themselves, engaging in substance use, or experiencing high peer adversity. At 17 years, high risk groups included those with behavioral problems, those experiencing bullying, and experiencing conflict between parents. This research enables us to understand which risk markers tend to co-occur together and will help to identify high-risk groups for self-harm both clinically and in the community. An investigation of risk markers like this can potentially be used in the design of public health interventions to reduce the burden of self-harm, and indeed suicide, in young people.

Characteristics and trends in suicide methods from 2001 to 2020 in Slovenia

Ms Petra Mikolič¹, Mr Matej Vinko¹, Ms Nina Ropret¹, Dr Saška Roškar¹

¹National Institute of Public Health

Background: The suicide mortality rate in Slovenia remains well above the EU WHO region average, although it has decreased in recent decades. The aim of this study was to investigate suicide methods in Slovenia by examining trends between 2001 and 2020 and exploring the relationship between suicide methods and sociodemographic characteristics.

Methods: We analyzed deaths classified as intentional self-harm (X60–X84) and focused on methods that accounted for 95.7% of all suicides, including hanging, firearms, jumping from height, drowning, poisoning by other gases and vapors, jumping or laying in front of a moving object, poisoning by prescription drugs, and sharp objects. We used joinpoint regression analysis to assess changes in age-standardized suicide rates by method, separately for men and women, and multivariate logistic regression analysis to estimate associations between sociodemographic data (gender, age, education, marital status, region) and specific suicide methods.

Results: The results showed an overall gender-specific decrease in suicide rates for all methods, except for sharp objects and jumping or laying in front of a moving object. Poisoning by other gases and vapours was the method with the largest annual decrease in men, followed by hanging, drowning and firearms. Among women, suicide by hanging rates decreased the most, followed by drowning, jumping from height and poisoning by prescription drug. Consistent with previous research, men were more likely to use firearms and hanging, while women were more likely to use prescription drug poisoning, drowning, jumping from height, or jumping or laying in front of a moving object. Age was a significant factor in suicide method selection, with younger people more likely to use jumping or laying in front of a moving object, and older people more likely to use firearms. Education, marital status and region of residence were also associated with specific suicide methods.

Conclusions: Overall, the study highlights the importance of understanding the relationship between sociodemographic characteristics and suicide methods. Findings can inform the development of targeted interventions and prevention strategies to reduce suicide rates. The study also highlights the need to address jumping or laying in front of a moving object, a suicide method that has shown a slight increase, particularly among young people.

[Joinpoint estimates of deliberate self-harm incidence rates using national data; an update of Danish trends](#)

Dr Britt Morthorst¹, Cand.scient.san.publ. Michella Heinrichsen¹, Dr Annette Erlangsen²

¹Child and Adolescent Mental Health Center, Copenhagen University Hospital, ²Danish Research Institute for Suicide Prevention – DRISP

Introduction: Deliberate self-harm (DSH) has an estimated twelve-month prevalence of 0.3% in high income countries, while the prevalence is around 0.4% in low- and middle-income countries. Rates of DSH have consistently been found to be higher among adolescents, while female young adults outnumber males with a ratio of 2:1. Epidemiological studies based on national linkage data have suggested that rates of DSH have increased in some countries over recent years. The aim of this study was to determine trends in rate of DSH by sex and age in Denmark during 2000–2021 using joinpoint regression analysis.

Method: A cohort design was applied to Danish, national register data on all individual aged 10 years and older who lived in Denmark during 2000–2021. DSH was identified in national data from all somatic and psychiatric hospitals using contact and ICD-10 codes. Yearly, sex- and age-specific incidence rates (IR) from 2000–2021 were calculated. Using joinpoint regression analyses, we identified segments of change with their annual percentage of changes (APC) by sex (males, females) and age group (10–18, 19–24, 25–44, 45–64, 65+ years).

Results: Over the 21-years of follow-up, 99,326 DSH contacts were recorded. The highest rates of DSH were seen for females and males aged 19–24 years with IRs of 377.4 (95% CI 371.0 – 383.9) and 146.7 (95% CI 142.8 – 150.6) per 100,000 person-years, respectively. The youngest age groups

(i.e., 10–18- and 19–24-year-olds) were responsible for the largest increases and decreases in the rates of DSH over the examined period. A significant decline was observed for females aged 19–24 years during 2012–2016 (APC -17.9; 95% CI - 25.9 - -10.1; $p=0.001$). During 2007 to 2017, an APC of -10.8 (95% CI - 18.8 - -7.8; $p<0.001$) was found for males aged 10–18 years. Changes in the rate of DSH over recent years for females and males aged 10–18 years were not statistically significant.

Discussion: Seemingly, the global financial recession in 2008 did not have a significant impact in the DSH rates of Danish males. Substantial declines were observed for males and females in years bordering a pack size restriction of non-opioid analgesics, which was introduced in pharmacies in 2013; suggesting an effect of this means restriction initiative. The recent trends of the rates among the 10–18-year-old females and males, suggest that close monitoring, including surveillance of methods, could be indicated.

Seasonal patterns of suicide by gender, age, and psychiatric morbidity in South Korea.

Gun Woo Park¹

¹Graduate School of Public Health, Seoul National University

Introduction: The seasonal peak of suicide or seasonality of suicide was reported from 19th century. Seasonal patterns with an increase in spring and a decrease in winter were observed in several countries over decades. While the pattern of seasonal suicides has been confirmed in many countries, the mechanisms remain unclear. Comparison of seasonal suicide patterns according to mental illness should help elucidate the underlying factors influencing these patterns and better explain the mechanisms of the phenomenon. I aimed to (1) compare the shape and amplitude of seasonal suicide patterns across causes of death; (2) examine how seasonality differs by sex, age group and psychiatric morbidity; and (3) identify diagnosis-specific characteristics modifying seasonal suicide patterns.

Methods: Data on suicide deaths from the period 2012 to 2017 was extracted from the South Korean National Health Insurance Services (codes X60–X84, ICD-10). The weekly distribution of suicides was plotted, and I estimated seasonality using a generalized linear model with a quasi-Poisson distribution. I modelled nonlinear and cyclic seasonal patterns of suicide through a cyclic B-spline basis function with four degrees of freedom (df) applied to the week variable (using values from 1 to 52). From the chosen model, parameters for seasonality were estimated to generate curves of the relative risk (RR) of suicide over all 52 weeks vs. the week with the lowest number of suicides. Finally, the seasonality of suicide by sex, age group and psychiatric history was investigated.

Results: South Korea had the spring peak of suicide during 2012 – 2017. Gender difference in seasonal patterns of suicide was also observed but it was not significant. The elderly showed the highest amplitude (RR: 1.80; 95% Confidence Intervals (CI): 1.76–1.85) of relative risk in the surge of suicide death during spring season. Psychotic disorders and bipolar disorders were not associated with the seasonality of suicide while the surge of suicide in spring season was observed among patients with depression. The association was more evident for females (RR: 1.49; 95% Confidence Intervals (CI): 1.76–1.85) and the elderly (RR 1.95; 95% CI: 1.85–2.05).

Conclusions: Depression was found to have seasonal effect on suicide, especially among female and the elderly. To reduce the seasonal peak of suicide, mental health professionals should consider female and older adults with severe depressive symptoms as vulnerable sub-populations.

Suicidal behaviour among undergraduates: a multi-campus cross-sectional study in Ghana

Dr. Emmanuel Nii-Boye Quarshie¹, Dr Johnny Andoh-Arthur¹, Prof Irene Kretchy², Prof Kwaku Oppong Asante¹, Prof Joseph Osafo¹

¹Department of Psychology, University of Ghana, ²School of Pharmacy, University of Ghana

Background and objectives: There is a growing global recognition of the changing psychosocial needs of today's university students and the significant challenge posed to colleges and universities by the increasing number of students with serious mental health challenges, including suicidal behaviours. However, evidence-based information is still less than enough about the epidemiology of suicidal behaviours among university students in low-and-middle-income countries, including those in (sub-Saharan) Africa. This study's objectives were to present the first nationally representative data on the prevalence of suicidal ideation and attempt and their correlates among undergraduate students in Ghana.

Methods: Self-report cross-sectional data, using paper-based anonymous questionnaires, were collected (between January 2021 and October 2022) from undergraduate students ($N=2,752$) at three major public universities across the three main geographical zones in Ghana. Students reported 12-month suicidal ideation and suicide attempt. Non-suicidal self-injury (NSSI) and self-predicted future likelihood of suicide were also reported. Correlates of suicidal ideation, attempt, and NSSI are reported as odds ratios with their associated 95% confidence intervals.

Results: The overall 12-month prevalence of suicidal ideation was 15.2% (95% confidence interval [CI] = 13.8–16.6%) and suicide attempt was 7.8% (95% CI = 6.8–8.8%). The 12-month prevalence of NSSI was 5.4% (95% CI = 4.5–6.3%), and 7.3% (95% CI = 6.3–8.3%) of the participants self-predicted future likelihood of death by suicide. Several factors were associated with the key outcome variables. While gender (female), age (younger), breakup, conflict with parents, knowledge of someone's suicide, sexual violence victimisation, anxiety, and depression were associated with increased odds of both suicidal ideation and attempt, cyber bullying victimisation, and engaging in transactional sex were uniquely associated with increased odds of suicide attempt. Perceived meaning in life, peer support, perceived satisfactory academic performance, and help-seeking were associated with reduced odds of both suicidal ideation and attempt. Correlates of increased odds of NSSI were younger age, cyber bullying victimisation, knowledge of someone's suicide, alcohol use, and depression. Perceived meaning in life showed a significant association with reduced odds of NSSI.

Conclusions: There is a need for initiating and improving university-based psychosocial support systems and mental health-promotion programmes that contribute to preventing the onset of suicidal ideation and (possible transition to) attempt among undergraduates in Ghana.

Oral #31 Suicidal exposure to vulnerable groups, September 22, 2023, 11:00 AM - 12:30 PM

Chair: Sylvie Lapierre

Recent studies that investigated the occurrence of suicidal ideations and suicides among older adults with dementia showed the importance of guiding health-care providers in decisions regarding appropriate potentially life-saving intervention during various critical periods, such as the diagnosis or the transition to residential care. In 2021, an American study estimated that the 12-month suicide rate, among people newly diagnosed with Alzheimer's disease or related dementia, was 26.42 per 100,000 person-years, which was 53% higher than expected, compared to the general population of older adults aged 65 and over (Schmutte et al., 2021). The risk of suicide mortality was particularly elevated among adults aged 65–74 years and within the first 90 days of dementia diagnosis.

In a European study conducted in 8 countries, suicidal ideation varied between 6% and 24% (Holmstrand et al., 2021). Factors significantly associated with suicidal ideation were depressive symptoms, delusions, agitation, apathy, disinhibition, irritability, night-time behavior disturbances, anxiolytics and anti-dementia medication. Therefore, it seems essential that professionals screen, assess, and identify suicidal ideation among older adults with dementia in order to give them appropriate treatments.

The aim of this series of presentations is to present some additional knowledge on the risk factors for suicidal behavior and to discuss possible interventions or guidelines that could help health-care personnel manage this complex condition for which suicide prevention tools are just starting to be developed. A clinical guide that determines the type of interventions that can be implemented to ensure safety and reduce suicide risk among older adults with dementia will be presented.

Determinants of suicidal behavior in dementia: A Swedish national cohort study

Khedidja Hedna, Robert Sigström, Kristina Johnell, and [Margda Waern](#)

Objectives: To examine predictors of suicidal behavior in adults aged 75+ with dementia.

Design: Longitudinal national population-based cohort study.

Population and setting: Swedish residents with dementia aged ≥ 75 years were identified from the Swedish Dementia Registry between January 1, 2007 and December 31, 2017 ($N=59,042$), and followed until December 31, 2018. Data were linked with numerous national registers using personal identity numbers.

Measurements: Fine and Gray regression models were used to investigate demographics, comorbidities, and psychoactive medications associated with suicidal behavior (fatal or non-fatal).

Results: Suicidal behavior (SB) was observed in 160 persons after dementia diagnosis; 29 of these were suicides. Adjusted sub-hazard ratios (aSHRs) for suicidal behavior were increased in those born outside Sweden (aSHR = 1.53; 95% confidence interval [CI] = 1.03–2.27), and in those who had a previous episode of self-harm (aSHR = 14.42; 95%CI = 7.06–29.46). Comorbid depression and use of hypnotics or anxiolytics were also associated with a higher risk of SB; use of antidepressants was not. Milder dementia and higher frailty score also increased the risk of SB. Risk was decreased in those who received home care (aSHR = 0.52; 95%CI = 0.38–0.71).

Conclusion: Several new risk factors were identified in addition to established targets for SB prevention. There is a need for innovative public health strategies to meet the needs of older dementia patients with a foreign background. Home care may have a potential positive effect to prevent SB in people with dementia, but this needs to be further explored.

Development of a clinical guide to support suicide prevention in patients with a neurocognitive disorder

[Cécile Bardon](#), Sylvie Lapierre, and Charles Viau-Quesnel

Background: Service organisations working with patients suffering from neurocognitive disorders (NCD) expressed the need to better understand suicide risk and intervene with their patients. Patients with NCD present cognitive, emotional, and social characteristics that affect their suicidal risk and the ability of health-care providers to assess and intervene. In this context, suicide prevention tools developed for the general population have significant limitations and practices must be adapted.

Aim: A multidisciplinary team led by health and social services organisations was set up, including researchers, managers, and practitioners of health and community services. Its objectives were to identify the characteristics of suicidal NCD patients, the needs of clinical organisations, as well as promising suicide prevention practices to develop a suicide prevention guide for NCD patients.

Method: The joint creation of the guide was based on a systematic review of the scientific and grey literature and an iterative working process. The draft guide was presented to stakeholders for discussion and adjustments to their needs and to the characteristics of the practice setting.

Results: The guide supports the clinical process of analysing the situation and distress, including patients' neurocognitive clinical features, communication difficulties, context of life and care, to determine the type of intervention to implement to ensure safety and reduce suicide risk. The guide

also documents the observations, decisions and interventions made to support multidisciplinary and inter-institutional teamwork.

Conclusion: The guide is implemented in several service organisations as a pilot project. An evaluation of the acceptability, feasibility, and effectiveness of the guide is prepared.

[Association between dementia and death by suicide in Denmark](#)

Dr Annette Erlangsen

Background: Dementia has been linked to suicide, but the body of evidence is largely limited to case reports and clinical studies. The aim of this study was to examine whether people diagnosed with dementia who die by suicide have higher rates of suicide than people with no such diagnosis.

Data and Methods: A nationwide, retrospective cohort study on all persons 15+ living in Denmark, 1980–2016 ($N = 7,300,395$) was conducted. Dementia was identified through hospital diagnoses recorded during 1977–2016. Adjusted incidence rate ratios for suicide [aIRR] were estimated using Poisson regressions, adjusted for socio-demographics, comorbidity, psychiatric diagnoses, and self-harm.

Results: Over 161,787,589 person-years, 35,483 suicides occurred. Of those, 569 (1.6%) were diagnosed with dementia, equivalent to a suicide rate of 57.7 per 100,000 person-years, compared to 21.7 per 100,000 person-years among people not diagnosed with dementia. People with dementia had an aIRR of 0.8 (0.7–0.9) compared to those not diagnosed when adjusting from relevant confounders. A difference with respect to period was seen; we found an aIRR of 2.4 (95% CI, 2.0 to 2.9) during 1980–1999 when compared to 2000–2016. Compared to non-diagnosed, an elevated aIRR was found during the first month after diagnosis with dementia (aIRR, 2.9; 95% CI, 1.9 to 4.6; $p < 0.001$), while a lower rate was found between 5–10 years after first diagnosis (aIRR, 0.5; 95% CI, 0.4 to 0.7).

Conclusion and Relevance: Although individuals with dementia had a higher suicide rate, adjusted analyses did not reveal an excess suicide rate. Still, the first months after a diagnosis with dementia might be linked to excess risks of suicide.

[Factors promoting resiliency in Inuit youth at risk of suicide in Nunavut, Canada](#)

Ms Léa Plourde-Léveillé¹, Mr Brian L. Mishara¹

¹Université Du Québec À Montréal

Introduction: The suicide rate in Nunavut, the northernmost region of Canada and home of Inuit, is 10 times higher than the Canadian national average. Inuit between 15 and 19 years old are the most at risk of suicidal behaviors. Numerous studies have reported on risk factors associated with suicide in Nunavut, but little attention has been paid to protective factors, the resilience of Inuit people and its potential role in explaining why some Inuit communities have much lower suicide rates. The National Inuit Suicide Prevention Strategy (2016) defines resilience as a long process fostered by the accumulation of protective factors and the acquisition of coping strategies. Research has shown that having good coping skills is associated with a lower risk of suicidal behaviors, particularly in youths. However, there is little research on coping strategies in Inuit communities and their potential role in suicide prevention. This project focuses on the coping strategies used by Inuit youth that are considered effective in overcoming everyday challenges.

Methodology: The project investigated youth coping strategies in two Nunavut communities, one with a relatively low youth suicide rate, and the other with a high rate: Arviat and Pangnirtung. A participatory approach was used, with advisory boards open to all community members at each site. Considering the exploratory nature of this project, we used a qualitative method involving in-depth interviews and discussions with a total of 31 youths aged 15–24 years. The data were analyzed using

a qualitative thematic analysis method carefully applied to ensure respect for Inuit values. The project was also inspired by Aajiiqatigiiniq, an Inuit methodology describe as a cultural process for consensus building and solution seeking.

Results: The results present a portrait of the coping strategies used and considered effective by Inuit youth in Arviat and Pangnirtung. Pangnirtung youths reported more internet and cellphone use to cope; in Arviat, youths used more strategies rooted in Inuit culture (hunting, crafts, dance). A wider range of strategies was identified in Arviat, and more strategies were considered effective.

Conclusion: The interpretation of the results in light of Inuit values reinforces the need for further consideration of the importance of culture for suicide prevention in Indigenous communities. A focus on promoting culturally integrated coping skills as protective factors can contribute to the development of culturally safe suicide prevention initiatives that focus on fostering resiliency in Indigenous communities.

[Learning lessons from Welsh practice: Findings from a thematic analysis of all multi-agency practice reviews following cases of suicide death in Wales.](#)

Ms Rosie Moore¹

¹Cardiff University

Overview: Child Practice Reviews (CPRs) and Adult Practice Reviews (APRs) take place in Wales where a serious incident – most commonly a death – has occurred for a vulnerable child or adult in receipt of statutory social services (Welsh Government 2016a; 2016b). CPRs and APRs provide insights into how lessons can be learnt from specific cases to inform multi-agency safeguarding practice, primarily with a view to mitigating future incidents (Sidebotham et al. 2016). To date, there has been no comprehensive attempt to collate and review all CPRs and APRs conducted following cases of suicide death. Therefore, this Doctoral study aims to explore what can be learned from these valuable sources of data about how suicide is understood, missed, responded to and learned from in the context of multi-agency statutory social services in Wales.

Methods: All CPRs and APRs published in Wales to date ($n=103$) were collated and screened so that reviews in cases of suicide death ($n=11$) could be identified and analysed. Additionally, semi-structured interviews were conducted with reviewers ($n=11$) who have each led an CPR/APR following a suicide death. In depth, qualitative analysis of the documentary and interview data was conducted using reflexive thematic analysis (Braun and Clarke 2010).

Findings: CPRs and APRs following cases of suicide death reveal many areas of missed opportunity for suicide prevention and barriers to effective multi-agency working. These include information sharing, working in silos and an inconsistent and ineffective response to self-harm. Furthermore, findings suggest that while suicide prevention is conceptualised within statutory services as a broad, multi-agency, cross-sector task, at a practical level it falls within the remit of mental health services. This conceptualisation creates dissonance and considerable concern for practitioners and professionals across multi-agency social services who struggle to locate their professional role and responsibility for the prevention of suicide in individuals with highly complex lives. However, overall, the findings show that CPRs and APRs following cases of suicide death are important processes that provide rich, qualitative insight into the complex lives of those who complete suicide and have the ability to drive improvement of multi-agency suicide prevention practice across Wales.

Conclusions/implications: This project makes an important contribution to knowledge around the construction, understanding and response to suicide in the context of multi-agency safeguarding practice. More specifically, the findings have important implications for Welsh suicide prevention practice which could contribute to the improvement of safeguarding practices of vulnerable individuals.

[Creating a national prevention program for suicide and self-harm in Moroccan prisons, an operational account](#)

[Dr Abtal Taoufig](#)¹, Ms Maha Aon², Dr Mouna Regragui¹, Dr Marie Brasholt², Dr Nisrine Riffai¹

¹Délégation Générale à l'Administration Pénitentiaire et à la Reinsertion (DGAPR), ²Danish Institute against Torture, DIGNITY

While the suicide rate in Moroccan prisons is low in comparison to other countries (mostly Western), the number of suicide attempts and self-harm are higher. For every death resulting from suicide in 2018, there were 15 suicide attempts, and self-harm occurred in 80% of surveyed prisons over a 3-month period in 2017.

Morocco became one of the first countries in the region to develop a national policy on the prevention of suicide and self-harm in prisons. We aim to present an operational account of the process as an example of a partnership that fostered sustainability by ensuring national ownership and building capacity.

The partnership between the Moroccan prison authority (Délégation Générale à l'Administration Pénitentiaire et à la Reinsertion (DGAPR) and the Danish Institute against Torture, DIGNITY resulted in a national programme to prevent suicide and self-harm in Morocco's 76 prisons that house about 90,000 persons.

The first step was to generate data on suicide and self-harm in Moroccan prisons. Armed with this information, the DGAPR with DIGNITY's support embarked on a highly participatory process to produce a policy and practical manual on the prevention and management of suicides, suicide attempts and self-harm in Moroccan prisons. The policy and manual were developed both by and for prison staff from all four prison sectors (medical, psychological, social and security). After a brief piloting phase, the policy and manual (including its practical tools) were officially launched.

A training package was then developed based on the policy and manual. The second phase of partnership focused on creating a group of Master Trainers from DGAPR staff who went on to train 2,894 prison staff on the prevention and management of suicide, suicide attempts and self-harm in prisons.

Finally, the DGAPR introduced a country-wide reporting system on all suicide, suicide attempts and self-harm cases which it has been perfecting over the past two years. The multi-disciplinary system collects data beyond health to include social and security aspects. A national multi-disciplinary committee now meets annually to study trends in suicide and self-harm and agree on ways to reduce incidence.

Many challenges were faced to accomplish this. There is reluctance to report self-harm incidents or suicide attempts for fear of reprisal, agreement on what constitutes self-harm remains a discussion point, and providing mental health needs to effectively reduce risk is a challenge.

[Suicide after release from prison among 1,471,526 people in eight countries from 1980–2018](#)

[A/prof. Rohan Borschmann](#)¹, Dr. Marianne Riksheim Stavseth, Professor Jane Pirkis, Dr Matthew Spittal, Prof. Stuart Kinner

¹University Of Melbourne

Background: People released from incarceration are at increased risk of suicide. However, not enough is known about the epidemiology of suicide in this internationally diverse population to inform the development of targeted, evidence-based responses.

Methods: Using linked administrative data, we examined suicide and other mortality outcomes in a cohort of 1,471,526 people released from incarceration in eight countries from 1980–2018, across 10,534,441 person-years of follow-up (range: 0–24 years per person). We conducted two-step

individual participant data meta-analyses to estimate pooled cause-specific crude mortality rates (CMRs) with 95% confidence intervals (95%CI) for specific time periods after release, overall and stratified by age, sex, and region.

Results: A total of 6,199 deaths due to suicide were recorded, for a pooled CMR of 67 (95%CI 49–87) suicides per 100,000 person-years, with no difference between males (CMR: 68 [95%CI 49–90]) and (female CMR: 47 [95%CI 31–66]). The rate of suicide was highest during days 2–7 after release (CMR: 135 [95%CI 36–277]), second only to deaths due to alcohol and other drug poisoning. The highest suicide rate was observed in Australia and New Zealand (CMR: 103 [95%CI 81–128]) and the lowest rates were in the U.S. (CMR: 31 [95%CI 18–48]) and Brazil (CMR: 37 [95%CI 31–44]).

Conclusions: The elevated rate of suicide in the first week post-release underscores an urgent need for investment in evidence-based, coordinated transitional healthcare, including mental healthcare alongside social re-integration support. Variations in rates of suicide across time and regions highlight the need for routine collection and monitoring of post-release suicide data.

[Preventing migrant domestic workers' suicides in Hong Kong: Problem and stakeholder mapping](#) [Professor Qijin Cheng](#)¹

¹The Chinese University of Hong Kong

Background: There are more than 330,000 migrant domestic workers (MDWs) working in Hong Kong (HK) now, and the number is expected to reach 600,000 by 2030, driven by the population aging. Surveys have noticed that they reported a higher prevalence of mental health issues than regular HK residents. However, the situation about their suicides has not been thoroughly examined.

Objectives: The study aims to 1) examine the patterns and characteristics of MDW suicides in HK; 2) look for potential opportunities for suicide prevention; and 3) identify stakeholders and discuss how to engage them.

Methods: Official investigation documents about MDWs' suicides were extracted from a database provided by the HK Coroners' Court. The database includes all MDWs' suicides that happened from 2005 to 2021 and were reported to the HK police. Characteristics of the suicide deceased, and the incident circumstance were analysed by descriptive statistical methods. When suicide notes were present, the content of the notes were further analysed by content analysis methods.

Results: 102 MDWs' suicides happened between 2005 and 2021 inclusive, were recorded by the authority, including 52 from the Philippines, 47 from Indonesia, and 2 from Thailand. Ninety-nine individuals from the 102 people were female (97%). Annual suicide rates among MDWs fluctuated between 0 (2006) and 4.5 (2007) per 100,000, with a median of 1.8 per 100,000, which is lower than female adults' suicide rates in HK but higher than female adults' suicide rates in Philippines and Indonesia. Temporary wise, more suicides happened between December and April inclusive. Location wise, most of the suicides happened at employers' homes, with jumping and hanging as the most frequently used methods. As informed by suicide notes and people who were familiar with the deceased, the suicides were frequently attributed to family issues (35%), financial issues (33%), and work issues (22%). Around 25% of the deceased reportedly had attempted suicide before and around 11% communicated their suicidal thoughts with others before their deaths. Around 20% of the cases left suicide notes. The employers often knew about the MDWs' struggles but were not aware of their suicide risk.

Conclusion: To prevent MDWs' suicides, we need to engage stakeholders such as employers, agencies, and their peers to raise their awareness and capacity of referring at risk MDWs to proper social or mental health services. Capacity building on MDWs to manage their relationships with their family members and employers is crucial for suicide prevention.

Increasing the fidelity of suicide prevention gatekeeper training

Dr Peter Gutierrez¹, Dr Adam Walsh², Ms Brooke Heintz Morrissey², Ms Jessica Hanson¹, Dr Joshua Morganstein²

¹LivingWorks Education, ²Uniformed Services University of the Health Sciences

The United States Coast Guard (USCG) conducted a program evaluation study to examine the impact of trainer mentoring on training fidelity and impact on gatekeeper training (GKT) using LivingWorks safeTALK (sT) and Applied Suicide Intervention Skills Training (ASIST) programs.

LivingWorks (LW) provided standard sT and ASIST Training for Trainers (T4T) to Coast Guard staff interested in becoming registered trainers. Half of the provisional trainers received mentorship from LW training coaches, half did not. Mentoring consisted of video meetings with each provisional trainer to assist in their preparations for conducting workshops and being present at their first three workshops. Mentors submitted Mentor Trainer Reports after each observed workshop to evaluate the quality of the provisional trainer's delivery and serve as a feedback tool.

Information is available on 26 trainers who have all reached registered trainer status which requires successfully conducting three workshops post-T4T. This represents 12 ASIST trainers and 14 sT trainers, with half receiving mentoring. We will assess if mentoring increases fidelity of trainers training to the program models and if it is associated with differences in pre- and post-test knowledge and skills acquired by participants. We will provide summaries of the Mentor Trainer Reports to document training fidelity and how it is facilitated by mentoring. Standardized self-assessment surveys administered to workshop participants will be used to measure training fidelity differences between Coast Guard members who receive mentored delivery of sT and ASIST compared to those Coast Guard trainers who do not receive mentoring. It is anticipated completed surveys from up to 1,200 USCG participants will be available for analyses.

Successful implementation of suicide prevention efforts requires multi-component programs with sufficient infrastructure to sustain them over time. This presentation highlights the impact of adequately training and supporting USCG staff engaged in the important work of recognizing which personnel may be experiencing thoughts of suicide and connecting them to a needed community resources to receive additional interventions addressing the reasons they are thinking about suicide. Suicide prevention intervention training cannot and should not be a "one and done" endeavor. Ongoing support for trainers is an important first step. Ongoing support for the natural helpers created through these trainings is a highly recommended next step.

Traumatic experience, suicidal ideation and indirect non-suicidal self-injury among Lithuanian active-duty soldiers: Perceived unit cohesion as a protective factor

Dr Egle Mazulyte-Rasytine¹, Prof Danute Gailiene¹

¹Vilnius University

Introduction: In recent years, there has been a growing worry about the mental health of soldiers, especially regarding suicidality. Non-suicidal self-injury (NSSI) behaviour is in essence opposite to suicidal ideation (SI); however, the two behaviours often co-occur and NSSI is shown to be an especially important risk factor for suicide. Studies suggest that NSSI among military personnel (who are predominantly male) may go under-assessed because usually only direct forms of self-harm (such as cutting or scratching) which are more common among females are researched, whereas indirect self-harm behaviours (such as punching walls and other objects or provoking physical fights and becoming hurt) may be more common among males.

The aim of the study was to investigate the risk of various traumatic experiences and post-traumatic reactions as well as the protective function of unit cohesion to suicidal thoughts and engagement in indirect NSSI behaviours of soldiers actively serving in the Lithuanian Armed Forces.

Methods: A total of 343 currently active Lithuanian military soldiers aged 19–58 years (76% male) were surveyed about the exposure to various potentially traumatic events (PTEs) that occurred during their lifetime, including adverse childhood experiences (ACEs) and military service-related events (deployment and exposure to a war-zone), current post-traumatic reactions, past-year suicidal ideation and/or indirect NSSI (SI/NSSI). Respondents have also indicated their perceived unit cohesion.

Results: Past year SI/NSSI was not related to deployment or exposure to a war-zone, but was significantly associated with higher exposure to non-military-related lifetime PTEs and higher exposure to ACEs. Of all PTEs and post-traumatic reactions taken together, only ACEs remained significant predictors of SI/NSSI. Perceived unit cohesion was found to be a significant protective factor against past-year SI/NSSI diminishing the deleterious effects of all PTEs.

Conclusions: Childhood abuse and neglect was the most significant predictor of Lithuanian active-duty soldiers' past year SI/NSSI out of all PTEs. On the other hand, perceived unit cohesion was found to be a strong protective factor against the deleterious effects of all types of PTEs regarding soldiers' suicidal thoughts and indirect self-harm. These findings highlight the importance of unit cohesion and its potential in lowering the suicide risk among active-duty military personnel.

[Military and national security forces suicide prevention and postvention integrated action plan](#)

Dr Karen Scavacini¹, Thiago Tavares, Ms Luciana Cescon, Ms Elis Regina Cornejo, PhD Candidate Mariana F Cacciaccaro, Ms Gabriella C Pessoa, Milena R Pereira

¹Instituto Vita Alere De Prevenção E Posvenção Do Suicídio

Introduction: In Brazil, as well as in other countries around the world, there is a higher suicide rate among security force professionals. For this, an Integrated Action Plan (IAP) was developed to promote mental health and suicide prevention and was intended to promote a change of culture among these professionals, demystifying and expanding public awareness around mental health, expanding their social performance as co-protagonists of valuing life among their work partners, their families, and with the population in general. The IAP was developed by Instituto Vita Alere in partnership with Safernet, SEGEN, SENASP and the Ministry of Justice and the Army with support from Meta and the São Paulo State Fire Department. In this presentation, we intend to present the IAP and discuss the characteristics of the professionals, the process – from the request, the execution, the finalization, passing through the numbers and the results.

Methods and materials: The IAP consisted of a basic 25-hour course, and a 10-hour complementary course. The objective was to empower professionals from operational, health and teaching areas to work in mental health promotion and suicide prevention in their organizational context. An email for questions and support, a monitoring plan (with the aim of supporting them in the process of multiplying the contents taught in the course), ebook, awareness video, final report and analysis of results was prepared. The application of an initial and final questionnaire containing the following themes: beliefs about suicide; difficulties faced in relation to the participant's mental health or in their workplace; main questions on the subject; solution suggestions; available places to seek help as well as the elaboration of an action plan in the workplace was applied to public security forces enrollees. The course was adapted without the initial questionnaire and reports and offered to the Army, that was included afterwards.

Results: The IAP took almost a year to be developed and approved, due to the number of meetings, documents and signatures needed. The course was offered for 18 months to the public security forces

and had 2,699 enrollments. The army has had 1,995 participants enrolled since 2021 and the program is still active.

Conclusion: There are many variables to be measured in terms of the success of this IAP, and although it was a pioneer in its scope, it is necessary to review the achievements, greatest difficulties, lessons learned and suggestions for its expansion and other projects.

[Mental health front-liners: Police officers' knowledge and attitudes towards suicide in Malta](#) **Dr Daniela Zammit**¹, Dr Maria Bezzina Xuereb

¹Mental Health Services Malta

Aims: Our study is an exploratory cross-sectional study, with the aim to explore the current level of knowledge and attitudes towards suicide within the police force in Malta as first responders to mental health emergency calls in the community.

Method: An online, anonymous questionnaire was distributed to all local police employees. The first part contained demographic and experience questions, such as their age, gender, educational background, home composition, current ranking in their career, years in professional service, whether they had ever received formal mental health training, whether they ever encountered situations related to suicide during their tour of duty (Experience Index), whether they routinely ask for suicidal ideation during a crisis call, and whether they ever experienced concerns for their own mental health or others and/or suicidality, in their personal life.

The second part of the questionnaire contained 34 statements from the validated Questionnaire on Attitudes Towards Suicide (ATTS) tool, used with permission from the original author. Finally, we included two open-ended questions about the participants' opinion on what the cause/s for suicide might be and what they think should be done for suicide prevention, for qualitative analysis.

Two focus groups, with the Psychiatric Department and the Police Department, were held to assess the questions' appropriateness, its face validity and refine the terminology used to avoid misunderstandings and invalid responses. Since Malta has two official languages, the final questionnaire was translated and back-translated by a professional translation service to increase the response rate of participants.

Participation was entirely voluntary; no identifying details were obtained, and no inducements or rewards were offered to avoid response bias. A second reminder was sent two weeks after the first call-out. Ethical approval was sought from the local Faculty Research Ethics Committee of Malta (FREC) and from both the Psychiatric and Police Departments.

Data analysis is currently underway and will be readily available to present during the IASP Conference in Piran.

Clinical Implications: This is the first study to specifically assess the knowledge, perceptions, and attitudes about suicide in the police-force in Malta. Our results will help to inform education and policymakers in planning future training initiatives specifically aimed at the police force improving their skills and reducing the stigma associated with suicidal behaviour. Moreover, our research efforts will improve liaison between the police department and mental health services to collaborate and improve joint care in emergency situations.

[Caring for carers: A mental health literacy and resiliency enhancement program](#) **Dr Lucila Bance**¹, Dr Angelie Bautista¹, Dr. Myreen Cleofe¹, Ms. Leny Gadiana¹

¹University of Santo Tomas & NGFMindStrong

Mental health is a global concern, and its prevalence is alarmingly increasing. The workplace is one of the key environments that affect a person's well-being and health. It is important to note that mental

health concerns if not detected early and acted upon immediately may result in more complex problems for the organization. This paper focused on developing and implementing modules on Mental Health Literacy and Resiliency Enhancement Program for the Carers of Abandoned Children. Needs analysis using psychological tests and focused group discussions were the basis for developing the program and have been the basis of the title of the program “Caring for the Carers”. Hence, the objectives of this program were to: (1) identify the participants’ mental health concerns and resiliency indicators; (2) determine the various factors that affect their mental health and resiliency; and (3) develop and implement a psychological enabling program that will enhance participants’ capacity to sustain their mental health and enhance resiliency. Four modules were developed and implemented over four weeks, six hours per session, consisting of the following: On Mind and Heart: Reaffirming the Creative Self; On Mind and Heart: Reaffirming the Creative Self; Mend the Mind: Mental Health Literacy and Self-Resilience; and Mind your Heart: Health and Wellness. Out of 15 carers, 12 completed the whole program, one got sick, another took a leave of absence, and one missed the last session. Two standardized instruments were administered before and after the implementation of the program to measure the participants’ mental health and resilience. Evaluation utilized a one-group pretest-posttest design. The average scores in the pre-tests (167.1) revealed participants’ innate strengths in coping with their problems and other difficulties in personal and work lives. After the implementation of the program, post-test results significantly increased (184.60), as revealed by their improved scores in Mental Health Index. Results of pre-test and post-test on Resilience showed a significant increase from pre-test (70.20) to post test (83.40) as revealed by their improved scores on resilience supported by the participants’ insights after their immersion to the program. Thus, proving the efficacy of the program in increasing the participants’ literacy, improving their mental health, and enhancing their resiliency. This research signified the importance of looking into the baseline mental health status of participants using both quantitative and qualitative methods so that more appropriate programs can be developed to directly address participants’ mental health concerns.

[Self-harm, suicide attempts, and suicide in nurses: A systematic review of prevalence, contributory factors, and interventions](#)

Ms Samantha Groves¹, Mrs Karen Lascelles¹, Professor Keith Hawton^{1,2}

¹Oxford Health NHS Foundation Trust, ²Centre for Suicide Research, Department of Psychiatry, University of Oxford

Background: Nursing professionals are an occupational group with an increased risk of suicide compared to people working in certain other occupations. Concerns regarding risk have increased as a result of the COVID-19 pandemic.

Aims: In this systematic review we synthesised the international literature on studies which examined suicidal thoughts, behaviours, and risk among nurses and midwives. The review focused on prevalence of these phenomena, factors which may contribute or protect from risk, and suicide prevention interventions developed for this occupational group.

Methods: The electronic databases MEDLINE, PsycINFO and CINAHL were searched using tailored search terms and hand-searching conducted. Articles published from 1996 and in English language were included if they examined suicide, suicidal behaviours, thoughts, or risk. After inclusion assessment, data were extracted from included studies, and quality assessed. Articles were subjected to narrative synthesis informed by suicide phenomena examined, study design, and study quality. PRISMA guidelines were followed, and the review was prospectively registered on PROSPERO (CRD42021270297).

Results: 100 studies were included in the review. Multiple high-quality studies demonstrated increased risk of suicide among nursing professionals compared to other occupations, with particularly strong evidence for female nurses. Furthermore, nursing professionals were repeatedly

found to be more likely to use self-poisoning as a suicide method, with common medications available by prescription or over the counter commonly used. Factors found to contribute to suicide risk included psychiatric disorders (especially depression), alcohol and substance misuse, physical health problems, and occupational and interpersonal difficulties. Similar findings were found regarding non-fatal suicidal behaviours and suicide ideation, including studies related to the COVID-19 pandemic. There was a paucity of studies of interventions tailored for suicide prevention among nursing professionals.

Conclusions: The findings of the review highlight the increased risk of suicide in nurses, with particularly strong evidence regarding risk in females. Multiple factors are likely to interact to contribute to suicide and non-fatal suicidal behaviours in nurses. This is likely to include psychiatric, physical health, occupational, interpersonal problems, and substance misuse (especially alcohol). There is a necessity to develop primary and secondary suicide prevention measures tailored for nursing professionals. Intervention content may include education regarding enhancing emotional wellness and wellbeing alongside safe alcohol use. Additionally, psychological support for nursing professionals should be readily accessible and appropriate to their needs.

[The nurses' perspective on fostering therapeutic relationships whilst coping with patients' suicidal and destructive behaviour: a qualitative study.](#)

Mr Nick Overpelt¹, Dr. Nienke Kool-Goudzwaard¹, Dr. Barbara Stringer², Prof. Berno van Meijel^{3,4,5}

¹Centre for Intensive Treatment, ²Centre for Consultation and Expertise, ³Amsterdam University Medical Centre, ⁴Inholland University of Applied Sciences, ⁵Parnassia Psychiatric Institute

Introduction: In some health care settings, especially on closed psychiatric wards, nurses are confronted with patients who are suicidal and perform suicide attempts and other forms of destructive behaviour on a daily basis. As a consequence, countertransference can occur, which can put the therapeutic relationship at risk. At the same time, making contact with patients who are suicidal is crucial. For patients as well as nurses it is important to know how nurses manage this complicated relationship.

Aim: To describe the nurses' perspective on fostering therapeutic relationships whilst coping with patients' suicidal and destructive behaviour.

Methods: Qualitative research was conducted by means of semi-structured interviews ($N=12$) and a focus group with nurses on a specialised psychiatric ward. Thematic analysis was used to analyse the data.

Results: The nurses' primary focus is on the cooperation with patients. Regardless of the patients' behaviour, nurses consistently invite them to cooperate. To do so, they must manage their own emotions and expectations, foster the patients' responsibility, and reduce the opportunities for suicidal and destructive behaviour. The ward structure helps nurses by reducing ambiguity about treatment policies and inconsistencies in nurse-patient interactions and allows nurses and patients to experience safety. To cope with the behaviour and cooperate with patients, nurses need to feel valued and supported by their colleagues, and have adequate time and resources for reflection, discussions, schooling, and self-care.

Discussion: Participants' view of therapeutic relationship and its characteristics are consistent with the concept of trauma informed care, as it shares the therapeutic relationship's centrality and is based on similar principles. The findings also support the idea from scientific literature that mutual support among staff and creating spaces for daily critical discussion improves both the continuity and quality of nursing care. Similar to the Safewards model, this study suggests that structure produces calmer wards by providing internal psychological clarity, safety, predictability, purpose, and ward stability. Methods described by participants to deal with suicidal and destructive behaviour are consistent with the literature about resilience. As such, it suggests that this study sheds light on the resilience of

nurses who foster therapeutic relationships with patients who display suicidal and destructive behaviour.

Conclusion: This study shows how nurses foster therapeutic relationships with patients who display suicidal and destructive behaviour by focusing on cooperation, structure, and safety, both as an individual care professional and as part of a multidisciplinary team.

[EMPOWER: Development of a comprehensive suicide prevention strategy at the workplace](#) **Ms Arya Thirumeni**¹, Dr Anish V Cherian¹

¹National Institute of Mental Health and Neurosciences

Background: India is the third most sought-after manufacturing destination in the world with its huge availability of resources including the young workforce. On the other hand, the number of suicides in India, especially by youth and young adults, is high and warrants interventions in every sector. The workplace is a prime sector for intervention for suicide prevention and the current study, EMPOWER, aims at developing and evaluating a comprehensive suicide prevention strategy at the workplace.

Method: The study employs MRC guidelines for developing complex interventions and completed a systematic review of existing workplace suicide prevention packages, followed by a series of in-depth interviews and focus group discussions in its formative phase. The intervention strategy developed from the formative work is implemented in a manufacturing industry with a majority of young women workforce. The intervention modules are tested by randomization and pre-and post-test of two awareness modules is completed. The implementation of other modules is ongoing.

Result: The formative phase indicated the need for a comprehensive mental well-being strategy and suicide prevention strategies embedded in it for better outcomes and the EMPLOYEES mental health and Occupational WELLbeing pROgram (EMPOWER) was thus developed. EMPOWER has 3 components a) awareness and capacity-building modules on mental well-being and suicide prevention, b) mental health clinic, and c) a crisis helpline. The mental health clinic and crisis helpline are proving effective by increasing accessibility to care. The analysis of pre-post tests of the mental health awareness module and suicide prevention module indicated increased knowledge and helping intentions. The stress management module indicated an increase in help-seeking behavior in terms of self-referral to the mental health clinic.

Conclusion: Suicide prevention at the workplace requires a comprehensive care model and warrants for more evidence to customize general intervention strategies based on the requirements of a specific workforce.

[Oral 33 Suicide and gender, September 22, 2023, 11:00 AM – 12:30 PM](#)

Chair: Pooja Saini

[Psychological risk factors predictive of suicidal crisis among men using “Lay your cards on the Table” component of the James’ Place Model](#)

Ms Claire Hanlon¹, Dr Jennifer Chopra¹, Dr David McIlroy¹, Professor Helen Poole¹, Mrs Jane Boland²,
Dr Pooja Saini¹

¹Liverpool John Moores University, ²James' Place

Background: Research highlights the need for male-friendly, tailored suicide prevention interventions for men experiencing suicidal crisis. The Lay your Cards on the Table is a novel component of the James’ Place Model (JPM); a community-based clinical suicide prevention intervention for men. Comprised of four sets of cards, the first three sets (What’s happening now, how did I get here and what’s keeping the problem going), each have either a thought, feeling and/or behaviour written on it relating to psychological risk factors of suicide. The final set, how can I get

through this, has coping strategies written on them. James' Place therapists work shoulder-to-shoulder during the therapeutic journey with men as they select cards reflective of their own suicidal crisis.

Aim: The aim of this study is to assess whether the lay your cards on the table predict suicidal distress.

Methods: Data of 511 men who received the JPM from 1st August 2018 to 29th July 2021 were assessed. CORE clinical outcomes data for psychological distress provided an outcome measure for suicidal distress. Lay your cards on the table data was tested at zero order level using correlations and multivariate level using multiple regression to test which card variables predicted suicidal distress.

Results: Multiple regression analyses of what's happening card variables "I think about killing myself all of the time" and "No-One cares" significantly predicted suicidal distress ($F(2,322)=4.48, p=0.01$). How did I get here card variables of "I feel overwhelmed by my responsibilities", "I can't tell anyone how I'm feeling", "my friends don't talk to me", "I'm struggling to make ends make", "my relationship is not good", and "I have lived through terrible experiences" predicted suicidal distress ($F(6,318)=2.51, p=0.02$). Also, how did I get here card variable "I have lived through terrible experiences" significantly predicted suicidal distress ($F(1,159)=4.8, p=.03$). Keeping the problem going card variables I can't sleep significantly, and I can't relax significantly predicted suicidal distress ($F(1,323)=4.3, p=0.04$ and $F(1,159)=5.79, p=.02$ respectively). Lastly, how can I get through this card variable using relaxation/mindfulness techniques (e.g., grounding strategies) significantly predicted suicidal distress ($F(1,159)=4.83, p=.03$).

Conclusion: Lay your cards on the Table promote discussion of suicidal risk factors among men and James' Place therapists, which allows adaptation of the JPM, and co-production of prevention strategies and safety planning.

[Sex differences in suicide, suicidal ideation, and self-harm after release from incarceration: a systematic review and meta-analysis](#)

Ms Emilia Janca^{1,2}, Ms Claire Keen², Ms Melissa Willoughby^{2,3}, A/prof. Rohan Borschmann^{2,3,4,5}, A/Prof Georgina Sutherland⁶, Ms Sohee Kwon², Prof Stuart Kinner^{1,2,7,8,9}

¹Curtin University School Of Population Health, ²Justice Health Unit, University of Melbourne, ³Centre for Adolescent Health, Murdoch Children's Research Institute, ⁴Department of Psychiatry, University of Oxford, ⁵Melbourne School of Psychological Sciences, University of Melbourne, ⁶Disability and Health Unit, University of Melbourne, ⁷Mater Research Institute, University of Queensland, ⁸Griffith Criminology Institute, Griffith University, ⁹School of Public Health and Preventive Medicine, Monash University

Introduction: People released from incarceration are at increased risk of suicide compared to the general population. We aimed to 1) examine the incidence and risk relative to the general population of suicide, self-harm and suicidal ideation among people released from incarceration, overall and stratified by sex, and 2) examine the association between sex and suicide, suicidal ideation, and self-harm respectively.

Methods: We searched MEDLINE, EMBASE, PsycINFO, Web of Science and PubMed between 1 January 1970 and 14 October 2021 for suicide, suicidal ideation, and self-harm after release from incarceration (PROSPERO registration: CRD42020208885). We calculated pooled crude mortality rates (CMRs) and standardised mortality ratios (SMRs) for suicide, overall and by sex, using random-effects models. We also calculated a pooled incidence rate ratio (IRR) comparing rates of suicide by sex. Heterogeneity was assessed using univariable meta-regression. We narratively summarised the evidence on suicidal ideation and self-harm, overall and by sex.

Results: Twenty-nine studies were included. The pooled suicide CMR per 100,000 person years was 114.5 (95%CI 97.0, 132.0, I²=99.2%) for non-sex stratified samples, 139.5 (95%CI 91.3, 187.8, I²=88.6%) for women, and 121.8 (95%CI 82.4, 161.2, I²=99.1%) for men. The suicide SMR was 7.4

(95%CI 5.4, 9.4, I2=98.3%) for non-sex stratified samples, 14.9 for women (95%CI 6.7, 23.1, I2=88.3%), and 4.6 for men (95%CI 1.3, 7.8, I2=98.8%). The pooled suicide IRR comparing women to men was 1.1 (95%CI 0.9, 1.4, I2=82.2%). No studies reporting on suicidal ideation or self-harm after incarceration reported sex differences.

Conclusion: People released from incarceration are more than seven times more likely to die by suicide than the general population. The rate of suicide is higher after release than during incarceration, with the elevation in suicide risk (compared with the general population) three times higher for women than for men. Little is known about suicidal ideation and self-harm after release from incarceration, including sex differences in this outcome. Greater effort to prevent suicide after incarceration, particularly among women, is urgently needed.

Preventing youth suicide using virtual humans: Lessons learned from a multidisciplinary co-creation
Dr Liz Baker¹, [Dr Deiner Exner-Cortens¹](#), Ruchi Vichi¹, Ceilidh McConnell¹, Kate Godfrey¹, Zahra Aminolroaya¹, Steven Samoil¹, Michelle Cullen¹, Dr. Angelique Jenney¹, Shelly Russel-Mayhew¹

¹University Of Calgary

Suicide is a leading cause of death for youth in North America (CDC, 2022; Children First Canada, 2022). However, the burden of youth suicide is not distributed equally: autistic youth are 6x more likely to attempt suicide, and 2x as likely to die by suicide, as compared to their non-autistic peers (Hirvikoski et al., 2016). Moreover, non-binary youth (i.e., youth who identify outside of the boy/girl gender binary) are more likely to experience suicidal ideation and suicide attempts as compared to gender-conforming youth (i.e., youth who identify within the binary and with their assigned sex at birth) (Horwitz et al., 2020). Finally, gender-diverse youth have higher rates of autism as compared to their cisgender peers (Warrier et al., 2020). Thus, autistic non-binary youth are a priority population for suicide prevention.

Unfortunately, there is no existing suicide prevention training focused on autistic non-binary youth. One potentially relevant intervention is gatekeeper training, which prepares adults to ask youth about suicidal thoughts and behaviours, and then refer youth to targeted supports (Robinson et al., 2013). However, without training, adults are unlikely to respond to youth experiencing suicidal thoughts and behaviours in role-appropriate ways. In addition, feasible gatekeeper training with opportunities for skills practice is needed, as skills practice is key to behaviour change, but not a component of most existing training.

To create a training that incorporates both a targeted approach for autistic non-binary youth and skills practice, our team is building a novel approach: virtual human training. Virtual humans are realistic, computer-generated human beings that can understand and respond with speech and physical responses. By using virtual humans, adults can practice having difficult conversations with diverse youth about suicide in a safe environment. Thus, there is no risk if mistakes are made during practice conversations, and adults do not have to experience the social anxiety of being observed during practice. Moreover, the technology allows for adults to receive immediate feedback to develop their skills.

In this presentation, we will report on our process of developing VIRTual hUman prevention (VIRTUE) training. As guided by principles in co-creation (Voorberg et al., 2015), we will describe how we 1) identified and built our multidisciplinary team (researchers, community members, youth advisory), 2) defined and shared knowledge, experience, and skills, 3) co-created by listening to all voices, 4) co-designed the intervention using rapid prototyping, 5) built the intervention, and 6) measured outcomes of usability, acceptability and utility.

Sex differences in suicide and self-harm burden and policy attention to them: A systematic global analysis of 204 countries and territories

Ms Madhurima Vuddemarry^{1,2}, Mr Siddhesh Zadey^{1,3,4}, Dr. Sweta Dubey¹, Ms Divya Shrinivas^{1,5}

¹Association For Socially Applicable Research, ²Rajarshee Chhatrapati Shahu Maharaj Government Medical College and Chhatrapati Pramilatai Raje Hospital, ³Duke University School of Medicine, ⁴Dr. D.Y. Patil Medical College, Hospital, and Research Centre, ⁵ Swami Ramanand Teerth Government Medical College

Background: There has been increased awareness around sex- and gender-based differences in health. Data from high-income countries has also depicted that males are at a greater risk for suicide deaths than females. However, comprehensive global assessment and differences in burden of non-fatal self-harm remain elusive. Lack of knowledge can lead to suicide prevention policies taking a sex “neutral” approach that can lead to disparities. We had two aims: a) analyze sex-based differences in suicide death and self-harm disease burdens globally, and b) assess how national suicide prevention strategies and policies acknowledged these differences.

Methods: Age-standardized suicide death and self-harm disability-adjusted life-year (DALY) rates (per 100,000 population) for males and females were extracted for 204 countries and territories from the 2019 Global Burden of Diseases (GBD). Main outcomes were ratios of rates of male-to-female deaths and DALYs. For policy analysis, WHO Mindbank was screened to extract national suicide prevention strategies and policies. Using a pre-decided catalogue of keywords, two screeners assessed if the policy documents acknowledged sex-based differences in suicide and if they included specific recommendations for sexes.

Results: Globally, the male-to-female suicide death ratio was 2.31 and the self-harm DALY ratio was 1.10. Top three countries with the high suicide death ratios were Seychelles (10.86), Ghana (10.78), and Solomon Islands (10.43). Top three countries with high self-harm DALY ratios were Cyprus (50.14), Kuwait (25.10), and Jamaica (19.09). None of the above countries had suicide prevention policy documents in WHO Mindbank. Male-to-female suicide death ratios were low for Afghanistan (0.89), India (1.28) and Algeria (1.59). The countries with low self-harm DALY ratios were Greenland (0.28), India (0.51) and Nauru (0.54). Afghanistan, Algeria, Greenland, and Nauru do not have suicide prevention policy documents in WHO Mindbank. India has a National Suicide Prevention Strategy which did not acknowledge any sex or gender-based differences.

Conclusions: Sex-based differences in suicide deaths and those in self-harm disease burden diverge across countries, as seen specifically in India. This points to the need for policies targeting vulnerable sex that might vary across countries. Several countries need to frame their suicide prevention strategies urgently keeping sex-based differences in view.

How do young males (15–24 years) seek help when experiencing suicidal thoughts or behaviour, or self-harm? A multi-country, multi-language systematic review for international knowledge translation

Dr Kylie King¹, Professor Diene Carlos², Georgia Tsindos¹, Anna Clark¹, Isabela Gabriel², Leticia Giacomo², Sarah Liddle¹, A/Prof Glenn Melvin³

¹Monash University, ²Federal University of Sao Carlos, ³Deakin University

Suicide is the second leading cause of death globally for those aged 10–24 years and in many countries the rate is higher in young males compared females. Adolescent males are among the least likely age to engage with support. Understanding young males’ experiences of help-seeking is an important step towards reducing self-harm and suicide risk. Research regarding male help-seeking has proliferated in English speaking countries, however the relevance of this research for other countries cannot be assumed – practices and discourses regarding suicidal behavior, and associated risk factors, are different across cultures and societies. Systematic reviews are a useful tool to synthesise knowledge, however there is little guidance about how to undertake multi-language

reviews — posing a barrier to suicide prevention knowledge translation across countries. In a collaboration the Federal University of São Carlos in Brazil and Monash University in Australia, we undertook a multi-language systematic review to ask: How do young males (15–24 years) in English- and Portuguese- and Spanish-speaking countries seek help when experiencing suicidal thoughts or behaviour or self-harm?

Methods: Two teams conducted the search for peer-reviewed papers published in English (Australia team) and Portuguese and Spanish (Brazil team) across MEDLINE, PsycINFO, Embase, Scopus, CINAHL, and LILACS. Search terms and subject headings relating to youth/young adults, help-seeking and self-harm/suicide behaviour were used in English, Portuguese and Spanish. Primary studies were included where data were available for young males (15–24 years), conducted in Australia, New Zealand, U.K., Canada, U.S., Ireland (high-income economies) and Latin American/Caribbean countries (Upper-middle-income economies). Data were extracted and narratively synthesised.

Results: This presentation provides an overview of the methods used to undertake our systematic review to achieve rigor in the search, screening, data extraction, and synthesis across the two language teams, including devising research questions and search terms with relevance to both groups of countries and languages and undertaking frequent bi-lingual team meetings between researchers involved in the screening and data extraction. We will also provide our key findings.

Conclusion: Our findings highlight the importance of multi-language, multi-country systematic reviews for international suicide prevention. Cultural and contextual considerations are important for male suicide prevention given the gendered nature of suicide and the influence of culturally specific masculine norms. This review will inform a qualitative study with young males in Brazil, which will, in turn, inform service improvements. Multi-language reviews must be improved and encouraged as they provide the opportunity to construct collaborative knowledge and practices

[The mental health impacts of caring in a national cohort of men](#)

[Associate Professor Tania King¹](#)

¹University of Melbourne

Background: Gender equality approaches are paying increasing attention to the disproportionate caregiving carried out by women. Rightly, there are growing calls to shift the distribution of care, with a need for men to take on more caring roles. There is evidence that caring can have a negative effect on mental health, however most studies examining this relationship have been carried out on women, and where men have been included, inadequate sample sizes limit evidence. This study aimed to address this gap and use population representative data to examine associations between caregiving and depressive symptoms among men.

Methods and materials: We used data from Waves 1–3 (2013, 2016, 2021) of the Longitudinal Study of Australian Male Health (Ten to Men). Effects of caring on depressive symptoms were assessed using augmented inverse probability treatment weighting, with adjustment for potential confounders. Caring was assessed as a binary variable (caring vs none), and depressive symptoms were measured using the Patient Health Questionnaire (continuous score ranging 0–27). Main analysis was prospective and drew on Waves 1 (caring) & 2 (mental health), and sensitivity analyses modelled cross-sectional associations.

Results: In main analysis, caring in Wave 1 was associated with depressive symptoms in Wave 2, with an average treatment effect (ATE) of 1.31 (95% CI 0.57, 2.05). Associations were robust to several sensitivity analyses, with cross-sectional associations supporting the main prospective analyses.

Conclusion: These results indicate that there is a mental health impact of caring on male caregivers. This has important social implications. As we seek to shift caregiving responsibilities toward a more gender equal distribution of care, policy must recognise that, like female caregivers, male caregivers also experience mental health impacts related to their caring role.

Correlates of non-receipt of formal mental health services among Australian men experiencing thoughts of suicide

Dr Samantha Tang¹, Dr Natalie Reily¹, Professor Phil Batterham^{1,2}, Professor Brian Draper³, Professor Fiona Shand¹, Dr Jin Han¹, Mr Bani Aadam¹, Scientia Professor Helen Christensen^{1,3}

¹Black Dog Institute, ²Centre for Mental Health Research, Research School of Population Health, Australian National University, ³Discipline of Psychiatry and Mental Health, Faculty of Medicine, UNSW Sydney

Background: The majority of suicide deaths occur in men. Men are also less likely to receive formal mental health services prior to dying by suicide compared to women. Identifying correlates of non-receipt of services among men at risk of suicide may aid the development of tailored interventions and service pathways.

Methods: A total of 415 Australian men experiencing past-year suicidal ideation were recruited online to complete a cross-sectional survey between July–October 2021. The survey consisted of questions assessing participants' help-seeking, demographic characteristics, clinical characteristics, and individual-level characteristics. Bivariate analyses and a stepwise logistic regression analysis were used to identify correlates of service non-receipt.

Results: 42.4% of participants had not received formal mental health services in the past year, as determined by responses on the Actual Help-Seeking Questionnaire. Past year non-receipt of formal mental health services correlated with the absence of a diagnosed mental health and/or substance use disorder, the absence of past year suicide plans, the absence of interpersonal support, lower perceived need for support, and usage of certain coping styles.

Limitations: Limitations included the use of a convenience sample, and a predominantly middle-aged, Caucasian sample.

Conclusion: Aside from showing lower severity of suicidality, men at risk of suicide who are not receiving mental health services are not vastly different from those who are receiving such services. The correlation between severity of suicidality and non-receipt of services highlights the need for early intervention, potentially via non-traditional settings, such as workplaces.

Oral #34 Suicide, cultural factors and resilience, September 22, 2023, 11:00 AM – 12:30 PM

Chair: Nusa Zadavec Sedivy

Minds Together: An online program for family and friends supporting someone who has attempted suicide

Dr Sally Fitzpatrick¹, **Dr Jaelea Skehan**¹, Dr Philippa Ditton-phare¹

¹Everymind

Study Objectives: In Australia, it is estimated that 65,000 people attempt suicide every year. Family and friends provide most of the support and care following a suicide attempt. This unique caregiving role can result in significant physical and emotional strain for caregivers, as well as psychological distress. Minds Together is a suite of programs developed by Everymind that aims to build the capability and capacity of caregivers to support family and friends experiencing mental ill-health or suicidal distress. This study, funded through the Suicide Prevention Research Fund and conducted from November 2022 to April 2023, aimed to evaluate the feasibility, acceptability and potential efficacy of the newest program, an online intervention for family and friends caring for a person who has attempted suicide.

Methods: Participants in this study were family and friends (over 18 years) caring for a person who had attempted suicide (over 18 years) living in Australia. Eligible participants were randomised into one of two groups: Group A received immediate access to the online program for eight (8) weeks, and Group B received immediate access to the program and an online program plus an online social forum for eight (8) weeks. Participants completed surveys at pre-, post-, and 3-month follow-up. The digital online program utilised a mixed-media format, including text, short videos, infographics, and short podcasts. Two core modules and six optional modules contained case studies, activities, worksheets, and reflective questions that caregivers could answer within the program and at a time that suited them. The program integrated an online social support forum, as social support has been identified as an essential factor in reducing caregivers' poor mental health outcomes.

Results: This presentation will report the feasibility and accessibility outcomes from the study, which included 51 participants (82% female), aged between 26–68 years (Mean age=47.7 years) supporting a family or friend who had attempted suicide. Care was provided predominately by parents (29%) or spouses (25%). Although not powered to detect change between groups over time, other measures examined included caregiver coping self-efficacy (using CSE), caregiver strain (using ZBI), caregiver distress (using K10), suicidal ideation (using SIDAS) and caregiver quality of life (using CarerQOL).

Conclusion: The results and lessons learned from this study will be used to further improve the online intervention before it is made available to a wider informal caregiver audience.

[Still here: Recovery and protective factors in the lived experience of people who have attempted suicide](#)

Dr Sarah Huque¹, Professor Amy Chandler¹, Dr Rebecca Helman¹, Dr Joe Anderson¹

¹University Of Edinburgh

Background: Understanding protective factors, and recovery from suicidal thoughts and actions, is vital in suicide research and prevention. However, many existing studies centre quantitative methodologies and produce relatively limited understandings of how protective factors may contribute to recovery. Qualitative research with people who have attempted suicide, as well as those who work with suicidal people and/or have been bereaved by suicide, offers important nuance to existing work. Such approaches facilitate consideration of the ways in which meaning making about suicide occurs within broader cultural contexts. As underlined in recent sociological studies, social and cultural contexts exert powerful effects on suicidal practices, and better understanding of these can make important contributions to suicidology.

Methods: This paper draws on on-going, qualitative, semi-structured interviews, $n=39$ (to date), with people who have attempted suicide, been bereaved by suicide, and/or work professionally with those affected by or at risk of suicide. Notably, many of our participants have more than one type of 'lived experience' with suicide. Participants were recruited via concurrent ethnographic research, embedded within community-based organisations ($n=12$) that work with people with a range of experiences of suicide, in three broad areas of Scotland (including rural, urban, deprived, and affluent). Analysis has incorporated narrative, thematic, and abductive approaches. These involve close reading of transcripts, collaboratively constructing code lists across research sites, and working between social theory and data.

Findings: Participants discussed a range of protective factors, which they identified as helping to divert or reduce suicidal thoughts or actions and/or aid in recovery following a suicide attempt. These included peer-support, transitions in care, relationships, and a sense of duty/responsibility. Participants' understandings of these protective factors were complicated by relationships with families and communities, normative social scripts around suicide (such as shame and guilt), and non-linear pathways towards/around recovery. Our findings highlight commonalities and differences across our three sites in experiences of healing, self-understanding, and resilience, as well as more practical and challenging reasons people identify to 'still be here.' Our analysis demonstrates the ways

individual accounts are impacted by broader social scripts, interactions with services, and reimagining memories and life experiences.

Conclusions: Lived experience perspectives challenge straightforward notions of ‘protective factors’ regarding suicide. Our data demonstrates that the path to healing and recovery after a suicide attempt is non-linear and complex. As a result, our thinking around suicide, development of aid and resources, and engagement with suicidal people must be similarly expansive, creative, and multi-faceted.

[OUR Generation: Enhancing resilience to overcome the effects of trauma and adversity, and to build peace](#)

Dr Colette Ramsey¹, Dr Tara O'Neill, Professor Siobhan O'Neill, Dr EDEL ENNIS

¹Ulster University

Objectives: Effects of adverse childhood experiences (ACEs) and the negative impacts across the life-course are well documented. Exposure to adversities can impact upon the wellbeing of both the person who experienced them and their offspring, resulting in a transgenerational cycle. Research has shown that childhood trauma and adversity, and parental trauma are major predisposing factors for many adolescent mental illnesses, self-harm, and suicidality. Correspondingly, the harmful effects of trauma and adversity may compound and increase maladaptive outcomes later in life, including suicidal behaviours. Suicide continues to be a leading cause of death worldwide and a significant public health issue. Research has suggested that building resilience may help reduce risk among those at high-risk of suicide and across the general population. Therefore, building resilience at a population level has the capacity to reduce the likelihood of a host of stress-related disorders and, consequently, suicidal behaviours. This study aims to evaluate evidence-based resilience- and peace building interventions by engaging children, young people, and their key contacts, in activities which build emotional resilience, self-awareness, and emotional regulation.

Methods and Materials: A mixed method design will assess the impact of the OUR Generation intervention programmes on 31,100 children and young people, and 4,900 key contacts across Northern Ireland and Republic of Ireland border counties. Multiple levels of analysis will be conducted to understand the factors that influence outcomes for children, young people, and their key contacts. Evaluations will evidence changes in attitudes, knowledge, behaviours, and skills on seven key indicators known to contribute to emotional resilience and peacebuilding, including empathy, intergroup trust, mental health and well-being, perspective-taking, outgroup attitudes, intergroup contact and coping and problem-solving.

Results and Conclusion: Evidence illustrates that resilience training and interventions, primarily those focused on problem-solving, coping skills, empathy, and perspective-taking, can work to support a decrease in psychological distress and increase resilience. It is, therefore, important to advance the development of interventions for building and enhancing resilience. Broadening assessment of interventions beyond mental health measures, and one population, can potentially illuminate specific avenues and recognise the risk and protective factors that contribute to the differential outcomes.

[Historical perspective on suicide risk and protective factors: A media reporting analysis from 1959 to 1999](#)

Assist. Prof. Nuša Zadavec Šedivy^{1,2}, Ms Polonca Borko¹, Ms Vanja Gomboc^{1,2}, Assoc Prof Vita Poštuvan^{1,2}

¹University Of Primorska, Andrej Marušič Institute, ²University Of Primorska, Faculty of Mathematics, Natural Sciences and Informational Technologies

Through various historical periods, different risk and protective factors for suicide have been highlighted in the lay public, reflecting prevailing attitudes towards suicide and understanding of the

suicide phenomenon within specific cultural contexts. Our study aimed to understand these historical shifts in Slovenian public attitudes towards suicide by investigating the risk and protective factors associated with suicidal behavior over four decades through media reporting.

We analyzed media articles on suicide published between 1959 and 1999 in Delo, one of the largest national daily newspapers in Slovenia. We used the term "suicide" to search for the articles and the first search identified a total of 7,478 results. Excluding those that did not directly relate to suicide, we included 851 articles in our analysis.

The preliminary analysis revealed that descriptions of risk factors were more predominant in media articles than protective factors across all historical periods. The most commonly described risk factors were individual factors such as gender, hopelessness, and mental illness, with interpersonal and socio-economic factors being mentioned more frequently in later decades. Protective factors were rarely mentioned in the 1960s, but community connectedness and social integration became the main protective factors mentioned in the 1970s. Interpersonal protective factors such as quality family and friend relationships were also mentioned in the 1980s, and in the early 1990s, societal-level protective factors such as professional help and preventive activities were highlighted. Furthermore, analysis of factors also revealed political system-specific reporting patterns in relation to suicide, where journalists either aligned with ideological agendas or criticized social conditions by attributing suicide to specific societal factors.

Our analysis shows important shifts in the understanding of suicide from a biomedical to a bio-psycho-social perspective, as well as increasing awareness of environmental and societal factors, and protective factors over the decades. Media portrayals of the topic of suicide served as a strong political power at the time Slovenia gained independence, which probably influenced the public perceptions of the phenomena. As societal values and prejudices shape attitudes and understanding of suicide, the impact of political, ideological, cultural, and historical contexts on the perception and reporting of suicide-related factors needs to be taken into account also today, while developing effective preventive strategies, which have evolved to focus more on enhancing protective factors, including community connectedness, social integration, and strong interpersonal relationships, while also addressing individual, interpersonal, socio-economic, and societal-level risk factors.

[The influence of religion on euthanasia and physician assisted suicide](#)

[Dr Shahnaz Savani](#), Dr. Robin Gearing

¹University of Houston–Downtown

Introduction and Purpose: Euthanasia is the act of hastening the death to prevent suffering, often with assistance from a physician. Physician assisted suicide (PAS) is a death that occurs with the help of a physician providing the means, knowledge, or both for a person to end their own life, because of a terminal illness or unbearable pain. Euthanasia and PAS are often used interchangeably and have further evolved into the more nuanced terms of active and passive euthanasia. Recently, as euthanasia has become legal in parts of the world, there is growing acceptance of this type of death.

Suicide, euthanasia, and PAS are complex phenomena that intersect and possess the common characteristic of being voluntary actions that lead to unnatural death. Religious ideology, beliefs and practices exert a significant amount of influence on the ethics, permissibility and acceptability of euthanasia and PAS in society and remain important in the research on suicide.

This presentation provides an analysis of the current state of knowledge regarding the relationship between religion and euthanasia across the five dominant world religions: Buddhism, Christianity, Hinduism, Islam, and Judaism.

Method: Researchers reviewed search results on PAS and euthanasia with religion using PsycINFO, MEDLINE, and PubMed databases. The keywords included in the Boolean search were broken down into two key areas: religion and euthanasia. Religious terms included: Buddhism, Buddhist, Buddhists;

Christian, Christianity, Christians; Hindu, Hinduism; Islam, Islamic, Muslim; Jewish, Judaism, Jew; and the euthanasia terms: physician assisted suicide; physician assisted death; euthanasia; or assisted suicide. A total of 4,086 articles were identified; 2,334 duplicates were removed, and 1,762 abstracts were reviewed. A total of 67 full text articles were included in the review.

Findings: The rising number of publications across recent decades reflects increased awareness of the influence of religion on euthanasia and PAS. Studies focusing on Christianity, Hinduism, and Islam were more recent, as compared to research on Buddhism and Judaism. Tolerance and acceptance of suicide and euthanasia vary with certain faiths being more tolerant than others. Further, every dominant world religion is practiced within a cultural context, hence the influence of religion and culture on a phenomenon like euthanasia needs to be investigated carefully. Further, religious groups are not monolithic, there are large variations in beliefs, attitudes, cultural practices within ethnic groups and geographical regions.

[Suicide and social exclusion: Thinking beyond individualised disconnectedness](#)

Dr Rebecca Helman¹, Dr Sarah Huque¹, Dr Joe Anderson¹, [Professor Amy Chandler¹](#)

¹University Of Edinburgh

Background: Loneliness and disconnectedness are highlighted as important risk factors for suicide. However, these conceptions tend to be framed in individualised ways. An individualised focus on loneliness and disconnection fails to engage with the social and structural conditions, which produce exclusion and disconnection (for example through racism, homophobia, transphobia, ableism, classism, sexism, among others). There is a need, therefore, to reflect on the relationship between suicide and the broader social-political-cultural contexts in which it occurs.

Method: This presentation draws on an adapted 'sociological autopsy study' of suicide in three diverse regions of Scotland. Our qualitative study comprises long-term ethnographic engagement with 12 community-based organisations supporting people who experience suicidality; 30 in-depth interviews with people who have experienced a suicide attempt and analysis of 281 institutional reviews (prison Fatal Accident and Sudden Death Inquiries and NHS) of deaths by suicide. Analysis has drawn on narrative, thematic and abductive approaches, including coding across our diverse data. Our paper presents an analysis of codes relating to social exclusion and disconnection.

Findings: The way in which loneliness, exclusion and disconnection are present in our data has varied. Within institutional reviews of suicide (especially those addressing prison suicides) we find that disconnectedness is associated often with 'non-compliance' or 'failures' to seek help. This framing relates to a limited understanding of suicide as largely an issue of mental illness, with the major response being mental health care. Despite acknowledging the challenging social contexts faced by people whose had died by suicide, the reviews nonetheless indicated that clinical care and treatment (or 'failures' to engage with such treatment) were key to explaining suicide deaths. In contrast, drawing on ethnographic and interview data, we identify the ways that social exclusion may produce forms of social disconnection and loneliness — which may then be interpreted as 'non-compliance'. Further, interviews with those who have attempted suicide underline the complex ways in which social exclusion (rather than individual disconnection) also contributes to the distress which is understood to underlie thoughts and acts of suicide. Considering processes of loneliness, exclusion and disconnection as social rather than individual invites consideration of how these are produced within broader social systems.

Conclusion: We demonstrate that a focus on social exclusion, rather than individualised loneliness and disconnectedness creates different possibilities for engaging with and responding to suicide. Community-based forms of non-clinical support that promote long-term accompaniment and empathy offer essential means of re-connecting people experiencing suicidality.

Caught in the loneliness trap? Investigating the interplay of entrapment and loneliness in the prediction of suicidal ideation using ecological momentary assessment

Dr Mareike Ernst¹, Prof. Rory C. O'Connor²

¹Institute of Psychology, University of Klagenfurt, ²Suicidal Behaviour Research Lab, University of Glasgow

Background: In recent years, there has been growing awareness of the need to measure time-variant risk factors associated with suicidal thoughts and behaviours in a change-sensitive way, for instance by employing smartphone-based assessments. The present project aims to contribute to the efforts undertaken to translate central theoretical models as well as empirical evidence from the last decades of suicide research into an intensive longitudinal design. Specifically, we investigated the role of entrapment and loneliness (as a proposed motivational moderator within the Integrated Motivational-Volitional Model of Suicidal Behaviour).

Methods: In the context of the TempRes study, we collected 10 days of ecological momentary assessment (EMA) data from a German community sample. The study was carried out via an app on participants' smartphones that sent a short questionnaire at pseudo-randomised intervals throughout the day. Included items capturing suicidal ideation, entrapment and loneliness. The analysis sample of this presentation consists of $N = 103$ people (62 women, 37 men, 4 nonbinary/rather not say). Their age ranged from 22 to 68 years ($M = 40.90$, $SD = 9.95$). The mean number of completed EMA assessments per participant was 46.82 ($SD = 22.24$). Data were analysed using linear mixed-effects models with autocorrelated residuals.

Results: All variables of interest showed substantial within-person variability. In the first regression model that was tested, entrapment was confirmed as a statistically significant predictor of suicidal ideation in daily life. Adding loneliness and the interaction of loneliness with entrapment as predictors, it was found that the interaction term was the most powerful predictor of suicidal ideation, such that the slope of the association of entrapment with suicidal ideation was steepest if participants also reported strong feelings of loneliness. Entrapment, in itself, remained a statistically significant predictor while loneliness, in itself, had not statistically significant association with suicidal ideation in the context of this model.

Conclusions: The present results are in line with previous research demonstrating the temporal instability of key factors implicated in suicidal crises such as defeat and entrapment. Our findings further support the conceptualisation of entrapment as a main driver of the emergence of suicidal ideation, and the modulation of this effect through loneliness. In summary, the study underscores the importance of investigating risk factors in combination and the potential of harnessing new approaches to monitoring and assessment that allow for a more fine-grained understanding of the fluctuations of suicide risk and the factors shaping it in everyday life.

The association of family, social and romantic loneliness in relation to suicidal ideation and self-injurious behaviours

Dr Heather McClelland¹, Prof. Jonathan J. Evans, Prof. Rory C. O'Connor

¹University of Glasgow

Over 703,000 people die by suicide every year. The association between loneliness and self-injurious thoughts and behaviours has received increasing amounts of attention, with a significant link consistently being identified. However, the impact that different types of loneliness have on physical and mental health remains under-researched. The current study aimed to explore how different forms of loneliness might be associated with self-injury, based on findings from existing theory-driven

research. This cross-sectional online study investigated three types of loneliness (family, romantic, social) as well as loneliness as a unidimensional construct (global loneliness) in relation to suicidal ideation and several established variables associated with suicidal ideation (defeat, entrapment and depression). 582 participants (age 18–70 years) completed the survey between May and October 2021. Results showed that all forms of loneliness were associated with suicidal ideation, and all loneliness measures significantly, independently, moderated the association between entrapment and suicidal ideation. Furthermore, depression significantly mediated between family, romantic and global loneliness and suicidal ideation, but not social loneliness. The findings suggest that the quality and/or quantity of family, romantic and global relationships, should be explored when considering loneliness as a possible risk factor for suicidal ideation and may have a significant impact on mental and physical health. In particular, romantic loneliness may have a particularly adverse association with negative affect and suicidal ideation. Future work would benefit from replicating these findings longitudinally.

Negotiating a virtual community: Membership participation and moderation in a Facebook group for people living with suicidal thoughts

Dr. Natassia Kingod Rosewood², Mr. Jacob Lauge Thomassen¹, Prof. Thomas Ploug³, Prof. Flemming Konradsen¹, Dr. Dan W. Meyrowitsch¹, **Dr Jane Brandt Sørensen**¹

¹University Of Copenhagen, ²Steno Diabetes Centre, ³Aalborg University

Background: Social media brings billions of people together across borders, space, and time. Individuals who have never met in person become members of online communities to interact, share experiences, and information about specific areas of daily life — for example thoughts about suicide. Suicide research focusing on social media use has found both positive and negative consequences of such encounters, however, there has been limited research on the moderation of closed, social media groups.

Aim: To understand the social dynamics and sense of community of participation within a Facebook group for individuals living with suicidal thoughts, with a specific view to the role of group moderators in developing and sustaining trust among members.

Method: A combination of online and offline ethnography was conducted. This included five offline interviews with groups members and moderators and online observations of social interactions within the group (January–June 2020). Ethical aspects of conducting online research among vulnerable groups were carefully considered and applied. A combined inductive and deductive approach (sense of community) was applied for the thematic analysis.

Findings: The analysis showed that the social dynamics, norms, and regulations within the group seemed to create a ‘sense of virtual community’. There appeared to be a feeling of belonging among members, and a sense of ‘being in the same boat’ with likeminded individuals. Moderators of the community secured the ‘netiquette’ of the community several times daily, which included deleting graphic photos and posts outlining concrete suicidal actions or means. This ‘netiquette’ and norms of the group had developed over time. While it helped create trust among members, it also came with moral dilemmas for moderators, who were like the rest of the group, vulnerable to living with suicidal thoughts. Moderators negotiated the grey line for what was acceptable to share and were left with a feeling of great responsibility, which they often had to act upon in offline reality, i.e., calling the police. While the moderators thus played an important role in sustaining trust and sense of virtual community, it often caused a great deal of ethical considerations.

Conclusion: While the online social media forum explored in this study provided a sense of online community for members, it also put a strain on moderators, who were vulnerable themselves. Future intervention research should explore how moderators can best be supported in their voluntary work.

Breaking down barriers to a suicide prevention helpline: a web-based randomised controlled trial
Ms Margot van der Burgt^{1,2}, **Dr Saskia Mérelle**¹, Prof. dr. Willem-Paul Brinkman³, Prof, MD Aartjan Beekman^{2,4}, Dr Renske Gilissen¹

¹Department of Research, 113 Suicide Prevention, ²Department of Psychiatry, Amsterdam University Medical Center, ³Department of Intelligent Systems, Delft University of Technology, ⁴GGZ inGeest Specialized Mental Health Care

Background: On the website of the Dutch suicide prevention helpline, about 4,000 people complete an anonymous self-test for suicidal thoughts each month. This self-test includes the Suicidal Ideation Attributes Scale (SIDAS), which educates the test-takers about the severity of their suicidal thoughts. Around 70% of those who fill in the self-test score higher than the threshold for severe suicidal thoughts (≥ 21). Despite this, less than 10% of test-takers navigate to the webpage for contacting the helpline.

Objective: The aim of our study was two-fold: (i) to measure the effectiveness of a brief barrier reduction intervention (BRI) in the self-test motivating people with severe suicidal thoughts to contact the helpline, and (ii) to evaluate the effectiveness of the intervention in increasing service utilisation by high-risk groups for suicide such as men and people of middle age. A pilot study has been conducted among the users to identify the specific barriers to the helpline.

Methods: A web-based randomised controlled trial. Visitors of the self-test for suicidal thoughts on the website of the Dutch suicide prevention helpline were asked to participate. Individuals with severe suicidal thoughts and little motivation to contact the helpline were randomly allocated either to a brief BRI, in which they received a short, tailored message based on their self-reported barrier to the helpline ($N = 610$) or care as usual (general advisory text, $N = 612$). The primary outcome measure is the use of a direct link to contact the helpline after receiving the intervention or control condition. Secondary outcomes are the self-reported likelihood of contacting the helpline and satisfaction with the self-test.

Results: Most selected barriers were the belief that one's problems were not serious enough, being too scared to talk about their feelings and the belief that a conversation with a counsellor would not be effective. A complete case analysis indicates no significant difference in the use of a direct link to the helpline but does indicate that respondents in the intervention group scored better on satisfaction with the self-test and self-reported likelihood of contacting the helpline.

Conclusions: Although we found no effect of the BRI on the direct use of the helpline, it did show an effect on satisfaction with the self-test and the likelihood of contacting the helpline. Follow-up measurements are needed to identify helpline use at a later point in time and the effects of different components (e.g., video material) in a BRI.

Documentation of suicidality in suicide decedents with anxiety: results from a nationwide retrospective medical record-based study

Dr Sabrina Doering¹, Jesper Fransson², Dr Anna Ehnvall^{1,3}, Dr Stefan Wiktorsson^{1,4}, Dr Nina Palmqvist Öberg⁵, Dr Sara Probert-Lindström⁵, Professor Åsa Westrin^{5,6}, Professor Margda Waern^{1,4}

¹Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, ²Affective Psychiatry Clinic, Sahlgrenska University Hospital, ³Psychiatry Clinic, ⁴Psychosis Clinic, Sahlgrenska University Hospital, ⁵Institute of Clinical Sciences, Lund University, ⁶Office of Psychiatry and Habilitation

Background: Anxiety disorders have been linked to suicidality. This study sought to assess associations between anxiety and suicidality within various observation periods ranging from 12 months to one week before suicide.

Methods: Findings are based on retrospectively reviewed medical records covering individuals who had at least one documented doctor's consultation in any health care setting within 12 months prior to suicide ($N = 956$). Individuals were considered to have anxiety if there was notation of anxiety symptoms during the final year of life. Odds ratios were calculated to estimate associations between anxiety and suicidality within different observation periods: 12 months, six months, three months, one month, two weeks, and one week before death.

Results: Anxiety was noted in 39% of all individuals with doctor contact 12 months prior to suicide; the highest proportion (50%) was seen during the final week of life. Within one week before death, individuals with anxiety had a 4.1 (95% CI [2.2 — 7.6]) times higher odds of documented suicidal thoughts, and a 3.0 (95% CI [1.7 — 5.4]) higher odds of documented increased suicide risk compared to individuals without anxiety. Odds ratios followed similar patterns across observation periods and when adjusted for psychiatric disorders.

Conclusion: Anxiety is commonly documented in suicide decedents, particularly closer to death. Our findings revealed that 50% of individuals had anxiety symptoms within a week of death, underscoring the need for heightened clinical vigilance. Anxiety was a significant factor for identifying suicidal ideation and suicide risk in the final year up to the final week of life, independent of psychiatric comorbidity. Healthcare providers should monitor anxiety symptoms in their patients and consider anxiety reduction an important treatment target.

[Healing the hurt within: How exploring attachment, forgiveness, and regrets help us to heal ourselves and others](#)

Ms Alexandra Wyman MS, OTR^{1,2,3}, Mrs. Alena Kupchella Gourley⁴, Ms Anna Gisetti^{5,6}

¹Forward To Joy, ²Authority Magazine, ³My Wake Up Call with Dr. Mark Goulston, ⁴Celebrate Every Step, LLC, ⁵American School Counselor Association (ASCA), Colorado School Counselor Association (CSCA), ⁶Colorado School Counselor Association (CSCA)

Zero to seven years old is a crucial time in our lives where we obtain our blueprint for coping skills and how we're going to work through life events. If we experience negative events during this time, our brains associate those events with negative thoughts about ourselves, thus creating core limiting beliefs and the map for how we will interact with the environment and the world. Dr. Dan Siegel talks about the blueprints in terms of the four S's: Safety, Security, being Seen, and feeling Soothed. Experiencing the four S's during childhood lends itself to opportunities to trust oneself and work through difficult times in healthy ways. If safety, security, being seen, and feeling soothed are rare or non-existent experiences, negative events, which impact the brain two and a half times quicker and create deeper pathways than positive events, create space where we do not trust ourselves and look externally to fill those gaps.

When we are born, we receive projections and messages about what a successful life should look like. The details of how life should be are different for everyone, however they tend to have similar characteristics relating to love, success, money, career paths, family, etc.

These projections are prescribed to us, and when our lives don't fit the story we were given, we internalize that something is wrong with us, not that something is wrong with the expectations placed on us. Our attachment dictates how we think life is supposed to go that can cause frustration, anger, resentment.

Frustration, anger, resentment, and then feelings of burdensomeness, can lead to thoughts of suicide as a means to an end of the continued pain and despair, resulting from these feelings. By healing our inner child, our regrets, and past memories that continually impact us, we can begin to shift the mindset away from life being linear and predictable to trusting ourselves that we can handle whatever life hands us. Then we are able to grow in our worth, heal the past, and step into our purpose as the individuals we are meant to be. This experiential approach to healing explores early life messaging,

four S experiences, and core limiting beliefs, as well as practices that explore topics such as forgiveness, regret, inner child, and past memories that initiate healing processes to help self in order to help others heal.

RedOPA system, technology for mental health care and prevention of suicidal behavior in high school adolescents

Professor Tamara Otzen^{1,2,3}, Katherina Palma-Millanao^{1,2,3}, PhD Gabriel Epuyao^{1,3}, PhD Carlos Manterola^{1,2}, PhD Zayra Antunez³

¹Universidad De La Frontera, ²Millennium Nucleus on Sociomedicine, ³Fundación OPA

Background: Suicide is a critical public health issue globally, with an increasing concern about the prevalence of suicide among teenagers. The difficulty in implementing interventions to reduce these behaviors has led to the development of new technological alternatives to address this urgent issue.

Aim: To manage and link all necessary resources to support and help at-risk adolescents.

Methods: Funded by CORFO-Chile, an interdisciplinary team has developed and tested a collaborative intervention, named RedOPA, to address mental health issues among teenagers in four high schools. Field observations, interviews, meetings, surveys and focus groups were carried out with all education system actors, allowing for the identification of the basic theoretical and technological principles needed to design a tool for mental health care and suicide prevention, aligned with each establishment's suicide prevention protocol.

Results: RedOPA system, consisting of a mobile application (RedOPA APP) with differentiated profiles according to status (students, parents, and staff) and managed by the coexistence team of each establishment through a web platform (RedOPA Admin). In RedOPA's design, the main mission of students was to register their mood daily, as well as that of their peers. Meanwhile, parents and staff had to report the mood of students and pupils. Moreover, RedOPA includes an information section about events according to each student's interests and infographics, both associated with mental health care. It also has an alert button aimed at responding in cases of vital and non-vital risk.

The trial period for the RedOPA system lasted seven days, with a total of 126 downloads and an effective use of the technological platform evaluation of 72.5%. During this time, students evaluated their mood 256 times and assessed the mood of 403 classmates. Guardians conducted 104 evaluations, while staff members conducted 145 evaluations. Among all participants in the trial, the likelihood of using the app in the future was observed to be between 54% and 76%. In terms of satisfaction level, evaluated on a scale of 1 to 7, the app was rated with an average score of 5.3 to 5.9. Changes in the educational community's perception of suicide prevention activities were identified, with an increase of 33.3%. The results obtained allowed for the classification of RedOPA at a TRL 2 maturity level.

Conclusion: RedOPA system is a valuable tool for mental health care in school communities and other organizations seeking to prevent suicidal behavior. Therefore, it is essential to continue testing its effectiveness.

Oral #36 National & Community Strategies in Suicide Prevention, September 22, 2023, 11:00 AM – 12:30 PM

Chair: Ramya Sundararaman

The United States' federal approach to suicide prevention

Dr Ramya Sundararaman¹, Dr. Liz Clark¹, CAPT Chris Jones², **Dr. Richard McKeon**³, **Dr Deb Stone**, Todd Burnett, Dr. Matt Miller⁴

¹U.S. Department Of Defense, ²U.S. Centers for Disease Control, ³U.S. Substance Abuse and Mental Health Services Administration, ⁴U.S. Department of Veterans Affairs

Suicide is a major contributor to premature death in the United States (U.S.). Suicide is the 12th-leading cause of death in the U.S. It is the fourth-leading cause of death for adolescents ages 15-19 years globally. In 2020, an estimated 3.2 million people planned a suicide, 1.2 million attempted suicide and there were 45,979 deaths by suicide. More than half of all suicides involved firearms and there were almost twice as many deaths by suicide than by homicide.

In the U.S., suicide increased 35% from 1999 to 2018 before declining by 5% through 2020. Despite the overall recent decline, rates continued to increase among females aged 10–24 and among males aged 10–44 and 75 years and over. In the U.S. military, in CY 2021, 519 Service members died by suicide with young, enlisted male Service members found to be at greatest risk. Additionally, in CY 2020, 202 dependents died by suicide, including 133 spouses and 69 other dependents.

The 2012 National Strategy for Suicide Prevention guides suicide prevention actions in the U.S. This session, presented by the leaders for suicide prevention across four government agencies, will provide a comprehensive view of the federal government's approach to suicide prevention in the U.S.

The session will include a cross-agency perspective in the following areas:

1. A historical perspective that covers the creation, implementation, and evaluation of the National Strategy for Suicide Prevention, its effect as a catalyst for the creation of State Strategies for Suicide Prevention, and strategic plans for preventing suicide among Military Service members and Veterans. It will also provide an overview of resources provided over the years via national grants to States, Tribal Nations, and College Campuses, and an overview of the development of a national crisis support line.
2. A description of the U.S.' integrated approach to prevention, which includes data surveillance, research, funding for community-based prevention programs, and support for state-level initiatives through Governor's Challenge, National Guard, and military family programs. The importance of evaluation will be highlighted with findings from grants and evaluation frameworks used across the federal government. It will include resources for postvention, such as guidelines and media reporting.
3. The session will acknowledge the challenges of collaborating at a federal-wide level and strategies for overcoming these challenges. Some of these challenges include defining and reporting suicide versus suicide ideation and attempts, lack of "real-time" surveillance capabilities, measuring effectiveness of suicide prevention efforts (paid media, outreach, crisis call centers), widely held misconceptions about suicide, lack of understanding about how different risk and protective factors interact (over-reliance on predictive algorithms), and lack of an effective suicide risk assessment tool. The speakers will also share how suicide prevention within a healthcare system paradigm is currently challenged to place monetary value upon outreach and prevention actions and outcomes within a population health paradigm.

POSTER SESSION

#1. The design and development of a national suicide prevention training module for undergraduate students enrolled in health and social care professions

Dr Clíodhna O'Brien¹, Ms Kerrie Gallagher¹, Ms Ailish O'Neill², Dr Paul Corcoran^{1,3}, Prof Philip Dodd², **Dr Eve Griffin**^{1,3}

¹National Suicide Research Foundation, ²HSE National Office for Suicide Prevention, ³University College Cork

Background: Suicide has become a serious public health concern and international research has shown that the majority of individuals who died by suicide had contact with a healthcare professional in the year prior to their death. This presents an opportunity to provide standardised training healthcare students in suicide prevention knowledge and skills. The present project outlines the design and initial development of a suicide prevention module for undergraduate students enrolled in health and social care professions, specifically nursing and medical students, in the Republic of Ireland.

Method: A scoping exercise completed between January 2021 and August 2021 involved 1) a scoping review of the literature detailing suicide prevention training for undergraduate students; 2) a survey with healthcare lecturers in Ireland ($n=103$) to examine current practices in suicide prevention training and 3) a mapping exercise to identify relevant courses and student cohorts within Ireland. Phase 1 concluded that there was potential for the development of an undergraduate suicide prevention module in Ireland, thus Phase 2 is currently underway.

Phase 2 of the project involves the design of the undergraduate suicide prevention module. The core project group has based the design of this phase on findings from the scoping review and the national survey conducted in Phase 1 and has worked with partners in Health Service Executive National Office for Suicide Prevention as well as representatives from every higher education institution offering a healthcare associated course. The module outline is based on the Competency Framework and associated, Intended Learning Outcomes in line with standard teaching of healthcare students. Topics for learning include: (1) Epidemiology of Suicide, (2) Preventing Suicide and Self-Harm, (3) Risk and Protective Factors, (4) Effective Communication, (5) Screening and Risk Assessment, (6) Safety Interventions, (7) Suicide Prevention in Clinical Practice, and (8) Self-care and Well-being. The core project team established a Student Consultation Group to incorporate student feedback and to respond to student needs in the module. The next phase of the project involves pilot implementation and evaluation.

Impact and potential outcomes: The purpose of the module is to provide undergraduate healthcare students with the fundamental knowledge and skills they need to understand and work with individuals at risk of suicide. The course seeks to equip students with the necessary skills to assess and manage individuals facing these risks, as well as to help them identify appropriate avenues for support for their patients.

#2. Association between sexual orientation and suicidal behavior in a representative sample of adolescent students in Puerto Rico

Dr Linnette Rodriguez-Figueroa¹, Dr. Margarita R. Moscoso-Alvarez, Dr. Juan C. Reyes-Pulliza, Dr. Héctor M. Colón

¹University of Puerto Rico Graduate School of Public Health

LGBTQ adolescents in the US and other countries are at higher risk of suicidal behaviors; information about this relationship among Puerto Ricans is almost nonexistent. Puerto Ricans have also been identified as having higher risk for suicidal behavior compared to other ethnic groups, which might

put LGBTQ teens in the island at even more risk. This study evaluated the association between sexual orientation identity and suicidal behavior (ideation and attempts) in the last year among adolescent students in Puerto Rico. The sample ($n=6,294$) in this 2020–22 cross-sectional survey was selected using a multi-stage stratified cluster sampling design and was representative of all 7th–12th grade students in Puerto Rico. Data was collected using a pre-coded self-administered questionnaire. Multiple logistic regression models were fitted to estimate the odds ratios and their 95% confidence intervals after adjusting for potential confounders. Interaction was assessed. Analyses were performed on weighted data. Approximately 23.8% self-identified as LGBTQ, 6.5% reported suicidal ideation, and 8.3% reported suicide attempts. Prevalences of ideation and attempts in the last year were 4 times higher among LGBTQ students compared to heterosexual students: ideation (16.5% vs 4.4%) and attempts (20.8% vs 5.0%). LGBTQ students had 2.07 higher odds of suicidal ideation compared to heterosexual students, after adjusting for age, depression, substances used (cigarettes, alcohol, marijuana), bullying victimization, and feeling unsafe in their neighborhood ($p<0.001$). Female LGBTQ students had 2.34 higher odds of suicide attempts after adjustment, while males had 2.57 higher odds ($p<0.001$). LGBTQ teens in Puerto Rico appear to be at a higher risk of suicidal behavior than heterosexual adolescents. This represents approximately 35,000 at-risk teens on the island. Sexual orientation appears to have a similar association with suicidal ideation among both males and females, but it is more strongly associated with suicide attempts among males. Suicide prevention programs should be specially targeted to LGBTQ teens, particularly among males, since they appear to be at a particularly higher risk.

#3. Communication of unexpected and violent death: A qualitative study

Professor Diego De Leo^{1,2,3}, Ms Josephine Zammarrelli¹, Professor Sabrina Cipolletta⁴

De Leo Fund¹, Slovene Centre for Suicide Research², Australian Institute for Suicide Research³, Department of General Psychology, University of Padua⁴

Background: The loss of a significant person can be especially traumatic when death comes without warning and is due to causes such as suicide, homicide, and accidents. The way an individual is informed about the loss and how the notifier communicates it can profoundly affect the grieving process and the quality of life of survivors. Unexpected and violent death notification is a challenging experience for police officers and healthcare professionals. Indeed, these professionals are exposed to very intense emotions during this task. **Objective:** The present investigation aimed to explore the experience of those who have received communication of this type of death from a professional figure and investigated the degree of preparation, emotions and attitudes of police officers and health professionals in the communicate such a death.

Method: A dedicated online questionnaire was created and disseminated using Qualtrics software. The participants were recruited through the institutional channels of the Police, the College of Physicians, the NGO De Leo Fund and the Department of General Psychology of the University of Padua. In this qualitative study, thematic content analysis was used to examine responses.

Results: A total of 207 people participated in the study, of which 155 people were medical professionals, police officers, and nurses, and 52 people were survivors who were notified of the death of a loved one. In the case of the survey on the experience of professionals, five main themes were identified: (1) how the communication took place; (2) experiences during communication; (3) the difficulties encountered; (4) coping strategies and (5) forms of support. Regarding the experience of the survivors, four key themes were instead identified: (a) how the communication took place; (b) reactions; (c) support; and (d) coping strategies.

Conclusions: Modes of communication can have a profound impact on recipients and intensify the trauma of loss; however, they also have the ability to mitigate it. Notification of a violent and unexpected death remains a difficult and demanding task for the notifier, potentially stressful and

emotionally charged. The topic is very topical and further research in this area should be promoted. Furthermore, the notification process should not end with the mere transmission of the communication, but should also look at the subsequent stages including referral to support networks or bereavement services, aimed at assisting people immediately but also in the long term.

[#4. Development and exploration of the feasibility and preliminary effectiveness of a brief on-demand gatekeeper training program to provide basic knowledge and skills for suicide prevention](#)

[Dr Manami Kodaka](#)¹, [Dr Michiko Takai](#)², [Dr Yotaro Katsumata](#)³, [Dr Tadashi Takeshima](#)⁴

¹Musashino University, ²Saitama Medical University, ³Tokyo Metropolitan University, ⁴Kawasaki City Inclusive Rehabilitation Center

Background: The suicide rate in Japan is the highest among G7 countries. Although the annual number of suicides has been on the decline with the various suicide prevention policies implemented nationwide and locally, a slight increase in suicides was noted during the COVID-19 pandemic. Gatekeeper training has been promoted worldwide as an effective suicide prevention activity. In Japan, several gatekeeper training programs have been conducted mainly by local governments. Some municipalities have developed and delivered on-demand gatekeeper training programs, which are available online. The development of a standardized gatekeeper training program is essential for not only disseminating knowledge and achieving a certain level of skills required for suicide prevention but also for scientifically verifying the effectiveness of such training. To this end, we previously developed a standardized in-person gatekeeper training program along with a scale to measure its effectiveness. The present study aimed to develop its on-demand version and explore its feasibility and preliminary effectiveness.

Methods: The developed brief on-demand standardized gatekeeper training program consisted of a 17-minute lecture and an 11-minute video in which two actors demonstrate gatekeeper activities. A total of 87 local government officials affiliated with one of the ordinance-designated cities in the Greater Tokyo Area participated in this study (female: 51%; age: mean=44.9 years, SD=10.4). Participants completed and submitted self-administered pre-, post-, and follow-up web surveys before and after viewing the video on their own. The surveys consisted of the Suicide Prevention Gatekeeper Knowledge and Skills Assessment Scale (pre-, post-, and follow-up) and questions on demography (pre-only), satisfaction with and the level of understanding of the program (post-only), and the transfer of training (follow-up only), which refers to the application of the knowledge and skills gained in the training program in their work and sustained effects of the training. The protocol of this study was reviewed and approved by the Ethical Review Committee of Musashino University Faculty of Human Sciences.

Results: The basic knowledge of and skills in suicide prevention were significantly improved after viewing the program video but were decreased six months later. Approximately 90% of participants responded that they were satisfied with the on-demand program overall.

Discussion: This study confirmed the feasibility and preliminary effectiveness of a newly developed brief on-demand standardized gatekeeper training program for suicide prevention. Future studies will be necessary to further explore its effectiveness and create a follow-up training program with a support system for gatekeepers.

[#5. The meaning of spirituality in the sample of women bereaved by their partner's suicide](#)

[Mrs Austėja Agnietė Čepulienė](#)¹

¹Vilnius University

Introduction: A loved one's death due to suicide is a painful and challenging experience that can affect psychological and spiritual well-being. Spirituality can become an essential resource while

coping with different life events, such as psychological traumas, grief, and traumatic grief, such as grief after a child's death or after a loved one's suicide. Despite the significance of spirituality, it is an overlooked phenomenon in the context of suicide bereavement. This can be attributed to the problematic nature of the concept of spirituality, which is hard to define and measure, and subsequently, to research. The aim of this study was to explore the primary question of what is spirituality for those experiencing bereavement following a partner's suicide.

Methodology: Eleven women bereaved by their life partners' suicide participated in semi-structured interviews with the researcher. Transcribed interviews were analyzed using inductive reflexive thematic analysis.

Results: Six themes were generated: Spirituality as a resource, Spirituality as a relationship; Spirituality is universal; Spirituality is a changing phenomenon; Spirituality requires effort; Spirituality is between knowing, sensation, and feeling.

Discussion: Spirituality, described by women experiencing bereavement following a partner's suicide, is consistent with the broader description of spirituality. Spirituality as a resource can be helpful for people who are specifically experiencing bereavement following a close person's suicide by providing comfort, peace, and support after the trauma. If a loved one's suicide is experienced as a moral injury, it can cause a spiritual crisis. The universal and changing concept of spirituality means that it is possible to contemplate and adjust one's beliefs and practices and to try and the quests emerging from the "shadow" side of spirituality, but active efforts might be needed for these tasks. Since death by suicide can damage the relationship with the deceased individual, spirituality as a form of relationship might also be affected and the means to recover and transform the relationship with a higher power, others and oneself might be needed. Spirituality, experienced as a phenomenon between knowing, sensation, and feeling, shows that it is difficult to understand this experience with a rational mind. Therefore, spiritual experiences, which are often experienced by people experiencing bereavement following a suicide, should be looked at with respect by practitioners, who can help understand the psychological and spiritual meanings of these experiences.

Conclusion: The study contributes to the field of psychology by providing a deeper understanding of spirituality for those experiencing bereavement.

#6. A study on the experience and opinion regarding suicide prevention for workers in rapid transit corp. – Based on focus group interview

Professor Soojung Lee¹, Professor Jong-Ik Park²

¹College of Nursing, Woosuk university, ²Kangwon National University School of Medicine

Purpose: This study aimed to explore how much workers in Rapid Transit Corporation experience and what opinion they have regarding suicide prevention. Focus group interview (FGI) was used for this purpose.

Methods: A total of 34 participants in Rapid Transit Corporation were divided into six groups by their job specialty and an average of two hours were spent on each group. Semi-structured questions were applied during an interview and the researchers later analyzed the coded contents with informed consent from participants. The interview results were interpreted by a method presented from Colaizzi's phenomenological analysis and categorized based on the themes.

Results: The results of FGI were classified into 3 domains as follows: 1) Opinions about job stress; 2) Past personal experience; 3) Opinions about cause and prevention of suicide.

Job stress also was analyzed in organizational, interpersonal and personal categories, respectively. In the organizational category, eight themes including dissatisfaction with the restructuring and change of work, maladaptation through change of work and career, the burden of downsizing and single duty, insufficiency of welfare and four others were discussed.

In the interpersonal category, four themes such as discomfort and dissatisfaction with the seniors, peer groups, union members, and customers were tackled. In the personal category, difficulty with their personality trait and personal coping strategy were described.

As past personal experience was painful and troublesome in various areas such as restructuring, displacement, contingency, interpersonal stress and others, most of participants stated that problems are not totally solved but they got shrunk or forgiven, sometimes adapted.

Opinions about the cause and prevention of suicide were analyzed in organizational, interpersonal and personal categories, respectively.

Organizational categories were two themes such as reduction in burden of single duty and improvement in working environment and welfare state. Interpersonal categories were two themes including strengthening the leadership of seniors and harmonizing relationships within an organization. In the personal category, a total of six themes such as finding suicidal risk and prompt intervention, prevention of copycat suicide, creating atmosphere to block suicide and others were described.

Conclusion: FGI on workers in Rapid Transit Corporation may suggest that three staged (universal, selective, indicated) strategy is needed for mental health promotion and suicide prevention. Universal prevention is to develop customer-oriented manual and leadership training programs for high-ranking officials. Selective prevention includes expansion of gatekeeper education and activation of referral system. Indicated prevention is to apply crisis intervention programs to high-risk groups.

#7. Crisis signage at high-risk locations

Ms Katie Hardcastle¹, Elizabeth Pettersen¹, Lydia Boyson¹

¹Samaritans

At the 2022 European Symposium for Suicide and Suicidal Behaviour (ESSSB) in Copenhagen, many leading researchers in suicide prevention discussed the development and placement of crisis signage, as well as its evaluation, as a prominent evidence gap. These conversations, along with the currently limited evidence base, and the challenges of studying signage as an intervention, highlighted the need for Samaritans to develop an ambitious multi-year research programme to consider our own crisis signage at high-risk locations.

Before we can consider any impact of crisis signage, it is important to first establish whether people see and understand the signage when in situ at high-risk locations. Therefore, our research programme will begin in April 2023, with a large-scale prompted recall survey to explore the following initial research questions:

(1) How visible and comprehensible is Samaritans' crisis signage at high-risk locations?

(2) Does Samaritans signage at high-risk locations influence help seeking behaviour?

In the following months, we will consider how Samaritans' branches currently use signage (across all locations), and what the ongoing and proposed future needs are for signage in the U.K. and Republic of Ireland. We will also seek to summarise what other helplines or organisations are doing globally to measure the implementation and impact of crisis signage.

In my proposed presentation for IASP 2023, I will briefly explore the challenges that evaluating signage poses, before outlining how Samaritans intend to address these challenges with a novel programme of research. I will then share initial findings from our prompted recall survey and desk-based research, before discussing the implications of these findings for our work across high-risk locations.

It is our ambition that this presentation will help to build on these insightful conversations from ESSSB 2022 and allow us to engage with colleagues at IASP 2023 to continue to drive forward this much needed area of suicide prevention research.

#8. Assessing suicide risk with the little help of Marsha, David and Alexis, thank you.

Dr Anthony Djurkov¹

¹Te Rawhiti CMHC, Middlemore Hospital

I am using Marsha Linehan's Reasons for Living Questionnaire and Klonsky and May's Three Step Theory, hand in hand, to explore the suicidal mind, to assess the risk of acting, to initiate discussion with the suicidal person towards problem solving and hopefully a change, to work out possible interventions.

I will present my idea, I will show how I do it, I will present case studies and at the end I will hope for a discussion about my method's applicability and reliability and ideas for possible research.

In a nutshell it is the direct application of a proven and appealing theory into practice using Marsha Linehan's wonderful questionnaire. I am trying to bridge the gap between theory and practice and help the clinical assessment.

#9. The effectiveness of the standardized suicide prevention program for gatekeeper intervention in Korea

Dr. Seon Wan Ki¹, MD Jong-Woo Paik, MD Hwa Young Lee, Ms Sun Jung Kwon, Prof Eun Jin Lee, Prof Jeung Suk Lim, MD Sung Joon Cho, Ms Soung Nam Kim, MD Young Joo Park, MD Sang Min Lee, Ms Jin Mi Seol, Ms Ah Ram Seo, Ms Seon Mi Kim, MD Young Hoon Chon

¹Catholic Kwandong Univ. International St. Mary's Hospital

Introduction: The purpose of this study is to evaluate the intervention behaviors (detection, intervention, and referral of high-risk groups) for gatekeepers trained in the Suicide CARE program (Standardized Suicide Prevention Program for Gatekeeper Intervention in Korea) to measure the effectiveness of the program for suicide prevention in Korea.

Method: A survey was conducted on 400 people who worked as gatekeepers after completing the Suicide CARE program. Further, a survey was conducted on 30 people in charge of outstanding suicide prevention centers in metropolitan for gatekeepers. Focus group interviews were conducted using Zoom and semi-structured questionnaires were conducted for 100 to 120 minutes.

In this study, from June 20 to July 7, 2022, a promotional letter was posted on the website of the Korea Suicide Prevention Association and 110 participants were recruited. The number of samples was calculated by the group based on the Repeated Measures ANOVA method using the G*power program. A random sampling program was used to select 110 verbally agreed study participants by randomly dividing 55 into the experimental group and 55 into the control group.

The experimental group survey consisted of a pre-test, program completion, post-test, and three-month follow-up. The pre-test and post-test consisted of a face-to-face survey, and the three-month follow-up test was conducted. The process of control group survey consisted of a baseline test and a three-month follow-up test and was conducted.

Result: To demonstrate the effectiveness of the 2.0 Suicide CARE program, a randomized controlled trial verified the difference between the experimental group that conducted face-to-face education (measured before-after-3 months later) and the control group that did not (measured before-3 months after). Among the participants, the experimental group of 49 (eight males and 41 females) and the control group of 53 (12 males and 41 females) were used for the final analysis.

As a result, the experimental group (education), unlike the control group (non-education), had improved knowledge of suicide prevention, suicide prevention behavior, competence to provide help, and attitude toward suicide (lack of awareness of suicide/suicide prevention/taboo attitude, readiness for suicide prevention), and the effect persisted even after three months.

Conclusion: Suicide CARE 2.0 is an effective gatekeeper education program that can increase gatekeeper ability, and there is a need to provide and spread the Suicide CARE 2.0 program to prevent suicide.

This study is meaningful because the effectiveness of Suicide CARE 2.0, which 2.07 million people have completed by 2022, was verified through a randomized controlled trial.

#10. Study of the status of the accredited suicide prevention program of Korea

Dr Se Won Kwon¹, Ms Bo Young Kim¹, Dr Hye-Jin Kim¹, Ms Eun Jung Shin¹, **MD, PhD, MPH Tae-Yeon Hwang**¹

¹Korea Foundation for Suicide Prevention

Background and Objectives: The implementation of an evidence-based suicide prevention program is an essential policy to reduce the suicide rate. This study aims to find the direction of future suicide prevention program development by analyzing the status of the accredited suicide prevention program of Korea.

Methods and Material: This study conducted a technical analysis of 107 accredited suicide prevention programs by the Ministry of Health and Welfare from 2014 to 2022. The data used for the analysis are program development process reports, program applications, program manuals, program progress data, and result reports submitted for the Suicide Prevention Program Accreditation System.

Result: The program types are education and training (82.3%), awareness improvement promotion and outreach (0.9%), protocols/guidelines (15.9%), and intervention (0.9%). Program targets are classified by age and characteristics of the subjects. The program targets six (5.6%) for all ages, 21 (19.6%) for adults, ten (9.4%) for the elderly, 19 (17.8%) for children and adolescents, 12 (11.2%) for suicide prevention practitioners, and 39 (36.5%) for special groups. Special groups include bereaved families, the disabled, gender minorities, soldiers, firefighters, police officers, teachers, and health care workers.

Conclusion: The education and training program has the largest number of accredited programs, and programs for all age groups have been developed. Therefore, it is necessary to improve the quality of the program by verifying the effectiveness of the accredited education and training program. Recognition improvement and outreach, and intervention programs should support existing developed programs to be accredited or new programs should be developed.

Keywords: accredited suicide prevention program, suicide prevention program, education, training, suicide, Korea

[#11. Suicide scripts in Slovenian online newspapers: Preliminary findings](#)

[Ms Vanja Gomboc](#)^{1,2}, Ms Asja Flamiš³, Mr Jure Gračner³, Professor Diego De Leo^{1,2}, Prof Silvia Sara Canetto⁴, Dr Lorenza Entilli⁵, Dr Giulio Castelpietra^{6,7}, Assoc Prof Vita Poštuvan^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, ²Department of Psychology, Faculty of Mathematics, Natural Sciences and Information Technologies, University of Primorska, ³Psychology Student at Department of Psychology, Faculty of Arts, University of Maribor, ⁴Department of Psychology, Colorado State University (CSU), ⁵Department of General Psychology, University of Padua, ⁶Primary Care Services Area, Central Health Directorate, Regione Autonoma Friuli Venezia Giulia, ⁷Department of Medicine, Surgery and Health Sciences University of Trieste

Suicide is a significant public health concern, with varying prevalence, cultural meanings, and prevention strategies in different countries. Responsible reporting of suicide cases in the media is a critical prevention strategy. Suicide reporting is considered responsible when, for example, the narrative does not glorify the act. Research indicates that there are differences in the quality of media suicide reporting across countries, and within countries, by the sex and age of the decedent. Slovenia has higher-than-average suicide rates than European and world average. Male suicide rates are higher than female rates. Media suicide-cases stories provide clues to scripts of female and male suicide. Suicide scripts function as suicide models. This study examines Slovenian online newspaper-articles about female and male suicide cases, by age. The study's method followed a framework like that used in a study of suicide scripts in Italian newspapers' stories. Four online newspapers (two national and two regional) with high Slovenian readership were searched for suicide cases, using the following search term in the Google search bar: "samomor, site:NAME OF THE NEWSPAPER" (note: samomor is Slovenian translation for the term suicide). Three researchers, supervised by a fourth, assessed the relevance of the selected articles. Articles were excluded if they covered nonfatal suicidal acts, murder-suicides, suicides that occurred outside of Slovenia, and celebrity suicides, or if they reported about suicide in general. Of the 954 articles published between January 2012 and March 2023 in the four newspapers, 25 were about deaths by suicide of Slovenian citizens. Thirty-two percent of the articles reported the suicide of adolescents, 44% on the suicides of adult individuals and 4% on the suicides of older adults. In 20% of cases the age of the deceased was not indicated. Ten articles reported on the suicide of a woman and 15 on the suicide of a man. Our presentation will describe this study's findings, including potential differences in Slovenian

newspapers narratives of the “causes” of female and male suicides, across age groups, and in recommendations for the prevention of female and male suicide. This study’s findings can support cultural and gender-grounded suicide prevention.

[#12. Development and implementation of resilience training modules in Philippine schools](#)

[Dr Lucila Bance](#)¹, Dr Angelie Bautista², Dr. Myreen Cleofe², Dr. Gemma Clet², Ms. Leny Gadiana²

¹University of Santo Tomas Graduate School/ NGFMindStrong, ²University of Santo Tomas Counseling and Career Center/ NGFMindStrong

The increasing number of suicide cases constitutes a serious and existing global concern. In the Philippines, about one out of five Filipino youths aged 15 to 24 years have considered ending their lives. All schools in the country are required to have guidance counselors but due to the lack of licensed qualified counselors, NGF Mindstrong initiated the curriculum-based Resilience Program for all schools to widely address the problem of mental health. The course provides a rich and immersive experience that enables participants to develop practical skills to recognize, understand and better respond to cope positively in the face of adversity. This includes familiarization with the protective factors that help prevent occurrence of problems and strengths that help to buffer anxiety, fears, sadness and life’s challenges. It is composed of four (4) modules per year level from Grades 4 to 12, a total of 36 modules focused on the development of (1) relational skills, (2) self-regulation skills, (3) problem solving skills, and (4) sense of purpose and future. Each year level has 4 modules to complete: (1) Self, (2) Family, (3) Others and (4) Career. The program went through comprehensive review by curriculum experts of the Department of Education, pilot run, validation of contents and language by specialists. The modules per year level are accompanied by teacher’s manual. The pilot run was done in five regions in the country. The paper used mixed method, multiphase research design with typical program evaluation. Initial results showed that the program implementation yielded positive, satisfactory results. The teachers who were trained to implement the program were given workshops on mental health so that they will be equipped with the right attitudes in implementing the modules for the learners. The post test showed 70% were satisfied with the program but still 30% felt they needed more preparation in implementing the modules as they themselves have mental health concerns. From a learners’ perspective, initial results on the pilot implementation for Senior high school showed a decline from 279 down to 100 cases with three deaths due to suicide in the first two years covered by the study (2015 to 2019). Providing students with psycho-social workshops from resilience modules in 2017, together with depression and suicide awareness advocacy focused on “Suicide-free Campus”, reports indicated zero suicide from 2019 to present. On-going implementation of the modules is underway in different regions of the country and a long-term effect of the program is being considered.

[#13. Studies on self-healing practices for suicide loss survivors: A scoping review](#)

[Ms Adelia Putri](#), Associate Professor Gregory Armstrong, Dr Karl Andriessen

¹Centre for Mental Health, Melbourne School of Population and Global Health, ²Nossal Institute for Global Health, Melbourne School of Population and Global Health, The University of Melbourne, ³Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne

Background: Suicide loss survivors face various difficulties in accessing professional help and are at a higher risk of developing suicidal behavior and mental health problems. However, most suicide grief interventions heavily rely on help-seeking behavior, and self-healing remains a relatively under-researched alternative intervention for suicide-bereaved individuals. This scoping review aims to determine the extent to which self-healing research has been undertaken to inform future study direction.

Method: We conducted a scoping review, involving a search of five academic databases (CINAHL, Embase, Medline, PsycINFO, and Web of Science). Further, we included peer-reviewed publications that provide data on self-healing practices within the context of suicide loss survivors. The review is guided by the methodological framework proposed by Arksey and O'Malley in 2005 and is reported following the PRISMA for scoping review (PRISMA-ScR) guideline.

Results: Thirty articles met the inclusion criteria, with 60% reporting self-healing as a secondary finding, highlighting different types of self-healing practices reported by suicide-bereaved individuals. Meanwhile, 40% of the studies investigated self-healing as their primary focus, contributing to knowledge on helpful aspects of self-healing. None of the studies included took place in Low- and Middle-Income countries, with the majority conducted in the U.S. In terms of population groups, there is a heavy focus on the adult population bereaved by the suicide of a child, sibling, or parent, and only a few examine the loss of friends.

Conclusion: Despite the frequent implicit reporting of self-healing strategies across various research studies, our scoping review confirms a significant gap in research knowledge regarding the definition, implementation, and effectiveness of these practices. To enhance our understanding of how self-healing strategies could be used more effectively, more studies are needed to clarify the underlying definition of self-healing practices and identify which aspects facilitate or hinder the implementation process of these practices. Furthermore, there is a need for studies on self-healing strategies to be conducted in Low- and Middle-Income countries to examine how they might apply to diverse contexts.

Keywords: suicide, loss survivors, bereavement, grief, self-healing, scoping review

[#14. Talk suicide Canada community of practice for crisis line knowledge sharing and building connection](#)

Dr Allison Crawford¹, Dr. Chantalle Clarkin, Ms Jennifer Carroll, Gisell Castillo, Jake Chaput, Victoria Donkin, Yvonne Bergmans, Shawna Gibbs, Mara Grunau, Gina Nicoll, Robert Olson, Karen VanderSluis, Thiya Rajaratnam, Juveria Zaheer

¹Centre for Addiction and Mental Health / University of Toronto

Background: The Talk Suicide Canada Community of Practice (CoP) launched in 2021 to form a learning community among crisis and distress centers across the Talk Suicide Canada service delivery network. The program leverages the ECHO model™, a virtual continuing education model that emphasizes the sharing of best practices, case-based learning, and interactivity between learners. It is delivered by a “resource team,” who bring perspectives from acute care, crisis services, suicide prevention research, and lived experience.

Following a pilot cycle in 2021 with an audience of supervisors and trainers (Cycle 1), the program was expanded in 2022 to include crisis line responders (Cycle 2). The curriculum was developed based on a triangulated needs assessment, and included person-centered risk assessment, cultural safety, and responder wellness. The cycle comprised 12 90-minute sessions delivered virtually on a biweekly basis.

Post Cycle 2, evaluations were conducted using multiple methods to explore value creation and process improvement opportunities, with a focus on the program’s function as a CoP.

Objective: To describe evaluation findings from the Talk Suicide Canada CoP that demonstrate how the core components of this model contribute to and enhance collaborative learning across the Canadian crisis sector, and create value for participants (Wenger, Trayner, & deLaat, 2011).

Methods: Focus group discussions were held with participants following each cycle. A dyadic interview with program co-leads and focus group with the resource team were conducted after Cycle 2. Focus groups and interviews were recorded for verbatim transcription. A post-session survey,

informed by Moore's evaluation framework, was used to collect self-report data on participation, satisfaction, learning, and self-efficacy.

Results: Using rapid qualitative analysis, themes were distilled across Cycle 1 and Cycle 2 data. The following themes emerged: learning together and connecting as a community; the diffusion of knowledge and application beyond the learning community to change crisis line practice; case-based learning and collaborative problem-solving as a purposeful tool for crisis line professionals; and reflections on enhanced performance of self or others.

Survey data from Cycle 2 revealed that 91% of respondents ($n=21$) reported practice change due to participation in the CoP. Statistically significant improvements in self-efficacy scores were demonstrated across the following categories: Self-Care, Suicide Interventions, and Risk Assessment.

Conclusion: Findings indicate the Talk Suicide CoP is a valued educational model that facilitates learning, fosters a sense of professional development, enhances collaboration across crisis line centres, contributes to sense of community, and promotes translation of evidence-to-practice.

#15. Withdrawn.

#16. SMS SOS: The effectiveness of a Short Message Service (SMS) brief contact intervention in reducing repetition of hospital-treated self-harm

Associate Professor Gary Stevens², Dr Sandro Sperandei¹, Professor Greg Carter³, Dr Sithum Munasinghe¹, Mr Trent Hammond⁴, Associate Professor Naren Gunja⁴, Professor Vlasios Brakoulis⁵, **Professor Andrew Page**¹

¹Translational Health Research Institute, Western Sydney University, ²School of Social Sciences, Western Sydney University, ³School of Medicine and Public Health, University of Newcastle, ⁴Faculty of Medicine and Health, University of Sydney, ⁵Mental Health Services, Western Sydney Local Health District

Background: Hospital-treated self-harm (SH) is common and costly, with repeated SH and suicide the two most important outcomes. This multi-centre study conducted in Sydney (Australia) investigated the effectiveness of a Brief Contact Intervention (BCI) delivered via Short Message Service (SMS) text messages in reducing hospital-SH re-presentations.

Methods: A randomised controlled trial with parallel arms, recruited 804 participants presenting with SH to three Western Sydney hospitals (2017–2019), to a control condition of treatment as usual (TAU) ($n=431$) or an intervention condition of a series of SMS contacts plus TAU ($n=373$). The SMS contacts were nine automated text messages over 12-months after the index SH episode. The primary outcomes were twofold: the repeat SH event rate (number of SH events per person/year) and the time to first repeat SH event at 6, 12- and 24-months.

Results: The event rate for SH repetition was lower for SMS compared to TAU at: 6 months (IRR = 0.79, 95%CI: 0.61 – 1.01), 12-months (IRR = 0.78, 95%CI: 0.64 – 0.95) and 24-months (IRR = 0.78, 95%CI: 0.66 – 0.91). There were 123 fewer SH re-presentations over the 24-month follow-up period in the SMS group compared to TAU.

Conclusions: The reduction in repetition of hospital-treated SH was clinically meaningful. BCIs, in this case SMS, are an inexpensive, scalable, universal intervention that can be deployed in hospital-treated SH populations to improve patient outcomes and reduce hospital service costs.

#17. The effect of the Sources of Strength suicide prevention program on help-seeking in Australian adolescents.

Professor Alison Calear¹, Dr Sonia McCallum¹, Associate Professor Aliza Werner-Seidler², Scientia Professor Helen Christensen³, Dr Alyssa Morse¹, Professor Phil Batterham¹

¹The Australian National University, ²Black Dog Institute, ³University of New South Wales

Background: Suicide is a significant public health problem among Australian adolescents and there is a clear need to promote help-seeking behaviour to prevent suicide in this population. The Sources of Strength program is a universal peer leadership program that takes a social connectedness approach to suicide prevention, and focuses on improving help-seeking norms, youth-adult connections, and coping skills to promote help-seeking for suicide and psychological distress. The aim of this study was to assess the effectiveness of the Sources of Strength program in increasing help-seeking intentions and behaviours in Australian adolescents.

Methods: A cluster, randomised controlled trial was conducted in 13 Australian secondary schools ($N = 1633$), with each school randomly allocated to the intervention or wait-list control condition. Participants in the intervention condition received the Sources of Strength program over two years, while participants in the wait-list control condition continued usual classes. All participants completed self-report measures of help-seeking intentions and behaviour at pre-intervention, post-intervention, 6- and 18-month follow-up. Staff and students in the intervention condition also provided qualitative feedback on the perceived impact of the program.

Results: No significant effect of the Sources of Strength program was observed for help-seeking intentions or behaviour at post-intervention or follow-up. Staff and students reported that the program increased awareness of and openness to help seeking and promoting a common language and school community.

Conclusions: While the Sources of Strength program may have increased awareness of help seeking, there was no evidence in the current trial that it is effective in increasing help-seeking intentions or behaviours. The lack of meaningful effects may reflect the high levels of help-seeking intentions already present in this sample at pre-intervention or the difficulty in changing behaviour over a relatively short period of time. There would be value in assessing the effect of a more comprehensive suite of mental health and suicide prevention programs in schools that target the multitude of factors that prevent help seeking in this population, as well as the targeting of schools with limited mental health programming or highly disconnected young people.

#18. Cultural adaptation of artificial intelligence-based suicide prevention tools — a critical scoping study and key issues for the future

Dr Cécile Bardon¹, Dr Marie-Jean Meurs, Dr Barbara Schellhammer, Ms Mélanie Tremblay

¹Crise, Uqam

Cultural sensitivity is a current and key issue in the development, validation and generalisation of evidence-based suicide prevention instruments and strategies. It is also a key issue in the development of relevant artificial intelligence (AI) based tools to support mental health and suicide prevention. The current literature review (2023) is at the intersection of different research and practice domains: psychology, suicide prevention, cultural studies and computer science. Its objectives are twofold. First, it aims to define key issues in understanding universal versus situated suicide prevention practices, cultural adaptation needs for suicide prevention practices, culturally sensitive AI in mental health and suicide prevention. Second, it aims to identify recommendations for current practices and future research, policy and practice regarding culture, AI and suicide prevention. This question was raised in the context of a research project aiming to develop a culturally sensitive AI tool to support suicide prevention practices in various communities in Québec.

A critical scoping study based on a multidisciplinary perspective is carried out. Explored databases are Psychinfo, Medline, Scopus, Web of Science, arXiv, PsyArXiv, DBLP. Reviews, conceptual papers and empirical studies (qualitative, quantitative and mixed) are included in the analysis. Moreover, the newest research in (inter-)cultural philosophy will be explored to underline the critical role culture (and in particular language) plays for human development. Data analysis, interpretations and use of results is performed in partnership with research, clinical, community and decision-making collaborators.

Data analysis is performed in the spring and summer of 2023. Results will support the development of a guide for culturally adapted AI use in suicide prevention and a Natural Language Processing (NLP)-based tool for improved use of a safety plan app. Recommendations will address a cultural understanding of risk and protective factors, of mechanisms involved in suicide risk, cultural adaptations to assessment process, language use (English, French, others) in distress and suicide prevention (and the way it influences AI-based tools), cultural meaning making, form (colors, images, wording, etc.), relevance of various practices in different contexts, collaborations to embed culture in the development of NLP-based suicide prevention tools, decolonization of intervention processes, intersectional processes.

[#19. The rising trends of self-harm in Brazil: an analysis of suicide, hospitalizations, and notifications between 2013 and 2020](#)

Dr Flavia Alves^{1,2}, Dr Erika Xavier¹, Jacyra Azevedo Paiva de Araújo¹, Prof Maurício L. Barreto¹, Professor Vikram Patel², Dr Daiane B. Machado^{1,2}

¹Center of Data and Knowledge Integration for Health (CIDACS), Instituto Gonçalo Moniz, Fundação Oswaldo Cruz (FIOCRUZ), ²Harvard Medical School

Self-harm comprises a wide range of definitions and behaviors (self-poisoning, or self-injury with varying degrees of suicidal intent) and is a significant public health problem worldwide. It is estimated that suicide affects more than 700,000 individuals annually, although, globally, there is a lack of compelling evidence on other self-harm behaviors. The majority of previous studies are focused on a single outcome: either mortality, or hospitalization, and notifications remain less explored. Therefore, using a large dataset, with three levels of self-harm information, our objective was to characterize the epidemiological profile of suicides, self-harm hospitalizations, and notifications in Brazil. We used data from the Mortality Information System (SIM), the Hospital Information System (SIH), and the Notifiable Diseases Information System (SINAN) (2013–2020). Proportions of causes of suicide, self-harm hospitalizations, and notifications, were calculated, as well as rates by age and race/ethnicity groups. We performed the Mann-Kendal test, to verify whether the series had a statistically significant time trend. Our findings showed an increase in the suicide rate in the period studied (24.0%). The Indigenous population had the highest suicide rates (17.7/100,000 in 2020), compared to the overall population (6.35/100,000 in 2020). Self-harm notifications had increasing rates (259.3%), and hospitalizations had decreasing rates (-11.4%) over time. In 2020, the Indigenous population had the highest notification rates, but the lowest number of hospitalizations (89.5, and 0.5 per 100,000, respectively), compared to the overall population (3.7 and 45.7 per 100,000, respectively). There has been a dramatic increase in suicide and notifications across the populations, a greater increase in suicide mortality in Indigenous peoples, and lower rates of hospitalizations in Indigenous peoples. The first two findings point to the role of social determinants driving suicide mortality, while the third indicates inequitable access to health care. Our results suggest that there may be barriers to accessing urgent and emergency care, represented by low self-harm hospitalizations among the Indigenous population. These structural inequities between those who require hospital beds, and those who successfully gain access, may result in delayed interventions and inadequate health care. The possibility of jointly exploring self-harm hospitalizations, notifications, and mortality, has enabled us to understand the profile of suicide attempts, and revealed inequalities that would not be evidenced when the focus is a single outcome. Health disparities

between different races/ethnicities are a high-priority public health issue worldwide. These findings highlight the urgency for governmental policies to reduce these alarming disparities.

[#20. The Rains Never Came: Exploring frames of drought and suicide in Indian newspaper articles](#) Ms Marie Dokken¹, Dr. Emmanuel Raju¹, [Dr Jane Brandt Sørensen](#)¹

¹Department of Public Health University Of Copenhagen

Background: The media is an important public health tool to raise awareness and influence public perception. Little research has explored the association between climate change (drought) and mental health (suicide) in newspaper articles. The state of Maharashtra, India is burdened by high rates of suicide and common episodes of drought.

Aim: To explore how online, English-language newspapers in India frame the association between drought and suicide in the state of Maharashtra.

Methods: In total, four online Indian English-language newspapers were screened for articles focusing on suicide and drought between 2018 and 2019. Newspaper articles were analysed abductively, using a thematic analysis incorporating framing.

Findings: The screening yielded 613 newspaper articles, of which 55 were included in the study. All articles mentioned 'farmers' when referring to drought and suicide. The association between drought and suicide in Maharashtra was framed in four ways: (i) drought and suicide primarily affected male farmers; (ii) drought led to suicide through livelihood disruption; (iii) the government was blamed and deemed responsible for livelihood disruption; and (iv) drought and suicide in Maharashtra was framed as a hopeless case with no solution. Episodic ($n=27$) and thematic framing ($n=28$) were used to a similar extent in the included newspaper articles. Episodic framing was used in politically focused articles, and they often attributed responsibility onto the government rather than individual farmers. Thematic framing was largely used in articles conveying farmer distress, which was linked to issues such as the agrarian crisis, an unjust market setup, or government failure. In total, eight newspaper articles provided descriptive details of the suicide method used and two articles included excerpts from personal suicide notes. There was no reference to climate change in the articles, minimal reference to mental health and no information about opportunities for help-seeking. The repetitive reference to the farmer suicide phenomenon portrayed suicide as being inevitable for farmers in drought-prone areas of Maharashtra.

Conclusion: The framing of suicide and drought as a hopeless case and dependent on government action might limit individual capacity for mitigation and the public's support for sustainable solutions to climate change and mental health. The persistent focus on (male) farmers might contribute to limited awareness on how other population groups may be affected.

[#21. Research priorities for suicide prevention in Nepal: a Delphi study](#)

[Ms Elisha Joshi](#)¹, Dr Santosh Bhatta², Prof Dr Sunil Kumar Joshi³, Prof Dr Julie Mytton²

¹University of Bristol, ²University of the West of England, ³Nepal Injury Research Centre, Kathmandu Medical College, Public Limited

Background: Suicide is a significant public health concern in Nepal and there is a need for an evidence-based suicide prevention programme to facilitate stakeholders working towards suicide prevention in Nepal. Collaborative research between stakeholders focussing on shared priorities can help to prevent and control suicide. Hence, we aimed to develop a consensus list of research priorities for suicide prevention in Nepal.

Methods: The Delphi expert consensus method elicited the prioritized research questions for suicide prevention in Nepal. Participants comprised suicide prevention experts (psychologists, psychiatrists,

psychiatric nurses, researchers and advocates) and people with lived experience. Three rounds of Delphi were conducted; round 1: one-on-one interviews involving open-ended questions were used to generate research questions; round 2: ranking the research questions using a 5-point Likert scale, and round 3: re-ranking research questions in light of individual and group responses.

Results: Forty-two participants participated in the first round, 38 in the second round, and 39 in the third round. Round 1 generated 522 research questions which were grouped and reduced to 33 research questions for round 2 rankings. We retained 22 questions based on a cut-off of 70% of the panel ranking all requests as 'very important' or 'important'. The final list of prioritized questions was developed after re-rating these research questions in round 3.

Conclusions: This is the first consensus study to identify suicide prevention research priorities in Nepal, involving experts and people with lived experience. A priority-driven approach to suicide prevention research may ensure that the research endeavour provides the most useful information for those whose day-to-day work involves trying to prevent suicide.

[#22. Australia's Suicide Prevention Research Fund – Suicide Prevention Australia](#)

Mrs Sharon Bower¹, [Ms Nieves Murray](#)¹

¹Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. Over 3,000 people die by suicide each year in Australia, and we can never underestimate the impact that every life lost to suicide has on family, friends, workplaces, and the broader community.

In recognition of the impact of suicide on every Australian, the Suicide Prevention Research Fund (Research Fund) was established by the Australian Government to support research into suicide prevention. Suicide Prevention Australia manages the fund on behalf of the Australian Government. Suicide Prevention Australia has awarded 71 grants to fund suicide prevention and post-vention research. These highly competitive grant rounds look at the broader determinants of suicide with an intervention focus.

The poster will highlight the objective of the Research Fund – to build evidence to enable continued improvements in suicide prevention models and strategies, including for at risk groups, at the national and regional level. The Research Fund supports research that increases knowledge of the prevention of suicide and effective interventions that reduce the onset and the impact of suicidal behaviours. The Research Fund further supports research into how to effectively design and deliver suicide prevention policies, programs and services that support individuals, families and communities. One of the strengths of the Research Fund is co-creation and co-design of research – projects undertaken in collaboration between researchers, service providers and people with a lived and living experience of suicide. The Research Fund has a role to build the research capacity of our national and international research community.

The poster will further present how the Research Fund supports research into suicide prevention and facilitates the rapid translation of knowledge into more effective services for individuals, families and communities. It will also highlight how research has been a key enabler for suicide prevention reform and how it has encouraged a shift in how we approach suicide prevention in Australia. Therefore, the research undertaken by the Research Fund covers a vast array of topic areas, key objectives and methodologies. Research currently being sponsored by the Research Fund has a range of priorities including social determinants, youth, priority populations, and using technology and social media as a preventative tool in suicide prevention.

#23. Hospital-presenting self-harm amongst older adults living in Ireland: a 13-year national registry study

Dr M. Isabela Troya¹, **Dr Eve Griffin**¹, Professor Ella Arensman¹, Dr Paul Corcoran¹

¹University College Cork & National Suicide Research Foundation

Background: An increasingly ageing population, high suicide and depression rates in older adults globally warrant further investigation of self-harm rates amongst this age group.

Aim: To examine trends in rates and methods of self-harm amongst hospital presenting older adults in Ireland over a 13-year period.

Method: Data on hospital-presenting self-harm in older adults (aged 60 years and older) from the National Self-Harm Registry Ireland (NSHRI) was included from 2007–2019. We estimated annual self-harm rates per 100,000 by age and gender. To examine trends in rates of self-harm, Poisson regression models were used.

Results: Between 2007–2019, there were 6,931 presentations of self-harm in older adults, with an average rate of self-harm amongst older adults aged 60 years and over being 66.9 per 100,000 (95% CIs 65.3–68.4). Female rates were 1.2 times higher compared to their male counterparts (72.1 vs 60.9 per 100,000). Throughout the study period, females aged 60–69 had the highest rates (107.0, 95% CIs 103.1–111.0) while females aged 80 years and older had the lowest rates (19.6, 95% CIs, 17.1–22.4). Intentional drug overdose was the most used method (75.5%), and alcohol was involved in 30.3% of presentations.

Conclusions: Findings indicate self-harm in older adults remains a concern with approximate 600 presentations per year in Ireland. While in younger age groups, females report higher rates of self-harm, in the oldest age group (80 years and older), this gender difference was reversed, with higher rates of self-harm across males in the oldest age group. The recent increasing rates of self-harm observed among older female adults, warrants further exploration and intervention for this subgroup.

#24. Psychopathological profile and executive functions in women with suicidal behaviour

Ms Angels Deu¹, Sr Victor Perez Sola, Sr Joan Deus Yela

¹Institut D'assistència Sanitària – Ias

Introduction: Suicidal behaviour is a growing public concern and one of the most common causes of non-natural death worldwide. Some neuropsychological, psychopathological factors and personality traits, specifically impulsivity, stand out as risk factors in suicidal behaviour.

Aims: The aim of the present study is to evaluate the executive functions, psychopathological variables and the impulsivity trait associated with suicidal behaviour in order to identify the profile with the highest risk of suicidal behaviour in two groups of women differentiated by age.

Method: A prospective observational study was carried out on a sample of 46 female women divided into two age groups, one group from 18 to 49 years and the other one over 49 to 65 years of age who attempted suicide and were admitted to Santa Caterina Hospital emergency room (E.R) in Girona. Socio-demographic, age, gender, employment status, suicide attempt method, previous attempts and clinical variables were collected. For the psychopathological variables and personality traits, Personality Assessment Inventory (PAI), Barratt Impulsivity Scale (BIS-11), Beck Suicidal Intentionality Scale (SIS), PHQ9 were used. For the neuropsychological variables we used the Wisconsin Card Sorting Test (WCST), Stroop test, WAIS-IV (digits, keys, letters and numbers and symbol search), Trail-Making Test (TMT) and the Tower of London.

Results: Of the forty-six patients assessed, 59% of the patients evaluated are women aged 49 years or younger. At a psychopathological level, we find no differences between the two groups of women in impulsivity. The psychopathological profile of the two groups of women is compatible with major

depressive disorder with elevated scales in depression and suicidal ideation. In the group of women >49 years of age, it presents a profile compatible with an adjustment disorder and somatic symptom disorder. The group of women ≤49 years presents a profile compatible with post-traumatic stress disorder (PTSD) and borderline personality traits (BPD). At a neuropsychological level, the group of women >49 years of age has a worse neurocognitive performance and greater difficulties in planning, resolution and executive speed.

Conclusions: Suicidal ideation, psychopathological disorders, and neurocognitive executive deficits would be the main predictors of suicidal behaviour in women who attempted suicide.

[#25. Utilizing S.T.E.P.S. a School Toolkit for Educators to Prevent Suicide](#)

[Dr Scott Poland¹](#)

¹Nova Southeastern University

Youth suicide is now a leading cause of death worldwide. Suicide is the second leading cause of death nationally for middle school and high school age students in the United States (U.S.). Suicide rates have gone up significantly in the U.S. for elementary age youth and for children of color. Suicide prevention in schools worldwide has never been more important. Most youth suicides can be prevented, and a partnership is needed between schools, parents and local, county, state and national agencies and resources. School Toolkit for Educators to Prevent Suicide (S.T.E.P.S.) provides an overview of comprehensive suicide prevention in schools that outlines the roles for teachers, mental health personnel and administrators. S.T.E.P.S. has 186 pages and is divided into three primary sections: prevention, intervention, and postvention, S.T.E.P.S. contains 32 tools and forms for schools to utilize. A few of those important tools are the following:

Risk assessment scales

Parent notification form

Safety plans

Postvention checklist

S.T.E.P.S. was developed by Dr. Scott Poland who previously authored school suicide prevention toolkits for Montana and Texas. Dr. Poland is a pioneer in youth suicide prevention in the schools and has authored or co-authored six books and many chapters on school crisis. He has been the author or co-author of every National Association of Schools Psychologists chapter ever written on suicide prevention in schools for NASP Best Practices. His first book in 1989 entitled, *Suicide Intervention in Schools*, was translated into multiple languages. S.T.E.P.S. is based on his 40+ years of working on suicide prevention in schools. S.T.E.P.S. addresses the challenge of postvention in schools and Dr. Poland shares what he learned from leading the intervention in 16 different school communities that experienced a youth suicide point cluster. S.T.E.P.S. also contains a question-and-answer section as Dr. Poland has been asked many difficult questions in his career from educators, parents and students themselves.

Attendees will learn:

- There are many commonalities to suicide prevention, intervention and postvention in the schools worldwide.
- They are welcome to use S.T.E.P.S. and the many tools that it contains in any way that will help their important mission to prevent the suicide of a student.
- S.T.E.P.S. is available on the NSU Florida Suicide and Violence Prevention Office (SVP) website www.nova.edu/suicideprevention.

#26. Young people's helping experiences towards a peer experiencing a mental health crisis: A systematic review

Ms Aruni Subasinghe¹

¹La Trobe University

Aims: Given the increased prevalence of mental health crises such as suicidal ideation, suicide attempt and self-harm among adolescents, adolescence and young adulthood are key periods for prevention and early intervention. Peers have a vital role to play in suicide prevention as young people often first seek help from their peers for mental health problems. However, little is known about young people's experiences of helping a peer who is experiencing a mental health crisis. The aim of this study was to systematically review the literature on young people's help-giving actions for mental health problems and crises.

Methods: Embase, SCOPUS, PsycINFO and MEDLINE electronic databases were searched for English studies published from 2003 onwards. Studies focusing on the help-giving actions of young people (aged 12-25 years) towards a peer with a mental health problem were included. Data was synthesised using thematic and narrative analysis.

Results: Twenty-one studies (3,440 participants) were included. Of these, 12 studies focused on help-giving for a peer experiencing a mental health crisis. Young people's knowledge, skills, and confidence in helping a peer experiencing a mental health crisis appeared less well developed compared to helping for other mental health problems. The reported help-giving actions for a crisis included attempting to prevent the crisis, encouraging professional crisis support and assessing for risk. However, these actions were not frequently reported, and studies reported that participants felt inadequately prepared to help. Concerningly, unhelpful actions were also reported. The review found that online settings allowed for immediate help to be given as it was not limited by time or location, however it was limited in being able to provide more comprehensive or physical support.

Conclusions: Young people's helping behaviours for a mental health problem potentially saved lives through suicide prevention and promotion of better mental health. However, training programs need to consider how to increase trainees' confidence in helping, provide further guidance on how to appropriately assess risk and support a peer experiencing a mental health crisis. Further research regarding young people's help-giving actions to peers online is required given this platform is frequently used among young people.

#27. The psychodynamics of suicide loss

Dr Rachel Gibbons¹

¹Royal College of Psychiatrists, Co-chair of the Patient Safety Group

Suicide has a profound impact on those bereaved. It is a loss that is hard, if not impossible, to mourn. Those that are left behind feel guilt, ongoing distress and often blame themselves. They can be obsessively preoccupied with what they could have done differently. In this talk, Dr Gibbons will share research on why suicide has this profound impact and what can help.

The presenter will discuss why suicide loss has such an impact on the mind of the bereaved. That this is an annihilator, shocking loss that leaves the bereaved in total uncertainty about why it has happened. This is in addition to the impact of the event itself. Suicide is an "acting out" event, that projects into the environment and those left behind. These projections also leave the bereaved with feelings that cannot be processed. The result is a fragmenting of the mind and its relationship with reality and as a result the bereaved create a narrative, that is not based in fact, about what has happened, that relieves the uncertainty but does not help in grieving. Dr Gibbons will give examples of these narratives and discuss what can help.

#28. Contributory factors for improvement and suicide related events of pathological gambling: A retrospective cohort study in 23 cases

Dr Osamu Tanaka¹, Kazuki Sasaki¹, Yukine Sakashita¹, Rie Sato¹, Sanae Suzuki¹

¹Aomori Mental Health And Welfare Center

Backgrounds: The problem of pathological gambling is a social problem in Japan, and there is a current need to explore their mental and social conditions, and to examine which factors are related to suicidal risk. We investigated psychological, social, and familial factors, and clarified which factors contributed to their suicide-related events (SREs), which meant self-harm, suicidal ideas, and suicide attempts. And we performed semi-structured cognitive behavioral therapy for individuals who consulted our facility from 2016 to 2022, and clarified which factors contributed to the improvement of their gambling conditions.

Methods: Participants were 23 pathological gambling patients (20 males and 3 females), who were diagnosed as gambling disorder (DSM-V), and we investigated demographic and psychological factors, including age, gender, age of first experience of gambling, beginning age of debts, duration from beginning age of gambling to that of debts, total sums of debts, conditions of habitual smoking and alcohol drinking, conditions of relationship with family members and those of family supports, school careers, criminal records, comorbid psychiatric illness, and we clarified which factors contributed to SREs. Furthermore, we performed semi-structured cognitive behavioral therapy, which meant that for gambling disorder developed by Shimane mental health and welfare center, and clarified which factors contributed to the improvement of their gambling conditions.

Results: Average age of subjects was 38.09±10.60 year-old, age of first experience of gambling 19.52±2.76 year-old, beginning age of debts 26.00±5.45 year-old, duration from beginning age of gambling to that of debts 6.48±5.27 years, total sums of debts 331.18±241.39 thousands yen, habitual smoking 73.91% and habitual alcohol drinking 39.13%, bad relationship with family members 7.39%, criminal records 30.43%, comorbid psychiatric illnesses 13.04%, and comorbid SREs 27.59%. We found the factor of good relationship and good support with family members contributed to the improvement of their gambling conditions through multiple logistic analyses, and did not find any contributory factors to SREs.

Conclusions: It appears that people in pathological gambling were isolated and in conditions of suicidal risk, mainly due to economic distress and bad relationships with family members. Psychiatric counseling approach would be effective to treat psychiatric distress. Further, good relationships with family members were a contributory factor to the improvement of it. Therefore, it should be taken

into consideration in processes of treatments of pathological gambling, promoting effective family supports by mental health professionals.

#29. Prevalence and profile of community-dwelling older, Flemish adults with suicidal ideation and behaviour

Ms Beau Nieuwenhuijs¹, Professor Ellen Gorus¹, Professor Nico De Witte¹

¹Vrije Universiteit Brussel

Introduction: Since older adults (60+ years) have the highest suicide rates of all age groups, they are identified as a priority group for suicide prevention in Flanders. To tailor suicide prevention to this population, it is imperative to explore their specific characteristics. Therefore, this research aims to investigate the prevalence and demographic profile of older, Flemish adults with suicidal ideation and behaviour, making a specific distinction between those with a wish to die, suicidal ideation and a previous attempt.

Methods: This research uses a data from the Belgian Ageing Studies (BAS) (total $N=82,580$), a cross-sectional participatory research project, that has monitored the needs and quality of life of community-dwelling older adults (60+ years) across Flemish municipalities through a standardised survey since 2002. The survey assesses a wish to die, suicidal ideation and previous suicide attempts, as well as a variety of other topics such as loneliness, frailty and community participation. Items on suicidality were added in 2016, giving this research a representative sample of ($N=3,050$).

Through descriptive statistics the prevalence of suicidal ideation, wish to die, previous suicide attempts older adults were determined. Pearson Chi-Square analyses were used to compare demographic characteristics (age, gender, marital status, education, income, making ends meet) between those with and without suicidal ideation, wish to die and previous suicide attempts.

Results: Analyses showed that 9.3% of the sample endorsed at least one suicide item. Specifically, 7.6% of the sample had suicidal ideation, 4.8% a wish to die, and 2.5% a previous suicide attempt. Significant statistical differences were seen in age, gender, marital status and income (all $p<0.05$). Older adults endorsing at least one suicide item, were more often older, female and widowed. They also had a lower income, and struggled more to make ends meet compared to those without suicidal ideation or behaviour.

Discussion: This research shows a high prevalence of suicidal ideation and behaviour in a representative sample of community-dwelling older adults in Flanders. It confirms existing research on the difference between gender and age groups, and provides further evidence that certain challenges, such as losing a spouse or having financial problems, could affect suicidal ideation and behaviour. This increased understanding of the profile of older, Flemish adults with suicidal ideation and behaviour could improve suicide prevention in a high-risk population. This research is the first of its kind, on this scale, in Flanders, and thereby adds significant, new knowledge to the field.

#30. Beyond psychological well-being: The impact of distress associated with sudden social interruption events on suicidal ideation

Ms Junyou Chen¹, Doctor Yu Cheng Hsu¹, Mr Kaiwen Bi¹, Professor Paul S. F. Yip¹

¹The University of Hong Kong

Background: Elevated levels of mental health problems, and suicidal ideation, have been reported in societies following sudden social interruption events including COVID-19 and the social unrest movement that happened in Hong Kong. Mental health problems are among the strongest predictors of suicidal ideation. However, the impact of perceived distress associated with sudden societal disruption event itself on suicide ideation is less studied.

Aims: This study examined how psychological well-being and distress associated with sudden societal disruption events (i.e., COVID-19; social unrest movement) might impact suicidal ideation.

Methods: A representative mobile survey was conducted among 1,502 Hong Kong youth and young adults in 2022 (Mean age = 25 years; SD = 6.95; 49.73% male). Psychological well-being was

assessed using the Patient Health Questionnaire-4 (PHQ-4), while distress associated with sudden societal disruption events was measured by Likert scale. Suicidal ideation was assessed by asking participants if they had considered suicide within the past 12 months. The mediation analysis was conducted to examine the association between distress related to sudden societal disruption events, psychological well-being, and suicidal ideation.

Results: Over 70% of participants experienced mild to very serious distress related to social unrest and the COVID-19 pandemic (74.7% and 82.82%, respectively). The indirect effects of distress associated with sudden societal disruption events including Covid-19 ($\beta = 0.01$, 95%CI = 0.01-0.02, $p < .001$) and social unrest movement ($\beta = 0.01$, 95%CI = 0.00-0.01, $p < .001$) on suicidal ideation were partially mediated by psychological well-being. However, as the direct effect ($\beta = 0.01$, 95%CI = 0.00-0.01, $p < .001$; $\beta = 0.02$, 95%CI = 0.01-0.02, $p < .001$ respectively) is also significant, it suggested that distress related to sudden societal disruption events is associated with increased suicidal ideation without having the premise of worsened psychological well-being.

Conclusion: To improve suicide prevention efforts following sudden societal disruption events like COVID-19, suicide prevention should not only focus on individuals with mental health problems but also on those who are experiencing prolonged distress from these events, regardless of their mental health status. These findings have significant implications for suicide prevention measures, highlighting the need for a more comprehensive and inclusive approach following sudden societal disruption events in societies.

[#31. Willingness to provide services to individuals at risk of suicide: A replication study with counseling psychologists in Taiwan](#)

Associate Professor Fortune Fu-tsung Shaw¹, Yi An Chen¹, Yin Chi Chang¹, Yung Chu Chang¹, Chen Tsung Chao¹, Ho Chun Huang¹, Yung Nien Liu¹, Hui Lin Tsai¹

¹National Chi Nan University

Objective: This study examined counseling psychologists' willingness to accept a new client at risk of suicide into their practice.

Method: Since using a survey-based questionnaire or conducting interviews to collect data may be susceptible to concerns about social expectation or professional standards of conduct, this study had used a true experimental design. We sent research invitations through professional associations, social media communities, and personal networking and referral. Counseling psychologists who were willing to participate in the study (i.e., participants) would click one of the links according to the places of work (i.e., counseling centers in primary or secondary schools, counseling centers in colleges or universities, and mental health facilities or agencies). They would then be randomly directed to the webpage of either the experimental group or the control group and exposed to one of three case descriptions of a hypothetical client that match the participant's place of work. The case descriptions shared a common background story for both the control and experimental groups. The case descriptions for the experimental group had an additional sentence, "The client had been sent to the hospital twice because of suicide attempts and is planning another suicide attempt." All participants were asked to complete a questionnaire assessing their willingness to treat the hypothetical client and, in general, their willingness to accept suicidal clients into their practice.

Results: A total of 194 counseling psychologists (101 in the control and 93 in the experimental) participated in the study, accounting for 5.6% of the registered counseling psychologists in Taiwan. 38 of them (18 in the control and 20 in the experimental) worked in the counseling centers in primary or secondary schools; 102 (55 in the control and 47 in the experimental) worked in the counseling centers in colleges or universities; and 54 (28 in the control and 26 in the experimental) worked in the mental health facilities or agencies. The results of two-way ANOVA revealed no significant difference in the willingness to treat the hypothetical clients, as well as suicidal clients in general, between the experimental and control groups and among the three places of work. Moreover, there

is a strong positive correlation between the willingness to treat suicidal clients in general and the willingness to treat the hypothetical clients.

Conclusions: Not consistent with Groth and colleagues (2019) and Almaliyah–Rauscher and colleagues (2020), our findings indicate that counseling psychologists in Taiwan do not treat suicidal clients differently.

[#32. Narratives of language in written communication in crisis interventions — using LIWC method.](#)

Dr Raluca Nicoleta Trifu¹, Dr. Dana Cristina Herța, Dr. Doina Constanța Cosman

¹University Of Medicine and Pharmacy Iuliu Hatieganu Cluj–Napoca

Introduction: The messages that suicidal people transmit are a source of relevant information and are of particular interest. Whether they are goodbye notes, personal notes, literature or written texts, these notes are a link between the people who died by suicide and the outside world. The interest persisted and evolved from analyzing the notes of those who died by suicide (Edwin S. Shneidman) to the recent Discourse Analysis of Attitude in Selected Suicide Notes by Kadhim, H. M (2022).

Aim: The aim of this study was to search for written language pattern in written communication of people who are in crisis, with suicidal ideation and who address the ARPS — crisis line by email sos@antisuicid.ro

Method: The emails sent to ARPS crisis support e–mail line were used as a source of analysis. Three years were selected for comparison: the pandemic 2020 and post – pandemic 2021 and 2023. Ten most relevant e–mails were selected for each year. The text of the email was introduced to LIWC software to perform the analysis. LIWC — Linguistic Inquiry and Word Count (LIWC) is the gold standard in software for analyzing word use and accordingly to its description is a text analysis program that calculates the percentage of words in a given text that fall into one or more of over 80 linguistic, psychological and topical categories indicating various social, cognitive, and affective processes. For the current analysis, we used Romanian version of LIWC which was adapted by Dudău, P. & Sava, Fl. A (2022).

Results: The preliminary results indicate that people who address the ARPS email crisis line use a specific pattern of language in the narrativity of their emails. Emotional status is reflected through language narrative from emails, and feelings of dissatisfaction and fear, insecurity and ambivalence are present and dominant for persons who address the email.

Conclusion: The LIWC method is a method and software that can provide significant information and relevant patterns of language and narrative used by people with suicidal ideation. Further analyses are required but it is a promising way of language narrative analysis in the suicide context.

[#33. Experiences of internet–based Emotion Regulation Individual Therapy for Adolescents \(ERITA\) in non–suicidal self–injury engaging adolescents and their parents](#)

Dr Britt Morthorst¹, Cand.scient.anth. Sofie Heidenheim Christensen¹, Cand.scient.san.publ. Michella Heinrichsen¹, Psychologist Lotte Rubæk¹, Professor Bo Møhl², Katherine Krage Byrialsen¹, Dr Olivia Ojala³, Professor Clara Hellner³, Professor Anne Kathrine Pagsberg¹, Dr Johan Bjureberg³

¹Child and Adolescent Mental Health Center, Copenhagen University Hospital, ²Aalborg University,

³Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet

Introduction: Non–suicidal self–injury (NSSI) is becoming increasingly prevalent among adolescents. As evidence–based treatment in early stages are lacking within mental health services, digital interventions have been suggested, assuming that online formats are appealing to young, digital natives. Emotion regulation is an ideal therapeutic focus for intervention since it was stated as the most frequent motivation for NSSI engagement. Method: This exploratory study was nested within a

controlled feasibility trial as preparation of a large-scale clinical trial (TEENS). Using online, semi-structured focus group interviews, the aim of this study was to explore experiences of therapist-guided, internet-based Emotion Regulation Individual Therapy (ERITA) for adolescents engaging in NSSI referred to out-patient services in the Capital Region, Denmark. Participants were 13–17-year-old patients, and a parent provided the experimental intervention ERITA in a 12-week period referred from nine out-patient clinics in Child and Adolescents Mental health Services during fall 2021 to spring 2022. Results We conducted five online focus groups, three with adolescents ($n=9$) and two with parents ($n=8$). Thematic analysis generated five themes:

- 1) Arriving exhausted; previous long referral and treatment processes within primary and secondary health care sectors entailed an initial participant skepticism towards the ERITA-intervention emphasizing the need for therapeutic motivation.
- 2) Communication as a facilitator of change; ERITA gave participants a new language to talk about emotions and distress, an aspect leading to both intra- and interpersonal gains.
- 3) Shifting focus from NSSI to emotions; the focus on emotion regulation rather than on the self-injuring behavior including limiting access to self-injuring means was challenging, but also provided a broader understanding of the behavior.
- 4) Writing with the therapist; the online format offered both therapeutic alliance and unexpected benefits.
- 5) The burden of therapy and the consequences of fatigue; the intervention was experienced as personally demanding and requiring time and introspection, potentially exhausting participants to the point of inhibiting insights.

The findings of the study have informed adaptations to the ongoing large-scale TEENS Multi-site trial. This study exploring the experiences of an internet-based intervention for NSSI could also inform future studies on NSSI treatment and online therapy in general. Insights from this study may also serve clinicians and policy makers considering digital treatment for youth and their families in Child and Adolescent Mental Health Services.

Finally, this methodology adds to the knowledge of conducting online focus groups, a method still developing.

[#34. A qualitative analysis of how recommendations from serious adverse incident reviews contribute to reducing suicide deaths of people in the care of mental health services](#)

[Dr Colette Ramsey](#)¹, Dr Karen Galway, Professor Gavin Davidson

¹Ulster University, ²Queen's University

Introduction: Suicides by mental health patients accounted for 28% of all suicides in the U.K. from 2006–2016. A review or Serious Adverse Incident report (SAI) is completed for every patient death, to identify recommendations which may assist in reducing future patient suicides.

Aim: This study will explore the process of implementing recommendations from these reviews, following patient suicides in Northern Ireland (NI) over the period 2015–2016, to improve mental health services. It will review how recommendations from SAIs are translated into practice. In an international landscape of change in mental health service provision, this work addresses a gap in our understanding of how to successfully turn recommendations from reviews into positive action for change.

Methods: A systematic review examined the international literature on the process of implementing recommendations from serious adverse incidents. All recommendations were extracted from anonymised SAI reports for the period 2015–2016. An interpretive thematic approach was then complete to provide an in-depth understanding of the data.

Primary data was then collected from mental health professionals in five focus groups across each Health and Social Care Trust (HSCT) in Northern Ireland. Examples of recommendations were incorporated into the semi-structured focus group discussion, to explore how these have been implemented in practice. This qualitative data was then analysed using thematic analysis.

Results: This research provides in-depth qualitative insights on the implementation of recommendations following reviews of patient deaths, and the effectiveness of this implementation to enhance suicide prevention within mental health services. Six clear findings identified ways to aid effective implementation and reduce future patient suicides: Improved clarity of recommendations, clear dissemination processes for recommendations; evaluation of the effectiveness of implemented recommendations; improving information sharing and patient record systems in MH services; improved collaboration with families and carers, throughout the care and treatment process and overall leadership and culture. Conclusion: These findings enrich the evidence base for multidisciplinary professionals working with this vulnerable group. It complements the existing field of implementation science with in-depth qualitative insights to enhance suicide prevention within mental health services.

[#35. Hopeline: A 10-year review of this crisis line](#)

[Dr Eleanor Ronquillo¹](#)

¹Natasha Goulbourn Foundation

Hopeline: A 10-year review of the 24/7 crisis line in Metro Manila, Philippines

Jean Goulbourn, Mirasol Laureta, Millagros Rolinas, Eleanor L. Ronquillo M.D.

The Natasha Goulbourn Foundation Inc., Makati City, Philippines

Suicide is considered a public health problem. One of the approaches for suicide prevention is a telephone line which callers in severe crisis can call for immediate response. The Natasha Goulbourn Foundation 24/7 Hopeline has been in existence since the latter part of 2012 to the present. It is operated by trained telephone responders. This was established as a crisis intervention service to help those with severe and/or suicidal crisis and possibly to prevent suicide. This review of Hopeline revealed the increasing number of callers per year with peaks on certain months when a crisis had happened, such as sensationalized suicides, especially by celebrities, celebrity's negative remarks about depression and the pandemic.

The COVID-19 pandemic is a global disaster that has evoked intense reactions from everyone. Hopeline has been a good resource in responding to the needs of those in crisis especially during the pandemic. This review was completed to describe the trends in the numbers of callers as events or crises occur both locally or internationally, and the demographic data and the reasons for the calls. Results showed that in the first 6-8 months of the pandemic and lockdown, the number of callers had increased to as much as 300% during the start of the pandemic in 2020 and continued to remain high two years after it started. From a total of 1,715 calls in the year 2013, the number of callers increased to 30,452 in 2020 and 25,513 in 2021. Majority of the callers were females and the age group that called most often were from the 20-39 years of age. The most common reasons for calling were: stress, depression, anxiety, relationship problems, concern for relative or significant other, COVID-related concerns, etc. Hopeline has continued to function and to improve in its services with the increasing demand during these challenging times. This review has shown how the crisis line has responded to people in crisis especially during the pandemic. It also showed the increasing number of callers to the crisis line which may reflect also the increasing number of people in crisis and in need of mental health services.

Keywords: crisis line, crisis intervention, pandemic, callers

#36. Our Generation – Developing an app to engender peacebuilding and resilient mindsets in young people.

Dr Colette Ramsey¹, Dr Tara O'Neill, Professor Siobhan O'Neill, Dr Edel Ennis, Professor Maurice Mulvenna, Professor Raymond Bond

¹Ulster University

Study Objectives: The effects of adverse childhood experiences (ACEs) and their negative impacts on mental health, self-regulatory capacities, education, employment, and crime are well documented. Correspondingly, the multitude of harmful effects because of ACEs may compound and increase maladaptive outcomes later in life, including suicidal behaviours. Research has suggested that building resilience may help reduce risk among those at risk of suicide, and the general population. Building resilience at a population level has the capacity to reduce the likelihood of many stress-related disorders and, consequently, self-harm and suicidal behaviours. This work reports on the research underpinning the development of an app to promote and evaluate evidence-based resilience- and peace building interventions by engaging children, young people, and their key contacts, in activities and games which build emotional resilience, self-awareness, and emotional regulation.

Methods and Materials: A monitoring and evaluation framework, developed for the OUR Generation project, informed development of the app. This framework included seven indicators identified from academic literature as contributors to emotional resilience and peacebuilding, including empathy, intergroup trust, mental health and well-being, perspective-taking, outgroup attitudes, intergroup contact and coping and problem-solving. Workshops were held with six groups of young people aged 8–23 years to explore ideas for the gamification of the app. An app developer was then enlisted to work within the guidance from the workshops and the indicator framework. Questionnaires completed at the end of each game will evidence changes in attitudes, knowledge, behaviours, and skills related to each of the seven indicators, identified as contributors to improved mental health and wellbeing, emotional resilience, and peacebuilding.

Results and Conclusion: Evidence illustrates that resilience training and interventions can support a decrease in psychological distress and increase suicide resilience. Broadening assessment of interventions beyond mental health measures, and beyond one population, can help illuminate specific avenues and recognise the risk and protective factors that contribute to the differential outcomes. This app will provide a population wide resource that can be used to improve resilience and peace building, and evaluate changes in attitudes, knowledge, behaviours, and skills across these indicators through the gamification of interventions relating to these.

#37. Clinical characteristics of suicide risk in adolescents in a community of the P'urhepecha plateau, Mexico

PhD Osiel Jafit Equihua Márquez¹, Dr Luis Miguel Sánchez Loyo, Dr María de Lourdes Vargas Garduño, Dr Ana María Méndez Puga

¹Universidad Iberoamericana – León

Study objectives: Describe the clinical characteristics of suicide risk in adolescents from a community of the P'urhepecha plateau.

Methods and material: The State-Trait Anxiety Inventory/Self Evaluation Questionnaire, the Beck Depression Inventory, the Risk of Suicide Scale, and the Alcohol Craving Scale Based on Three Factors, were applied to a convenience sample of students from the three high school institutions that are in the town.

Results: 476 students between 15 and 21 years of age participated, of which 39% were male and 61% female. It was observed that 30.25% had moderate depression and 7.77% severe depression; 49.37% of the youths had high scores in state anxiety and 67.51% in trait anxiety; 23.11% had a desire to drink, with a greater presence of the negative reinforcement factor in 27.10% of them; while

25.63% of the participants presented suicidal risk. In terms of distribution by gender, females presented a higher frequency of high scores in six subscales: anxiety–state, anxiety–trait, severe depression, moderate depression, suicidal risk and desire to drink due to lack of control; while in males the subscales with the highest frequency of high scores were related to the desire to drink, both in negative and positive reinforcement. The risk characteristic with the greatest presence was anxiety, with 69.31% trait anxiety and 53.79% state anxiety in females, and 53.76% trait anxiety and 42.47% state anxiety in males. 27.59% of females and 22.58% of males presented suicidal risk. 4.35% of the total participants presented a high suicide risk, as shown by their respective high scores in each of the scales and subscales applied. This percentage represents four males and 15 females.

Conclusion: The young high school students in the community of the P'urhepecha plateau showed emotional vulnerability, exhibiting traits such as depression, anxiety and a desire to drink. The prevalence of depressive symptoms was higher than that observed in other studies with urban populations in Mexico, and comparable to that registered in other rural populations in the country and across Latin America. Students have trouble controlling their desire to drink and consume alcohol to avoid the emotional distress associated with sobriety. The presence of clinical risk characteristics, mainly alcohol consumption and the presence of anxiety, together with the lack of spaces for prevention, containment and care, renders the young P'urhepecha students a vulnerable population.

[#38. "I didn't do it!" Lived experiences of suicide attempts made without perceived intent or volition](#) [Dr Shahnaz Savani](#), Dr. Robin Gearing

¹University Of Houston–Downtown

Introduction and Purpose: Suicide is understood to be a conscious and intentional act, carried out within a social and cultural context. However, suicide intention cannot be conceptualized as binary 'intending to die' vs. 'not intending to die,' as suicide intent is more effectively understood across a spectrum. Many individuals attempt suicide as a cry for help with no intention of ending their life. Others may attempt suicide based on a poorly defined, vague, impulsive, or partially constructed intent, with a less than clear understanding of the results of their actions. Nevertheless, suicide is a serious and complex problem and presents itself differently in different parts of the world. This research examines the unique phenomenon of a cluster of suicide attempts carried out without intent, ideation, plan, volition, or agency in a remote province in Central Asia and is guided by the following research questions:

- 1) What are the lived experiences of individuals who made a suicide attempt without intention, ideation, volition, or cognition?
- 2) What are the differences between the experiences of individuals making a suicide attempt without volition to those who made their attempt knowingly?

Method: This study is based on prior qualitative constructivist grounded theory research in Central Asia investigating suicide attempts. In this study, four individuals interviewed self-identified as having made a suicide attempt without any ideation, intention, agency, or volition. To fully examine this phenomenon, a thematic secondary analysis was conducted. This study examines the differences between the four individuals attempting suicide without agency to those eight individuals who knowingly attempted suicide and explores the differences between the experiences of individuals making a suicide attempt without volition to those who made their attempt knowingly.

Findings: Four out of the 12 participants in this study made a suicide attempt without any reported intent, any ideation, any plan or volition. In comparing the participant interview data for the four individuals who had no cognition of their attempt to the data from the eight participants who aware, intended, and acknowledged their suicide attempt, six common themes emerged including impulsivity, not knowing what happened, being out of control, element of the supernatural, afraid of

this happening again and no justification of the attempt. Based on the findings, clinical and research implications will be presented.

[#39. Suicide bereavement in the U.K.: Descriptive findings from a national survey](#)

Dr Sandra Flynn¹, Dr Sharon McDonnell, Prof Jenny Shaw, Mrs Shirley Smith, Mr Barry McGale, Dr Isabelle Hunt

¹University Of Manchester

Background: Those bereaved by suicide are a high-risk group of adverse health outcomes and suicidal behaviour, yet little is known about the experiences and support needs of these individuals in the U.K.

Methods: We conducted a national cross-sectional study in the U.K. An online survey was initially developed by the authors, with survey questions informed by some authors' lived experience and from existing literature. Sections of the survey covered socio-demographics; suicide in the workplace; general details of the suicide (e.g., relationship and timing); the impact of suicide (e.g., adverse social and health factors, high-risk behaviours); and support services (e.g., whether support was offered or accessed and views on their experience). In total, 7,158 people responded to the sections on being bereaved or affected by suicide and these represented our final sample. Descriptive statistics (frequencies and percentages) were used for demographic and categorical data. Pearson's Chi-square tests for differences in proportions were used for pairwise comparisons.

Results: Suicide had a major impact on 77% of participants, including those who had lost a friend and those exposed to suicide at a professional level. Mental and physical health problems linked to suicide were reported in half. We found participants reported serious psychological and physical health problems, including suicidal behaviour, and perceived these had occurred as a consequence of being exposed to suicide. Adverse social outcomes and engaging in high-risk behaviours following the suicide were common. Over a third reported suicidal ideation and 8% had attempted suicide as a direct result of the suicide loss. Most had not accessed support services, with the majority viewing the provision of local suicide bereavement support as inadequate.

Conclusions: Our results highlight the need for a multi-disciplinary approach in postvention and the provision of proactive outreach to support those bereaved by suicide. Postvention efforts need to acknowledge the death of a friend by suicide as a significant loss. Developing tailored evidence-based programs for all people affected or bereaved by suicide may help to reduce the short and long-term negative outcomes following a death by suicide. However, a comprehensive research agenda is required to monitor the standards and ensure services deliver equitable postvention support.

[#40. Cause-specific mortality after hospital discharge for suicide attempt or suicidal ideation: a cohort study in Piedmont Region, Italy](#)

PhD student Emina Mehanović¹, Professor Gianluca Rosso¹, Gian Luca Cuomo², Roberto Diecidue², Professor Giuseppe Maina¹, Professor Giuseppe Costa³, Professor Federica Vigna-Taglianti⁴

¹Department of Neurosciences 'Rita Levi Montalcini', University of Turin, ²Piedmont Centre for Drug Addiction Epidemiology, ASL TO3, ³Department of Clinical and Biological Sciences, University of Turin, ⁴Department of Translational Medicine, University of Eastern Piedmont

Background: Suicide attempters are at higher risk of death than the general population. Since the 1990s, several studies have consistently reported increased mortality in cohorts of suicide attempters, with estimates varying across countries. The largest excesses were observed for unnatural causes of death (e.g., suicide, accidents, and undetermined deaths), but also for natural causes. Although several large cohort studies have been conducted in Northern Europe to investigate excess

mortality among suicide attempters compared to the general population, much less attention has been paid to such research questions in Southern Europe. The present study aims to investigate the excess of all-cause mortality and cause-specific mortality in a cohort of patients who have attempted suicide or had suicidal ideation compared with the general population.

Method: The cohort included 826 patients residing in the Piedmont Region of Northwest Italy who were admitted to a hospital or emergency department for suicide attempts or suicidal ideation between 2010 and 2016. Mortality excesses of the study population compared to the general population were estimated by applying indirect standardization. Standardized Mortality Ratios and 95% Confidence Intervals were calculated for all-cause, and cause-specific, natural, and unnatural causes of death by gender and age. SMRs were estimated as ratios between the number of observed and expected deaths applying gender, age, and cause-specific mortality rates.

Results: During the seven years of follow-up, 8.2% of the study sample died. The mortality of suicide attempters and ideators was significantly higher than that of the general population. Mortality was about twice than expected from natural causes (neoplasms, nervous-system, and circulatory system diseases), and 30 times more than expected from unnatural causes (suicides and accidents). The mortality due to suicide was 85 times higher than that of the general population, with an excess of 126 times for females and 72 times among males. The risk of dying from accidents was nine times higher than expected, and it was significant only among males. The SMRs for all-cause mortality decreased with increasing age.

Conclusions: Patients who access hospitals or emergency departments for suicide attempts or suicidal ideation are a frail group at high risk of dying from natural or unnatural causes. Clinicians should pay special attention to the care of these patients, and public health and prevention professionals should develop and implement appropriate interventions to timely identify individuals at higher risk for suicide attempts and suicidal ideation and provide standardized care and support services.

[#41. Why do some victims of domestic abuse end up attempting suicide?](#)

Mr Tim Woodhouse²

¹Kent County Council, ²University of Kent

Introduction: This poster proposal is based on qualitative research conducted for the Kent and Medway Suicide Prevention Programme and follows on from a quantitative study which shows that 30% (114 out of 379) of all suspected suicides between 2019 and 2021 were related to domestic abuse.

Research aim: The aim of the qualitative research was to identify the factors, behaviours, fears and feelings relating to domestic abuse which mean that for some victims, attempting suicide becomes a reality.

Method: Semi-structured interviews were held with 12 adult victims of domestic abuse (a mix of female and male) who attempted suicide. Inclusion and exclusion criteria were used when considering potential interviewees to ensure they were safe from their perpetrator and had ongoing access to support.

Findings: Every experience is different, no two stories were the same, but four clear themes emerged. Some victims attempt to take their own lives to avoid being killed by their perpetrator. One survivor stated that "I knew he was going to kill me, so it wasn't a matter of choosing to die, just who was going to do it."

For others, it wasn't the physical violence that drove them to attempt suicide, it was the manipulation and coercive control tactics the perpetrator employed. A female victim explained that "I thought I was

worthless, like I didn't deserve to be alive and that everything he said was true. I was horrible and that the only way out was for me to die."

A third cohort of survivors felt so depleted, trapped, lonely and exhausted they felt suicide was the only way out. One victim said the abuse "grinds you down until you're so emotionally exhausted."

For the final cohort of survivors, the suicidal feelings long after the direct abuse stopped. "I felt broken. I felt so many emotions, shame, hurt, fear, grief... I felt like damaged goods. I was broken, I couldn't sleep at night. I was having flashbacks and he was on Tinder finding the next victims. I was a shell of myself."

Recommendations: More research should be completed with a larger sample size comparing different cohorts to explore the possible impact of gender, sexuality, age, disability, ethnicity.

The research should be repeated with perpetrators of domestic abuse who have attempted suicide.

Suicide prevention and domestic abuse training should be available for all front-line professionals who work with people impacted by domestic abuse.

[#42. Feeling worth-less than – the role of ageism in suicidal ideation and behaviour](#)

Ms Beau Nieuwenhuijs¹, Professor Ellen Gorus¹, Professor Nico De Witte¹

¹Vrije Universiteit Brussel

Introduction: Ageism, stereotypes, prejudice or discrimination based on age, is suggested to have a role in late-life suicide. It is hypothesised that internalised negative perceptions of the role of older adults in society could contribute to a wish to die or suicidal ideation. However, little empirical evidence exists to prove this connection. This research aims to explore the role of ageism in suicidal ideation and behaviour in older adults.

Methods: This research uses a data from the Belgian Ageing Studies (BAS) ($N=82,580$), a cross-sectional participatory research project, that has monitored the needs and quality of life of community-dwelling older adults (60+ years) across Flemish municipalities through a standardised survey since 2002. Items on suicidality (wish to die, suicidal ideation and previous suicide attempts) were added in 2016, giving this research a representative sample of ($N=3,050$). The survey also assesses 11 questions on ageism, specifically the perception and role of older adults in society,

Pearson Chi-Square analyses are used to determine if there is a difference in endorsing these ageism items between those with and without a wish to die, suicidal ideation, or a previous suicide attempt.

Results: All 11 ageism items were significantly more endorsed by people with suicidal ideation or a wish to die, compared to those without ($p<0.001$). The items for which the biggest difference between those with and without suicidal ideation or wish to die could be observed related to feeling less valued and being disadvantaged compared to other groups. For example, 40.4% of older adults with a wish to die agreed with the statement: "now that I'm older, I notice people often don't take me seriously anymore", compared to 17.5% of older adults without a wish to die. Similarly, 52.1% of those with suicidal ideation agreed with the statement "society is predominantly directed at younger people, the needs of older adults are not really considered", compared to 31.6% of those without suicidal ideation.

Discussion: These results provide an indication that older adults with suicidal ideation and behaviour have a stronger perception that they are valued less in society, and are treated disadvantageously. Due to the cross-sectional nature of the research, causality between ageism and suicidal ideation and behaviour cannot be determined. However, these results evidence that a link between ageism and late-life suicide is probable, and should be explored further.

#43. The effect of paraquat regulation on seasonal trends of suicide: Evidence from South Korea across 25 years

Gun Woo Park¹

¹Graduate School of Public Health, Seoul National University

Introduction: Self-Poisoning by pesticides or herbicides is one of the most frequently used means of suicide, particularly in Asian countries. Suicide by pesticide poisoning accounted almost one-fifth of suicides in South Korea and is a major public health concern. The South Korean government decided to ban paraquat sale in 2012 and the implementation was found to contribute 56% of the decline in overall suicides between 2011 and 2013. However, close monitoring of the association between the policy implementation and seasonality of suicide has not yet been conducted. We investigated long-term trends in suicide to identify whether paraquat banning had reduced overall suicide by pesticides or specifically reduced self-poisoning by pesticides during spring, when pesticide use is prevalent.

Methods: Suicide deaths, aged 10 years or older, between 1997 and 2021 were extracted from the national causes of death statistics. Monthly suicide deaths were compared by method (pesticide vs. non-pesticide), gender, and age group. Peak-to-trough ratio (PTR) was used to assess the seasonality of suicide. We compared suicide deaths and PTR before and after the paraquat regulation in overall population and sub-populations, by method, gender, and age group.

Results: A total of 93,014 female and 203,884 male suicide decedents were identified during the study period. Middle-aged (45–64 years) suicide deaths accounted for 35% of the entire suicide. Suicide by hanging (47%) was most prevalent means, followed by suicide by pesticides (16%). Suicide deaths were observed to be the most in May and the least in January, with a PTR of 1.36. Self-poisoning by pesticides peaked in May (PTR: 2.04) but suicide by non-pesticide means peaked in March (PTR: 1.27). The average of PTR before paraquat ban was 2.36 but dropped to 2.24 after the ban. The overall number of suicide deaths by pesticide and the proportion of self-poisoning by pesticide during spring continuously decreased after the regulation. These patterns were also observed in sub-populations.

Conclusions: The regulation on paraquat use had decreased not only the overall number of suicide deaths by pesticide but also suicide by poisoning during spring season. Public health practitioners should consider busy agricultural season as suitable time for suicide prevention against the inappropriate use of pesticides and herbicides.

#44. Exploring the role of loneliness prior to suicide attempt in middle-aged men in the U.K.: An Interpretative Phenomenological Study

Dr Heather McClelland¹

¹University of Glasgow

Men are three times more likely to die by suicide than women, with the leading age group for male suicide death being between 45–54 years old. Despite research into suicide behaviour identifying a variety of factors linked with suicide, predicting suicide death remains no better than chance. One emerging risk factor for suicide is subjective loneliness; the experience of feeling lonely within a crowd. Regardless of the growing awareness of the role of loneliness on health and wellbeing, to date no study has qualitatively explored first-hand accounts of interpersonal factors in middle-aged men prior to suicide attempt. Given that research has shown that men who die by suicide are more likely to be single or divorced, research into interpersonal factors in this high-risk group is warranted. Therefore, this study aimed to investigate experiences of social bonds prior to a suicide attempt. In doing so, the role, if any, of loneliness in the development of a suicide attempt in middle-aged men may be better understood. In summer 2023, this study will recruit ten men from the U.K. with a self-reported history of suicide attempt within the last five years to participate in an online one-on-one interview exploring their experiences of interpersonal support and connection prior to attempted

suicide. The data will be analysed using Interpretative Phenomenological Analysis (IPA) with emergent themes described. The findings of this study will help to guide novel avenues of research by using a bottom-up approach to suicide prevention strategies.

[#45. Professional gains of master's level counseling students following crisis counseling training](#)

太太 Yinchi Chang¹, Professor Yu-Li Chen, Professor Fortune Shaw

¹National Chi Nan University

Objective: The increasing number of self-injury reports in Taiwan means that counselors have more opportunities to serve self-injury clients, so crisis counseling skills are very important for counselors. This quantitative study examined the perceived professional gains of 15 master's level counseling students following a four-month crisis counseling course. The training course includes suicidology theory and Psychological First Aid-Field Operations Guide.

Method: In this study, a questionnaire survey was used, and 15 participants filled out the Multi-dimensional Self-injury Crisis Intervention Competencies Scale as a pre-treatment. After four months of training, participants were asked to fill out the Multi-dimensional Self-injury Crisis Intervention Competencies Scale again as a post-treatment. Then, the Wilcoxon symbol-level test was used to explore the difference in pre- and post-treatment score in the seven dimensions of the Multi-dimensional Self-injury Crisis Intervention Competencies Scale.

Results: The significance of gain scores in pre-posttreatment measurement via the Multi-dimensional Self-injury Crisis Intervention Competencies Scale revealed significant improvements on all seven subscales, including building a relationship ($p=.008$), crisis assessment and context inquiry ($p=.001$), emotional support ($p=.019$), specific action plan ($p=.007$), resource linkage and systematic consultation ($p=.005$), follow-up and estimation ($p=.001$), and self-regulation and professional development ($p=.004$).

Conclusion: The study found that after the training, the students' ability to deal with self-injury crises has improved significantly, among which the discussion of specific action plans has improved the most, followed by tracking and evaluation, self-adjustment and professional growth, resource links, crisis assessment and context inquiry, emotional support and processing, and relationship building. The limitation of this study is that the sample size is too small.

[#46. Evaluation of LivingWorks state-wide suicide prevention training initiative](#)

Ms Michelle Lamblin^{1,2}, Dr Bridget Kenny^{1,2}, Dr Sam McKay^{1,2}, Dr Dzenana Kartal^{1,2}, Professor Jo Robinson^{1,2}

¹Orygen, ²Centre for Youth Mental Health, The University of Melbourne

Background: Suicide remains the leading cause of death for young Australians aged 15 to 24 years. Training of key community members and support contacts of young people is often acknowledged as an effective approach to suicide prevention, and schools are regarded as a priority setting. Up-skilling parents, teachers, school leaders, sports coaches and other key community contacts via awareness and intervention training, is increasingly recognised as a core tool for youth suicide prevention in mental health and suicide prevention policy. While research indicates that suicide prevention training appears to increase suicide literacy associated with knowledge, competence, attitudes and help-seeking intentions, evaluations of large-scale implementation of such programs, including those within school environments, are lacking. The New South Wales Government recently funded a state-wide suicide prevention training initiative for school communities. The current research aims to evaluate this program and improve the evidence base of suicide prevention training programs in schools and the wider community, in order to ascertain the effectiveness of this approach in reducing suicide risk among young people.

Method: The evaluation collects data regarding activities, outputs and outcomes identified in a Program Logic Model, based on the Kilpatrick model of training. Training participants completed evaluation surveys before and directly after training, and at three, six, and twelve-months post-training. The primary aim of the evaluation is to generate a local body of evidence illustrating the impact of LivingWorks suicide prevention training on the community's capacity to identify a person with suicide thoughts, to respond to suicide thoughts in young people, and to improve help-offering for young people. The secondary aim is to conduct a process evaluation that explores the large-scale implementation of LivingWorks training for suicide prevention.

Results: LivingWorks aims to train 280,000 individuals as school and community touchpoints to support young people across New South Wales. In this presentation, we will present data on suicide literacy, skills and knowledge gained from the training from the first half of the three-year project. We will discuss the reach of the program, implementation challenges and the progress of the state-wide scale-up. Findings from this evaluation will inform future state and national suicide prevention strategies.

[#47. Daily frequency of Suicide Attempts attended by the Military Fire Department of Ceará, Brazil, from 2021 to 2022.](#)

LT José Edir Paixão de Sousa, Mr Alan Lúcio Alencar de Andrade, Mr Roberto Hugo Martins, Mr Marcos Aurélio da Silva Lima, Mrs Carla Barbosa Brandão, Ms Renan Cunha Maia, Mr Tarso de Castro Gonçalves Leite, Mr Francisco Gledson Barbosa Rodrigues, Ms Haroldo Jorge Aragão Gondim, Mr Luiz Henrique Amorim Feitosa

¹Military Fire Department in Ceará Brasil

Objective: This research aims at estimating the daily frequency of suicide attempts attended by the Military Fire Department of Ceará State in Brazil from 2021 to 2022.

Methods: It was investigated the data registered in the files of the operational service program at the fire stations in Ceará State in both years. Besides, we also researched the daily frequency of suicide attempts during the weeks.

Results: It was found 199 suicide attempts in 2021 and 299 suicide attempts in 2022. There was an increase of approximately 33%. In 2021, the daily frequency of suicide attempts was Sunday=40 (20%), Monday=31 (16%), Tuesday=18 (9%), Wednesday=30 (15%), Thursday=25 (13%), Friday=28 (14%), Saturday=28 (14%). In 2022, Sunday=67 (23%), Monday=45 (15%), Tuesday=31 (10%), Wednesday=41 (14%), Thursday=42 (14%), Friday=32 (10%), Saturday=41 (14%).

Conclusions: The increase in suicide attempts shows that the preparedness of the firefighters shall be improved. Sunday is a strategic day so that the government and public safety professionals who work on emergencies could reinforce their number of components and vehicles. In Brazil, Sunday is usually an off day and probably social disconnection, and loneliness can be associated with the higher number of suicide attempts during this day of the week. This piece of information can support public policies to prevent suicides.

[#48. Profiles of academic adjustment and mental health, and its association with suicide ideation: A latent class analysis from a Brazilian nationwide survey of college students](#)

Ms Camila Altavini^{1,2}, Dr Geilson Lima Santana¹, Dr Laura Helena Andrade¹, Dr Lucio Garcia Oliveira³, Dr Arthur Guerra Andrade^{1,3}, Dr Clarice Gorenstein^{1,4}, Dr Yuan-Pang Wang¹

¹Instituto e Departamento de Psiquiatria, Faculdade de Medicina da Universidade de São Paulo,

²Centro de Atendimento e Estudos Psicológicos, Instituto de Psicologia da Universidade de Brasília,

³Faculdade de Medicina do ABC, ⁴Instituto de Ciências Biomédicas, Universidade São Paulo

Suicide is a leading cause of death among youth. College students are the next decades society's human capital, and suicide deaths among this population are concerning. Close surveillance of their values, behaviors, and achievements is of utmost importance to the future global economy. Challenges of the adulting process combined with social vulnerabilities increase psychological distress among students. Current knowledge is enhanced by nationwide data exploring the relationship between academic life and suicide ideation. The present study aims to investigate vulnerable subgroups of students with similar characteristics, based on academic and mental health indicators, and their relationship with suicide ideation.

A representative sample of Brazilian college students ($n = 12,245$) was drawn from a nationwide survey. Latent class analysis (LCA), using MPlus software, was conducted to separate classes based on estimated probabilities. The 'knownclass' option was implemented to estimate a LCA model by sex. Finally, we conducted a multinomial logistic regression to investigate the relationship between students' classes and suicide ideation and depressive symptoms.

Preliminary results indicate that three distinct patterns of academic-adjustment and mental health can be extracted using simple LCA. Descriptive analyses indicated that the item-endorsement probabilities differed between sex. Among male students, one "ordinary" class encompasses a large group of students (49.7%) academically adjusted, without mental health and substance use concerns. The second class (25.4%) included "psychologically-distressed" students, with the lowest college satisfaction and poor mental health. There was a higher probability of engaging in risky behavior, drug use, and binge drinking in the third class (24.9%), which was labeled as the binge-drinking group. Similarly, among women, "ordinary" (60.8%) and "psychologically-distressed" (29.8%) classes emerged. However, a third class of "dissatisfied" (9.4%) students differed from the "ordinary" class regarding college adjustment. For both sexes, the "psychologically-distressed" group presented a higher likelihood of suicidal ideation than the "ordinary" group (OR = 9.8, 95%CI 3.9 - 24.9 for men; OR = 8.6, 95%CI 4.8 - 15.3).

Participants were recruited from state capitals, which limited data generalizability to non-urban college students. Additionally, sociodemographic characteristics have changed in the population since the survey.

Preliminary results suggest that in-campus services keep track of students' satisfaction and leave-of-absence indicators, combined with mental health assessments to identify vulnerable groups. Early detection of students in psychological distress is essential for appropriate referral to psychosocial support services. Evaluation of the relationship between suicide-related vulnerabilities is still much needed to tailor appropriate school-based prevention plans.

[#49. Development of a brief suicide prevention questionnaire for primary care, including patients' and general practitioners' perspectives](#)

[Ms Carolin Haas](#)^{1,2}, Mr Philipp Sterner³, Mr Constantin Brand^{1,2}, Mr Puya Younesi^{1,2}, PD Dr. Gabriele Pitschel-Walz⁴, Prof. Dr. Jochen Gensichen¹, PD Dr. Karoline Lukaschek¹, for the POKAL Group²

¹Institute of General Practice and Family Medicine, University Hospital, LMU Munich, ²Graduate Program "POKAL - Predictors and Outcomes in Primary Care Depression Care" (DFG-GrK 2621),

³Psychological Methods and Assessment, Department of Psychology, LMU Munich, ⁴Institute of General Practice and Health Services Research, School of Medicine, Technical University of Munich

Background: About 50% of all people with depression receive care exclusively from their General Practitioner (GP), about 80% with a GP's involvement. About 10% of primary care patients have suicidal ideation. Studies show that people seek contact with their GP in suicidal crises. Despite the help seeking behavior, patients rarely report their suicidal thoughts to their primary care provider on their own initiative. There are hardly any German-language standardized suicide screening instruments that are suitable for GPs (e.g., time-efficient due to a low number of items). Furthermore,

protective factors are often neglected. The aim is to design a new questionnaire, optimized for primary care.

Methods: The study is divided into a development phase and a subsequent validation phase. In the development phase, interviews are conducted with ten primary care physicians, nine patients and a patient's representative to optimize the questionnaire. Questionnaire validation – The adapted questionnaire is tested on 230 patients with depressive symptoms (according to PHQ-9) in practices as well as (outpatient) clinics and the response patterns are compared. As a reference, two established questionnaires will be completed by patients (Becks Suicide Scale, Brief Reasons for Living Inventory). Regarding psychometric values and in terms of content, items will be eliminated in a data-reducing manner and optimized considering secondary quality criteria for the GP setting. Based on the response patterns of 30 inpatients with admission reason "acute self-endangering" (criterion validity), recommendations for outpatient care are derived.

Results: The design of the new questionnaire is based on literature and includes the expertise of psychologists, physicians (psychiatrists/psychosomatics, GPs) and patients. The preliminary version consists of 17 items: four items about lifetime anamnestic risk factors, (e.g., suicides in family history); five items about protective / moderating aspects ("Reasons For Living" & "Positive Mental Health"; e.g., confidence); four items about current thoughtful consideration of suicide; and four items deal with the behavioral level (e.g., taking precautions). Some items of the questionnaire will be optimized under consideration of the (secondary) quality criteria and the questionnaire will be shortened for more practicable GP use.

Discussion: The cognitive interviews seem to provide an instrument that is easy to understand and appropriate for use by primary care physicians. However, these are preliminary results, since a final validation of the newly developed questionnaire version will run until the end of 2023 and results are pending.

[#50. Faded Hope and Wild Fantasies: A Systematic Review of Episodic Future Thinking in Suicidality](#) **Mr Lukas Hansen Bjerkestrand¹, Dr. Elisabeth Norman^{1,2}, Mr Simen Bø²**

¹University of Bergen, ²Norwegian School of Economics

Future thinking is, according to one prominent model (the Integrated Motivational-Volitional model; O'Connor & Kirtley, 2018), an important factor in predicting the development of suicide. Yet, this model does not distinguish between semantic and episodic future thinking. This review argues that this episodic-semantic distinction should be integrated into future revisions of the model, so to describe future thinking's role in suicidal development more accurately. A central underlying assumption is that understanding how suicidal individuals think about specific, personal future events may help develop interventions to reduce the incidence of suicidal behavior. Hence, we explored the unique contents of episodic future thinking (i.e., personal, and specific future thoughts) among suicidal patients, to provide an overview of its potential new role in suicidal development. We expected that a synthesis of previous results would elucidate the characteristics of episodic future thinking in people with suicidal ideation and suicidal behavior. Thus, we conducted a systematic literature review assessing studies on episodic future thinking with a suicidal patient group and non-suicidal controls. We examined all published studies on episodic future thinking in suicidality and found four articles containing five empirical studies ($N = 274$), and these were synthesized narratively. The review showed divergent findings in the specificity of imagined events, possibly because of the severity of suicidal symptoms. More severe suicidal symptoms were associated with less specificity in imagined future events. Suicidal individuals also showed a clear deficit in the ability to envision short-lasting and specific future events compared to psychiatric patients. Curiously, even though they show deficits in episodic future thinking, suicidal individuals may sometimes envision future-oriented, highly detailed, and intrusive, suicide-related images. These involuntary images are labeled flash-forwards, a phenomenon which may be unique to suicidal individuals. Furthermore, suicidal

individuals seem to lack optimism for the future, but surprisingly, they do not hold more pessimistic views of the future compared to healthy control groups. In this review, we suggest possible explanations for why suicidal individuals differ from others on some forms of episodic future thinking, as well as the clinical implications of the deficits in episodic future thinking. Lastly, we propose new avenues for research in the field of future thinking and suicidality.

#51. Chronic pain and suicide risk

Dr Ana Duarte¹, Dr Catarina Laginhas², Dr Joana Romão¹, Dr Inês Simões¹, Dr Paulo Martins¹

¹Centro Hospitalar Lisboa Norte – Psychiatry and Mental Health Service, ²Centro Hospitalar Lisboa Ocidental

Chronic pain is a debilitating medical condition affecting approximately one person out of five worldwide. It is associated with a heavier economic burden, poorer quality of life, worse mental well-being, and reduced physical condition. Currently, evidence suggests that pain is an independent risk factor for suicide and inadequately managing pain has been identified as a risk for suicidal behaviour.

Pain is a biopsychosocial phenomenon and there is strong evidence of the considerable overlap existing between neural systems of physical pain and its emotional counterpart. Both forms of pain (physical and psychological) are strongly correlated with activity in the anterior insula and the anterior cingulate cortex, which serve similar and highly interrelated functions.

Some chronic pain conditions place patients at particular risk of reaching a point where suicide becomes something they are willing to consider. Physical pain creates a context wherein people experience hopelessness, mental defeat, reduced feelings of social connection (thwarted belongingness), the feeling of being a burden for others, and that their family and friends would be better off without them (perceived burdensomeness). Some recent studies also show that people experiencing chronic pain may erode a natural fear of death and thus facilitate the development of a known risk factor for suicidality. All these conditions may induce suicidal thoughts, even in individuals with no psychiatric diagnosis.

The case of psychogenic pain is especially interesting because having such an ambiguous diagnosis may create unique additional burdens for patients. Patients with psychogenic pain typically have other pain condition diagnoses. The stigma associated with psychogenic pain coupled with the lack of an accepted cause and effective treatment may also make coping with the pain much more challenging.

A large number of factors are amenable to change through targeted and personalized intervention, highlighting the importance of comprehensively assessing chronic pain patients at risk for suicide, while also incorporating a suicide prevention component into chronic pain management programs.

#52. Getxo ZUrt: Community suicide prevention on the cliffs

Dr. Jon Garcia-Ormaza^{1,2,4}, Naomi Hasson^{3,4}

¹Basque Health Service, ²University of the Basque Country, ³Doble Sonrisa Foundation, ⁴Getxo ZUrt!

Background: It is estimated that one in four suicides can be prevented. This is especially true in suicide hotspots. These have been defined as specific, usually public, locations that are frequently used as a suicide site, and that provide either the means or the opportunity to commit suicide. Getxo, with more than 78,000 inhabitants, is the fifth largest municipality in the Basque Country. Between one and two out of every three deaths by suicide in the municipality are the result of falls from the cliffs of La Galea. Although there are several international experiences that have shown a reduction in suicide deaths after interventions in hotspots, we do not know of any initiatives that, stemming from the community itself, integrate all levels of suicide prevention.

Methods: Published in 2019, the Suicide Prevention Strategy of the Basque Country includes, as a priority measure, intervention at common suicide hotspots. In 2021 the Getxo ZUrt! (Getxo Alert!) project was launched. Following inter-agency collaboration and the collection and analysis of data, we developed and implemented an action plan in Getxo. Initiatives are designed and developed by people in the community: 1 – Making prevention and help resources visible in the community, increasing knowledge of suicide prevention, intervention and postvention, for neighbours by combating myths about suicide, raising awareness of the multidetermined act of suicide, and informing on said public resources for suicide prevention, intervention and postvention. 2 – Restricting access to the means to commit suicide by restricting vehicle access to the site, and erecting signs encouraging the seeking of help, providing a message of hope, and indicating the numbers of hotlines. 3 – Training for personnel walking or working near the cliffs. 4 – And, through the participation and cooperation of the various emergency services involved, improve the response and rescue capability.

Results: We are presenting the current progress of the project, explaining the measures developed, the results obtained and the challenges for the future.

Conclusions: Getxo Zurt! aims to interrupt the suicide process by making prevention and help resources visible in the community, encouraging people to restrict access to the means to commit suicide, and make it possible for other parties to intervene.

KEYWORDS: community, interventions, restriction to means, suicide

[#53. Suicide Crisis Syndrome: A Systematic Review](#)

Ms Laura Melzer¹, Prof. Dr. Thomas Forkmann², Prof. Dr Tobias Teismann¹

¹Mental Health Research and Treatment Center, ²Department of Clinical Psychology

Background: The objective of this systematic review is to describe the scientific evidence for the suicidal crisis syndrome (SCS), a pre-suicidal cognitive and affective state consisting of five symptomatic dimensions: entrapment, affective disturbance, loss of cognitive control, hyperarousal and social withdrawal. Based on the SCS formulation, the research team lead by Igor Galynker proposed a suicide-specific diagnosis. The aim of this article is to summarize the literature on the SCS and to assess the extent to which a uniform syndrome can be assumed.

Methods: A systematic literature search was conducted in three different databases: PubMed, PsycInfo and Google Scholar. The search identified twenty articles on the SCS that were published between 2017 and 2022 and used the Suicide Crisis Inventory (SCI, SCI-SF, SCI-2).

Results: The findings confirm the unidimensional structure of the proposed disorder and support the predictive validity regarding short-term suicidal behavior.

Limitation: Limitations refer to the generalizability of the studies as well as the ability to distinguish the SCS from other disorders.

Conclusion: Future studies should address the clinical practicability by using a clinical interview and seek out larger sample sizes from varying cultural backgrounds.

[#54. Suicidal behaviours in French Overseas Territories: Epidemiology and prevention activities](#)

Professor Stéphane Amadéo, Maya Moerani Rereao, Aurelie Annette, Noor Atwan, Sophie Brilland, Emmanuelle Corruble, Didier Delanoe, Claudine Deschamps, Patrick Favro, Dr Erick Gokalsing, Simone Grand, Mathieu Guidere, Caroline Janvier, Cécile Lalanne, Stéphanie Lebars, Sylvie Merle, Marianne Pradem, Theophile Lebleu, Tevaite Sachet, Fabienne Saint Rose, Dr Johan Sebti, Mylen Zobda zebina, Louise Montreuil, Pauline Mascarel, Pierre Alexandre De Rickel, Dr Haroun Zouaghi, Dr Michel Spodenkiewicz, Pr Monique Séguin, Pr Louis Jehel

The French Overseas Territories (FOT) have lower prevalence of suicide than those of mainland France, and yet these rates are underestimated and show heterogeneity depending on the territories. This can be explained, among other things, by a lack of a data collection system, by an under-declaration of suicides or even cultural reasons. The few epidemiological surveys that have been carried out in the FOT concerned suicide attempts and suicidal thoughts.

It is important to collect more information on suicides in Overseas France and any risk factors specific to these territories in order to adapt targeted prevention strategies. These data will be completed by a research project on psychological autopsy (Autopsom) with diagnostic, life trajectories, psycholinguistic, anthropological analysis and monitoring of death by suicide.

[#55. Withdrawn](#)

[#56. Suicide bereavement and general practitioner consultations for mental health reasons](#)

Ms Sissel Belanger¹, Dr Kim Stene-Larsen¹, Dr Lars Johan Hauge¹, Dr Anne Reneflot¹, Dr Solveig Christiansen¹, Mrs. Carine Øien-Ødegaard¹, Dr Per Magnus¹

¹Norwegian Institute of Public Health

For each suicide death there are several bereaved experiencing a great loss. Despite the majority of these indicating a need for professional help, we know little of actual health care use in this group. This study aims to describe the time and extent of General Practitioner (GP) consultations for mental health reasons among those bereaved by suicide and examine potential differences between genders and kinship to the deceased. Data was gathered from population wide registries linked through anonymized personal identifiers for all Norwegian citizens aged 20–80 years in the time period 2006–2020. Exposure was having lost a partner, child, parent, or sibling to suicide. The outcome variable was the monthly number of consultations with a GP for reasons related to mental health. We constructed person-months and examined contact two years before and after the death using regression analysis with individual fixed effects. We identified 25,580 people bereaved by suicide. In the period immediately after the death, there was a large increase in the contact rate, which was significantly greater than for those bereaved by external and other causes of death. In the time that followed, the contact rate decreased and stabilized at a somewhat higher level than before the death after about a year. Overall, 35% of those bereaved by suicide had a consultation during the first few months. The corresponding percentage after one year was 48%, and after two years, it was 53%. There was a large increase in contact rate around the time of the death for all types of relationships to the deceased, and the increase was greatest for partners and smallest for siblings. Women had more contact with the GP before the suicide and a greater increase in contact than men. In conclusion, those bereaved by suicide have a large increase in consultations with the GP in the time after the death, and most of the contact occurs in the immediate aftermath. Nevertheless, around half of survivors have not been in contact with their GP for mental health reasons after two years. We found significant differences between men and women and between different kinship groups. This could point to differences in need of help after suicide, but there is also a possibility that some groups, such as men and siblings, are at risk of not receiving the help they need when bereaved by suicide.

[#57. The original training method for remote counseling in suicide crisis](#)

Dr Dana – Cristina Herta¹, Dr Raluca Nicoleta Trifu¹, Professor Dr Doina Cozman¹

¹Romanian Alliance for Suicide Prevention; University of Medicine and Pharmacy Iuliu Hatieganu

The authors present Training for Crisis, Cozman — Herta Method — an original, comprehensive training method for remote counseling in suicide crisis, based on roleplay integrating lived experiences of counseling persons with suicide risk remotely, via telephone and email.

The method is used with anonymous volunteers with no prior academic, professional or skills training experience required to start the training. The training combines in an original and flexible manner the development of three core skillsets: asking questions about death, suicide risk, reasons to die and live; active listening skills adapted to diverse contexts, including silence, aggressive attitude of callers, intense emotions, suicidal crisis; and management of confidentiality and boundaries of callers and volunteers.

The method is implemented in 12 to 24 preliminary sessions of weekly group training, followed by at least 12 individual training sessions and monthly group training sessions for processing the remote counseling shifts.

The training provided via this method incorporates burnout prevention skills in each session, it is an ongoing process spanning the entire duration of the volunteer's activity in remote counseling. Additionally, the method incorporates ongoing learning for trainers, identification and development of skills for trainers emerging from the group of highly experienced and appropriately motivated volunteers.

#58. Examining differences in brain metabolism associated with childhood maltreatment and suicidal attempts in euthymic patients with bipolar disorder: a PET and machine learning study

Dr Humberto Correa¹

¹Departamento De Saúde Mental-UFMG; Departamento De Saúde Mental-FCMMG

Objective: Childhood maltreatment (CM) is a significant risk factor for the development and severity of bipolar disorder (BD) with increased risk of suicide attempts (SA). This study evaluated whether a machine learning algorithm could be trained to predict if a patient with BD has a history of CM or previous SA based on brain metabolism measured by positron emission tomography.

Methods: Thirty-six euthymic patients diagnosed with BD type I, with and without a history of CM were assessed using the Childhood Trauma Questionnaire. Suicide attempts were assessed through the Mini International Neuropsychiatric Interview (MINI-Plus) and a semi-structured interview. Resting-state positron emission tomography with 18F-fluorodeoxyglucose was conducted, electing only grey matter voxels through the Statistical Parametric Mapping toolbox. Imaging analysis was performed using a supervised machine learning approach following Gaussian Process Classification.

Results: Patients were divided into 18 participants with a history of CM and 18 participants without it, along with 18 individuals with previous SA and 18 individuals without such history. The predictions for CM and SA were not significant (accuracy = 41.67%; $p = 0.879$).

Conclusion: Further investigation is needed to improve the accuracy of machine learning, as its predictive qualities could potentially be highly useful in determining histories and possible outcomes of high-risk psychiatric patients.

Keywords: bipolar disorder; childhood maltreatment; suicide attempt; 18F-FDG; positron emission tomography; machine learning

#59. Perspectives on Lesbian, Gay, Bisexual, Transgender (LGBT) decision to disclose their sexual orientation to their families and society

Mr Ndirangu Ngunjiri¹

¹University of Nairobi

This qualitative study explored LGBTQ individuals' decisions to disclose sexual orientation or gender to their families and society. This paper mainly focused on the LGBTQ community aspect governing the general public, the consciousness of identity development that what they perceived about the LGBTQ community. The basic research lies in contextual identity development and the problems faced by the LGBTQ community. A qualitative and quantitative approach with the exploratory fundamentals of this study has been processed. The limitation, the sampling strategy means getting the right number of samples for different interviews or questionnaire furnishing. The complementary part of the study is that the higher levels of education the LGBTQ community have and by the time, they will consider normal people, as now a day very abnormal is the new normal. Participants were recruited through local LGBTQ groups' 30 lesbian females and 20 gay males participated in qualitative interviews. All participants identified racially as Black African and resided in Kenya; ages ranged from 18 to 70 years old. Employment status varied: 35% were retired; 30% worked full-time; 18% were disabled; and 9% were semi-retired. Professions spanned business, educational, legal, media, and medical fields. Two participants were veterans. Seven participants were partnered, one widowed and six single. Sixty-four percent owned homes and 39% rented. Religious and spiritual beliefs varied. All participants could identify at least one person as family or support. All participants reported disclosing their sexual orientation to their families and friends. Participants used discretion when disclosing their sexual minority status based on the relevancy, safety, or openness of providers. They indicated that in Kenya was a relatively unsafe place to disclose to families. Recommendations to increase LGBTQ consumers' disclosure to families about sexual orientation and use inclusive language in forms and conversations.

#60. Why might sometimes psychache become overwhelming?

Ms Miglė Marcinkevičiūtė¹, Prof. Danutė Gailienė¹

¹Centre for Suicidology, Institute of Psychology, Vilnius University

Introduction: Many psychological theories aiming to structure the suicidal process talk about the unbearable state of pain pushing to thoughts of suicide and the development of the suicidal process. Shneidman (1993) titled this state psychache. However, researchers also argue that it is not clear how certain life situations for some people become overwhelmingly painful, while for others, it does not.

Aim: The aim of this study was to capture the transition from a painless state of mind to overwhelming pain leading to the act of suicide.

Methods: For this aim, qualitative perspective was applied to study experiences of suicidal process retrospectively by conducting semi-structured in-depth interviews with a sample of nine men and women recruited in Vilnius City Mental Health Centre (Lithuania). Participants were aged between 18 and 63 years (M = 28; SD = 11.5). Interpretative Phenomenological analysis (Smith et al., 2022) was used to develop systems of experiences of each individual and to extract similar patterns for the group.

Results: Five group experiential themes emerged, showing profound connection between overwhelming pain and dissociated state of mind while experiencing the damage of core defense mechanisms in the context of physical and mental exhaustion.

Conclusion: Contrary to the general belief, our results indicate that people in the suicidal process are active problem solvers rather than passive spectators. Moreover, it unfolds that the roots of overwhelming pain reach unsolved past experiences and emphasizes why the same situation can affect the same person differently after some time.

#61. Culturally sensitive Natural language processing (NLP) tools to support clinicians and user for suicide prevention

Dr Cécile Bardon^{1,2}, Dr Marie-Jean Meurs^{2,4}, Ms Mélanie Tremblay³, Dr Barbara Schellhammer⁵

¹Centre de recherche et intervention sur le suicide, enjeux éthiques et pratiques de fin de vie (CRISE),

²Université du Québec à Montréal (UQAM), ³Centre de prévention du suicide, Amos, ⁴Centre interuniversitaire de recherche sur la science et la technologie (CIRST), ⁵Hochschule für Philosophie

The use of Artificial intelligence (AI) based tools is increasing in suicide prevention, to support monitoring of suicidal behaviour, safety planning, screening or chat interventions. Innovations are being developed in various contexts, using Natural language Processing (NLP), web-based big-data analysis, administrative database analysis, etc. However, several key issues need to be addressed by the suicide prevention community. These tools have yet to be extensively validated, and their practical usefulness must be asserted. They are implicitly based on a universal perspective, undermining cultural diversity, and assuming algorithm “neutrality”. Moreover, machine learning-based tools are usually trained on western English contents. AI tools might hence lack cultural sensitivity, and we need to know more about their adequacy, usefulness and safety, especially with marginalised groups.

This collaborative project (2023–25) is based on RÉSO, a web application (App) developed by suicide prevention centers in Québec, to support safety planning and the use of resources for individuals presenting a suicidal risk. A preliminary evaluation indicated that people install RÉSO on their phone, use it a few times, but not in collaboration with clinicians. We are currently planning an update, including cultural adaptation for diverse users to make the App sensitive for the peculiarities of diverse groups. Objectives are to understand stakeholders’ needs in terms of use of innovative technologies in suicide prevention and produce a guide for their culturally appropriate use; develop

culturally sensitive models of NLP-based systems that detect markers of suicidal risk; create and evaluate a version of RESO that integrates the culturally adapted NLP-based system.

Phase 1 will provide needs assessment and produce a guide for cultural adaptation of AI systems for suicide prevention via a literature review and interviews with stakeholders. Phase 2 will apply the guide to develop a culturally adapted NLP-based system for suicide screening. Phase 3 will integrate the NLP-based system in RÉSO and perform a pilot test with 15 pairs of clinicians–users.

After RÉSO is installed on the user's phone, clinician and user will prepare a safety plan, and decide how the NLP-based system will interact with the user's data (from social media and phone use). From there, RÉSO will monitor the user's risk level, and provide feedback to apply the safety plan or use personal resources according to variations in risk level. This system aims to support safety plan use, awareness of risk levels and use of resources.

[#62. Towards the Development of a Suicide Prevention Training Module for Social Work Students: A qualitative study](#)

Mr Bharath Rathinam, Dr Anish V Cherian, Dr Santosh Loganathan, Dr. Prabha S. Chandra, Associate Professor Gregory Armstrong

¹Department of Psychiatric Social Work, NIMHANS, ²Department of Psychiatric Social Work, NIMHANS, ³Department of Psychiatry, NIMHANS, ⁴Department of Psychiatry, NIMHANS, ⁵Nossal Institute for Global Health, The University of Melbourne

Introduction: Social workers constitute a significant task force that serves diverse populations experiencing psychosocial challenges in their daily lives. Lack of suicide prevention content/training in the Master of Social Work program may affect the student's self-esteem/ability to intervene when they come across a person with suicidality in the field. Developing a suicide prevention training module for social work students would be a suitable measure for upbringing their skills in dealing with individuals with suicidality.

Method: The purpose of the present study was to develop a suicide prevention training module for social work students at the postgraduate level. The researcher conducted two Focused Group Discussions (FGD) each with social work students ($n=13$) and social work educators ($n=15$) on an online platform. Notes were taken during the discussion, and the contents were videotaped. The videotaped content was transcribed, and content analysis was used to analyze the data. The content that emerged from the FGD with social work students and educators was discussed in later FGD with mental health experts (two psychiatrists, one psychologist, two psychiatric social workers, and two mental health nurses). The discussion with experts clarified what components to retain for the training program.

Results: Five major themes and 22 sub-themes emerged from the two FGDs each with students and educators, and one FGD with mental health professionals are described. The five major themes were understanding of suicidality, understanding suicide education in the Master of Social Work curriculum, experience with suicidality, training content suggestion, and suggestion for future implications.

Conclusions: The aim of the study was to develop a suicide prevention training module for social work students to improve their knowledge, attitude, and behavior toward suicide prevention among students. The themes that emerged from the FGDs suggested the training to be focused on suicide knowledge imparting, skills acquisition on specific counseling skills to intervene with clients with suicidality, conducting universal prevention activities, resource mobilization, and taking care of themselves.

Keywords: Social workers, students, needs assessment, skill development, education, training

#63. Were carers for those at-risk of suicide or self-harm left behind by COVID-19 U.K. restrictions?

Dr Pooja Saini¹, Mr Peter Blaney¹

¹Liverpool John Moores University

Background: Within the U.K., 10.5% of the population provided unpaid care in 2021/22. Informal (unpaid) carers save the NHS £193 billion per year, and it is estimated that 10.6 million people provide over 50 hours of care per week. Many caregivers support those at risk of suicide and self-harm, which offers cost savings to society as the economic and social cost is estimated at 1.7 million per suicide. However, past research suggests that U.K. COVID-19 pandemic restrictions did not account for carers' needs to effectively support those at risk of suicide or self-harm (SSH-carer). The aim of this study was to compare SSH-carers and non-SSH-carers experiences of the pandemic and their psychological well-being.

Methods: 80 participants aged 18 years and over (85% female) were recruited to participate in an online mixed-methods survey consisting of the Hospital Anxiety and Depression Scale and qualitative open-text response boxes. Inferential statistics and thematic analysis were used to analyse the data.

Findings: There were significantly higher levels of anxiety and depression in SSH-Carers compared to non-SSH-Carers ($p=.047$). No gender differences were identified across carers. Three themes were conceptualised for carer experiences: 1) Opinions of COVID-19 restrictions, demonstrated that the restrictions were predominantly unclear, difficult to follow and in some cases, participants felt the restrictions caused harm, which suggested that participants overall struggled to comply with the rules; 2) Psychological impact of restrictions on carers and care-responders, evidenced the negative impact of the restrictions on the carer's mental health as participants evidenced the restrictions as a causal factor of isolation, anxiety and anguish, which are all risk factors for mental health difficulties. In some cases, this was detrimental, with one participant evidencing increased self-harm acts by their care-responder as a result of restrictions; and, 3) Care provided during the restriction, demonstrated that the restrictions impacted the quality of care and negatively impacted many participants as the quality of care was heavily reduced.

Discussion: SSH-carers were impacted more from the restrictions compared to non-SSH-carers. More tailored public health approaches are needed to support carers, particularly SSH-carers, during future pandemic restrictions.

Conclusion: This study highlights that the COVID-19 U.K. restrictions left behind SSH-carers, and as a result, participants experienced further psychological distress, such as depression and anxiety. Therefore, to prevent harm from future restrictions, carers and care-responders needs must be considered.

#64. Promoting Wellbeing in Schools: Development and Evaluation of a Wellness Curriculum

Dr Wendy Wing Yan So¹, Ms. Kenus Leung¹, Ms. Renee Tam¹, Ms Sincere So¹, Mr Jimmy Ho¹, Professor Paul Yip^{1,2}

¹The Hong Kong Jockey Club Centre for Suicide Research and Prevention, University of Hong Kong,

²Department of Social Work and Social Administration, University of Hong Kong

Background: The mental well-being of young individuals in Hong Kong has emerged as a pressing concern, as they reportedly experience elevated levels of stress and anxiety. Tragically, there has been a disturbing trend of youth suicide attempts or deaths in recent years. Consequently, it is imperative to address this issue and provide the necessary support to empower young people to overcome these obstacles. The QTN Programme on Promoting Wellbeing in Schools is designed to enhance the capacity of schools to cultivate and sustain the wellbeing of students. The primary objective of the programme is to enable participating schools, from kindergarten to secondary schools, to become 'wellbeing-first schools' by prioritizing the wellbeing of students.

Methods: The programme provides participating schools with a wellness curriculum and education materials developed in line with the Bio–Psycho–Social (BPS) model and a public health approach. The development process involves our core schools to provide frontline experiences, and the curriculum is designed to foster the 24-character strengths and increase the resilience of students. The curriculum is regularly reviewed and updated to ensure that its contents, topics, and materials remain relevant and responsive to the stakeholders' needs within the school community. The programme is evaluated using a mixed–method approach, combining qualitative and quantitative methods. Quantitative evaluation includes self–report questionnaires for teachers assessing training quality, teaching efficacy, and their own wellbeing. For kindergartens, observation sheets are given to teachers to evaluate student learning, while parents are given questionnaires to assess changes in their learning. For primary and secondary schools, self–report questionnaires are provided to students to assess their wellbeing and mental health literacy. Pre and post surveys are collected at the beginning and end of each academic year, respectively. Qualitative evaluation includes focus group interviews for teachers and students and class observations. Focus group interviews aim to collect feedback on programme content, format, class climate, students' application of the learnt curriculum, while class observations are conducted to gain a better understanding of teaching efficacy, levels of student engagement, and class dynamics. All data collection will be completed by the end of this school year.

Significance: This program is a crucial initiative, especially in the context of the mental health challenges faced by young people in Hong Kong. By prioritizing the wellbeing of students and enhancing the capacity of schools to sustain their mental health, the programme can serve as a critical support system for young individuals.

[#65. Suicide Among the Population in Greenland – A Scoping Review](#)

Dr Jane Brandt Sørensen¹, Ms Caroline Lomholt Øst¹, Dr. Francisco Alberdi², Dr. Parnûna Heilmann², Dr. Britt Reuter Morthorst³

¹University Of Copenhagen, ²Dronning Ingrid's Hospital, ³Danish Research Institute for Suicide Prevention

Background: Suicide is a severe global public health issue, and high rates are particularly pronounced among Indigenous populations. Greenland has one of the highest suicide rates in the world. Despite this, there is a lack of in–depth knowledge about suicide among the population in Greenland.

Aim: Aim was to review existing published peer–reviewed and grey literature on suicide among the population in Greenland to inform future policies, research and interventions on suicide prevention.

Methods: A scoping review methodology was applied and the PRISMA–ScR standard was followed. Searches were made in six databases and through hand–searches, for literature published in Danish or English. No exclusion criteria related to date of publication was applied. The Social Ecological Model was used to structure the thematic analysis.

Results: The search yielded 277 sources of which 43 were included in the study. Of these, eight were grey literature. Most studies were mixed methods ($n=10$). Of the 43 articles, 20 had an exclusively quantitative approach; 13 were non–scientific or official reports and documents; and six made use of qualitative components. A total of four literature reviews were included and only two studies exclusively applied a qualitative method and there were no RCTs. The amount of literature on the topic increased with time. Most articles addressed suicide at the individual level, followed by the societal– and relationship level. The community level was the least addressed. Most sources reiterated risk factors related to suicide especially within the themes; gender, age, alcohol, sexual abuse, societal transitions and geographical inequalities. Few sources evaluated the effects of interventions, preventive factors in suicide prevention and little attention were paid to the media's role in suicide prevention.

Conclusions: Findings from this scoping review showed that research until now has been very descriptive. It suggests that studies utilizing exploratory, qualitative methods and principles of community-based participatory research would be relevant for future research on suicide in Greenland. Furthermore, an investigation of protective factors and the role and opportunities of media's role in portraying suicide would be relevant. A limited number of studies applied trial designs, suggesting lack of evidence-based treatment and prevention, which could be further investigated.

[#66. Cross-national investigation of COVID-19-related problems over time in helplines for suicide prevention](#)

Ms Nikki Van Eijk¹, Ms Margot van der Burgt^{1,2}, Dr Saskia Mérelle¹, Ms Eva de Jaegere³, Kirsten Pauwels³, Professor Gwendolyn Portzky³, Eva Vande Gaer⁴, Prof. MD Aartjan Beekman^{2,5}, Dr Lizanne Schweren¹, Dr Renske Gilissen¹

¹113 Suicide prevention, ²Amsterdam University Medical Centre/VUmc, ³Flemish Centre of Expertise in Suicide Prevention (VLESP), ⁴Flemish Suicide Prevention Centre, ⁵GGZ inGeest Specialized Mental Healthcare

Objective: During the coronavirus pandemic a year-long collaboration was established between two suicide prevention helplines in The Netherlands and Belgium. The aim was to investigate: (i) whether the prevalence of coronavirus-related conversations in the helplines differed between sociodemographic groups, (ii) if government restrictions could predict the number of coronavirus-related conversations in the helplines, and (iii) the prevalence of the previously identified coronavirus-related problems mentioned by help-seekers and how these progressed over time.

Method: A cross-national longitudinal observational design, using registration data from the two helplines in the Flemish-speaking part of Belgium ($N = 9,352$) and the Netherlands ($N = 20,826$) from August 1st, 2020, till July 31st, 2021. Logistic regression analyses were used to study the likelihood of a COVID-19 related conversation based on a set of sociodemographic characteristics as well as the Government Stringency Index. Specific problems associated with the pandemic were also recorded and summarised.

Results: A total of 5,057 (16.8%) coronavirus-related conversations were recorded. Men, those over the age of 30 years, people living alone, and those not in formal mental healthcare were more likely to discuss a coronavirus-related problem in their helpline conversation. Loneliness, increases in feelings of depression and anxiety, and feelings of entrapment were most reported. Stricter government regulations were related to a higher likelihood of coronavirus-related conversations.

Conclusion: The high prevalence of feelings of loneliness and the increase in feelings of entrapment during periods with stricter lockdown measures is of particular relevance for future crises. Care should be taken to provide additional support and monitoring of vulnerable groups. The effect of strict regulations on people with suicidal ideation should be taken into account when making future decisions.

[#67. A heavy weight on young shoulders: Suicidal and self-harming behaviours among young carers](#)

Associate Professor Tania King¹

¹University of Melbourne

Study background: Young carers provide unpaid, informal care to someone else, usually a family member. Young carers commonly carry out this work with little support or recognition. Despite their significant contributions to social care needs, young carers have received little research attention. Evidence indicates that young carers are at increased risk of poor mental health, however little is known about self-harming and suicidal behaviours among young carers.

Study objective: This study aimed to use population representative data to examine self-harming and suicidal behaviours among young carers.

Methods and materials: We used data from Waves 5–8 (2012–2018) of the Longitudinal Study of Australian Children. Group-based trajectory modelling was used to identify discrete young caring trajectories across Waves 6–8 for 4,464 children/adolescents. Associations between estimated young caring trajectories and suicidal and self-harming behaviours in Wave 8 (age 18/19 years) were then assessed using logistic regression models, adjusting for potential confounders. Suicide and self-harming measures (all dichotomous) included behaviours (suicide attempt and prior self-harm) as well as ideation (considered suicide, considered self-harm, made a suicide plan). Analyses were carried out on complete case data, and sensitivity analysis was carried out on an imputed dataset.

Results: Two distinct trajectory groups of young caring were identified: consistently-low (80%), and high-moderate (20%). Adolescents in the high-moderate group had increased odds of self-harm (OR 1.57, 95% CI 1.02, 2.42), suicide attempt (OR 2.31, 95% CI 1.38, 3.85), considered suicide (OR 1.64, 95% CI 1.13, 2.39), and having made a suicide plan (OR 1.54, 95% CI 1.03, 2.31). There were no differences between high-moderate and consistently-low caring trajectories for thoughts of self-harm. Results were robust across sensitivity analyses.

Conclusion: Most adolescents are providing little to no informal care. Those adolescents on trajectories of high to moderate probability of informal care have substantially increased odds of reporting a range of self-harming and suicidal behaviours. In particular, odds of prior suicide attempt were 1.3-fold higher among those on the high-moderate trajectory relative to those in the consistently low caring trajectory. This provides the first quantitative evidence of associations between young caring and suicidal and self-harming behaviours, and highlights the need to identify and support young carers.

[#68. Prioritising the establishment and support of a suicide prevention peer workforce](#)

[Ms Bronwen Edwards¹](#)

¹Roses In the Ocean

Peer workforces have developed in many areas of health and social services over the last decade or more. However, in the suicide prevention field, the peer workforce remains in its infancy.

Attempts to create a suicide prevention peer workforce in Australia have been very limited, with some jurisdictions making sparse or only partially effective efforts, and others not having progressed the development of a peer workforce at all.

As a result, Australia is not providing relevant and accessible peer workers to people at risk of suicide. Access to suicide prevention peer workers usually requires having accessed clinical treatment or having made a suicide attempt that necessitated hospitalisation.

These barriers persist despite many recommendations being made through various reviews over the last several years emphasising the need for non-clinical, peer-based services, including the expansion of a suicide prevention peer workforce. Peer workers are required to be accessible to people in suicidal distress wherever they may be present, including in emergency departments but also in many community and non-government settings.

Likewise, we need to provide peer workers to support ‘carers’ of people who are experiencing a suicidal crisis such as families, partners or close friends. People bereaved through suicide benefit enormously through the support provided by another person who has walked the same path of loss from suicide.

What are the obstacles to developing this critical element of the suicide prevention system, and how do we remove them? This presentation will put a magnifying glass on what is needed to build the suicide prevention peer workforce and respond to what people with lived experience of suicide are

telling us they want and need. It will discuss key actions for immediate implementation and encourage service providers, funders, policy makers and researchers to partner with people with lived experience of suicide to collectively focus our attention on this overdue task.

#69. An evaluation of working in partnership with autistic adults as an early career researcher examining suicide theory

Mrs Mirabel Pelton¹, Mr Jon Adams⁶, Dr Hayley Crawford², Dr Ashley Robertson³, Dr Kim Bul¹, Prof. Jacqui Rodgers⁴, Dr Sarah Cassidy⁵

¹Coventry University, ²University of Warwick, ³University of Glasgow, ⁴Newcastle University, ⁵University of Nottingham, ⁶Autistic Advocate and Researcher

Background: Autistic adults are more likely to experience suicidal thoughts and behaviours than adults who are not autistic yet there is an absence of evidence-based support for this group. Suicide research typically excludes the experiences of autistic people and there is a dearth of transparent reporting of participatory processes in autism research. Thus, the current study aims to evaluate the impact of involving autistic adults in a programme of doctoral studies exploring suicide theory. This will enable future suicide research to safely and effectively include the views of autistic adults.

Methods and materials: The views of autistic adults with lived experience of self-harm, suicidal thoughts and behaviours were sought via an advisory group, Twitter, a community-based creative project and a volunteers' database. The Public Involvement Impact Assessment Framework (Popay et al., 2014) was used to evaluate: (i) the impact of participation at each research stage; (ii) how autistic volunteers experienced the advisory group; and (iii) how early career context influenced the outcomes of participation.

Results: An advisory group enabled in-depth discussion to inform study focus, methods and interpretation of results. Twitter enabled wider sharing of project details, particularly for recruitment and dissemination. Novel research ideas were developed through the creative community project. A high degree of trust between the researcher and advisory group led volunteers to perceive their participation as 'real' rather than 'tokenistic'. Impact of participation was strengthened by a supervisor commitment to, and experience of, participatory methods and openness to learn by the researcher. Challenges included time and access to funding for participation activities.

Conclusions: Participation activities have the potential to impact on each stage of the research design process. Activities should be prioritised according to project needs as well as institutional and individual researcher strengths. Future studies should build institutional capacity to create and monitor safe, trusted participation channels, such as Twitter or creative methods. Safety should be a central concern, through clear ethical procedures, time spent developing trusted relationships and accessibility. Systematic monitoring allows reflection and adjustments. Doctoral studies should consider funding and prioritise partnership early in the programme of studies. Future evaluations should openly share materials and details of participatory methods in line with open access policy and could consider building in external evaluation to reduce bias of self-reflection.

#70. Do suicide notes provide information about significant life events?

Prof. Dr. Barbara Schneider¹, Dr. Lina Liem-Busch, Prof. Tilman Wetterling

¹LVR-Klinik Köln, ²Goethe-University of Frankfurt

As the last message before a suicide, suicide notes are considered a valuable source of information in suicide research.

To assess if suicide notes can provide evidence of significant life events before a suicide, the content of 61 suicide notes was examined. In addition, a psychological autopsy study, including life events in the last three months before the suicide, was carried out.

The suicide notes revealed "desire to die" (34 %), "physical illness" (23 %), "getting rid of an unbearable feeling" (18 %) and "hopelessness" (16 %) as the most common reasons. Using the psychological autopsy method "serious illness" (28 %), "financial and work-related" (31 %) issues were identified as the most significant life events in the last three months before suicide.

The triggers for suicide given in the suicide notes mostly do not match those collected using the psychological autopsy method. Thus, suicide notes are likely not to provide information about life events as the suspected reasons for suicide

#71. Pre- and intrapandemic trends of suicidal behaviour in Romania

Professor Dr Doina Cozman¹, Dr Raluca Nicoleta Trifu¹, Dr Dana – Cristina Herta¹

¹Romanian Alliance for Suicide Prevention; University of Medicine and Pharmacy Iuliu Hatieganu

Aim: Authors compared data regarding the trend of suicide-related deaths and reported suicide attempts in Romania during the pandemic versus prior to the pandemic.

Methodology: Data regarding suicidal behavior on a five-year time span, including three pre-pandemic years (2017–2019) and two years of pandemic (2020–2021), were supplied by the Romanian National Institute of Public Health (NIPH).

National demographic data and additional macroeconomic indicators are collected from Eurostat 2020 and the National Institute of Statistics online database — TEMPO Online.

Results: The Romanian National Institute of Public Health reported 9,155 suicide-related deaths from 2017 until 2021, 59.69% in the rural area, 84.70% in male inhabitants. The average suicide rate (per 100,000 inhabitants) was 9.1 per year (SD = ±3,95). The highest suicide rate was reported in 2018 — 9.54/100,000 inhabitants, while the lowest was reported in 2020 — 8.54/100,000.

Both the raw number of suicide-related deaths and the rate of suicides per 100,000 inhabitants exhibited a general trend of decrease in the observed time span.

General practitioners (GPs) reported 3,697 suicide attempts in the five years analyzed, 55.47% in the rural area, 58.31% in male inhabitants. The differences in suicide attempts reported by GPs in the pre-pandemic versus pandemic years were not statistically significant.

Hospitals reported in the same five years a total of 2,744 discharged patients who were admitted for suicide attempts, 57.21% female. An overall decreasing trend is observed, the lowest number was reported in 2020 and a slight increase is observed in 2021.

Conclusions: Data show a slight increase of suicide-related deaths in Romania in 2021, potentially alarming for years to come.

The number of suicide attempts reported by general practitioners compared to the number of patients admitted for suicide attempts in hospitals is significantly different. The role of socioeconomic factors in the trends of suicidal behaviours in Romania is a research topic for the future.

#72. Attitudes among the Australian public toward AI and CCTV in suicide prevention research: A mixed methods study

Dr Rebecca Hardy¹, Kate Glastonbury¹, Dr Sandersan Onie¹, Dr Natasha Josifovski¹, Adam Theobald¹, **Dr Mark Larsen**¹

¹Black Dog Institute, UNSW

Introduction: Research is underway exploring the use of CCTV cameras and artificial intelligence (AI) for suicide prevention research in public locations where suicides occur. Given the sensitive nature and potential implications of this research, this study explored ethical concerns the public may have about research of this nature.

Methods: Developed based on the principle of respect, a survey was administered to a representative sample of 1,096 Australians to understand perspectives on the research. The sample was aged 18 and older, 53% female, and 9% ethnic minority. Following an explanatory mixed methods approach, interviews and focus groups were conducted with people with a lived experience of suicide and first responders to contextualize the survey findings.

Results: There were broad levels of acceptance among the Australian public. Younger respondents, females, and those declining to state their ethnicity had lower levels of acceptance of CCTV research using AI for suicide prevention. Those with lived experience of suicide had higher acceptance. Qualitative data indicated concern regarding racial bias in AI and police response to suicidal crises, and the need for lived experience involvement in the development and implementation of any resulting interventions.

Discussion: Broad public acceptance of the research aligns with the principle of respect for people. Beneficence emerged in the context of findings emphasizing the importance of meaningfully including people with lived experience in the development and implementation of interventions resulting from this research, while justice emerged in themes expressing concerns about racial bias in AI and police response to mental health crises.

[#73. Communication that matters: Mental health promotion and suicide prevention campaign for boys](#)

Dr Karen Scavacini¹, Eduardo Coelho Ceotto¹, Franciele Sassi¹, Diego dos Santos Barboza¹, Pedro Henrique Pereira e Pereira¹, Caio Cesar dos Santos¹

¹Instituto Vita Alere De Prevenção E Posvenção Do Suicídio

Introduction: Suicidal behavior raises concern regarding younger people, given the increasing rates in this age group, especially in boys. Programs targeting mental health in Brazil are accessed mostly by girls, who seek for help more often. As men die by suicide three times more than women, what can we do in terms of communication and actions with boys to prevent it? How can we prepare teachers and coaches to not reproduce prejudices about the mental health of boys and know how to deal with this theme in schools. To address these questions, we developed a project called “Mental Health and Suicide Prevention in Boys”. It aims to break paradigms in how communication about mental health and suicide prevention is (or never is) thought to make sense with boys and how to prepare teachers to receive this demand, perceive signs and know what to do in these situations. This project is sponsored by Zoom Cares and is supported by UNICEF Brazil.

Methods: The project is divided in two parts, one targeting to identify needs and propose solutions related to the way of communicating, offering, and using mental health and suicide prevention services for male adolescents, focusing on specific aspects related to gender, diversity, vulnerabilities, and the different regions of Brazil. The other part related to a program for teachers and coaches about mental health and suicide prevention in boys. An action-research is being conducted, with qualitative approach, through focus groups, questionnaire with adolescents who belong to the UNICEF Brazil U-Report Platform, male, from 12 to 19 years old. From the questionnaire 1,260 young people participated and 480 were interested in taking part in the focus groups.

Results: The main objective of this work is to present the partial results of our “Boys mental health and Suicide Prevention Project”, the questionnaire results and some analysis from the focus groups.

Conclusion: It is hoped that the data found will serve to expand knowledge about the Mental Health of male adolescents in Brazil, the way to communicate with them, the suggestion of a pilot campaign and the offer of an online course for teachers. For this presentation we intend to reflect on the challenges and first results.

[#74. Friendships, positive male role models, and self-harm in a sample of young men from Belfast](#) **Ms Amanda Dylina Morse**¹, Professor Kathryn Higgins¹

¹Queen's University Of Belfast

Background: Men in Northern Ireland die by suicide approximately three times more frequently than women[1] and psychiatric morbidity is 25% higher than the United Kingdom overall.[2] This disparity is associated with the Troubles, a 30-year conflict during which there were 34,000 shootings, 14,000 bombings, and 3,500 deaths.[3]

Prior studies suggest strong friendships and high collective efficacy in communities are protective against suicide and self-harm in adolescents.[4]

Methods: Adolescent boys aged 16–19 years across Belfast were recruited using trusted community partners, primarily youth centres and services working with young people in working class communities.

The study comprises two components: a questionnaire combining the Self-Harm Inventory[5] and a modified Collective Efficacy Scale,[6,7] and an interview exploring friendships, their neighbourhood, and beliefs about masculinity. It uses an integrated framework to contextualise the interplay between masculinity[8] and Joiner's Interpersonal Theory of Suicide.[9]

Results: Preliminary findings indicate a shift in emotional vulnerability within male friendships through adolescence, as well as a need for positive male role models in spaces associated with masculine strength. Figures such as Andrew Tate resonate strongly, even among participants with strong male familial ties.

Key themes also included articulation of substance use as a means of emotional regulation and a strong legacy of the Troubles. These experiences shape their family life and feelings of neighbourhood safety.

Discussion: The study suggests a need for positive male role models for young men in spaces they associated with masculine strength and physical fitness, as well as support for the development of emotional literacy to identify and name feelings of emotional distress.

References

1. Northern Ireland Statistics and Research Agency (NISRA). Number of Suicides Registered in Northern Ireland by Method of Suicide and Sex, 2001–2021.
2. O'Neill S, Rooney N. Mental health in Northern Ireland: an urgent situation. *Lancet Psychiatry*. 2018.
3. O'Neill S, O'Connor RC. Suicide in Northern Ireland: epidemiology, risk factors, and prevention. *Lancet Psychiatry*. 2020.
4. Lee JH. Relationships between neighborhood collective efficacy and adolescent suicidal ideation. *J Adolesc*. 2021.
6. Sampson RJ, Raudenbush SW. Neighborhoods and Violent crime: a multilevel study of collective efficacy. *Science*. 1979.
7. Higgins K, McLaughlin A, Perra O, et al. The Belfast Youth Development Study (BYDS): A prospective cohort study of the initiation, persistence and desistance of substance use from adolescence to adulthood in Northern Ireland. *PLoS One*. 2018.
8. Connell R. *The Men and The Boys*. 2001.
9. Joiner TE. *Why People Die by Suicide*. 2005.

[#75. Dreams during suicide bereavement: a qualitative study of women bereaved by suicide](#)
Mrs Austėja Agnietė Čepulienė¹

¹Vilnius University

Introduction: Suicide bereavement is a challenging experience that affects the bereaved's relationships, feelings, and physical and mental health. Little is known about dreams during suicide bereavement. However, research on the dreams of the deceased after a loved one's death or a traumatic loss reveals that dreams might function not only as reflections of the psychological state of the bereaved but also as emotional regulators, which might help integrate the loss. Studying the content of dreams during suicide bereavement might deepen the understanding of how the loved one's suicide affects the person and what functions the dreams can have during the bereavement process. Therefore, the goal of the current study was to explore the content of the dreams of the deceased during suicide bereavement.

Methodology: The sample consisted of nine women bereaved by their life partners' suicide. Participants attended semi-structured interviews. Results were analyzed by inductive reflexive thematic analysis.

Results: Three themes were generated: helpful dreams (dreams help to understand the psychological state during bereavement; dreams help to find spiritual meanings during bereavement); dreams reflect the specifics of suicide bereavement (in dreams the deceased's state is unpleasant; the content of dreams related to guilt and responsibility for suicide; nightmares, related to trauma); communicating with the deceased (the deceased participates in the life of the bereaved; dream provides a possibility to continue the bond with the deceased; separating from the deceased in the dreams).

Discussion: Suicide bereavement is a challenging experience, which affects not only the waken life but also the dreams. The content of dreams during suicide bereavement needs attention because this can broaden the scientific understanding of how a loved one's suicide affects the person and how the process of grief endures. The content of the dreams of the deceased after a life partner's suicide consists of helpful dreams, which can be useful in psychotherapy and which can help with the process of meaning-making; dreams, which content reflects on the specifics of suicide bereavement, such as guilt, responsibility questions and traumatic effects of a loved suicide; and dreams, which are about continuing bond with the deceased or separating from the deceased. The dreams during suicide bereavement can have useful integrative functions.

Conclusion: The findings reveal that the dreams during suicide bereavement differ in content and functions and can help integrate the loss.

[#76. The impact of the global COVID-19 pandemic on risk factors for suicide in healthcare workers: A narrative review](#)

[Dr Jennifer Zohn](#)¹, Ms. Sophia Hovis

¹University Of Colorado Colorado Springs

Background: Suicide is a leading cause of death in the United States and around the globe. Worldwide, over 700,000 people die by suicide each year. Healthcare workers are more vulnerable to suicide risk factors than the general population. The global COVID-19 pandemic presents additional workplace and health concerns that relate to suicide risk factors in healthcare workers. It is important to recognize suicide risk factors in healthcare workers and to implement strategies to reduce these risk factors.

Objectives: This study describes the impact of the global COVID-19 pandemic on risk factors for suicide in healthcare workers and identifies evidence-based strategies and resources to reduce suicide risk factors in healthcare workers now and in the future.

Design: The authors conducted a descriptive study using thematic analysis and narrative review of the literature.

Methods: Using health science databases and key search terms, the authors searched the literature, selected and analyzed studies, identified themes, synthesized findings, and created a narrative review. The STROBE checklist was utilized in this study.

Results: Two themes were identified (1) The impact of the COVID-19 pandemic on work-related suicide risk factors in healthcare workers, and (2) The impact of the COVID-19 pandemic on mental health-related suicide risk factors in healthcare workers. The pandemic has affected suicide risk factors in healthcare workers. Many studies discussed evidence-based strategies and resources that can be utilized to identify and reduce suicide risk factors in healthcare workers. Implications for healthcare workers in the United States are discussed.

Conclusion: The global COVID-19 pandemic has negatively impacted suicide risk factors in healthcare workers. It is time for individuals and healthcare delivery systems to implement suicide risk prevention strategies to protect healthcare workers now and in the future. It is essential to promote and protect the health and well-being of the local, national, and global healthcare workforce.

Relevance to Clinical Practice: This review increases awareness of the pandemic's impact on healthcare workers' risk factors for suicide and identifies evidence-based suicide risk prevention strategies and resources for healthcare workers.

Future Research: While evidence is emerging, more research is needed to further understand the impact of COVID-19 upon healthcare workers' mental health and suicide risk factors, and strategies to proactively reduce suicide risk factors and promote protective factors against suicide in the healthcare worker population.

[#77. Misclassification and under-reporting in suicide: a systematic review](#)

[Dr Naohiro Yonemoto](#)¹, Dr Yoshitaka Kawashima²

¹Juntendo University School of Medicine, ²Meiji University

Objectives: The issues of misclassification and under-reporting of suicide have long been widely and well reported, but comprehensive descriptions of their issues were still unclear. We reviewed reports of misclassification and under-reporting in suicide.

Methods: We performed a systematic review. The literature search was conducted using MEDLINE, EMBASE, CINAHL and reference lists from previous related reviews. We summarized characteristics of these eligible studies.

Results: The search terms identified 424 articles. We identified 177 eligible observational studies, as cohorts, registry, and cross-sectional studies. Misclassification and under-reporting were reported in relation to race, prescription of opioid and cause of death registry systems. Also, reports were also made on how to adjust for miss-classification.

Conclusion: Issues of misclassification and under-reporting remain significant challenges in conducting suicide prevention research, and caution would be needed in these interpreting results. The magnitude of bias and methods for adjusting for it need to be developed in the future.

[#78. Experiencing storytelling: Developing written stories as an intervention to strengthen mental health in gatekeepers](#)

[Ms Meta Lavrič](#)^{1,2}, Assoc Prof Vita Poštuvan^{2,1}

¹University of Primorska, Faculty of Mathematics, Natural Sciences and Information Technologies,

²University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research

Storytelling can be defined as the vivid description of ideas, beliefs, personal experiences, and life-lessons through stories or narratives that may evoke powerful emotions and insights. The aim of the research was to explore the experience of storytelling among gatekeepers. In our research, the term

gatekeeper refers to members of occupational groups who have direct contact with potentially suicidal people as part of their usual work routine.

Through in-depth semi-structured interviews, we helped participants develop their own written stories about their work as gatekeepers, focusing on their encounters with suicidal behaviour in their work.

The stories were written in collaboration between the individual participant and the researcher. The individual is the expert on their own experience, which means that by working with individuals with lived experience to create stories, we avoided losing the authenticity of the story or presenting experiences, events and relationships in an oversimplified and superficial way. Through co-creating stories with people with lived experiences, we were also able to ensure the empowerment of the person telling the story, while simultaneously making sure that participants were adequately psychologically prepared for the storytelling experience.

Through the interviews and the creation of the stories, we learned about their experiences as gatekeepers. Preliminary results suggest that suicide is an emotional topic for gatekeepers. It not only triggers many organisational aspects of the gatekeepers' functions, but also their own values. Through the stories, gatekeepers were able to make sense of their experiences. Additionally, we learned how they experienced storytelling, more specifically, how they experienced writing their own story about their experiences. This helped us understand how storytelling can be used as a mental health intervention to improve and maintain gatekeepers' mental health.

Our study fills a gap in the field of research on storytelling as a mental health intervention, as it is the first study where the researcher was closely and individually involved in the process of storytelling, allowing for a deeper understanding of the experience of storytelling. According to our literature review, this was also the first study to examine the experience of storytelling among gatekeepers, thus contributing significantly to the scientific field of suicidology in both an applied and theoretical ways.

[#79. Suicide prevention accreditation program](#)

Ms Branka Zugnoni¹, [Ms Nieves Murray](#)

¹Suicide Prevention Australia

Assuring the safety, quality, and efficacy of Australia's suicide prevention programs. Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives.

Over 3,000 people die by suicide each year in Australia, and we can never underestimate the impact that every life lost to suicide has on family, friends, workplaces, and the broader community.

The Suicide Prevention Accreditation Program (Accreditation Program) supports organisations to implement safe, high-quality, and effective suicide prevention and postvention programs in Australia.

The program is the first of its kind in Australia and allows those who are seeking help to feel assured that they have access to a consistent, high quality, and safe standard of care. It also aims to provide more transparency to funders to ensure the best, evidence-informed initiatives are available to those in need.

This poster will present the program logic and formative evaluation of the first cycle of accreditation. The poster will highlight how suicide prevention accreditations ensure every person who needs support can access a consistent, high-quality, and safe standard of care.

The Accreditation program partnered with people with lived and living experiences of suicide, service providers, clinicians, and accreditation experts to develop Australia's first accreditation program for suicide prevention. The poster will detail how this model could be applied in other jurisdictions.

Importantly, this initiative will help inform the Government, and other funders and commissioners on the breadth and depth of existing programs providing confidence that the program has undertaken a rigorous and robust accreditation process.

In research undertaken by Suicide Prevention Australia, almost 90% of respondents believe Governments should prioritise programs that are accredited as safe, quality and effective when funding suicide prevention services.

Suicide affects all populations, cultures, sub-cultures, backgrounds, and communities. That is why it is important to ensure that the programs being delivered are in a safe and readily accessible space to all who may participate. That through collaboration and shared purpose for quality and effective suicide prevention, we can work towards our ambition of a world without suicide.

[#80. Gender differences in media reporting of suicide in India](#)

Ms Paro Ramesh¹, Prof Catherine Robinson, Dr Peter Taylor, Dr Rebecca McPhillips, Dr Rajesh Raman

¹The University of Manchester

Studies from around the world have identified that newspapers emphasise unusual methods of suicide for men, while for women, more attention is paid to acts of suicide that are not conducted alone (filicide-suicide, suicide pacts, etc.). Previous research indicates that this may be attributable to sociocultural assumptions of acceptable gender behaviour; males are depicted as aggressive and independent, whereas females are portrayed as dependent and submissive. The aim of this mixed-methods study is to build on the existing literature by examining gender differences in how suicide is reported by Indian newspapers.

The website Pressreader, which collates digitised newspapers from across the world, was used to identify three English-language newspapers in India for articles that covered suicides. Articles were identified by searching for keywords related to suicide. Articles published between 18th May 2021 and 17th May 2022 were included. In total, 454 relevant articles were identified.

The use of pictures and a higher number of words dedicated to select cases indicated that some cases of suicide were considered more news-worthy than others. These include cases where the suicide decedent was a minor, the suicide involved multiple people, or the suicide was linked to a political incident. A particularly interesting aspect of suicide in Indian newspapers is the frequent occurrence of the “suicide abetment” charge, where individuals who are assigned blame for the suicide can be prosecuted. Qualitative analysis of newspaper reports identified themes such as the possible misclassification of the death of minors, the use of euphemism to describe certain relationships, and attribution of blame. Regarding gender differences, while women’s suicides were framed because of interpersonal problems and emotional turmoil, men’s suicides were interpreted as acts of resistance against external circumstances, such as financial loss.

These results support studies from countries such as Taiwan and Sri Lanka that have identified gender bias in media reporting of suicide. The media reflects prevailing sociocultural attitudes towards suicide, and studies from multiple countries indicate that media can influence suicidal behaviour. Understanding how Indian media reports suicide is essential in designing culture-specific and gender-sensitive suicide prevention programmes, in line with the recommendations of India’s suicide prevention strategy. To address the limitations of this study, searching for news articles within additional timeframes, inclusion of newspapers in local languages, as well as searching social media and online publications such as blogs, would add to the understanding of media and suicide in India.

[#81. Electrodermal activity, suicide, and self-harm: a systematic review and narrative synthesis](#)

Ms Krystyna J Loney¹, Dr Seonaid Cleare¹, Dr Karen Wetherall¹, Prof. Rory C. O'Connor¹

¹Suicidal Behaviour Research Laboratory, School of Health and Wellbeing, University of Glasgow

Background: Suicide and self-harm are prevalent health concerns. Although there have been many advances in our understanding of self-harm and suicide, there is a dearth of research on physiological markers underpinning the emergence of suicidal and self-harm thoughts and behaviours. One line of investigation has been the relationship between suicidal behaviours and physiological arousal linked to emotion processing. Electrodermal activity (EDA) is a robust and non-invasive marker of such. This systematic review aims to understand the role EDA plays in suicidal and self-harm ideation and behaviour, with a focus on EDA as a potential risk factor.

Method: Searches of academic databases CINAHL, EMBASE, Medline, PsycInfo, PsycArticles and Web of Knowledge were conducted following PRISMA guidelines. Studies were included if they measure EDA, suicidal ideation or behaviour or self-harm ideation or behaviour, are written in English and have been published in academic peer-reviewed journals. Of the 288 papers identified, 21 were eligible for, and 19 were included in, this review. The Newcastle-Ottawa Scale for assessing the quality of non-randomised studies in meta-analyses was utilised for quality assessment of the included studies.

Results: Studies consistently demonstrated an association between suicidal behaviour and hyporeactivity. Findings indicated that resting EDA was associated with self-harm and suicidal behaviour, however responding during emotion induction tasks was less conclusive with some studies reporting no significant results. Conversely, there was preliminary evidence of hyperreactivity in those who self-harmed. There is some evidence indicating that the relationship between EDA and self-harm may be influenced by other factors, such as impulsivity.

Limitations: Studies consistently recruited small sample sizes, raising questions on the statistical power of results.

Conclusion: This review poses important implications for the field. EDA hypoactivity as a physiological marker could potentially be utilised in clinical risk assessment, helping practitioners to identify individuals most at risk and aiding in deciding on the most appropriate interventions. Theoretical implications are also discussed. Studies comparing the differences in EDA exhibited between those who self-harm and those who engage in suicidal behaviour are encouraged.

#82. Withdrawn

#83. Exploring the link between the increase in high-rise buildings and youth jumping suicide in Taiwan

Professor Ying-Yeh Chen¹, Doctor Cheuk Yui Yeung, Professor Paul Yip

¹Taipei City Psychiatric Center, ²National Yang Ming Chiao Tung University

Background: Suicide rates in youths aged 15–24 years have increased by over 70% from 2010 to 2021 in Taiwan. In 2021, jumping was the most common method of suicide in this age group. We examined whether the increase in the numbers of high-rise buildings during this time period was associated with the rise in youth suicides.

Methods: The association between numbers of high-rise buildings and age-stratified jumping suicide rates was assessed by Pearson's correlation coefficients. Negative binomial mixed-effects models were employed to assess the association between the increase in high-rise buildings and jumping suicides over time.

Results: Pearson's correlation coefficients of high-rise buildings and jumping suicide rates decreased from 0.469 ($p=0.03$) in 2010 to 0.255 ($p=0.25$) in 2021. For youths aged 15–24 years, the correlations were not significant at either time period (0.235, $p=0.293$ and -0.086 , $p=0.703$, respectively). Negative binomial mixed-effects models showed that although jumping suicide rates

in youths increased over time, the increase in numbers of high-rise buildings was not related to rates of youth suicide by jumping.

Conclusion: Despite the rise over the past 11 years in youth suicides by jumping, our study found no connection between this trend and the increase in the number of high-rise buildings. This finding refutes the intuitive assumption that tall buildings contribute to the increase in suicide by jumping. To prevent suicide in young people, it is crucial to identify and address other potential factors (such as academic stress, family disruptions) that could negatively impact on their mental well-being.

#84. Using natural leaders to support school-based suicide prevention: Intervention development and pilot evaluation

Dr Deiner Exner-Cortens¹, Dr Liz Baker¹, Ms. Cristina Fernandez Conde¹, Ms. Marisa Van Bavel¹, Ms. Emily Matejko¹, Ceilidh McConnell¹, Ms. Lindsey Kermer¹, Ms. Mili Roy¹, Mr. Chris Pawluk², Youth Suicide Prevention Project Research Team¹

¹University Of Calgary, ²Hexagon Psychology

Background: Many school staff have not been trained in suicide prevention, even though they can play an important role by noticing, responding, and referring youth at-risk to mental health services. However, the brief training that is feasible in real-world schools is often not enough to support school staff to retain and use skills long-term. Yet, offering more intensive training to all staff takes time and resources, both of which are consistent implementation barriers. Thus, in this presentation, we described a suicide prevention implementation model designed to meet the needs of real-world schools. In this model, we offer more intensive implementation support to natural suicide prevention leaders in the school building, who can then go on to support their colleagues' implementation of a brief gatekeeper training (Question, Persuade, Refer (QPR)©) in real time.

Methods: This study was conducted in two school divisions in Alberta, Canada, with 51 teachers/other school staff and 17 natural leaders. Participating schools were stratified by location and school size, and then randomized to intervention (six schools) or attention-control (12 schools). Intervention schools received a natural prevention leader implementation support intervention (NPL-ISI) and QPR©. Attention-control schools received QPR© only. A team of natural prevention leaders (~n=2-4/school) were chosen using principal selection at each intervention school. The NPL-ISI was developed by the research team, and consisted of natural leader training, implementation support plans, and ongoing technical assistance. Teachers/other school staff completed surveys before (pre-test), after (post-test), and two-months following QPR training to assess perceived preparedness to intervene and role-appropriate suicide prevention knowledge (Wyman et al., 2008). Both teachers/other school staff and natural prevention leaders also participated in interviews at the end of the project.

Results: From pre-test to two-month follow-up, participants in both conditions reported significant and large increases in efficacy to perform their gatekeeper role. Natural prevention leaders described that the most valuable part of the NPL-ISI was building a team, so they had support, and did not feel that one person was responsible to lead all suicide prevention in the school. Although the NPL-ISI overall was viewed positively, leaders noted the need for more time for implementation planning, so they could discuss strategies and debrief.

Discussion: Surprisingly, teachers/other school staff in both the training-as-usual condition, and the enhanced condition that included natural prevention leader implementation support, reported large changes in gatekeeper efficacy after a brief training. Implications for implementation of school suicide prevention will be discussed.

#85. Experiences of support from primary care and perceived needs of parents bereaved by suicide: a qualitative study

Dr Verity Wainwright¹

¹University Of Manchester

People bereaved by suicide are a vulnerable group, also at risk of dying by suicide. The importance of postvention support has been highlighted; however, little is known about the support needs of parents bereaved by suicide in the U.K., and the role played by general practice. This study aimed to explore the perspectives, experiences, and support needs of parents bereaved by suicide. Twenty-three semi-structured interviews were conducted with parents bereaved by their son or daughter's suicide. Three themes were identified from the data: the importance of not feeling alone; perceived barriers to accessing support; and the need for signposting for additional support. Some parents reported having experienced good support from their general practice; others described a number of barriers to accessing help, including triage processes. Primary care was considered to be an important avenue of support, but GPs were often perceived as uncertain how to respond. The need for information, signposting to avenues of support, and the helpfulness of group support were also highlighted. Parents believed it was important that people working in general practice have an awareness of suicide bereavement and understanding of their needs, including knowledge of where to direct people for further support.

#86. Risk and protective factors for self-harm in adolescents and young adults: an umbrella review of systematic reviews.

Mr David Mc Evoy¹, Dr Ross Brannigan¹, Mr Lorcan Cooke¹, Ms. Emma Butler¹, Prof Cathal Walsh², Professor Ella Arensman³, Prof Mary Clarke¹

¹Royal College of Surgeons Ireland, ²University of Limerick, ³University College Cork

We conducted an umbrella review to synthesise the evidence from systematic reviews and meta-analyses that examined the risk and protective factors for self-harm in young people. We searched six different databases and used the AMSTAR-2 checklist for quality assessment. The importance of each risk and protective factor was determined based on (1) the number of times it was identified by general reviews examining any risk or protective factor, and (2) the effect sizes from meta-analyses. There were 61 systematic reviews included in this review. The most frequently identified risk factors for self-harm in young people included childhood abuse, depression/anxiety, bullying, trauma, psychiatric illnesses, substance use/abuse, parental divorce, poor family relationships, lack of friends, and exposure to self-harm behaviour in others. The risk factors with the strongest evidence for an association with self-harm were behavioural disorders, personality disorders and depression or anxiety. There was a dearth of systematic reviews examining protective factors, but good family/friend relationships were most frequently identified. There was also evidence to show that non-suicidal and suicidal self-harm shared many of the same risk factors. Clinicians and other professionals who work with young people should be particularly cognisant of the psychiatric and adverse life event risk factors as well as the substance use, education-related and individual-level (e.g., being LGB) risk factors for self-harm. Knowledge of risk factors for self-harm can potentially be used to inform the design and implementation of prevention measures and further research is needed on the protective factors for self-harm.

#87. Community-driven approach to promoting mental health and preventing suicide

Mr Harun Abdullah Al¹

¹ADD International Bangladesh

Introduction: Mental health and suicide problems in Bangladesh have become a growing health and social problem. On average, 10,000 people commit suicide in Bangladesh every year (Bangladesh

Bureau of Statistics). Different recent studies indicate that suicide rates are on the rise, especially among youth and young adults, both men and women, and among students. It is required to develop models, best practices, and strategies to prevent suicide.

Analysis on underlying causes: There can be many reasons behind suicide, but the overriding reason that comes up again and again is mental health problems, especially depression derived from different medical and social inconsistencies. The major social reasons for suicide among young people are failure in love, failure in exams, not being able to take the pressure of studies, excessive addiction to extra devices (such as cell phones), negative effects of using social media, substance use, parental alienation, etc. The other causes of suicide (through FGD) are violence against women, bullying, sexual harassment, and abuse, the vicious cycle of poverty, failure in business, family negligence, etc.

The deteriorating and increasing risk of mental health is hindering the achievement of the results of the entire health system and SDG 3, especially targets 3.4 and 3.5, as well as other related goals (4, 8, 10, and 11) as disabilities. Section 17:13 of the National Mental Health Policy commits to reducing and preventing suicide and suicide attempts.

Community approaches of ADD for suicide prevention:

1. Identifying and addressing key gaps.
2. Reducing social stigma and increasing awareness and social resilience.
3. Improve access to suicide prevention services.
4. A caring and rights-based approach.

The community approach works through:

1. Educational institution-centric prevention workforce and peer support.
2. Frontline worker base integration process, capacity building, and community involvement
3. Local-level suicide prevention first aiders and volunteers.
4. Suicide prevention service improvement process through local and national advocacy and policy support groups—local and national networks.

Recommendations from the work experience:

1. Develop a national suicide prevention strategy (as committed in Section 7.13 of the Mental Health Policy) by involving all stakeholders and decriminalizing suicide.
2. Improve methods and analysis of suicide or attempted suicide data and data collection methods to understand the causes and take prevention initiatives.
3. Multisectoral collaboration and coordination of mental health with other sectors (e.g., education, social services).
4. Increase more empirical study, monitoring, and learning.

#88. The interprofessional collaboration between police and crisis response team in managing suicide-related cases in Singapore

Ms Valerie Chan¹, Dr Kelvin Ng¹, Ms Umi Shariffuddin¹, Ms Xinwei Tang¹

¹Institute of Mental Health

Introduction: The Crisis Response Team (CRT) is an interprofessional collaboration between the Singapore Police Force (SPF) and the Mental Health Helpline (MHH) of the Institute of Mental Health (IMH). Supported by a multidisciplinary team comprising of the SPF, IMH psychiatrists, community psychiatric nurses and crisis counsellors, and community partners, this intervention aims to support suicidal individuals, depending on their risk severity, residing in the community.

Objectives: To present the CRT work process and to explore the characteristics and outcomes of suicide-related cases referred.

Methods: In this descriptive research study, a quantitative approach is adopted. An Excel file shared across the helpline counsellors is used to collate information of the referred cases. Data collected from October 2021 to December 2022 were evaluated using the IBM SPSS Statistics for Windows v28.0. Descriptive statistics were used to summarise the characteristics and outcomes of the cases.

Results: To standardise the method of assessing both suicide ideation and behaviour, the Columbia-Suicide Severity Rating Scale (C-SSRS) was utilised. As compared to other suicidal ideation and behaviour scales, the C-SSRS has demonstrated good convergent and divergent validity, high sensitivity and specificity for suicidal classifications, and moderate to strong internal consistency (Cronbach's α : 0.73 - 0.95) (Posner et al. AJP 2011; 168(12) 1266-1277). A total of 4,924 suicide-related cases were referred. The age range of the suicide-related cases ranged from 8 – 100 years old (M = 35.96, SD = 17.28). Of these 4,924 cases, 888 cases were discharged back to their family members / employer / friend / partner and with follow-up check-in calls by the MHH counsellors, 644 cases were sent to the restructured hospitals for organic workup, 3,285 cases were brought back to IMH, 79 cases were discharged back to the SPF for further investigation, and 28 cases warranted CRT home visit activations.

Conclusions: The CRT intervention could mitigate suicide risk and pressure on the mental health system (i.e., reduce unnecessary emergency room visits and hospital admissions), create greater mental health awareness, and facilitate individuals' connection to mental healthcare services (i.e., in hospitals and/or in the community) as evidenced by the increasing number of cases referred, and increased collaboration with the various stakeholders, ensuring timely intervention and necessary follow-ups thereafter.

[#89. Suicide risk following repeat attendance to hospital with self-harm: a national cohort study](#)

[Dr Grace Cully](#)¹, [Dr Elaine McMahon](#)^{1,2}, [Dr Paul Corcoran](#)^{1,2}, [Professor Ella Arensman](#)^{1,2}, [Prof Ivan Perry](#)¹, [Dr Eve Griffin](#)^{1,2}

¹School of Public Health, University College Cork, ²National Suicide Research Foundation

Background: History of self-harm is the strongest predictor of suicide, and this risk increases further with multiple repeated episodes. There are few national studies that estimate the risk of suicide following self-harm in a clearly defined clinical cohort. The objective of this study was to examine suicide risk among a national cohort of individuals who attended hospital emergency departments with self-harm.

Methods: Individuals who attended hospital emergency departments with self-harm in Ireland between 1 Jan 2015 and 31 Dec 2017 were identified via the National Self-Harm Registry Ireland (NSHRI) and were linked to national suicide records for the same period via the Irish Probable Suicide Death Study (IPSDS). Rates of suicide were calculated and incidence rate ratios relative to the general population were estimated using Poisson regression models. Cox proportional hazard models were used to examine factors contributing to risk of suicide following self-harm.

Outcomes: Of 23,764 persons who presented to hospital with self-harm in 2015–2017, 4,674 (19.7%) re-presented with further self-harm and 217 (0.9%) died by suicide during that period. The 12-month cumulative incidence of suicide for male, female, and all persons was 1.3%, 0.6%, and 0.9%, respectively. Suicide risk was more than 80 times higher in the self-harm cohort relative to the general population. Individuals with more than two recent self-harm presentations had a four-fold increased risk of suicide compared to those with a single presentation (hazard ratio (HR) 4.11 95% CI 2.85–5.93). Among individuals with repeat attendances, the time between acts of self-harm was shorter for those who died by suicide, with a mean of 125.0 days between the last two self-harm acts for this group, compared with 202.9 days for those who did not die ($t(4672)=2.96$, $p=0.003$).

Individuals whose last two presentations were within six months of one another had a higher risk of suicide compared to those with longer intervals between their previous presentations (HR 1.76 95% CI 1.03–3.00).

Conclusion: This national study highlights the greatly elevated risk of suicide mortality following hospital-presenting self-harm relative to the general population. These findings reinforce the need to provide appropriate care, including the provision of biopsychosocial assessment, and timely interventions for those who present to hospital with self-harm, including those who frequently attend hospital following self-harm.

[#90. A century of suicide in Mandatory Palestine and in Israel: 1919–2019](#)

Dr Israel Oron (Ostre)¹

¹Private practice

Death of a human being is always a psychological event, arguably more so when death is inflicted by one's own hands. But death is also a social event, and not a few states document the level and the characteristics of suicides in their populations. Israel is no exception.

Data from a comprehensive study will be presented, showing suicide rates for the years 1919–2019 among the Hebrew/Jewish population of Palestine under the British Mandate and in Israel. The data reveals that the level of suicide among immigrants in Mandatory Palestine and later in Israel corresponds to the level of suicide in their various countries of origin. These findings are in line with studies that have indicated that immigrants bring with them to their destination countries not only the culture of their country of origin and personal experiences but also a specific genetic makeup that remains largely intact.

Ever since wars have had such a wide impact on human behavior, it is no surprise that war should also influence suicide. The study's findings also indicate a substantial connection between wars and the changing trends of suicide rates, from the Second World War onward.

An analysis by gender reveals an uneven distribution, where more men than women died by suicide. On the whole, the study discerns a picture of decreasing suicide rates, in particular for suicide rates among women.

In conclusion, I will comment on the relevance of the data for the present time.

[#91. Withdrawn](#)

[#92. Demographics, old age, and indication for suicide prevention in Germany](#)

Prof. Dr. Barbara Schneider, Professor Reinhard Lindner, Dipl. Psych. Georg Fiedler, Prof Birgit Wagner, Prof. Dr. Arno Drinkmann, Dr. Uwe Sperling

¹LVR-Klinik Köln, ²Goethe-University of Frankfurt

Eight project groups for suicide prevention, one for “aging and older adults” and one in “hospices and palliative care” each with experts and practitioners, evaluated the status of suicide prevention in their respective areas of specialization, the necessary improvements and the future outlook.

The central recommendation was setting up a national information and coordination centre for suicide prevention. Other recommendations were promoting the National Suicide Prevention Programme, inclusion of suicide prevention in the curricula of professionals and education of gatekeepers and scaling up barrier-free care services. Promotion of psychotherapy for suicidal people and funding for public communication of suicide prevention in older age and further expansion of hospice and palliative care were found particularly necessary.

In view of the debate about legal regulations on assisted suicide because of the German Federal Constitutional Court's judgment on assisted suicide, expansion of suicide prevention in old age is urgently necessary.

#93. Profiles of people who died by suicide using different methods in Toronto: A quantitative study of 23-year coronial records

Dr Vera Men^{1,2}, Prudence Po Ming Chan¹, Dr. Ayal Schaffer^{1,2}, **Mr. Daniel Sanchez Morales**¹, Dr. Rosalie Steinberg^{1,2}, Dr. Rachel Mitchell^{1,2}, Ms. Navitha Jayakumar¹, Dr. Mark Sinyor^{1,2}

¹Department of Psychiatry, Sunnybrook Health Sciences Centre, ²Department of Psychiatry, University of Toronto

Objective: The prevalence of suicide methods is known to vary across regions and people who die by suicide using different methods display different characteristics. However, there is limited research that comprehensively explores the differences among people who died using different suicide methods in Canada and whether unique patterns exist within each mode of dying. The objective of the study is to understand the characteristics of people who died by different suicide methods in Toronto in the past twenty years.

Methods: A total of 5,288 suicide deaths in Toronto, Canada from 1998 to 2020 were identified from the charts at the Office of the Chief Coroner of Ontario. Variables regarding demographic information, description of the suicide incident, stressors, and history of physical and mental conditions were retrieved. All suicide deaths were classified into four groups based on the suicide methods used (hanging, jumping from height, poisoning, or other). Bivariate analyses and multinomial logistic regressions were performed to compare the demographic and clinical characteristics of people who used different suicide methods.

Results: Hanging ($N=1,721$), jumping from height ($N=1,280$) and poisoning ($N=955$) were the most commonly used suicide methods in Toronto, accounting for approximately 75% of all suicide deaths. Those who died by hanging were more likely to be married or in common law relationships, to live with others, to have died at home and to experience employment/financial/academic-related stressors before death compared to the other three groups. People who died by poisoning had higher odds of being female and to leaving suicide notes. They were also more likely to have previous suicide attempts, to experience depressive symptoms and bipolar disorder and to have physical conditions compared to people who died by any other methods. People who died by jumping had a higher likelihood of visiting psychiatry and/or the emergency department in the past week and presenting schizophrenia-related disorders/symptoms compared to people who died by any other methods. Furthermore, people who died by poisoning or hanging were more likely to have substance abuse problems.

Conclusions: People who died by different suicide methods in Toronto have distinguishable characteristics. Specific suicide prevention strategies should be designed and implemented in accordance with commonalities among suicide methods and accommodating for special significant patterns in each specific method. Special attention should be paid to people with higher risk profiles, such as individuals with bipolar disorder, schizophrenia-related symptoms, substance use and other medical disorders, especially after their discharge from hospitals.

#94. Uncovering the effects of COVID-19 on suicide-related calls by age group: A study of 112 emergency service data

Ms Maria Montagud-Andrés¹, Ms Miriam Marco¹, Mr Pablo Escobar-Hernández², Mr Antonio López-Quílez², Ms Marisol Lila¹, Mr Enrique Gracia¹

¹Department of Social Psychology, Universitat de València, ²Department of Statistics and Operations Research, Universitat de València

The COVID-19 pandemic had a significant impact on mental health, particularly among susceptible age groups such as young people and the elderly, who may have experienced increased feelings of social isolation, anxiety, and depression due to changes in daily routines and limited social interactions. As a result, suicide has become a heightened public health concern, making it crucial to examine the impact of the pandemic on suicide outcomes and identify vulnerable age groups to inform future prevention and intervention efforts. This study aimed to analyze the age-specific temporal distribution of 112 suicide-related calls in a region of Spain from 2018 to 2022 and assess the influence of COVID-19 on the temporal distribution.

We collected data on suicide-related calls ($N=43,639$) from the 112-emergency service in the Valencian Community (region with over 5 million inhabitants). The time span was divided into two periods: pre-COVID (January 2018 to February 2020) and COVID-19 (from March 2020 onwards). The calls were categorized according to the age of the victim into four groups: youth (under 20 years), young adults (21–39 years), middle-aged adults (40–64 years), and the elderly population (above 65 years). A temporal descriptive analysis was performed on the monthly calls standardized by 100,000 inhabitants, followed by a temporal modeling to provide a forecast of the incidence of suicide-related calls in the following months.

Results showed that temporal patterns of suicide-related calls differed depending on the age group of the victim. Young and middle-aged adults exhibited a strong increase in the number of calls since 2018, which continued steadily during the COVID-19 period. In contrast, the elderly population showed stability in the monthly calls during both study periods. However, youth showed stability in the pre-COVID-19 period, followed by a significant increase in monthly calls from the beginning of the COVID-19 period. Furthermore, the youth showed the highest percentage increase in calls compared to other age groups. Predicted monthly calls are presented for each age group.

The study emphasizes the need for age-specific analysis of suicide-related calls. The impact of COVID-19 on the youth is notable, as this group is the only one that showed a change in the trajectory of monthly calls with the pandemic. The sustained increase of suicide-related calls in adults is also noteworthy, and the data forecasting suggests that this trend will continue to rise. To halt this increasing trend, it is essential to implement community-level prevention strategies that target the underlying factors driving the increase.

[#95. Self-harm presentations to hospital trauma centre emergency departments during the first year of the COVID-19 pandemic](#)

Ms Madeleine Gordon^{1,2,3}, Ms. Navitha Jayakumar¹, Dr. Clare Atzema^{1,2}, Dr. Daphne Korczak^{2,4}, Dr. Sidney Kennedy^{2,5}, Dr. Ayal Schaffer^{1,2}, Dr. Benjamin Goldstein^{2,6}, Dr. Beverley Orser^{1,2}, Dr. Doreen Yee^{1,2}, Dr. Lisa Fiksenbaum^{1,2,7}, Ms. Liz Choi¹, Ms. Andrea Phillips¹, Ms. Amanda McFarlan⁵, Ms. Margaret Kreller⁴, Mr. Corey Freedman¹, Ms. Brandy Tanenbaum¹, Ms. Dorothy McDowall⁴, Dr. Amanda Ceniti⁵, **Dr. Mark Sinyor¹**

¹Sunnybrook Health Sciences Centre, ²Temerty Faculty of Medicine, University of Toronto, ³Faculty of Medicine, University of Ottawa, ⁴The Hospital for Sick Children, ⁵St. Michael's Hospital, ⁶Centre for Addiction and Mental Health, ⁷York University

Objective: The onset of the COVID-19 pandemic raised concerns regarding increased suicide-related outcomes due to added psychosocial stressors and the direct effects of COVID-19 virus. We investigated changes in the number and characteristics of Emergency Department (ED) self-harm presentations during the first year of the pandemic compared to years prior.

Method: This study included ED patients who presented with self-harm to the two major adult trauma centres in Toronto, Canada. Time series models compared intra-pandemic (March 2020–February 2021) monthly self-harm presentation counts to values predicted using pre-pandemic data (March 2011–February 2020). The proportion of total ED presentations that were by self-harm was also compared. In addition, a retrospective chart review of eligible patients seen March 2019–February

2021 was used to determine the demographic, clinical, and stressor-related characteristics associated with intra- versus pre-pandemic index self-harm visits, using logistic regression.

Results: Monthly intra-pandemic self-harm counts were largely within the expected ranges. The self-harm proportion of total presentations increased (2020-2021: 0.53% vs. 2017-2020: 0.39%; OR=1.36, 95% CI=1.24, 1.50). Being widowed (OR=9.46; 95% CI=1.10-81.08), having employment/financial stressors (OR=1.65, 95% CI=1.06, 2.58), recent job loss (OR=3.83; 95% CI=1.36-10.76), and self-harm via chest-stabbing (OR=2.50; 95% CI=1.16-5.39) were independently associated with intra-pandemic presentations. Intra-pandemic self-harm was associated with Intensive Care Unit (ICU) admission (OR=2.18, 95% CI=1.41-3.38) and demonstrated a trend toward major trauma injury designation (OR=1.84, 95% CI=0.99-3.41).

Conclusions: While the number of self-harm presentations to adult trauma centres in Toronto did not increase during the early pandemic, self-harm comprised an increased proportion of total ED presentations. Additionally, intra-pandemic self-harm presentations were associated with factors suggestive of increased injury severity, particularly ICU admission and trauma injury designation; as well as economic stressors and being widowed. These findings provide possible targets for future suicide-prevention strategies.

[#96. Advancing suicide prevention in Ireland; An analysis of the '50808' 24/7 crisis text service](#)

Ms Fenella Ryan¹, Ms Beatriz Puértolas Gracia², [Mr Niall McTernan](#)¹, Mr Ian Power³, Dr Paul Corcoran^{1,4}

¹National Suicide Research Foundation, ²Hospital del Mar Medical Research Institute, ³Text 50808, ⁴School of Public Health, University College Cork

Introduction: Technology-based means of mental health and crisis support have developed in tandem with the internet and their acceptability and usage are widely reported. The COVID-19 pandemic has expedited the demand for such virtual supports and services, with great reliance placed on technology-based means of mental health and crisis support. One example of a technology-based crisis support, which has been operating in Ireland throughout the COVID-19 pandemic is the '50808' 24/7 crisis text-messaging support service. The service provides a free, anonymous, 24/7 text messaging support service for anyone in Ireland. '50808' is based on Crisis Text Line, which has operated in the U.S. since 2013.

Study objectives: Explore the profile of texters in terms of demographics and presenting issues, and the connection between presenting issues and engagement of the 'active rescue' protocol.

Methods and material: The study analysed pre-existing and routinely collected conversation summary data associated with over 36,000 individual text conversations over a 12-month period (i.e., 01/01/2021 to 31/12/2021), including; service platform data (time/date), conversation issue tags (as recorded by helpline volunteers), and demographic classifiers (as self-reported by texters in the voluntary post-conversation survey). The study did not include pseudonymised conversation content data (either transcripts or keywords).

Results: There were 38,480 text conversations in 2021 from a total of 36,906 individual texters. Over half (56%) of text conversations were made between 5pm-1am. Anxiety was the most frequent 'issue tag' (70% of total text conversations). In the study timeframe there were 644 'active rescues', whereby 50,808 liaises with emergency services to further support an individual texter to ensure their safety. A total of 94% of active rescue cases recorded suicide as a conversation 'issue tag', other common tags included depression (16%) and self-harm (15%).

Conclusions: This is the first such analysis of aggregate texter data from '50808' and the findings may be used to shape future service delivery, to inform public policy and to facilitate a deeper understanding of crisis support need in Ireland and the role technology can play. The effective collaboration between technology-based crisis supports and 'real-world' emergency services highlights a significant advancement in suicide prevention. The active rescue protocol demonstrates

a contemporary liaison between those in suicidal crisis and the emergency services. Further research is required to explore the outcomes of this active rescue protocol.

#97. Predictive factors of job stress among professions of suicide prevention in South Korea

Dr Younghye Hur¹, Dr Se Won Kwon¹, Dr Hyejin Kim¹, MD, PhD, MPH Tae-Yeon Hwang¹

¹Korea Foundation for Suicide Prevention

Objective: This study aims to provide empirical evidence for strengthening the policies to support professions of suicide prevention by verifying the predictive factors of their job stress.

Method: A web-based survey was conducted targeting those who agreed to participate in the survey among the professions of suicide prevention centers, mental health welfare centers, and emergency room follow-up management programs for suicide attempters across the country. The survey period was six weeks from November to December 2019, and the sample size was 391 people. Job stress of suicide prevention professions was measured with the Korean Occupational Stress Scale (KOSS-short form) developed by Jang et al. (2004), and multiple regression analysis was conducted to verify job stress predictors.

Results: The job stress conversion score of Korean suicide prevention professions was 51.0 points out of 100 (SD = 11.3). The percentage belonging to the fourth quartile was the highest at 31.2%, implying that the job stress of Korean suicide prevention professions is at a serious level. Looking at the conversion score (out of 100 points) for each subarea, “job demand” (65.7 points), “job instability” (59.3 points), and “job autonomy” (56.7 points) were the highest in that order.

As a result of multiple regression analysis, the regression model was statistically significant ($p < .001$) and showed a high explanatory power of 63.2% for job stress variation. Statistically significant predictors of job stress were career in suicide prevention (+), workload (+), overall job satisfaction (-), job security satisfaction (-), performance evaluation satisfaction (-), communication and interpersonal relationship satisfaction (-), satisfaction with education and training (-), helpfulness of supervision (-), trauma experiences due to clients' self-harm and suicide (+), and existence of facilities' treatment policies relating to trauma experiences due to clients' self-harm and suicide (-).

Conclusion: The job stress of Korean suicide prevention professions was found to be at a very serious level. In particular, the job burden was high, the discretion was low, and the employment instability was high. To solve these problems, it is necessary that special treatment for professions with long careers in suicide prevention, decrease of workload by increasing the number of professions, strengthening of policies to improve workplace satisfaction, provision of high-quality supervision, and policies to prevent professions from trauma experiences due to clients' self-harm and suicide and follow-up treatment policies.

#98. The origins and evolution of the field of masculinity and suicide: A bibliometric and content analysis of the research field.

Ms Simone Scotti Requena¹, Professor Jane Pirkis¹, Associate Professor Dianne Currier¹, Dr Angela Nicholas¹, Master Adriano Arantes², Dr Nigel Armfield³

¹University of Melbourne, ²Independent Researcher, ³University of Queensland

Background: In most countries, men complete suicide at twice the rate of women; masculinity plays an important role in placing men at a greater risk of suicide. This study identifies and describes trends in the topics discussed within masculinity and suicide literature and explores changes over time.

Methods: We retrieved publications relating to masculinity and suicide from eight electronic databases and described origins in the field of research by reference to the first decade of

publications. We then explored the subsequent evolution of the field by analysis of the content of article titles/abstracts for all years since the topic first emerged, and then separately by three epochs.

Results: We included 452 publications (1954–2021); research output has grown substantially in the last five years. Early publications framed suicide in the context of severe mental illness, masculinity as a risk factor, and suicidality as being aggressive and masculine. We observed some differences in themes over time: Epoch 1 focused on sex differences in suicidality, a common theme in epochs 2 was relationship to work and its effect on men’s mental health and suicidality, and epoch 3 had a focus on help-seeking in suicidality.

Conclusion: The research field of masculinity and suicide is growing strongly, as evidenced by recent increase in publication volume. The structure, content and direction of masculinity and suicide research are still evolving. Researchers must work with policymakers and practitioners to ensure that emerging findings are translated for use in programs designed to address suicide in boys and men.

[#99. Children and young people presenting in an emergency department in England in suicidal crisis: A case series study](#)

Dr Emma Ashworth, Dr Serena Provazza, Ms Molly McCarthy, Dr Vivienne Crosbie, Dr Pooja Saini

¹Liverpool John Moores University, ²Alder Hey Children's Hospital NHS Trust

Introduction: Suicide is a leading cause of death among children and young people (CYP) worldwide, and rates have been increasing in recent years. However, while evidence exists regarding factors associated with suicide and self-harm, there is limited information available on the CYP who present in suicidal crisis, despite it being a well-established risk factor for death by suicide.

Aim: This study aimed to examine emergency department attendances for CYP in suicidal crisis, including demographic data, methods of recording patient attendance, the clinical pathways available and patterns of pathway usage, and differences in presentations before and after the COVID-19 pandemic.

Methods: This is a case series study of CYP experiencing suicidal crisis who presented at an emergency department at an English paediatric hospital between March 2019 and March 2021 ($n=240$). Clinical records were extracted and audited, and descriptive and inferential (t-tests, chi-square, regressions) statistical tests were conducted.

Results: Attendees were mostly White females (mean age 13.5 years), 24% had a diagnosed special educational need, most commonly autism, and a further 21% were suspected of having autistic traits. Thus, in total, 37% of the sample were either diagnosed as or suspected to be autistic; 61% of those were female. “Social/social problems” was the most used code for recording attendance (38%), and care pathways were influenced by code use. A range of parental and familial factors were also identified as significant predictors. There were significantly more CYP presenting with self-harm in addition to suicidal ideation after the pandemic began (43 vs 27% pre-pandemic). There were also significantly more CYP who were known to a social worker (28 vs 18%) and who were under mental health services (29 vs 17%) after the pandemic began, whereas other services or specialties were used significantly less as a referral pathway.

Conclusion: This study provides the first clear insight into CYP in England who are experiencing a suicidal crisis. Inconsistent codes are used to record hospital admissions for suicidal crisis in CYP, and this influences the clinical pathways CYP follow. Females, particularly those who are autistic and those whose parents are experiencing difficulties, are more likely to present in suicidal crisis. Work is now needed to develop effective prevention strategies tailored towards these groups.

[#100. Evaluating the implementation and outcomes of the Community-led Safe Spaces Pilot initiative](#) **Ms Bronwen Edwards**¹

¹Roses In the Ocean

Through the strong advocacy of people with a lived experience of suicide, there continues to be promising investment and interest in non-clinical, alternative supports for people experiencing suicidal crisis and emotional distress.

Roses in the Ocean has played a central role in the conceptual and practical development of these innovative safe space models at a state and national level.

In 2021, Roses in the Ocean published a Safe Spaces Narrative Report. The report identified seven components to a safe space identified through co-design with people with lived experience from communities across Australia — from a trauma-informed ‘no wrong door’ approach, to non-clinical support and a warm and welcoming environment provided by a compassionate peer workforce with shared governance.

Roses in the Ocean has drawn on these insights to support communities across Australia to create and lead the safe spaces that meet their local needs.

The Community-led Safe Spaces Pilot Initiative has involved local working groups undertaken a co-design process and establishing a safe space model through the work of dedicated volunteers in communities.

On behalf of Roses in the Ocean, Beacon Strategies has been undertaking an external evaluation of the pilot project involving four local communities.

Guided by key principles of partnering with people with lived experience of suicide, the monitoring and evaluation process has involved defining the program, developing a practical yet meaningful evaluation framework, and collecting data using appropriate methods focused on implementation process and outcomes.

This presentation will describe the evaluation approach that has been developed for the Community-led Safe Spaces Pilot Initiative, as well as an overview of key findings and learnings drawn from the co-design, establishment and initial implementation phases.

These insights will be of interest to attendees with an interest in the implementation of Safe Spaces to support people impacted by suicide, and in program evaluation approaches designed with people with lived experience of suicide.

#101. Withdrawn

#102. Culturally adapted manual-assisted problem-solving intervention for women experiencing suicidal ideation in postnatal period in Pakistan

Dr Ozlem Eylem-van Bergeijk¹, Ms Rabia Sattar, Dr Tayyeba Kiran, Mrs Jahanara Miah, Prof Nasim Chaudhry, Prof Nusrat Husain

¹Webster University Leiden Campus, Manchester Global Foundation, Global Mental Health Cultural Psychiatry Research Group

Background: Suicide is a major public health concern globally. Although suicide attempts occur at a lower rate during the postnatal period, the prevalence of suicidal ideation during this period is high, especially in low-income settings. Thus, the aim of this study is to determine the feasibility and acceptability of a culturally adapted intervention for suicidal ideation in women during the postnatal period in Pakistan.

Methods: The proposed study consists of two phases. Phase 1 has been completed and it includes the adaptation of an existing Culturally Adapted Manual-Assisted Problem-Solving intervention (CMAP) for women experiencing suicidal ideation. Two focus groups (FGs) were conducted with service users, and health professionals, consisting of 16 participants with diverse ages and socio-

economic statuses. Phase 2 includes a feasibility randomised controlled trial. A total of 90 participants ($n=45$ intervention, and $n=45$ treatment as usual), aged between 18 to 44 years, with a child under 3 years, presenting with suicidal ideation measured by the Beck Suicidal Ideation Scale, scoring <6 , will be recruited from 5 major cities of Pakistan, from hospitals, communities, and self-referrals. CMAP is a brief problem-solving therapy comprised of eight sessions delivered over 12 weeks; four sessions delivered weekly, then four sessions bi-weekly, each session is approximately 50 minutes in length. The primary outcome is to assess the feasibility of CMAP, which will be measured by assessments and semi-structured qualitative interviews. Secondary outcomes include measuring suicidal ideation, suicide attempt and self-harm, depression, social support, and quality of life. Assessments will be conducted at baseline at third-month post-intervention.

Results: The analysis of phase one, service user FG ($N=8$) indicated the following main themes for manual adaptation that includes, adding more content on; trust building component, modifying thinking behavior, distracting activities including religious perspective as a preventive measure of self-harm, mindfulness techniques, child safety measures, and involvement of a partner. The analysis of health professionals FG ($N=8$) indicated the following main themes, including; adding more visual content, re-assessing depression and suicidal ideation between sessions, involving family, and psych-educating gynecologists.

Conclusion: Women in the postnatal period are at high risk of suicidal ideation, specifically in low and middle-income countries, due to limited resources for the provision of mental health care. Therefore, the earlier screening of suicidal ideation, and delivery of culturally sensitive interventions are significantly important for the prevention of suicide.

[#103. Development and articulation of the 'Prevention of Suicide Behaviour in Prison: Enhancing access to Therapy' \(PROSPECT\) logic model](#)

[Dr Rebecca Crook](#)¹, Dr Charlotte Lennox¹, Professor Dawn Edge¹, Dr Sarah Knowles², Dr David Honeywell³, Dr Yvonne Awenat¹, Dr Daniel Pratt¹

¹University Of Manchester, ²University of York, ³Arden University

In the 12 months to December 2021, there were 86 self-inflicted deaths in custody recorded in England & Wales, a 28% increase from the previous 12 months (Ministry of Justice, 2023). The relative risk of death by suicide in male prisoners across the world is about three to six times that of the general population (Fazel et al., 2016). The PROSPECT project is a programme of work comprising four distinct but interrelated Work Packages that aims to increase access to a Cognitive Behavioural Suicide Prevention therapy (CBSP; Tarrier et al., 2013), for men in prison who are identified as being at risk of suicide. Based on evidence from the pilot trial (Pratt et al., 2015), delivery of CBSP needed to be refined to meet the complex needs of patients in prison. CBSP is a complex intervention being delivered by healthcare professionals within a prison environment, as such, it also required a program logic model to articulate how the intervention is perceived to bring about its outcomes.

Stakeholders with relevant experiences of delivering psychological interventions in a prison environment, or with lived experience of accessing mental health care in prison were interviewed. The integrated-Promoting Action on Research Implementation in Health Services framework (Harvey and Kitson, 2016) was utilised to identify how CBSP needed to be tailored for implementation in prison, by exploring four key factors: facilitation, innovation, recipients, and context. The Medical Research Council framework for developing and evaluating complex interventions also guided our approach.

The PROSPECT logic model (V.1) and corresponding programme theories were produced to understand potential barriers and facilitators to implementing CBSP in the prison environment. The logic model and related theories of change include information around five areas that need to be considered for successful implementation: Trust, Willingness and engagement; Readiness and ability;

Assessing the participant and building a formulation; Therapists delivering the 'change work' stage of CBSP face-to-face in the prison environment; and Integration and onward care.

These outputs are now being used to implement the intervention in the multi-site randomised control trial (Work Package 3) of the PROSPECT programme. The logic model is being evaluated as part of the concurrent process evaluation (Work Package 4), where findings will produce the next iteration of the model and related programme theories on how to implement a talking therapy for men in prison who are at risk of suicide.

#104. 8 'Truths' about Suicide.

Dr Rachel Gibbons¹

¹Royal College of Psychiatrists

Given the importance of suicide, the tragedy it brings, and the fear that it generates, it is surprising that there is little known about its nature or aetiology. This presentation aims to confront the 'Truth' about suicide. It will look at the psychodynamic understanding of suicidal states of mind and test this by looking at real cases. What leads someone to take their own life?

This talk is based on the presenter's experience of running a group for consultant psychiatrists who have had the death of a patient by suicide over the last 14 years. Patterns that emerged through the presentations of over 200 deaths will be summarised.

Dr Rachel Gibbons has worked in the NHS over the past 20 years in various psychiatric settings as a consultant psychiatrist and consultant medical psychotherapist. She has recently been working as the National Director of Therapies for the Priory Group. She is a psychoanalyst and group analyst and current Co-Chair of the Patient Safety Group, Chair of the Working Group on the Effect of Suicide and Homicide on Clinicians and Vice-Chair of the Psychotherapy Faculty, at the Royal College of Psychiatrists.

She has been working on suicide over the last 14 years. She was the first Suicide Lead in the U.K. for a mental health organisation, a founding member of the Haringey Suicide Prevention group, and clinical lead for the London Transport Police Suicide Prevention Team. She has been facilitating a Suicide Group for consultant psychiatrists for the last 14 years. Further, she has recently had two papers published with Prof Keith Hawton and Oxford Centre for Suicide Research. The first on the effect of suicide on psychiatrists, and the second on non-medical clinicians. She is a member of the national suicide advisory committee and co-editor of the Royal College of Psychiatrists book 'Seminars in the Psychotherapies' (Gibbons, R. and O'Reilly, J. eds., 2021. Seminars in the Psychotherapies. Cambridge University Press.)

<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/effects-of-patient-suicide-on-psychiatrists-survey-of-experiences-and-support-required/96DDE04D9A4D6DC916E4588E8F6D4952#.XMKw6gkaWYO.mailto>

#105. Exploring the relationship between mental health, well-being, stigma and suicide in Bangladesh

Mr Harun Abdullah Al

¹ADD International Bangladesh

Background: Suicide rates in Bangladesh are increasing. Nationally, 14,436 people died by suicide during the COVID-19 pandemic in 2019–20, with the highest suicide death rate in young people aged 20 to 35 years. Reported suicide risk factors include unemployment, business failure, depression, and addiction to electronic devices and drugs. Community stigma towards mental health and suicide is still prevalent in many parts of Bangladesh and may prevent people from seeking

support for their distress. There is a lack of research into understanding the relationship between mental health, stigma and suicide in Bangladesh.

Objectives: To explore the relationship between mental health, suicide and stigma; potential risk factors for mental health problems and suicide among children and young people; community attitudes; and develop potential interventions to improve suicide prevention.

Methodology: Data for this study came from a sample of 90 participants. As part of this study, we held focus groups ($n=4$) with parents and family members of young people with mental health challenges, a school-based peer support group, and community self-help groups. In-depth interviews were conducted with individuals who have experienced suicidal thoughts and are living with a mental health problem ($n=4$) and service providers ($n=2$). Case studies were conducted with one individual who had attempted suicide, one individual who had experienced suicidal thoughts and one parent bereaved by suicide.

Findings: Findings suggest that stigma and misconceptions about suicide and mental health may be prevalent among family and community members, and act as a barrier to people seeking support. Most of the people in the study (76%) do not know that getting mental health care could help support someone at risk of suicide. Nationally, 90% of suicides or attempts to are linked to mental health and psychosocial problems, poverty, health problems, and family problems. Mental illnesses such as depression, psychosis, and substance use appeared to be associated with an increased risk of suicide. Every suicide seemed to have a major impact on a family's wellbeing.

Conclusion: Potential interventions for suicide prevention include at the policy level and the development of a national suicide prevention strategy and decriminalisation of suicide; multimodal interventions to promote mental health within schools and communities; psychoeducation classes in the curriculum.

[#106. Exploring the phenomenology of suicidal thoughts through qualitative analysis of reddit posts](#) [Other Lauro Marchionatti](#)¹, Professor Pedro Magalhães¹

¹Universidade Federal Do Rio Grande Do Sul

Background: Understanding the role of suicidal thoughts and their relation to suicidal behavior is crucial to suicidology. Nevertheless, there are limited inductive inquiries on this topic. To broaden the understanding of complex phenomena, qualitative researchers have been increasingly employing secondary data.

Methods: We explore the lived experience of suicidal thoughts with thematic analysis. Our data was collected from the online board Reddit, specifically from the subreddit r/Depression, using the search terms "suicidal ideation", "suicidal thoughts", and "suicide", and include posts in which users reported their own experience with suicidal thoughts. The software NVivo was used for coding.

Findings: The experience of suicidal thoughts was characterized by three overarching themes: properties of thoughts (including subthemes of how and when), effects of thoughts, and relation to suicide. The subtheme "how" includes descriptions of the thoughts as intrusive, uncontrollable, triggered, conditioned, constant, and imagetic, sometimes occurring as daydreams. The subtheme "when" describes the thoughts to be chronic, occurring mainly during negative emotions, although also associated with positive or neutral states. Both positive and negative effects were reported, including opposite poles such as comfort and distress. Individuals who experience suicidal thoughts may either desire or not desire to die, and they may feel either in control of their actions or afraid to attempt suicide.

Discussion: Our findings highlight several features that contribute to the understanding of suicidal thoughts. Many of these findings are not currently considered or often discussed in existing

conceptualizations of suicidal ideation, which underscores the value of inductive methods in suicidology.

[#107. Preventing intentional paracetamol overdose in countries with increasing rates and existing sales legislation](#)

Prof Philip Dodd¹, Dr Daly Caroline, Professor Arensman Ella, Ms Clare Fitzell, Mr Dan Burns, Dr Paul Corcoran

¹Department of Health

Introduction: Paracetamol is the drug most frequently involved in intentional overdose in many countries. Rates of paracetamol overdose are highest among young people and increasing in countries including Ireland, Sweden, Canada, and Australia. Statutory pack size and sales legislation were introduced in Ireland in 2001, however adherence to legislation is poor. Renewed efforts to reduce intentional paracetamol overdose are warranted, which ought to be based on best evidence and collaborative.

Aim: This study aims to describe next steps to prevent intentional paracetamol overdose in Ireland, where paracetamol sales legislation is in place, yet rates of overdose are high and increasing.

Methods: Despite existing restrictive sales legislation in pharmacy and retail outlets, data from the National Self-Harm Registry Ireland on hospital-presenting intentional overdose describe high and increasing rates of paracetamol overdose. In response, a multisectoral Working Group (WG) was established to decipher and take action towards next steps to prevent intentional paracetamol overdose.

Results: Under the leadership of the Department of Health, WG membership includes pharmacy, retail, regulatory representative bodies in addition to statutory research and suicide prevention agencies. Following review of current trends and international evidence it was agreed the WG would collaborate on actions to optimise adherence to existing sales legislation. Upon approval of aims, objectives and Terms of Reference; a detailed, time-dependent work plan was devised. Key aspects of the work plan include the dissemination of a consultation survey to pharmacy and retail staff to ascertain levels of knowledge and understanding regarding the existing sales legislation, a review and optimisation of legislation guidance and training in retail and pharmacy sectors, followed by market surveillance and enhancement of materials targeting those responsible for the sale of paracetamol. Incorporated are a review and evaluation of WG actions, in consultation with pharmacy and retail staff along with peer review publications detailing efforts to address intentional paracetamol overdose. Depending on outcomes, the WG may expand its remit to amend existing legislations to further restrict access to paracetamol.

Conclusion: A multisectoral, collaborative and phased approach to preventing paracetamol overdose is recommended, led by government, regulatory and research agencies in alliance with pharmacy and retail bodies. In addition, efforts to prevent intentional paracetamol overdose require ongoing evaluation and optimisation to ensure their effectiveness and acceptability.

[#108. Developing a community response to suicide](#)

Ms Sarah Woods¹

¹HSE National Office for Suicide Prevention

The HSE National Office for Suicide Prevention (NOSP) leads out on the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide. The strategy is supported by ten local suicide action plans at a community health organisation level.

In 2021, the HSE NOSP published operational guidance, Developing a Community Response to Suicide to support those tasked with developing and implementing an Inter-Agency Community Response Plan (CRP) for incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion.

The objectives of this initiative were to ensure:

- Preparedness – which is key to a successful response to incidents of suspected suicide.
- Involvement and engagement with individuals or communities who have been bereaved by suspected suicide.
- Early detection of potential related suicides.
- A timely and coordinated response amongst several agencies.
- Commitment to serving the expressed needs of the community and building on the community's own strengths.
- A surveillance system which above all takes account of data protection and the privacy of bereaved families.
- Robust links to existing appropriate services, support and information sources.
- Commitment to ongoing learning and the review and improvement of all practices.

Methods: The development of the guidance was informed by:

- A literature review.
- Consultation with stakeholders across the government and public sector, as well as the community and voluntary sector.
- Testing in communities.
- Lessons learned from activation.
- Legal advice and consultation with the Data Commissioner.

Results:

- Local HSE teams have developed plans for their communities which have been activated on a number of occasions since the guidance was published.
- Lessons learned from activation have been captured and shared with other areas.
- A real time data system to capture more accurate and timely suicide data is being developed with the police force.

Conclusion: By being prepared and having a data monitoring system and a CRP plan, suicide prevention teams can better support communities bereaved by suicide and help prevent further tragedies.

Presentation: This presentation will discuss the process to develop guidance. It will showcase examples of CRP activation and postvention community support and look at the development of a real time data system with the national police force.

[#109. The Prevalence of Suicidality among adolescents in Denmark](#)

PhD student Stine Danielsen¹, Dr Katrine Strandberg-Larsen², Professor Merete Nordentoft¹, Professor Keith Hawton³, Dr Annette Erlangsen¹, **Dr Trine Madsen**¹

¹Danish Research Institute for Suicide Prevention, ²Department of Public Health, University of Copenhagen, ³Centre for Suicide Research,

Background: The full extent of suicidality in Denmark is not well described and most research relies on data from hospital records and the cause-of-death register. However, hospital records are assumed to be an underestimation of the prevalence of suicide attempts as it often does not lead to hospital contact. The aim was to describe the prevalence of suicidality, spanning from suicide to suicide –attempts, –plans and –ideation among Danish adolescents.

Methods: The study population consisted of participants in the Danish National Birth Cohort (DNBC) who participated in an 18-year follow-up in 2016–2021 ($N=47,858$). We linked data on suicidality from death and hospital records to self-reported data on suicidality to explore different measures of suicidality in one population. Then we combined the suicidality measures into one hierarchical variable estimating the prevalence of suicide attempts with hospital contact, self-reported suicide attempts without hospital contact, and self-reported suicide plans and ideation. Analyses were stratified by sex and parental income. We further estimated the ratio between suicide attempts with and without hospital contact to establish the ‘dark number’ of suicide attempts. We applied sample weights to all estimates to adjust for selection in the DNBC cohort.

Findings: We found that 5.64% of females and 2.70% of males aged 18 years had experienced a suicide attempt. For every male and female presenting to the hospital with a suicide attempt, eight males and three females, respectively, had a suicide attempt without presenting to the hospital. Suicidal ideation was very common with 28% males and 36% females having experienced it at least once and 7% of males and 9% of females reported suicide plans (i.e., considered methods, completed preparations). Except for suicide, all measures of suicidality were more common among adolescents with lower parental income.

Interpretation: The proportion of adolescents experiencing a suicide ideation or suicide attempt is high and a large number does not enter the system through hospital contact after a suicide attempt. These results emphasize the need for implementing prevention strategies at an early age.

#110. Understanding LGBTQ+ suicide beyond the risk factors: Using arts-based methods to facilitate community analysis of suicide prevention

Dr Hazel Marzetti¹, Professor Amy Chandler, Dr Ana Jordan, Dr Alexander Oaten

¹University Of Edinburgh

Background: It is globally recognised that LGBTQ+ people are more likely than their cisgender (non-trans), heterosexual counterparts to think about and attempt suicide. As a result suicide prevention policies in the U.K.'s four nations — England, Northern Ireland, Scotland and Wales — have consistently identified LGBTQ+ people as at risk of, or vulnerable to, suicide and therefore in need of tailored suicide prevention practices. However, there has been little critical analysis of the suggestions included within those suicide prevention policies or the political debates that shape them, and even fewer engagements in what LGBTQ+ people themselves make of the suggested provisions.

Methods: In phase one of this project, we analysed the eight U.K. suicide prevention policies in use 2009–2019, and the political debates that surround them, using critical, post-structuralist methods. In phase two, these findings were transformed into public engagement resources and shared with LGBTQ+ people in the community, to better understand their perceptions of U.K. suicide prevention practices. However, in recognition of the challenges of talking about suicide, particularly amongst marginalised communities, we used arts practices to conduct workshops, facilitating the critical engagement of LGBTQ+ people with suicide prevention in the U.K.

Findings: In this presentation we will share our empirical findings, alongside methodological reflections on the benefits, as well as the challenges, of using creative practices to facilitate community engagement with, and analysis of, research data. We will share the creative outputs from our arts-based workshops with LGBTQ+ people co-analysing suicide prevention in the U.K. Central to this analysis were understandings of LGBTQ+ suicide that reconceptualised 'risk' and sought to disrupt taken for granted narratives linking LGBTQ+ identity with vulnerability to suicide. Participants went on to critically engage with the balance between LGBTQ+ community-led prevention practices and more centralised government prevention policies, making suggestions for future strategic provisions.

Discussion: Suicide prevention for LGBTQ+ communities needs to go beyond 'risk' and 'resilience' narratives and consider the ways that individual experiences of distress can be shaped and informed by broader social and political conditions. Careful consideration within this should be given to which suicide prevention practices can be autonomously managed within LGBTQ+ communities, and which should be given robust, centralised support.

#111. Gender Influence in suicidal risk assessment: a vignette study

Dr Laurent Michaud¹, Ms Milène Barboteo¹, Dr Sebastien Brovelli¹, Dr Aurélie Lasserre¹

¹Lausanne University Hospital

Aims: Men have a higher suicide rate than women, but women attempt suicide more often. Various factors have been put forward to explain this phenomenon, known as the "gender paradox". Men express psychological distress differently than woman, use more lethal methods and have a lower propensity to seek for help. However, how clinicians meeting suicidal patients are influenced by their own and patient's gender remains unknown.

Methods: An anonymous online survey was spread among Swiss psychiatrists and non-psychiatrist physicians. Participants read two clinical vignettes about fictional Emergency Department patients; a male patient for the vignette n°1 and a female patient for the vignette n°2, or the reverse, and rated on a 0–10 scale the suicide risk and need for hospitalization for each patient. They answered a questionnaire on their gender, age, level of training, specialization, clinical years of experience, and practice with suicidal patients. Suicidal risk and need for hospitalization were compared according to physicians' and vignette's gender.

Results: Four hundred nine (239 women) physicians participated. Women were younger and had less clinical experience than men. Ratings of suicidal risk and need for hospitalization showed an important dispersion. Male physicians scored suicidal risk significantly lower than women physicians, independently of the patient's gender. Women physicians rated the need of hospitalization lower in male's vignettes than in women's vignette, while the reverse was true for male physicians.

Conclusion: Both physicians' and patients' gender may influence suicide risk assessment, and this should be considered by clinicians when meeting suicidal patients.

#112. Suicide-related coping and safety plan use in Australian online help-seekers

Mr Christopher Rainbow^{1,2}, Dr Ruth Tatnell², A/Prof Grant Blashki^{1,3}, A/Prof Glenn Melvin²

¹Beyond Blue, ²Deakin University School of Psychology, ³University of Melbourne, Nossal Institute for Global Health

Background: Suicide safety plans can improve suicide-related coping skills and reduce suicidal thoughts and behaviours (STBs). However, little is known about their use and impact outside of treatment settings, where most suicidal crises will occur.

Aims: The current study aimed to determine the prevalence of safety plan use among an online sample of help-seekers with lifetime STBs, and whether STBs and suicide-related coping differed between those with and without safety plans. An exploratory aim was to investigate barriers to safety plan uptake.

Method: Participants ($N = 1,266$) completed an online, anonymous survey at a mental health support website (Beyond Blue). The survey measured lifetime STBs, past-month suicidal ideation, suicide-related coping, and help-seeking intentions and behaviour.

Results: Most participants (91.9%) did not have a safety plan, and many of those were not familiar with the concept (71.1%). Participants with safety plans reported a higher rate of past suicide attempts compared to those without, however they also reported higher levels of suicide-related coping and help-seeking behaviour. Participants without safety plans reported higher suicidal ideation and lower suicide-related coping if they had stronger negative beliefs about safety planning: that they are primarily for the benefit of others, sound too complicated, or have been unhelpful in the past.

Conclusions: The study highlights the low prevalence of safety plan use among online help-seekers with lifetime STBs and the need to better promote safety planning as a self-guided intervention with autonomous benefits, including crisis preparedness and improved suicide-related coping skills.

#113. Consideration of suicidality in digital health apps for addictive disorder

Prof. Dr. Barbara Schneider¹, Mr Sascha Milin

¹LVR-Klinik Köln

Digital health applications are steadily gaining in importance. In the field of addiction, concepts have been established in which various modules are derived from behavioural therapy approaches and in their combination support the patient in understanding their disease and in dealing with it. The goals here are, among others, to achieve a reduction of consumption up to giving up consumption as well as an appropriate handling of relapses. We have identified common applications for addicts in Germany and analysed them with regard to the consideration of current findings from the field of suicide prevention. This showed that only very basic requirements for acute suicidality were taken into account. Content and elements specifically geared to suicidality in addicts were generally missing.

Approaches will be presented on how the problem of suicidality in addicts can be adequately taken into account in digital health applications. A concrete concept for a digital health application that could fulfil the proposed requirements will be outlined and put up for discussion.

#114. A systematic review on the detection of suicidal ideation and behaviour in community-dwelling older adults

Ms Beau Nieuwenhuijs¹, Professor Nico De Witte¹, Professor Ellen Gorus¹

¹Vrije Universiteit Brussel

Introduction: Older adults have high rates of suicide. If older adults with suicidal ideation and behaviour could be identified early, deaths by suicide could be prevented. To date, there is no golden standard for assessment to detect suicidal ideation and behaviour in community-dwelling older adults, both in prevention and research settings. This could lead to missed opportunities for detection and prevention of late-life suicide, as well as inconsistencies in research. This is particularly problematic since late-life suicide research is already scarce. Therefore, a systematic review was conducted to provide an overview of assessment methods for suicidal ideation and behaviour in community-dwelling older adults, and to review their quality, effectiveness and practical utility.

Methods: The protocol of this systematic review is registered on the PROSPERO register (ID CRD42022329616). PubMed, Web of Science, PsychInfo and Sociological Abstracts were searched in March 2022. Studies were included if they considered assessment of suicidal ideation and behaviour that were tested with community-dwelling older adults, and evaluated psychometric properties, effectiveness (operationalised as the area under the receiver operating characteristics curve, sensitivity and specificity of the instrument), or practical utility of the instrument. The risk of bias was evaluated with the JBI checklist for diagnostic accuracy studies. Results were synthesised narratively.

Results: After screening, 14 studies were included in this systematic review. Their methodological quality and risk of bias was overall acceptable. A total of 16 different assessment instruments were discussed. From these, broadly three methods could be identified:

1. Assessing suicidal ideation and behaviour directly (e.g., the Geriatric Suicide Ideation Scale and the five-item Suicidal Behaviour Questionnaire);
2. Assessing depression to detect suicidal ideation and behaviour (e.g., the Geriatric Depression Scale and the Depression and Suicide Screen);
3. Assessing known risk and protective factors to suicide. (e.g., the Reasons for Living — Older Adult Scale, and the Triggers of Suicidal Ideation Inventory).

Discussion: Not all studies reported psychometric properties, effectiveness or practical utility for the instruments. When reported, the psychometric properties and effectiveness were generally good. However, there was significant variety in the use of reference standards. Therefore, conclusive comparative statements could not be made. The instruments had varying levels of practical utility. Most were intended for use in primary care settings, but they are currently not widely adopted and tested outside of a research environment. Further research is therefore required to truly assess the instruments' practical utility and effectiveness in a variety of settings.

#115. Images Matter: Guidelines for image use in public communication about suicide

Dr Jaelea Skehan^{1,2}, Mrs Mel Benson¹, Dr Elizabeth Paton^{1,3}, Mr Toby Ware¹, Dr Dara Sampson², Dr Maria Ftanou⁴, Dr Angela Nicholas⁴

¹Everymind, ²College of Health, Medicine and Wellbeing, University of Newcastle, ³College of Human and Social Futures, University of Newcastle, ⁴Melbourne School of Population and Global Health, University of Melbourne

Public communication about suicide can be helpful or harmful. It can be stigmatising or a connection to support. This includes not only the impact of text on a page, but also the images used to illustrate or draw a person's attention to the stories being told. While existing media and communication guidelines offer broad guidance that can be applied to images, there has been limited information available on best-practice image use that reduces the risk of harm and stigma and increases opportunities for representation, hope and support.

This poster introduces new guidelines for the use of images relating to mental health and wellbeing, mental illness, suicide and self-harm, eating disorders and the use of alcohol and other drugs (AOD). The guidelines were designed to empower journalists and other professional communicators across Australia but are applicable in settings across the world.

To develop these guidelines, Everymind applied a research framework to achieve consensus and to support effective dissemination and uptake. People with lived or living experience were engaged at every stage of the project in a co-design approach, including at an initial roundtable discussion, to determine project need and viability, and to assist in setting foundational directions. A research team reviewed current evidence (scoping review), current practice (a scoping analysis of existing guidelines and policies, including guidelines used by media, sector stakeholders and government in Australia) and current attitudes (a survey of people with lived experience, media professionals, government, and the mental health and suicide prevention sectors) around image use. A series of focus groups were conducted involving people with lived experience, people from priority populations and professional communicators to elaborate on these findings. Finally, a Delphi survey was employed to engage people with lived experience of mental ill-health and suicide, along with expert communicators and sector professionals to establish consensus around image use. Statements that achieved consensus from the multi-round Delphi survey went on to form the basis of Images matter: Mindframe guidelines for image use.

The guidelines were released in October 2022 along with a suite of user-friendly resources, including a royalty-free online collection of images that exemplify the guidelines. The photographs model hope, diversity, help offering and support seeking in an effort to reduce harm and stigma in the community.

#116. Postpartum depression, post-traumatic reactions, thoughts of self-harm, and subjective childbirth experiences in Lithuanian women

Dr Egle Mazulyte-Rasytine¹

¹Vilnius University

Introduction: Although there is an increasing interest in understanding suicidality in postpartum women, the relationship between subjective childbirth experiences and postpartum thoughts of self-harm is rarely studied. The aim of this study was to evaluate the relationship between childbirth experiences and postpartum mental health, including postpartum depression (PD), post-traumatic stress disorder (PTSD) and thoughts of self-harm.

Methods: The study sample consisted of 2,219 women aged from 18 to 44 years (M=29.97, SD=4.28), who gave birth in Lithuania in 2021 (on average 9 months postpartum). Women were asked about their childbirth experiences (subjective evaluation of their experience and exposure to bullying, threats and abuse from medical personnel during childbirth) and postpartum mental health: postpartum depression, thoughts of self-harm and post-traumatic stress disorder (PTSD) symptoms.

Results: Approximately 24% of study participants reported clinically significant symptoms of postpartum depression, and one-third of them had thoughts of self-harm. In addition, almost 3% of women without clinically significant symptoms of PD also had thoughts of self-harm. Also,

approximately 26% of respondents had at least some posttraumatic reactions regarding their birth experience, whereas 1% experienced probable PTSD (half of them had thoughts of self-harm). Overall, 8% of all study participants had self-harm ideation. Approximately 10% of women evaluated their childbirth as traumatic; 14% reported exposure to harmful behaviour from the medical personnel during childbirth, such as exposure to bullying, threats and/or abuse. Along with postpartum PD and PTSD symptoms, distressing childbirth experiences were also significant risk factors for postpartum thoughts of self-harm. When all identified risk factors were analysed together, only PD symptoms and exposure to threats from the medical personnel during childbirth remained significant predictors of self-harm ideation.

Conclusion: Although PD is one of the major risk factors for postpartum suicidal ideation, distressing childbirth experiences, especially exposure to harmful behaviour from the medical personnel during childbirth (especially threatening behaviour), may also play a crucial role in developing thoughts of self-harm postpartum.

[#117. Posvet Tu smo zate network of counselling centres as a psychological support for people in distress and a safety net against losing the sense of life](#)

Ms Nuša Konec Juričič¹, Ms. Mojca Vatovec², Dr. Onja Grad², Ms. Anka Zavasnik²

¹National Institute of Public Health Slovenia, ²Slovenian Association for Suicide Prevention

Introduction: For more than a decade, Slovenia has recorded an increase in number of people seeking help due to psychological distress. Although number of sources of help is also increasing, waiting times for some specialists are too long. In this paper, we present the Posvet Tu smo zate network of psychological counselling centres, as an additional source of support in the system of other forms of professional aid to people in distress.

Methods: Posvet Tu smo zate network of counselling centres operates within the Slovenian Association for Suicide Prevention. The network was established in 2015 as part of the MOČ project, funded from the Norwegian Financial Mechanism. Counselling centres in Ljubljana and Celje, operating since 2006 and 2010, were upgraded with new ones. Today, the network includes 19 counselling centres in all Slovenian regions for adolescents aged 14 years and over. The conditions for counselling include candidates' adequate education, successfully completed 68-hour training and participation in monthly supervisions.

Results: Counselling for individuals, couples and families who are facing emotional difficulties that they can no longer manage on their own, is free, without a referral or health card. It is carried out live if needed, it is also available online. The number of consultations on the network is constantly increasing and exceeds 4,500 hours annually. Among the clients, 70% are women and 30% are men, half are employed, 15% are unemployed, the rest are young people, students and retired clients. For more than half of users, counselling centres are the first source of help they turn to. Their most common problems include partnership issues, panic attacks, phobias and anxiety, depression, death of a loved one, relationships with parents and children, divorce, problems with self-esteem and confidence, problems at work, problems with children.

Conclusion: The programme of Posvet Tu smo zate network of psychological counselling centres is the result of a long-term planned and gradual increase in the regional availability of professional help in emotional distress. With the network, we respond to the needs of many clients in mental distress who, without timely help and referral to further professional help, could sink deeper into serious health problems, including violent or suicidal behaviour. The programme is recognised as an important supplement to other sources of aid. It is included in the National Mental Health Programme and founded by the Ministry of Health, the Fiho Foundation and more than 80 Slovenian municipalities.

#118. Ambulance Clinicians' Responsibility when Encountering Patients in a Suicidal Process

Staffan Hammarbäck^{1,2,3,4}, Associate Professor Mats Holmberg^{1,2,3,4,5}, Professor Lena Wiklund Gustin^{5,6}, Associate Professor Anders Bremer^{1,2}

¹Linnaeus University, Faculty of Health and Life Sciences, ²Linnaeus University, Centre of Interprofessional Collaboration within Emergency care (CICE), ³Region Sörmland, Department of Ambulance Service, ⁴Centre for Clinical Research Sörmland, Uppsala University, ⁵Mälardalen University, School of Health, Care and Social Welfare, ⁶UiT/The Arctic University of Norway, Department of Health and Care Sciences

Background: Suicides are preceded by complex and individual processes where the intensity of suicidal ideation varies and is not always observable to others. Most patients seek health care in the year before suicide, including ambulance care. The traditional focus in ambulance care is on life-threatening medical crises, but ambulance clinicians also encounter patients with suicidal ideation and could therefore have a responsibility in suicide prevention. Ambulance clinicians could be the last health care contact before a suicide, but little is known on how ambulance clinicians conceptualize their responsibility.

Aim: The aim of this study was to describe ambulance clinicians' conceptions of responsibility when encountering patients in a suicidal process.

Method: A qualitative inductive design with a phenomenographic approach was used and twenty-seven Swedish ambulance clinicians were individually interviewed.

Ethical considerations: The Swedish Ethical Review Authority approved the study, and it was conducted in accordance with the Declaration of Helsinki.

Results: Three categories of descriptions were found, and the ambulance clinicians conceptualized responsibility moves from responding to a biological being to responding to a social being. Conventional responsibility when the primary responsibility was emergency care and did not include asking for suicidal ideation. Conditional responsibility when conversations about suicidal ideation could be included after medical issues had been attended, and conditions such as time and environmental impacts on these conversations. Ethical responsibility in which focus was on the relationship with the patient and included creating time and space for the patients to share their stories. This enabled conversations about suicidal ideation.

Conclusions: Competence development in mental illness and conversations skills could facilitate conversations about suicidal ideation, and ethical responsibility is favorable regarding suicide prevention in ambulance care.

#119. Learning lessons from Welsh practice: Findings from a thematic analysis of all multi-agency practice reviews following cases of suicide death in Wales

Ms Rosie Moore¹

¹Cardiff University

Overview: Child Practice Reviews (CPRs) and Adult Practice Reviews (APRs) take place in Wales where a serious incident – most commonly a death – has occurred for a vulnerable child or adult in receipt of statutory social services (Welsh Government 2016a; 2016b). CPRs and APRs provide insights into how lessons can be learnt from specific cases to inform multi-agency safeguarding practice, primarily with a view to mitigating future incidents (Sidebotham et al., 2016). To date, there has been no comprehensive attempt to collate and review all CPRs and APRs conducted following cases of suicide death. Therefore, this Doctoral study aims to explore what can be learned from these valuable sources of data about how suicide is understood, missed, responded to and learned from in the context of multi-agency statutory social services in Wales.

Methods: All CPRs and APRs published in Wales to date ($n=103$) were collated and screened so that reviews in cases of suicide death ($n=11$) could be identified and analysed. Additionally, semi-structured interviews were conducted with reviewers ($n=11$) who have each led an CPR/APR following a suicide death. In depth, qualitative analysis of the documentary and interview data was conducted using reflexive thematic analysis (Braun & Clarke, 2010).

Findings: CPRs and APRs following cases of suicide death reveal many areas of missed opportunity for suicide prevention and barriers to effective multi-agency working. These include information sharing, working in silos and an inconsistent and ineffective response to self-harm. Furthermore, findings suggest that while suicide prevention is conceptualised within statutory services as a broad, multi-agency, cross-sector task, at a practical level it falls within the remit of mental health services. This conceptualisation creates dissonance and considerable concern for practitioners and professionals across multi-agency social services who struggle to locate their professional role and responsibility for the prevention of suicide in individuals with highly complex lives. However, overall, the findings show that CPRs and APRs following cases of suicide death are important processes that provide rich, qualitative insight into the complex lives of those who die by suicide and can help drive improvement of multi-agency suicide prevention practice across Wales.

Conclusions/implications: This project makes an important contribution to knowledge around the construction, understanding and response to suicide in the context of multi-agency safeguarding practice. More specifically, the findings have important implications for Welsh suicide prevention practice which could contribute to the improvement of safeguarding practices of vulnerable individuals.

#120. A face-to-face and online training in suicide prevention for healthcare professionals: Which is best?

Dr Anna Maria Baran¹

¹Polish Association of Suicide Prevention, ²Linnaeus University

Background: Education in suicide prevention was included as Task 6 of the National Strategy of Suicide Prevention of the National Health Program in Poland. As the educational interventions need to be adjusted to the needs of stakeholders and the training participants, it is important to adjust not only the content of them but also the form – duration of training as well as stationary vs. online access. It is also important to know about the pros and cons of both types of educational interventions.

Method: From 28 Nov to 12 Dec 2022, three stationary workshops (Olsztyn, Wroclaw and Warsaw) and two online webinars were organised on the topic of suicide prevention for healthcare professionals. Duration of workshops: six hours, and webinars were three hours. A total of 208 "active" stationary workshop participants and 340 "active" webinar participants assessed the benefits

of the training in five skills: 1. Decision-making in contact with a person in a suicidal crisis, 2. Communication & cooperation skills, 3. Asking questions about suicidal behaviours, 4. Assessment of risk factors, and 5. Developing a Safety Plan. Participants assessed the value of the training with an innovative tool called BASKET (2022) developed during the EU Erasmus+ co-financed ELLIPSE project (2019–2022), which includes questions about:

1. Behavioral changes & readiness to use the learned skills in everyday practice.
2. Attitude to the new skill learned during the training.
3. Estimated level of mastery of learned new skill.
4. Knowledge about why the skill can help in a suicidal crisis.
5. Readiness to Engage others in practising the new skill.
6. General view of Testing the new skill during the course.

Results: Surprisingly, opposite to the common beliefs of the higher value of longer stationary training, the effects of six hours stationary training were comparable with the effects of three hours of online webinars.

Conclusions: The results of this study confirm the high value of online continuing education in suicide prevention for healthcare professionals, which may be more cost-effective than traditional forms of training in suicide prevention. Online access to training may also help to reach out to healthcare professionals working in remote areas with only very limited time for continuing education

[#121. Suicidality in Lithuania: How do theoretical and sociocultural factors relate in a network analysis](#)
[Dr Jurgita Rimkevičienė](#)¹, Dovile Grigienė, Dr Said Dadašev, Professor Paulius Skruibis, Prof. Danutė Gailienė

¹Suicide Research Centre, Vilnius University

Introduction: The Interpersonal Theory of Suicide (ITS; Joiner, 2005) and the Integrated Motivational-Volitional Model (IMV; O'Connor, 2011) are currently the most popular theories explaining suicidality, but they were developed in countries with low suicide rates and research raises questions about their direct application to other sociocultural environments, such as countries with high suicide rates, one of which is Lithuania. The influence of sociocultural factors on suicide is inevitable, but it is unclear how they integrate with the factors indicated by these theories. The aim of this study was to examine the interaction between the factors indicated by the theories and sociocultural factors in suicidality, using a network theory perspective.

Method: A non-probability sample of 1,873 Lithuanian adults (M=43.61 years, SD=16.96, 69.1% female) was used with minimum number of participants set during sample collection to ensure variability of age, gender and location of residency (rural/city). A survey using online and pen-and-paper formats was conducted, with suicidality measured with the Suicidal Behaviour Questionnaire (SBQ-R; Osman et al., 2001). The Interpersonal Needs Questionnaire (INQ; Van Orden et al., 2012), the Acquired Capability for Suicide Scale (ACSS-FAD; Ribeiro et al., 2014), and the Short Defeat and Entrapment Scale (SDES; Griffiths et al., 2015) were used to measure the theoretical constructs. Additional questionnaires were included to measure sociocultural factors (gender role expectations, attitudes towards help-seeking), and factors significant to Lithuania based on previous studies (perfectionism, social rank perception, child-parent relationships and childhood experiences). Network analysis method was used in the analysis.

Results: When the suicidality questions and theoretical constructs were included in the initial network, thwarted belongingness was more strongly linked to suicidal ideation compared to other variables, while perceived burdensomeness showed strongest links to risk of future attempt. When all variables were included in the network, the relationships between suicidality and theoretical constructs

remained, but some new variables (such as alcohol use, perfectionism, experiences of sexual violence and emotional neglect) and sociocultural factors related to gender roles (restricted emotionality) still had direct relationships with suicidality variables.

Discussion and Conclusions: The results of the study indicate that both the ITS and IMV theoretical constructs are significant in understanding suicidality in the Lithuanian context, but they are not fully sufficient in explaining it, highlighting the need to consider the role of sociocultural factors while applying suicide theories to specific countries and contexts.

The project was funded by the Lithuanian Research Council (LMTLT), contract No. S-MIP-21-33.

[#122. Is the Suicidal Ideation Attributes Scale a good tool for triage in a suicide prevention chat service?](#)

Dr Geoffrey Gauvin^{1,2}, Mr. Louis-Philippe Côté²

¹Psychopathology and Change Processes Laboratory, Paris 8 University, ²Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices, University of Quebec in Montreal

Background: Triage is routinely used to identify the patient's level of emergency in crisis services. The SIDAS-FR was used for this purpose as part of the Quebec digital suicide prevention strategy. This study aimed 1) to evaluate the psychometric properties of the SIDAS-FR in an ecological context, and 2) to assess its predictive validity as a triage risk screening tool for users of a suicide prevention chat service.

Methods: During the triage of the suicide prevention chat service, the SIDAS-FR was systematically proposed to users, along with a few questions on age, gender, and risk of suicidal attempt. We collected triage data from $N = 1,278$ users who completed the SIDAS-FR and participated in a crisis intervention (mean duration = 98 minutes) by a trained suicide risk prevention worker. The predictive validity of the SIDAS-FR was determined from the counselors' estimate of suicidal risk at the end of the intervention.

Results: A confirmatory factor analysis using the maximum likelihood estimation method replicated the unifactorial structure of the SIDAS-FR. All items showed satisfactory factor loadings, except for item 2 which was particularly low. The internal consistency of the instrument was good ($\alpha = .81$; $\omega = .83$). A ROC curve analysis showed a low sensitivity and low specificity of the SIDAS-FR to discriminate between individuals estimated to be at moderate or high risk of suicidal attempt.

Discussion: As expected, the psychometric properties of the SIDAS-FR are weaker in an ecological setting. It is likely that the low factor loading on item 2 is caused by using a reverse-scored item. The use of reverse-keyed items is often criticized due to the difficulties of comprehension that it causes. This phenomenon could be even stronger in people in a state of crisis, likely to have impaired cognitive abilities. The benefits and limitations of using a cut-point for triage will be raised in the discussion.

[#123. Participatory design of an implementation facilitation strategy for the adoption of a gatekeeper intervention to reduce adolescent suicidal risk in Chilean public schools](#)

Mrs Belén Vargas¹

¹Millennium Nucleus to Improve the Mental Health of Adolescents and Youths Imhay, ²Doctoral Program in Psychotherapy, Faculty of Social Sciences, Universidad de Chile

Suicidal behaviors among adolescents are a major public health and social concern. In school settings, it is possible to conduct interventions that focus on reducing the risk of adolescent suicide. Community-based interventions based on gatekeepers are among the most common preventive approaches. However, there are significant barriers to its implementation in the school setting.

Implementation science applied to suicide prevention is a novel field that addresses critical aspects of implementation in health and community settings. Implementation strategies need to be developed based on systematic approaches to maximize the chances of the sustainable integration of interventions in real contexts. Implementation facilitation is a multifaceted strategy that provides technical support and problem-solving to individuals, groups, or organizations to incorporate evidence into practice through an interactive and collaborative process.

This project aims to co-design an implementation facilitation strategy for the adoption of the Detect, Assess, and Refer Gatekeeper Protocol in Chilean public schools. An expert stakeholder advisory board informed the implementation facilitation design to develop a strategy tailored to the Chilean public system and characteristics of the intervention. The designed implementation facilitation followed the implementation stages of the Active Implementation Frameworks: exploration, preparation, initial implementation, and sustainment. A rapid qualitative analysis was applied through deductive matrix analysis to quickly produce findings for use by the researcher in the IF design, complemented with an inductive thematic analysis of emergent content to open up the possibility of findings outside the theoretically pre-established domains. The results were organized in a Facilitation Toolkit to guide the implementation of gatekeeper protocol in public schools.

[#124. Implementing suicide intervention first aid training for school communities at scale](#)

Mr Marc Bryant¹, [Ms Anthea Jirgens](#)

¹LivingWorks Australia

Since COVID, young people across Australian school communities have been experiencing high rates of suicide attempts and suicidality and, in some instances, death by suicide. Latest evidence shows young people are at risk of situational suicide, where it seems like the attempt/suicide is out of the blue.

However, evidence also shows we need touch points around young people — at school, home and in the community — trained and ready to spot the signs of suicide, ask directly about suicide, and connect young people to safety and support.

This presentation will explore LivingWorks Australia program — the largest of its kind internationally — to provide suicide intervention training to school communities and other targeted groups. Teachers and parents/carers are well-placed to undertake a brief intervention and connect a young person to safety connections within the school community, such as wellbeing and clinical staff.

The presentation will also explore:

- The consultation exercise for integration of LivingWorks training programs in schools and providing safety and trust in the LivingWorks offerings.
- How LivingWorks collaborates in partnership to determine ‘best fit’ training and ‘high risk’ school communities that need careful considerations around safety.
- Identify, link and support implementation of training with schools, ensuring confidence and safety.
- Support the uptake of training by disseminating key communication in their school community and other connections (i.e., Interagency groups).

Training includes: LivingWorks Start (online 90-minute training), safeTALK (in-person 4-hour workshop) and ASIST (in-person two-day workshop). This has been made possible through the New South Wales (NSW) Government’s Mental Health Recovery Package, which aims to support anyone whose mental health has been impacted by the COVID-19 pandemic.

Fully funded by NSW Health for people across the state including parents/carers, high school teachers and staff, senior student peer leaders, youth sporting groups, first responders, Indigenous leaders and community club members.

Teachers, parents/carers, friends and those close to young people in their life are well-placed to observe suicide warning signs, monitor risk, encourage alternative coping strategies, provide emotional support, and facilitate young people to engage with mental health and suicide prevention services.

However, research indicates that many people's suicide-related knowledge, and confidence in their ability to intervene, is lacking. Empowerment of teachers and parents/carers and through suicide education has been demonstrated to be effective in addressing this issue, resulting in increased identification of young people at risk of suicide as well as increased referrals to services.

[#125. Who says what? Who is heard? Implications for collaborative suicide prevention research and service provision with lived experience](#)

Professor Myfanwy Maple¹, Associate Professor Sarah Wayland¹, Professor Navjot Bhullar²

¹University Of New England, ²Edith Cowan University

In recent years those with lived and living experiences of suicide have broken through silencing stigma and systemic barriers to speak out and provide much deeper insights into the experience of suicide from the first-person perspective. Some insights confirm existing knowledge, while others challenge and test established ideas. To achieve this, people share their experiences through new fora including social media and podcasting, and we also see mainstream media using personal experiences alongside news and political stories to add a personal dimension. It is also now commonplace for services to have lived experience advisory groups guiding service development and delivery and researchers to include co-design into their projects. These achievements deserve celebration — and the trailblazers of these movement recognition — of the incredibly challenging work in bringing their lived experience to suicide prevention. Now it is time to review what is being said, and by whom and critically reflect on power dynamics to understand who is speaking and which voices are being amplified or those that are hidden. This presentation will utilise data from a qualitative survey of over 1,800 Australian adults using Linguistic Inquiry and Word Count methodology to critically examine how people talk about their lived and living experiences. This work has implications for suicide prevention research and service provision as we move forward working with those closest to this incredibly complex and challenging human experience.

[#126. Effectiveness of gatekeeper training for suicide prevention: A randomized controlled trial on families of individuals with mental disorders in Korea](#)

Dr Deuk-Kweon You¹, Mr Jeoung-Mo Son¹, Ms Yoon-Ah Lee¹, Ms Min-Ji Yu¹, **MD, PhD, MPH Tae-Yeon Hwang**¹

¹The Korea Foundation for Suicide Prevention

Study objectives: Given the high suicide risk among individuals with mental disorders and significance of intervention in the daily life setting, it is important to provide gatekeeper education tailored to the families of individuals with mental disorders. Nevertheless, no study in Korea or abroad has evaluated the effectiveness of gatekeeper programs designed for families of individuals with mental disorders. The present study aims to evaluate the effectiveness of the Suicide Prevention Education program for individuals with Mental disorder, Family version (SPEM-F).

Methods: Fifty-nine family members of individuals with mental disorders were recruited from eight community psychiatric rehabilitation centers (CPRCs) in Korea and were enrolled. We conducted a cluster randomized controlled trial (RCT), where four facilities ($n=30$) were randomized to the experimental group and four facilities ($n=29$) were randomized to the control group. The study parameters were measured at the baseline, post-intervention, and one-month follow-up, and the

effects of the education were analyzed using repeated measures ANOVA. The dependent variables were suicide-related knowledge, attitude, self-efficacy, behavioral intention, and family problem-solving communication.

Results: The experimental group showed significant increases in suicide-related knowledge, self-efficacy, and behavioral intention compared to the control group until the one-month follow-up and showed an upward trend in family problem-solving communication.

Conclusion: These results suggest that the SPEM-F is an evidence-based gatekeeper education program tailored to the families of individuals with mental disorders. Considering that families of individuals with mental disorders are both highly motivated and are close to individuals at high risk for suicide, the SPEM-F is expected to effectively promote their suicide prevention and gatekeeper activities.

Keywords: gatekeeper, education for families of individuals with mental disorders, program effectiveness, suicide prevention

[#127. Community-based suicide prevention programme through an intergenerational support: A Hong Kong example](#)

Ms Carmen Chui Shan Lai¹, Professor Paul Siu Fai Yip^{1,2}

¹HKJC Centre for Suicide Research and Prevention, The University of Hong Kong, ²Department of Social Work and Social Administration, The University of Hong Kong

Background: Ageing is a global social issue. Increasing trend in the proportion of people aged 60 or above is found, comparing with younger age groups. Rapid growth of the elderly population brings various challenges, such as a burden on the health and social welfare systems, as well as an increase in mortality rates. Research suggests that suicide among the elder population is associated with physical and psychiatric illness, social isolation, and loss of self-worth (Chang et al., 2017; Kiriakidis, 2015), whereas loneliness is one of the key issues in later-life. The greater the loneliness, the more diverse the negative effects are found in social, physical and psychological perspective of elderly life (Lauder, Sharkey, & Mummery, 2004). To build up the connectedness among vulnerable elderly and their family, an intergenerational support model had been adopted in one of the high-risk districts in Hong Kong.

Method: A community-based suicide prevention programme through an intergenerational support has been implemented in Wong Tai Sin District, Hong Kong, to respond to the well-being needs of disconnected elderly. Interventions are developed according to a three-level strategy, including 1) Universal prevention strategies aiming to raise the awareness of wellness and safety for older adults in community; 2) Selective prevention strategies targeting the gatekeepers in the community and the groups who are vulnerable; and 3) Indicated prevention strategies to help individuals who are at risk of self-harm and suicide, their families and friends, and the suicide survivors.

Result: The presentation will discuss the programme as an intervention, preliminary findings and the challenges of recruitment during the COVID-19 pandemic.

Conclusion: The programme has been carried out with different community stakeholders, in which it has its unique role to play to ensure the programme a success. It shows the potential to connect vulnerable elderly and their family members together and to enhance elderly mental wellbeing effectively.

[#128. Suicidal behaviors prevention and help-seeking barriers and facilitators in university students](#)

Professor Inês Rothes^{1,2}, Daniela Nogueira^{1,2,3}, Professor Margarida Rangel^{1,2}

¹University Of Porto, Faculty of Psychology and Educational Sciences, ²Center of Psychology at University of Porto, ³InLuto — Portuguese Association for Integrated Care in Mourning

University students are a risk group for suicidal ideation and behaviors, enhancing the urgency of implementing suicide prevention programs. Peers, as a preferred source of help, can have a key role due to a low treatment rate. Suicide knowledge and intention to intervene with a peer at suicide risk might be effective strategies to increase the identification and assistance of students at risk. Efforts should be made to better understand barriers and facilitators experienced by students in seeking treatment to improve help-seeking behavior and treatment engagement.

This study aimed to analyze suicidal behaviors and factors related to suicide risk, identify the level of suicide prevention knowledge and intention to intervene when a peer is at suicide risk and characterize help-seeking attitudes and behaviors, including perceived barriers and facilitators of the university students. Differences in suicide prevention knowledge, intention to intervene and help-seeking attitudes were analyzed according to sex and suicide-related variables. A total of 626 Portuguese university students responded to an online questionnaire that evaluated sociodemographic and academic variables, suicidal ideation, risk and behaviors, exposure to suicide, suicide prevention knowledge, intention to intervene, and attitudes, barriers and facilitators to help-seeking. To assess the help-seeking barriers and facilitators, a questionnaire was developed.

A higher prevalence of suicidal behaviors was found among displaced students, from the LGBTIQ+ community, attending an unintended course, with a poor academic performance suggesting to contribute to higher suicide risk. Portuguese university students presented a high suicide prevention knowledge, intention to intervene with a peer at suicide risk and positive help-seeking attitudes. Suicide prevention knowledge had an effect on intention to intervene. Awareness and support and non-disclosure to family were identified as facilitators in seeking treatment and self-reliance, lack of resources and perceived stigma as barriers. Students at risk presented higher suicide prevention knowledge but worse help-seeking attitudes. Male students had lower suicide prevention knowledge, lower intention to intervene and worse help-seeking attitudes when compared to female students. This study corroborates the relevance of a suicide prevention plan aimed at university students. Data indicates the priority intervention groups and the barriers that the university prevention plan should reduce.

[#129. Risk of suicide of Vietnamese Canadian in gambling addiction](#)

[Mr Hung Ton That¹](#)

¹Private Practice

The Vietnamese community in Toronto, Ontario, Canada, is a minority group that comprises less than 1% of the population in the city. However, the gambling industry have been targeting Vietnamese community as one of their major clientele groups. There is only one problem gambling counsellor (Hung Ton) who speaks Vietnamese language in the Ontario province and in Canada at large amidst the 70 casinos in Ontario or more than 200 licensed gambling facilities in Canada. He has been lonely in all unequal "battles" for the last 25 years. As the loss escalates with their gambling addiction, many clients are facing the risk of suicide. There are different ways of crisis intervention strategies have been given such as relaxation, meditation, solution focus counselling techniques, music listening, art expressive therapy and of course, medical treatment referral if there is a need. Many clients in the community have said they changed their minds about suicide or self-harm after numbers of one-to-one psychotherapy sessions.

#130. Analysis of Suicide Incidence Hotspots in the Elderly in Korea

Mrs Suhyeon Oh¹, Dr Hyejin Kim¹, MD, PhD, MPH Tae-Yeon Hwang¹

¹Korea Foundation For Suicide Prevention

Background: Korea has long ranked first in the suicide rate of the elderly among the OECD countries, which was 2.7 times higher than the OECD average as of 2019, making the suicide problem of the elderly serious.

The purpose of this study is to find cities, counties, and districts with a high number of elderly suicide deaths in order to reduce the elderly suicide rate, and to present high-risk area management plans for efficient and effective elderly suicide prevention at the national and community levels.

Method: This study used statistical data from a total suicide death survey for eight years from 2013 to 2020, and analyzed hotspots for suicide in the elderly in 250 cities, counties, and districts using ArcGIS pro 3.0.2.

Results: As a result of the analysis, Seoul (17 regions) and Gyeonggi-do (15 regions) were the persistent hotspot regions where national high-risk suicide prevention interventions for the elderly should be prioritized, and 12.8% of the total 250 cities, counties, and districts were classified as hotspot areas for high-risk suicide among the elderly. In particular, these areas have been hotspots for seven of the last eight years, so it is necessary to prepare intensive suicide prevention countermeasures that target the elderly at the community level. On the other hand, 4% of cities, counties, and districts were identified as hotspots for elderly suicide, but they were classified as coldspots within a year.

Conclusion: It is necessary to promote intensive suicide prevention projects at the national and local levels targeting areas where the elderly suicide rate is consistently high. This study has a limitation in that it cannot identify the regional characteristics and factors of the elderly suicide hotspot areas. Therefore, if the characteristics of hotspot regions where suicide occurs in the elderly are identified through follow-up studies and the high-risk factors for suicide are closely analyzed, based on this, it is expected that strategic policy support to reduce the suicide rate of the elderly will be provided at the national and community levels.

#131. Analysis of self-inflicted injuries in the south of Chile, between 2018 and 2022

Professor Tamara Otzen^{1,2,3}, Other Katherina Palma-Millanao^{1,2,3}, PhD Zayra Antunez-Sanhueza³, PhD Carlos Manterola^{1,2}

¹Universidad de La Frontera, ²Millennium Nucleus on Sociomedicine, ³Fundación OPA

Background: Suicide is a complex process that ranges from suicidal ideation to completed suicide. In 2017, the age-adjusted suicide rate in Chile was 9.2 per 100,000 inhabitants, and the La Araucanía region had the second-highest rate nationwide (12.1).

Aim: To describe the trends of self-inflicted injuries reported in the La Araucanía region of Chile in 2018 and 2022, overall, by subtype, and according to biosociodemographic variables.

Methods: Quantitative population-based design methodology, using data on self-inflicted injuries in 2018 and 2022 provided by the La Araucanía Health Authority. General rates and rates by specific groups were calculated per 100,000 inhabitants, as well as frequencies and percentages by year and sex associated with biosociodemographic variables. Additionally, rate ratios were calculated considering 95% confidence intervals.

Results: In 2018, there were 733 self-inflicted injuries and 708 in 2019, with rates of 78.6 and 75.4 per 100,000 inhabitants, respectively. Higher rates were observed in 2019 in rural individuals and in individuals not belonging to Indigenous peoples, compared to 2018. The groups with the highest rates in both years were: women; individuals who did not belong to an Indigenous people; and individuals aged between 15 and 19 years. Women had higher rates than men each year. Individuals

living in urban areas had higher rates than those in rural areas both years; as did those who did not belong to Indigenous peoples compared to those who did. The most commonly used method was drug ingestion. About 62.2% of the individuals required hospitalization. More than 40.0% of the individuals had previous attempts. Individuals with secondary education had a higher frequency of self-inflicted injuries, as did students. Finally, spring months had the highest frequencies in each year, respectively. The results from 2020 to 2022 are still under review.

Conclusion: This research is expected to provide updated information on self-inflicted injuries and their associated variables in the population of The Araucania Region in Chile. This will contribute to mental health, specifically in suicide prevention, promoting guidance and prevention initiatives adapted to the current situation.

[#132. Mobile apps for traumatic stress: A systematic review of qualitative findings and implications for suicide prevention](#)

[Mr Laurent Corthésy-Blondin](#)^{1,2,3}, Dr Alexandre Lemyre^{3,4}, Ms Mélanie Poitras^{3,5}, Dr Stéphane Guay^{3,4}

¹Center For Research and Intervention on Suicide, Ethical Issue and End-of-life Practices, ²Department of Psychology, Université du Québec à Montréal, ³Trauma Studies Center, ⁴School of Criminology, Université de Montréal, ⁵School of Psychoeducation, Université de Montréal, Montréal, Québec, Canada

Introduction: Mobile applications (apps) for the self-assessment and self-management of mental health are a widespread suicide prevention intervention. Trauma-exposed individuals are at risk of suicide, and apps have been developed to support them. However, their effectiveness at reducing traumatic stress and suicidal behaviors is limited. This could be because user engagement with those apps is low. A better understanding of users' needs and preferences could help in developing apps for traumatic stress that are more engaging and possibly more effective.

Objective: This review aims to synthesize qualitative findings from studies examining the subjective experiences of users of mobile apps for traumatic stress.

Methods: A systematic search was conducted according to the PRISMA guidelines. Inclusion criteria were as follows: published in English or French; recruited adult participants and focused on one or more apps designed for the self-assessment or the self-management of traumatic stress. Studies that used apps exclusively as an adjunct to psychotherapy or as data collection tools as well as studies that did not present qualitative data were excluded. Search queries in the PsycINFO and PubMed databases generated 859 citations (712 after eliminating the duplicates). Inter-rater reliability based on the screening of the titles and abstracts was 98% ($k=0.81$). Of the 38 articles retained for full reading, eighteen were included. The qualitative results pertaining to the participants' experiences with the apps were subjected to a thematic synthesis. A coding grid was tested for inter-rater reliability between two coders, and 77% agreement was reached.

Results: Participants reported barriers (e.g., lack of perceived benefits and moments of acute distress), facilitators (e.g., preferred features and ease of use), benefits (e.g., improved mental health and sense of support), and adverse effects (e.g., increased symptoms) related to the use of the apps. They also made suggestions to improve user experience (e.g., increasing customization, allowing social interactions between users, and adding intervention components such as a crisis plan).

Discussion: Apps for traumatic stress should incorporate components that identify and support users in times of crisis, and suicidal individuals exposed to trauma could benefit from using these apps. Adopting a user-centered approach, promoting social support through the use of the apps, and including gamification elements could increase user engagement and effectiveness of apps for traumatic stress. This could also apply to other apps for mental health and suicidal behaviors.

#133. Trial of a street prevention facility as a second safety net: Tokyo Metropolitan Government's special area efforts as one of the projects to support the self-reliance of the needy

Dr Hiroko Matsunaga¹, Dr Tomoya Takahashi¹, Dr Hiroyuki Suzuki¹, Dr Koji Fujita¹, Dr Yoshinori Fujiwara¹

¹Tokyo Metropolitan Institute for Geriatrics and Gerontology

Purpose: Assistance to the needy is also suicide prevention. The Law to Support the Independence of the Needy was enacted in 2013 as a safety net before people fall into the welfare system, and various efforts have been made to support the independence of the needy. In this report, we visualize the efforts being made in the Tokyo Metropolitan Government's special wards to provide facilities for people living on the street, and clarify the process leading to the admission of those who have entered such facilities.

Methods: A semi-structured interview survey was conducted from August to October 2021 with 11 staff in charge of livelihood support and two residents of a facility for people living on the street (hereafter, "dormitory") located in the 23 cities of Tokyo. The TEM and KJ methods were used for analysis. This survey was conducted with the approval of the research ethics committee of the institution to which the respondents belonged.

Results: Three patterns of support were developed: A: for men, B: for women, and C: for the elderly. A: Support differed between cases in which the residents found employment immediately after entering the dormitory and worked steadily for about one month, and cases in which they did not. The dormitory was for men, B: support was provided for those who had a job but no place to live, and C: support was provided for those who had been living on the streets for a long time and had become elderly. The process for Resident 1 was presented in seven steps, and the process for Resident 2 in six steps.

Discussion: There were three patterns of support, including the model project. The process of the residents revealed that they lost their jobs due to inadequate health and labor management systems in the workplaces where they were employed, and that even if they knew about support, there were resistance and conflicts before they were connected to support.

Conclusion: Even though three support patterns are available to help people before they fall into the welfare system, it is important to provide support at the stage before leaving a job and immediately after leaving a job in order to connect them to such support. It is necessary to create opportunities to provide support by holding regular counseling sessions in cooperation with Public Employment Security Office (Japan), local governments, and other organizations.

#134. Suicide deaths and waiting lists, a register-based study

Mrs Carine Øien-Ødegaard¹, Dr. Lars Johan Hauge¹, Dr. Espen Bjertness², Dr Solveig Christiansen¹, Dr Kim Stene-Larsen¹, Dr Anne Reneflot¹

¹Norwegian Institute of Public Health, ²University of Oslo

Background: Suicide is a major public health challenge, and every year about 600 lives are lost to suicide in Norway. Worldwide it is one of the highest causes of lost years of lives. Timely help is proposed as a key factor for suicide prevention, and about 40% of those who die by suicide in Norway are in contact with mental health services (MHS) within their last year. However, access to mental health services is often delayed by long waiting lists. Currently little is known about time spent waiting, the number of suicide deaths while on waitlists, what type of health care they are referred to, and the follow-up from primary health care services (PHC) while waiting.

Methods: Data stems from the Norwegian population registry, The Primary Health Care Database, The Specialist Health Care Database, and The Cause of Death Registry, which includes all Norwegian

residents in the ages 18–65 years from 2011–2021. This is a descriptive article, and the results will be presented in cross-tables and figures.

Results: Preliminary analyses show that about 7% of the suicide deaths in the period 2011–2021 happened while waiting for treatment for mental health problems or substance abuse. There seems to be a small difference according to sex, where a higher share of the female suicide deaths than the male, died while waiting for treatment. Over 75% of these were referred to outpatient consultations, and about 15% to inpatient care. About 2% of those who died by suicide had started treatment within 30 days prior to death, after a waiting period. Most of those who had been referred to MHS within the last year prior to suicide had follow-up by PHC prior to suicide. Altogether, about 25% of those who died by suicide and have spent time on the waiting lists for MHS within the last year prior to death, died while waiting.

Conclusion: About 40% of those who die by suicide in Norway are in contact with MHS within the last year prior to suicide, and a large proportion of these have spent some time waiting for treatment. A significant share of these never start treatment because of suicide death. Of all the suicide deaths in the period 2011–2021, about 7% were waiting for treatment, while about 2% had recently started treatment. This indicates that measures to shorten the waiting time should be investigated and can be important to prevent suicide deaths.

#135. Difference in Psychological Pain Between Suicide Ideators and Suicide Attempters

Ms Stella Brogna¹, Prof. Dr Tobias Teismann², PhD Candidate Adriana Frei¹, Professor Heide Glaesmer³, Prof. Dr. Thomas Forkmann⁴, Prof. Dr. med Sebastian Walther¹, [Dr Anja Gysin-Maillart¹](#)

¹Translational Research Centre, University Hospital of Psychiatry, University of Bern, ²Mental Health Research and Treatment Center, Faculty of Psychology, Ruhr University Bochum, ³Department of Medical Psychology and Medical Sociology, University of Leipzig, ⁴Department of Clinical Psychology, University of Duisburg-Essen, ⁵Unit for Clinical Suicide Research, Department of Clinical Sciences, Psychiatry, Faculty of Medicine, Lund University

Background: Psychological pain has been shown to be a relevant factor in suicidal crises. The present study examines how psychological pain differs between suicide ideators and suicide attempters and is intended to improve the understanding of the role of psychological pain in the suicidal process.

Methods: The 10-item Mee-Bunney Psychological Pain Assessment Scale (MBPPAS) was translated into German and its validity and reliability were assessed. The scale was used to cross-sectionally measure psychological pain in adult outpatients and inpatients. The study included $n = 93$ patients with suicide attempts in their history, $n = 141$ suicide ideators without a history of a suicide attempt, and $n = 139$ non-suicidal clinical controls.

Results: The internal consistency of the German MBPPAS was excellent, with McDonald's omega $\omega = .92$. Significant group differences in psychological pain were shown between suicide attempters, suicide ideators, and non-suicidal patients, $F(2, 370) = 54.79$, $p < .001$, $\eta^2 = .23$. The post hoc t-test indicated that the MBPPAS sum score was significantly higher in suicide attempters ($M = 30.6$, $SD = 8.5$), and in suicide ideators ($M = 27.3$, $SD = 7.8$) as compared to clinical controls ($M = 20.4$, $SD = 7.0$), $p < .001$. The MBPPAS sum score was significantly higher in suicide attempters than in suicide ideators, $p = .004$.

Conclusion: Assessment of psychological pain can help identify individuals at increased risk of suicide.

#136. Short term regional and age-specific disparities in suicide epidemiology in Poland

[Dr Przemysław Waszak¹](#), Natalia Olszańska², Prof Paweł Zagożdżon¹

¹Department of Hygiene & Epidemiology; Medical University of Gdansk, ²Medical University of Gdansk

Background: Suicide is a major public health issue globally. Poland is no exception, with suicide being one of the leading causes of premature death in the country. This study aims to explore the epidemiology of suicide deaths in Poland, with a specific focus on age groups and regional differences.

Methods: In this epidemiological investigation, suicide deaths from 2017 to 2020 were examined. Using data collected from Police Headquarters statistics, the study examines suicide rates across different age groups and major regions in Poland. Additional data on social and economic conditions were obtained from the Polish Central Statistical Office. Basic standardized epidemiological indicators and correlation analysis were calculated with a p -significance level set on $p > 0.05$.

Results: Overall, the suicide rates in Poland have been steadily decreasing in studied years, however in certain populations suicide rates increased. The highest suicide rates were noted in the 55–59 years age group and the 60–64 years age group (18.5 and 19.5 per 100,000, respectively in 2020). However, the trend analysis provided that among the oldest age group (84+ years) suicides increased by 29.4% (from 13.5 in 2017 to 17.5 in 2020). Ages 25 to 29 years were the second group with the biggest increase (by 14.2%). The highest regional increase (of 21.8%) of suicides concerned the Podlaskie Voivodship – from 13.6 to 16.6.

Conclusions: The short-term suicide statistics of the oldest people and young adults in Poland have increased significantly. The socioeconomic context might have a significant impact on the observed

differences between the groups. Multidisciplinary health policy approaches are needed, especially those focusing on prevention strategies and support for individuals and communities affected by suicide.

#137. Covid-19 vaccination, varicella-zoster virus re-activation and suicidality

Professor Diego De Leo^{1,2,3}, Ms. Josephine Zammarrelli¹

¹De Leo Fund, ²Slovene Centre for Suicide Research, Primorska University, ³Australian Institute for Suicide Research and Prevention

Herpes zoster reactivation is a known side effect of certain vaccines, such as the shingles vaccine, and some studies have suggested that vaccines in general can potentially trigger herpes zoster reactivation in some people. The Centers for Disease Control and Prevention recommended COVID-19 vaccination for all individuals, including those with history of herpes zoster.

A 2021 study of the Journal of the American Academy of Dermatology found that the risk of herpes zoster reactivation after receiving a COVID-19 vaccine was low, with only 13 reported cases out of more than 500,000 vaccinated individuals. A later study published in the Journal of Infection in October 2021 found that the incidence of herpes zoster following COVID-19 vaccination was not significantly higher than the expected rate of herpes zoster in the general population. However, these initial reports were followed by other studies signaling higher frequencies of herpes zoster reactivation.

The observations here reported concern a private psychiatric surgery that witnessed a rather consistent number of herpes zoster after three- to-four vaccinations (mostly Pfizer vaccines). From May 2022 to end of February 2023, 41 clients of this surgery reported re-activation of zoster or simplex herpes virus. In nine cases, individuals reported severe manifestations of zoster associated to suicidal ideation. One of them overdosed on drugs and required hospitalisation. In the subgroup with suicidality, lesions were localised to the head in five cases, neck and thorax in the remaining cases. All individuals with suicidal ideation (and the attemptor) suffered severe pain symptoms and were treated with Tegretol and Thoradol in six cases. Individuals justified their suicidal ideation with severity of the pain. All received antiviral drugs (mostly acyclovir).

The frequency of these events during the anti-COVID-19 campaign of vaccination seems to be unprecedented; certainly, appeared so in the surgery that provides these observations. The phenomenon might be somewhat related to the kind of patients involved (all psychiatric outpatients), usually carrying a higher level of distress than the general population, thus more susceptible to herpes re-activation. However, the mechanism by which vaccines might trigger herpes zoster reactivation remains unclear, and more research is needed to better explain the relationship between vaccination and herpes zoster.

#138. Treating suicidal behavior— from a trauma perspective

Dr Anja Gysin-Maillart¹, **PhD Candidate Adriana Frei**¹

¹Translational Research Centre, University Hospital of Psychiatry, University of Bern, Switzerland

Every suicidal crisis has a biographical background. Traumatic experiences are often part of this story. Treating suicidal behavior in the context of traumatic experiences is a challenge for many practitioners.

The Attempted Suicide Short Intervention Program (ASSIP) is a brief therapy developed for patients after a suicide attempt, which has shown to reduce the risk of reattempts over 24 months by 80%.

Within three to four sessions, ASSIP aims to build a shared understanding of individual mechanisms leading to suicidal behavior within a biographical context, as well as to identify specific vulnerabilities and trigger events. Individual warning signs are uncovered, and a personal crisis plan is developed. A primary goal of ASSIP is to establish an early therapeutic relationship, which is maintained by sending follow-up letters over the course of two years.

In this presentation, the theoretical concepts of ASSIP from a trauma perspective will be introduced. Case examples will be used to illustrate psychotherapeutic techniques by treating suicidal behavior

with trauma. In addition, an overview of the individual elements of ASSIP brief therapy will be given using short video examples.

#139. Adverse childhood experiences in complex mental health patients – suicide attempts and self-harm

Ms Hana Roks¹, Ms Laura Sambrook¹, Dr Taj Nathan², Dr Jason McIntyre¹, Dr Jackie Tait²

¹Liverpool John Moores University, ²Cheshire Wirral Partnership

Introduction

Background: Adverse childhood experiences (ACEs) are potentially traumatic and highly stressful events that occur between the ages of 0–17 years. Mental health consequences include increased risk of depression, suicide and self-harm. Exposure to ACEs has also been associated with maladaptive coping strategies. Risk of developing more complex mental health conditions

Aim: This work follows on from the authors' previous research into improving service provision for those with CMH needs (Saini et al., 2022), as it became apparent from examining in-depth patient records that the participant group had experienced considerable exposure to ACEs during childhood, which may have impacted their mental and physical health as adults. This study will address a gap in the literature as most previous research in this area has been conducted in high-income areas, and Cheshire West and Wirral (where the service is situated) features some deprived areas. There are 34 and 72 Lower Layer Super Output Areas (LSOAs), which are areas with an average population of 1,500 people, that lie within the top 20% of overall national deprivation across Cheshire West and Wirral, respectively (ONS, 2022).

Method: A retrospective cohort design was employed to assess 76 patients' clinical files, data included service users over 18 years old, defined as having complex mental health needs utilising mental health services within an inpatient or community setting at Cheshire Wirral Partnership. As part of the wider COMPAT study, it became apparent that many service users had experienced ACEs, to focus on such findings, the current study was derived from the dataset.

Results: ACEs were not routinely collected within datasets, researchers used proformas to collect any ACEs details that were disclosed within patients' files. From this there was a high number of ACEs reported, with three quarters of the cohort experiencing at least one ACE and 50% of the cohort had experienced more than one ACE. When looked at in terms of suicidality, higher numbers of suicide attempts were reported for those with ACEs. The findings were similar for self-harm incidents.

Conclusion: This study highlighted the importance of data and how important standardised data collection can be, this will enable information on ACEs, self-harm and suicidality to be collected. The study was driven by the high prevalence of ACEs in the cohort and the numbers of suicidal and self-harm behaviour.

#140. Suicidal thoughts and behaviours among student nurses and midwives: A systematic review

Ms Samantha Groves¹, Mrs Karen Lascelles¹, Professor Keith Hawton^{1,2}

¹Oxford Health NHS Foundation Trust, ²Centre for Suicide Research, Department of Psychiatry, University of Oxford

Background: Nurses are an occupational group known to be at increased risk of suicide compared to other occupations. However, the temporality of this increased risk is not known. For example, whether increased risk begins during nursing training or practice.

Objectives: In this systematic review we have synthesised the international literature on suicidal thoughts, behaviours, and risk among student nurses and midwives. The review focused on examining prevalence of these phenomena, contributory and protective factors, and interventions developed to prevent suicide among this student group.

Methods: A systematic review was conducted, following Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. The electronic databases MEDLINE, PsycINFO, and

CINAHL were searched, and hand-searching conducted to identify potentially eligible articles. Articles were included if published in English language, between 1996 and 2022, and focused on suicidal thoughts, behaviours, or risk among student nurses or midwives. Following de-duplication of articles, studies were screened for inclusion, data extracted, and quality assessed. Narrative syntheses were conducted structured by suicide phenomena examined, study design, and quality. The review was prospectively registered on PROSPERO (CRD42021270297).

Results: 45 studies of largely moderate to low quality were included. No studies examined suicide rates or methods of suicidal behaviours among student nurses or midwives. The prevalence of suicidal ideation or suicidal behaviours was no different to students of other disciplines, or across year of study. Mental health conditions were found to be associated with suicidal thoughts and behaviours, with strongest evidence for depression. Other factors found to be contributory included factors related to student personality, knowledge, and skills (e.g., emotion regulation). Social support appeared to be protective. There was a paucity of suicide prevention interventions and initiatives aimed at reducing suicidal thoughts and behaviours. However, an initiative aiming to support wellbeing and resilience among nursing students was well received.

Conclusions: To develop suicide prevention interventions tailored for student nurses and midwives, there is a need to first understand the prevalence of suicide in this student group. Epidemiological studies should stratify rates of suicide among students by programme of study. High-quality longitudinal studies should be conducted to prospectively explore what characteristics may contribute or prevent suicidal behaviours among student nurses and midwives. From preliminary evidence, content of tailored interventions could include fostering peer support among students, enhancing wellbeing and emotional wellness strategies, and providing accessible support for students experiencing mental health difficulties.

[#141. Accident or suicide? The difficult task of classifying suicide in old age](#)

[Professor Diego De Leo](#)

¹De Leo Fund, ²Slovene Centre for Suicide Research, Primorska University, ³Australian Institute for Suicide Research and Prevention

Deaths by suicide often fall into misclassification. There are situations in which the intentionality of the act is truly equivocal or disguised, for example for insurance reasons. It can often be difficult to ascertain whether the death was unintentional or due to deliberation (e.g., failure to take or overdose of life-saving medications; accidental or deliberate fall, etc.). Suicide deaths involving older adults are particularly prone to being underreported. The advanced age of the deceased may imply less investigative interest than a death at a young age or due to medical complications. In some cases, it is difficult to classify the type of death. The following story might exemplify that difficulty.

Angela was 81 years old. A childless widow, sufficiently autonomous, had been a guest in a retirement home for about a year. She was there – she had said – mainly to fight her loneliness and the gloom of having to do the shopping and clean the house. However, in the residence she had chosen she ended up feeling more alone than at home. But there she could no longer return as she sold her house before joining the retirement home. Following for long hours on television, the pandemic had scared her a lot. People heard her saying aloud that she didn't want to end up intubated and that, in any case, there was no more oxygen for anyone: all people would have died soon. She was given sedatives to calm her down, but a nurse once noticed Angela spitting down the toilet her pills. Her roommate was rushed away. Angela had repeatedly asked about her, receiving no answer. She struggled to fall asleep and although she showed no signs of any illness, she was heard saying that her days were over. One morning she told a nurse that she had finally figured out what to do. A few days later, during lunch, Angela was found dead, suffocated by a piece of turkey. Apparently, no one among residents and staff noticed anything and thus nobody intervened.

Accident or voluntary death? A discussion of this case – officially classified as accidental – may generate considerations about the many elements that should characterise death certification processes, especially when older people are involved.

#142. The inflorescence suicide recovery theoretical model as basis for a recovery-focused suicide management program: a grounded theory research study

Dr Angelie Bautista¹

¹University of Santo Tomas

The primary aim of suicidology is to understand the phenomenon of suicide by increasing its predictability and prevention to reduce the suicide rate. Despite the large body of literature on suicide and existing theoretical models, predicting suicide behavior remains difficult. Furthermore, persons suffering from suicidality still slip through the cracks of healthcare systems, with suicide management strategies and interventions not strongly integrated and well-established. This qualitative research study aimed to increase the contextualization and incorporate suicide recovery in the literature of suicidology, and complete the puzzle of suicide management in order to narrow the suicide healthcare cracks and gaps. This grounded theory study examined the process of suicide recovery among Filipino youths aged 15 to 27 years.

Twenty-five survivors of suicide attempts met the inclusive criteria of the purposive selection and went through in-depth interviews. Data triangulation for negative case analysis, from three other suicide attempt survivors, who did not meet the inclusive criteria, was conducted to refine and validate the categories and themes that were emerging from the narratives of 25 participants. Theoretical triangulation aided in making the findings comprehensive. Bracketing, peer debriefing, member validation, and the critical friend technique were conscientiously employed to yield a substantive theory called the Inflorescence Model of Suicide Recovery.

The Inflorescence Model of Suicide Recovery emerged and likened suicide recovery to the processes that a flowering plant goes through. It elucidates the phases of suicide recovery: (1) Immersion: the acknowledgment of brokenness and “buriedness”; (2) Germination: the process of splitting off the seed coat of emotional pains; (3) Emersion: the sprouting out from the soil of pain; (4) Entrenchment: the process of rooting deeper; and (5) Inflorescence: the flourishing and sustaining of suicide recovery. This suicide recovery process may serve as a guide in monitoring the effects of treatment and interventions in suicide management.

Furthermore, the Inflorescence Model of Suicide Recovery was used as a framework in developing a recovery-focused suicide management program. Five suicide attempt survivors, and seven mental health professionals (including two guidance counselors, three clinical psychologists, and two psychiatrists) were interviewed. Four essential elements emerged that show varying perspectives but are vital in understanding suicide recovery and suicide management, namely: (1) contextual elements; (2) facilitative elements; (3) impeding elements; and (4) procedural elements. Thus, the Inflorescence Model of Suicide Management Program was created and is proposed as a psychological intervention and suicide management strategy for young people suffering from suicidality.

#143. Meaning-making After a Suicide: The Impact of Support Groups in Promoting Posttraumatic Growth

Ms Sandra McNally, Ms Renee Ouellet, Mr Denis Thirion

EMPACT-SPC

Introduction: Suicide can have a devastating effect on those left behind: Suicide Loss Survivors (“Survivors”). Therefore, there is a need for suicide bereavement support, and support groups are a common intervention sought by Survivors. While research has suggested that Survivors can benefit from the relationships formed within a support group setting, there is limited data to validate the

specific impact of support groups regarding the development of meaning-making or posttraumatic growth.

The aim of this study was to examine the impact of support group participation for Survivors, determining whether they can live productive and fulfilled lives after a traumatic loss to suicide.

Methods: Through an email listserv maintained by EMPACT–Suicide Prevention Center, an online survey was sent to 1,708 individuals; qualitative data from this survey was analyzed with the objective of better understanding whether support groups can help to promote the development of meaning-making in the life of a Survivor and aid in the development of posttraumatic growth.

Results: From the original sample size of 1,708 participants, 62 individuals completed and returned the online survey. For those who had attended a suicide bereavement support group, 91% reported that the group was helpful in their healing journey; from this group, 85% reported finding meaning or purpose since their loved one's suicide.

An in-depth examination of responses to the questions, "How has your life changed since your loved one's death? What kind of meaning or purpose have you found?", produced three main themes: (1) Involvement in suicide prevention or postvention work (19 participants reported active engagement in volunteer opportunities in these areas); (2) Increased/enhanced spirituality (six participants reported a greater focus on the area of spirituality since their loss); and (3) Personal growth (21 participants reported having better friendships, having more compassion/empathy, being able to love others, feeling happiness, being free of shame/guilt, and developing a new career path).

Conclusion: It was determined that active involvement in suicide bereavement support groups was helpful in the development of meaning-making and posttraumatic growth, compared to those individuals who hadn't attended a support group. One limitation of the study was the small sample size, restricting the ability to apply findings to the greater Survivor population. Also, the sample represents only those Survivors who were solicited from a single listserv, further limiting the ability to transfer findings. Still, the findings would indicate that support group participation can lead Survivors to experience meaning after the tragedy of suicide.

[#144. Deep sequential neural network models improve stratification of suicide attempt risk among US veterans.](#)

Dr Nathan Kimbrel, David Oslin, Jean Beckam, Carianne Martinez, Drew Levin, Jessica Jones, Patrick Finley, Benjamin McMahon, Sayera Dhaubhadel
Duke University School of Medicine

Background: In 2017, the U.S. Department of Veterans Affairs (VA) launched Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment (REACH VET), a program designed to identify and assist veterans at risk of suicide. REACH VET uses a penalized logistic regression model to predict a VA patient's suicide risk monthly based on 61 variables extracted from their medical records. If a veteran scores in the top 0.1% tier of risk, the veteran's clinician is notified. REACH VET has been shown to reduce suicide attempts by 5%; however, the vast majority of veterans identified as high-risk by the model do not attempt suicide in the subsequent six months. This suggests many veterans flagged by the model may not require immediate intervention. Aims: In order to improve the REACH VET program's ability to allocate resources to the veterans with the greatest need, we explored deep learning models' effectiveness in predicting suicide attempts in the VA population. In addition, local explainability techniques were used to provide explanations for each prediction with the goal of ultimately improving outreach and intervention efforts.

Materials and Methods: The DNNs fused demographic information with diagnostic, prescription, and procedure codes. Models were trained and tested on EHR data of approximately 500,000 U.S. veterans: all veterans with recorded suicide attempts from January 1, 2000, through January 1, 2015,

each paired with five patients of the same age who did not attempt suicide. Shapley Additive Explanation (SHAP) values were calculated to provide explanations of DNN predictions. Results:

The DNNs outperformed logistic and linear regression models in predicting suicide attempts. Adjusting for the sampling technique, more than 99% of veterans in the test set ranked in the top 0.1% risk tier by the convolutional neural network (CNN) model attempted suicide during the following year, translating to a positive predictive value (PPV) of 0.54. Further, explainability methods identified meaningful subgroups of high-risk veterans as well as key determinants of suicide attempt risk at both the group and individual level. Conclusion: The deep learning methods employed in the present study have the potential to significantly enhance existing suicide risk models for veterans. These methods can also provide important clues to explore the relative value of long-term and short-term intervention strategies. Furthermore, the explainability methods utilized here could also be used to communicate to clinicians the key features which increase specific veterans' risk for attempting suicide.



International Association for Suicide Prevention

www.iasp.info

