Book of Abstracts, Programme and Presentation Speakers

8th Asia Pacific Regional Conference on Suicide Prevention
Bay of Islands, New Zealand

www.iasp.info/newzealand/
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Welcome

E ngā mana, e ngā reo, e ngā rangatira puta noa te ao, nau, mai hae re mai ki to matou kainga o Waitangi, tenei o Ngati Rāhiri, Ngati Kawa karanga nei ia koutou katoa ki te haere mai ehoa ma.

Ngati Rahiri and Ngati Kawa are the traditional owners and occupiers of Waitangi, a special place where the declaration of independence and the Treaty of Waitangi were signed. It is the place where our ancestors debated key social and political issues, and to this day these debates continue at Waitangi – so it is an appropriate place for the serious topics of the IASP Asia Pacific Conference 2018 to be considered.

Ngati Hine, Ngati Kawa Ngati Rahiri
Ko Witeria Lewis Ashby (Witi)
no Ngati Hine me Ngati Kawa
Ko Koroki te Whare Tupuna
Ko Taumarere te Awa
Ko Motatau te Maunga
Ko Ngati Hine te Hapu

My name is Witeria Lewis Ashby. I was born in Kawakawa Tai Tokerau. Between me and my wife, Dianne Grennell from Ngati Mutunga ki Whare Kauri (Chathams), we have nine children and 12 grandchildren and we currently reside in Wellington.

My name is Professor Murad Khan, and as President of the International Association for Suicide Prevention (IASP), I am delighted we are hosting the 8th Asia Pacific Regional Conference in Northland New Zealand. This Conference on Suicide Prevention will bring together researchers, practitioners, helpline workers, programme planners, graduate students, those within the community and anyone affected by suicidal persons, from a range of disciplines from within New Zealand, the Asian-Pacific Region and around the world.

This Conference will focus on evidence-based research, best practice and innovative suicide prevention activities. The Conference will also provide opportunity to encourage young researchers and practitioners together with mentorship and training. The aim of this conference is to identify key issues in suicidal behaviour in the Asia Pacific Region in order to formulate cohesive, relevant and evidence-based strategies by bringing together networks working in the field of suicide prevention and to share knowledge, skills, research and good practices in preventing suicide.

We both look forward to welcoming and sharing this Conference with you.

Maori Ora

Witeria Lewis Ashby and Professor Murad Khan, IASP President
Conference Information

Conference Theme

The Conference theme “Turning the tide together” or “Tāi pari, Tai timu ngātahi ai” is a tribute to the one essential element of suicide prevention activities-togetherness. Collectively our efforts can encompass and achieve much more than they could do alone. Only when we combine the knowledge, skills and resources of wide ranges of individuals and organisations can we collectively turn the tide to address the global challenges presented by suicidal behaviour.

Conference Partners

Clinical Advisory Services Aotearoa (CASA) has a model of working alongside groups and organisations that acknowledges the strengths both parties bring to the relationship. CASA brings together a broad range of knowledge, skills and experience in the areas of suicide prevention and postvention as well as broader areas of mental health and wellbeing: www.casa.org.nz.

Le Va’s purpose is to support Pasifika families and communities to unleash their full potential. Le Va supports and encourages this by carefully designing and developing evidence-based resources, information, knowledge and support services for the best possible health outcomes: www.leva.co.nz.

Te Rau Matatini provides a strategic focus that is underpinned by Māori workforce development, education, clinical and cultural capability and capacity for the advancement of indigenous health and wellbeing for our people and their communities to achieve whānau ora: www.teraumatatini.com/.

Tēnā koutou katoa – The University of Otago, New Zealand’s first University provides a research-led learning environment that is second to none with a richly deserved reputation for excellence. At Otago, you will have unprecedented opportunities. You will be taught by international experts in their fields; you will gain a world-class qualification, and you will be able to contribute to ground-breaking research: www.otago.ac.nz/wellington/index.html.
Conference Sponsors

Syngenta

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Australian Institute for Suicide Research and Prevention

Copthorne Bay of Islands

MATES in Construction

Lifeline Aotearoa

The University of Melbourne

LeVa

Greg Ward Global MC & Speaker

Waitangi Treaty Grounds

Everymind
Scientific Committee

The Conference scientific committee includes:

- Professor Sunny Collings (NZ) [Co-Chair]
- Professor Jane Pirkis (Australia) [Co-Chair]
- Professor Stéphane Amadéo (French Polynesia)
- Professor Ella Arensman (IRE)
- Dr Maria Baker (NZ)
- Professor Ying-Yeh Chen (Taiwan)
- Dr Annette Erlangsen (Denmark)
- Dr Sarah Fortune (NZ)
- Associate Professor Sarah Hetrick (NZ)
- Dr Maree Inder (NZ)
- Professor Chiaki Kawanishi (Japan)
- Ms Denise Kingi-Uluave (NZ)
- Dr Allison Milner (Australia)
- Professor Rory O’Connor (UK)
- Professor Michael Phillips (China)
- Dr Jemaima Tiatia-Seath (NZ)
- Dr Lakshmi Vijayakumar (India)
- Professor Paul Yip (Hong Kong)
- Professor Jie Zhang (China)
Plenary and Special Lecturer’s Biographies

Keynote Speaker

Prof Mason Durie of Te Rau Matatini, is from the Ngāti Kauwhata, and Rangitane tribes. He graduated MBChB from Otago University in 1963, and completed a psychiatric training programme at McGill University (1966 – 1970). From 1970 until 1988 he was Director of Psychiatry at the Palmerston North Hospital. In 1988 he was appointed Professor and Head of the School of Māori Studies at Massey University and in 2002 became Deputy Vice-Chancellor and Professor of Māori Research and Development. Apart from ongoing interests in health and social policy, he has published widely on Māori health, policy, education and whānau (family) development. He chaired the Taskforce on Whānau Centred Initiatives in 2009 and subsequently chaired the Whānau Ora Governance Board. In 2010 he was knighted for services to public health and Māori health. As senior advisor to Te Rau Matatini he chaired the Waka Hourua Māori and Pasifika Suicide Prevention Leadership Group from 2014-2017 and was instrumental in developing and promoting the Turamarama Declaration in 2016.

Plenary Speakers

Prof Murad Khan, is IASP President and a Professor in the Dept. of Psychiatry at Aga Khan University, Karachi, Pakistan. Murad completed his basic medical degree (MBBS) from Karachi, Pakistan, residency and fellowship trainings (General & Old-age psychiatry) from the UK, obtaining the Membership of the Royal College of Psychiatrists, UK. He completed his PhD from University of London.

Murad has been researching suicidal behavior in Pakistan over the last couple of decades. His areas of interest include role of socio-cultural and religious factors in suicidal behaviors. He is the principal investigator of the Karachi Suicide Study (KaSS) and conducted the first psychological autopsy study in Pakistan and one of the few in the Islamic world.

Murad has published on suicide and deliberate self-harm in Pakistan and developing countries and have several book chapters including the Oxford Textbook of Suicidology and Suicide Prevention: A Global Perspective and the International Handbook of Suicide Prevention: Research, Policy and Prevention. He is also on the editorial board of a number of journals,
including Crisis, International Journal of Social Psychiatry, Shanghai Archives of Psychiatry and International Review of Psychiatry, and was also an international contributor to the recently published report on suicide prevention, Saving Lives: A Global Imperative’ of the WHO. Murad’s other research interests include mental health of women and elderly, psychosomatic medicine and medical ethics.

Prof Jane Pirkis of Melbourne University is a psychologist and epidemiologist based at the University of Melbourne in Australia, and has longstanding experience in suicide prevention research. Much of her research has been in the area of suicide and the media, but she has also conducted evaluations of large-scale suicide prevention programs, trials of specific interventions, and epidemiological studies of suicide among at-risk groups. Jane has been a committed member of IASP for about 20 years. She founded and previously co-chaired the IASP Suicide and the Media Task Force. The members of this Task Force have engaged in a number of collaborative projects, the most notable of which was the revision of the World Health Organization’s guidelines on responsible reporting of suicide. These guidelines, rebadged as a joint IASP/WHO publication, provided advice for journalists about ways of reporting suicide that minimise the risk of copycat acts. These guidelines are now being updated for a second time.

Jane has also contributed to IASP in other ways. She has served as its General Secretary for the past four years. Prior to that, she was Australia’s National Representative on its Council of National Representatives. She has sat on the scientific advisory committees of a number of IASP Congresses. She also sits on the Editorial Board of Crisis, the journal auspiced by IASP.

Prof Ella Arensman of the IASP College of Presidents is a Research Professor with the School of Public Health, University College Cork and Chief Scientist with the National Suicide Research Foundation (NSRF), Ireland. She is Vice President of the European Alliance Against Depression, and past President of the International Association for Suicide Prevention. She is Visiting Professor with the Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, and an expert advisor for WHO.

Prof Arensman has been involved in research and prevention into suicide, self-harm and related mental health and social issues for more than 30 years, with emphasis on risk and protective factors associated with suicide and self-harm, and effectiveness of suicide prevention and self-harm intervention programmes. In Ireland, she played a key role in
developing the first and second National Suicide Prevention Programme: Reach Out, 2005-2014, and Connecting for Life, 2015-2020. She has published over 140 papers in peer review journals as well as reports for government departments and policy makers.

Prof Paul Yip from the University of Hong Kong is the Associate Dean (Research) of the Faculty of Social Sciences, Chair Professor (Population Health) of the Department of Social Work and Social Administration and the Director of the HKJC Centre for Suicide Research and Prevention in The University of Hong Kong. Prof. Yip received the Medal of Honor (MH), Chief Executive Honours and Awards, HKSAR (2017), Knowledge Exchange Award, The University of Hong Kong (2017, 2013); the Stengel Research of the International Association of Suicide Prevention (2011); an Outstanding Researcher and Supervisor (2009, 2011); the Distinguished Alumni Award, La Trobe University (2008) etc. He has published over 400 scientific papers in international journals. His current interests are in population health issues include adopting a public health approach in suicide prevention, restriction of means, cost-effectiveness of suicide prevention, poverty alleviation and program evaluation.

Prof Lakshmi Vijayakumar, consultant psychiatrist based in Chennai, India, is the Founder of SNEHA, a pioneering suicide prevention organization in India and is the Head, Department of Psychiatry in the Voluntary Health Services, a multi-specialty hospital in Chennai. She is an Honorary Associate Professor of the University of Melbourne, Australia. She is also on the World Health Organization’s International Network for Suicide Research and Prevention. She has been conferred “Honorary Fellowship” of the Royal College of Psychiatrists (FRCPsych), U.K. for her work on suicide prevention locally, nationally and globally. She is the first woman psychiatrist from South East Asia to receive this honour.

She is the recipient of the Ringel Services Award in the year 2015 from the I.A.S.P. in recognition of her decades of work in the field of suicide prevention. She has also been conferred with “Bharathi”, “Gnanananda”, “Woman Doctor of the year”, “Woman Achiever Award” and “For the sake honour” awards in India. She has authored over 100 articles in peer reviewed journals and has written numerous chapters and edited two books. She is a reviewer for prestigious journals like Lancet, Lancet Psychiatry, ACTA, International Journal of Epidemiology etc.
Dr Jemaima Tiatia-Seath of the University of Auckland is Acting Co-Head of Te Wānanga o Waipapa, School of Māori Studies and Pacific Studies and Head of Pacific Studies, Faculty of Arts, University of Auckland, New Zealand. She is of Samoan descent and has a community/public health background. Her research and teaching interests include: mental health, Pacific suicide prevention and postvention, youth development, Pacific health and wellbeing, inequities and inequalities in health and Pacific Studies.

Tanja Hirvonen MPych(Clin) is a registered clinical psychologist who specialises in Aboriginal mental health, social and emotional wellbeing, health professional’s self-care and trauma. Tanja brings extensive experience in intergenerational trauma, suicide prevention and working in rural and remote areas. Most recently Tanja has been working in the areas of workforce development (robust workforce training, development and support, through delivery of information and workshops) with health practitioners within Aboriginal Community Controlled Health Services throughout the Northern Territory.

Dr Ying-Yeh Chen, from the National Yang-Ming University, Taipei is a professor at National Yang-Ming University, Taipei, Taiwan and an attending psychiatrist at Taipei City Psychiatric Center, Taipei City Hospital. She also serves as the chief of research division at Taipei City Suicide Prevention Center. She got her doctorate degree on social epidemiology from Harvard University. Her research focuses on socio-environmental influences on suicidal behaviors; the social factors she evaluates include the mass-media, childhood environment and access to suicide means. She also conducts a series of studies on suicide attempters, covering topics on media influences, outcome assessment and rationale for method choice.
Prof Chan Lai Fong is currently Associate Professor of Psychiatry & Consultant Psychiatrist at the National University of Malaysia. She trained in psychiatry at the National University of Malaysia and completed a Clinical Fellowship in Mood & Anxiety Disorders at the University of Toronto, followed by a Master of Science in Affective Neuroscience at Maastricht University. Dr. Chan’s research interests are in the area of gene-environment, as well as socio-cultural interactions in suicidal behavior among adolescents, young adults and high-risk clinical populations i.e. treatment-resistant depression, bipolar disorder & SLE. An emerging area of clinical & research interest is medical student/physician mental health and vulnerabilities to suicidal behavior. She was recently awarded the IASP 2017 De Leo Fund Award for Outstanding Research on Suicidal Behaviours in Developing Countries. She is a member of the IASP and has been on the scientific committee of IASP conferences.

Dr Steven Stack is the author of 332 articles & chapters, and 4 books. These focus on the social risk and protective factors for suicide. Publications include ones in high impact journals including Psychological Medicine, J. of Epidemiology & Community Health, American Sociological Review, Journal of Marriage and Family, Journal of Health and Social Behavior, American Journal of Public Health, Social Forces, & Criminology. His work has received over 10,800 citations according to data in Google Scholar. It has been supported by grants from NIMH & the Guggenheim Foundation. Recent invited plenary addresses include ones in Tokyo, Seoul & Glasgow. He ranks in the top 14 suicide specialists of 500 ranked in the Web of Science. He has served on over 20 federal Grant Review Panels including CDC, NIMH, US Department of Defense, & National Science Foundation. He serves on the editorial boards of Suicide & Life Threatening Behavior, Archives of Suicide Research, Crisis: The Journal of Crisis Intervention and Suicide Prevention, and Sociology (Journal of the British Sociological Foundation). Dr. Stack is a sought after reviewer and helps to shape the direction of research in his field. Over the last 15 years he has reviewed over 700 manuscripts for over 110 different professional journals. He also has served on the Advisory Board of the University of Michigan’s Injury Center, the Michigan National Violent Death Reporting System & the Michigan Association for Suicide Prevention. Dr. Stack’s work has been the subject of over 200 interviews with the international media including London Times, New York Times, CNN, USA Today and BBC radio. His mentees include those at R1 universities in the US and Europe.
**Dr Annette Erlangsen** is an Associate Professor and Leader of Danish Research Institute for Suicide Prevention at the Research Unit of Mental Health Centre Copenhagen, Denmark. She holds an Adjunct Associate Professorship at the Department of Mental Health at Johns Hopkins Bloomberg School of Public Health in the USA and at the Department of Regional Health Research, University of Southern Denmark, Odense, Denmark.

Dr. Erlangsen is the Secretary – Treasurer for the International Academy of Suicide Research. She acts as the national representative for Denmark as well as co-chair of the Special Interested Group on Suicide in Older Adults for the International Association of Suicide Prevention. She is a member of the Danish National Partnership for Suicide Prevention. In addition, she is member of the Editorial Board of Lancet Psychiatry, Crisis, and Suicidology Online. In 2003, she received the Young Lecturer Award at the European Symposium for Suicide and Suicidal Behaviour and in 2014 she was awarded the Alexander Gralnick Award from the American Association of Suicidology and the Danish Nordentoft Award. Dr. Erlangsen’s research interests include suicide in older adults, bereaved by suicide, affected by suicide attempt, and psychosocial interventions for people at risk of suicide as well as research applied to record linkage data. She has published numerous papers in peer reviewed journals as well as book chapters and editorials.

**Mr Dameyon Bonson**, a Mangarayi and Torres Strait Islander male, is a Northern Territory based advisor in the prevention of suicide and workshop facilitator. Dameyon has spent the past six years working in upstream suicide prevention; three of those years working specifically within remote Aboriginal communities across the entire north west of Western Australia.

Dameyon has self-published the country’s only report in suicide prevention relating to Indigenous LGBQTI people and crowdfunded the birthing of Black Rainbow; a social enterprise specifically for Indigenous LGBQTI people in the prevention of suicide. He has also developed the country’s only workforce development training that look to strengthen the capabilities of health and community services to work with Indigenous LGBQTI clients.

In 2016, Dameyon was awarded the Dr. Yunupingu Award for Human Rights for his cumulative efforts. He is recognised as the leading voice in the Indigenous LGBQTI suicide prevention. This year Dameyon began his post graduate studies in Suicide Prevention to strengthen his frontline and live experience contribution to the prevention of Indigenous suicide.
Special Lecturers

Dr Kairi Kõlves is a Principal Research Fellow at the Australian Institute for Suicide Research and Prevention and Co-director of the WHO Collaborating Centre for Research and Training in Suicide Prevention, Griffith University. She has been working in suicide research and prevention since 1998. Prior to joining the AISRAP team in 2008, she worked at the Estonian-Swedish Mental Health and Suicidology Institute. Dr Kõlves has been involved in several Australian, Estonian and international projects. She is a member of a number of advisory committees including the Commonwealth Department of Health’s Expert Panel on Suicide Prevention, the Queensland Advisory Group on Suicide, the Advisory Board of ‘Lifeline Research Foundation’, the Queensland Child Death Case Review Panel and others. In 2010 she was the recipient of the Australian LIFE Award in Emerging Research category, in 2017 the Griffith Health Pro Vice Chancellor’s Research Excellence Award (Mid-Career Researcher) and the Publication Award of the Menzies Health Institute Queensland.

Professor Yutaka Motohashi is Director of Japan Support Center for Suicide Countermeasures (JSSC, National Center of Neurology and Psychiatry). He is also Professor of Kyoto Prefectural University of Medicine. He graduated Tokyo Medical and Dental University Faculty of Medicine in 1980, and received PhD degree in 1984. He was appointed as Professor of Public Health at Akita University School of Medicine. Since 2016, he has been Director of JSSC and played a role in the development of Suicide Prevention Policy of Japan.

Dr Sarah Fortune (Deputy chair, Suicide Mortality Review Committee) is a Senior Lecturer in Psychological Medicine at the University of Otago Dunedin. She has worked for more than twenty years as a Consultant Clinical Psychologist with children, adolescents and their families in both Aoteroa/New Zealand and abroad. Her research interests include the epidemiology of self-harm and suicide, treatment interventions, service provision for those experiencing suicidal distress, staff attitudes and population-level prevention strategies.
Dr Kahu McClintock (Waikato/Maniapoto, Ngāti Mutunga and Ngāti Porou) is the Manager Research at Te Rau Matatini. Kahu has worked in the health and disability sector for over 20 years, with a special focus on Kaupapa Māori health research and child and adolescent mental health. Kahu holds a Dip Nursing (Psychiatric), Higher Dip Teaching, B Ed, M Phil (Māori), D Phil (Psychiatry). Dr McClintock was a Member of the Māori Health Committee, New Zealand Health Research Council from 2008 to 2014, and Chair of Ngā Kanohi Kitea Community Research Committee, New Zealand Health Research Council during that term. From 2014 – 2017 Kahu led the successful evaluation of the 47 Waka Hourua Māori Suicide Prevention Community Projects. She also led the development of the Waka Hourua Māori and Pasifika Suicide Prevention Research Strategy and supported the implementation of the four funded Waka Hourua Māori and Pasifika Suicide Prevention research projects.

Dr Allison Milner was given the national “Emerging New Researcher” award from Suicide Prevention Australia in recognition of significant contribution to the field (2011). In 2014, she was recognized with a Tall Poppy Science Award, which celebrates her achievements as an outstanding young scientific researcher and communicator. Allison was awarded the Vice Chancellors Award for Excellence in Research (Deakin University) in 2015. In 2017, she received the Griffith University Outstanding Higher Degree Research Health Alumnus award. She currently holds a highly prestigious Victorian Health and Medical Research Fellowship to further her research regarding suicide, employment and gender. She has held two other competitively funded fellowships in the past six years. Allison is the National Academic Director of Mates in Construction, which is an internationally recognized suicide prevention program in the construction industry. She is co-chair of the IASP Special Interest Group on Suicide in the Workplace.

Dr Sally Spencer-Thomas is a clinical psychologist, inspirational international speaker and an impact entrepreneur. Dr. Spencer-Thomas was moved to work in suicide prevention after her younger brother, a Denver entrepreneur, died of suicide after a difficult battle with bipolar condition. Known nationally and internationally as an innovator in social change, Spencer-Thomas has helped start up multiple large-scale, gap filling efforts in mental health including the award-winning campaign Man Therapy and the nation’s first initiative for suicide prevention in the workplace. In 2016 she was an invited speaker at the White House. Her goal is to elevate the conversation and make suicide prevention a health and safety priority in our schools, workplaces and communities.
Special Lecturers & Post Conference Workshop Leaders

Prof Brian Mishara is Director of the Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE) and Professor of Psychology at the Université du Québec à Montréal, in Montreal, Canada. He is Vice-chairperson of the Trustees of Befrienders Worldwide, an international organization of helplines. He published seven books in English and five in French, include research on new technologies and suicide prevention, the effectiveness of suicide prevention programmes, how children understand suicide, theories of suicidality, ethical issues, euthanasia and assisted suicide, and evaluations of helpline effectiveness. He was a founder of Suicide Action Montreal, the Montreal suicide prevention centre, a past president of the International Association for Suicide Prevention and Canadian Association for Suicide Prevention. He also consults and conducts suicide prevention training internationally.

Stephen Archer is a mindfulness educator and trainer. He is passionate about creating contexts where people can explore mindfulness and discover how it can assist them to access sustainable wellbeing and generate new and transformative perspectives. Stephen has been involved with mindfulness for over 30 years and began practicing mindfulness meditation while he was completing a degree in Eastern religions. He then trained for 13 years as an ordained Buddhist monk in the Thai forest tradition. During the last 20 years he has run workplace mindfulness trainings for organisations including Westpac, Kiwibank and Air New Zealand, delivered courses in healthcare and prisons, and worked at the Leadership Development Centre in Wellington running year-long mindful leadership programmes. He also offers 1:1 supervision, residential retreats and public courses.

He is Director of Mindfulness Training www.mindfulness-training.co.nz and an associate of Mindfulness Works http://mindfulnessworks.co.nz/corporate-workplace-training/
**Ms Jill Fisher** is internationally recognised for her work in the areas of suicide prevention, postvention and mental health, with a special interest in the areas of crisis and traumatic loss & grief. Her media background and professional experience in research and national community development has further enhanced her skills in establishing integrated community responses to traumatic events. With active memberships on a number of national and international committees, Jill has also served as a professional advisor or peer reviewer to several national suicide prevention initiatives. Jill has been honoured to receive the 2011 IASP Norman Farberow Award, the 2013 National Suicide Prevention Australia Leadership & Innovation Award and was a 2016 Griffith University Outstanding Health Alumnus of the Year Finalist. Jill’s interest and passion in addressing the needs of those affected by suicide, including the emerging workforce sector, has been greatly advanced by achieving her Masters of Suicidology with the Australian Institute for Suicide Research & Prevention at Griffith University, under the directorship of internationally renowned suicidologist Professor Diego De Leo.

Jill also completed her Masters in Health Studies (Grief & Loss) at the University of Queensland, under the directorship of Associate Professor Judith Murray. Jill is currently undertaking Professional Doctorate studies at the University of New England to examine the contribution of lived experience to current suicide postvention practice, the active involvement of survivors in the field and the increased recognition and workplace responses to the impact of suicide for clinicians and other formal caregivers. The study will also review variations in participation amongst bereaved groups, families, cultural groups and others as well as any observable timeframes for participation in postvention activities for individuals who choose to discontinue active involvement in the field. The authors acknowledge the diversity of loss experiences and the individuality of grief, especially in relation to traumatic loss and suicide amongst Indigenous and other cultural and diverse groups the contribution of lived experience to current suicide postvention practice, the active involvement of survivors in the field and the increased recognition and workplace responses to the impact of suicide for clinicians and other formal caregivers.
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<td>Copthorne Lobby</td>
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<td>9.00 – 11.00</td>
<td>Treaty Room 1 &amp; 2</td>
<td>Opening Ceremony and Key Note. Chair: Professor Murad Khan</td>
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<td><strong>Professor Sir Mason Durie – ‘The Turamarama Declaration: Indigenous Suicide</strong></td>
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<td>11.30 - 12.00</td>
<td>Treaty Room 1 &amp; 2</td>
<td>Plenary 1 Professor Murad Khan – ‘Religiosity, culture and suicidal behaviour’</td>
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<td>Plenary 2 Professor Jane Pirkis – ‘Using a novel, media-based intervention to</td>
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<td>Effectiveness of suicide prevention programs for emergency and protective</td>
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<td>1.2 Dr Chris Caulkins</td>
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<td>Suicide Among Emergency Responders</td>
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<td>1.3 Dr Chris Caulkins</td>
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<td>Coping has limits: ‘Mixed Presenters’ emergency department presentations for</td>
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<td>Means Restriction: Firearm Availability and Police Suicide</td>
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<td>Lynne Russell</td>
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<td>15.30 – 16.00</td>
<td>Afternoon Coffee/Tea Waitaha Events Centre</td>
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<td>16.00 – 17.30</td>
<td>Symposium 1 – ‘Clusters &amp; Contagion’ Chairs: Professor Ella Arensman &amp; Dr Jo Robinson Dr Jo Robinson: A review of suicide &amp; self-harm clusters in children and adolescents Ms Sandra Palmer: Guidelines for the management of suicide clusters and contagion Professor Ella Arensman: A systematic review of research into suicide and self-harm clustering and developing a real-time suicide surveillance system Assoc. Prof. Matthew Spittal: Suicide cluster detection: opportunities and challenges</td>
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<td>16.00 – 17.30</td>
<td>Symposium 2 – ‘Postvention’ Chair: Dr Myfanwy Maple Dr Myfanwy Maple: Exposure and impact of Suicide in Australia Mr Karl Andriessen: Don’t bother about me: Grief and help-seeking experiences of adolescents bereaved by suicide Mr Roger Shave: Priming Postvention: Timely Transmission of Suspected Suicide Details to District Health Boards (DHBs) in New Zealand - Accuracy and implications Mrs Corinda Taylor: Good postvention is prevention</td>
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<td>16.00 – 17.30</td>
<td>Symposium 3 – ‘Risk Factors/Surveillance’ Chair: Lee, Ming-Been MD Eun Jin Na MD: Risks of suicide of community individuals with psychiatric or physical disorders in South Korea Kwan Woo Choi MD: Alcohol induced disinhibition is associated with impulsivity, depression and suicide attempts: A Nationwide community sample of Korean Adults Chia-Yi Wu PhD: The effect of the National surveillance system for suicide attempters in Taiwan Min Wei Huang MD: Benefit analysis of non-profit Lifeline for suicide prevention in Taiwan</td>
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<td>16.00 – 17.30</td>
<td>Symposium 4 – ‘The LifeSpan Trial understanding how a multilevel suicide prevention approach will impact fatal, and non-fatal suicide rates in Australia’ Chair: Dr Fiona Shand Dr Michelle Torok: An overview of the Lifespan suicide prevention tool Dr Katherine Mok: Recruitment using Facebook to examine Community outcomes. Baseline findings from the Lifespan Suicide Prevention tool</td>
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<td>17.30 – 18.00</td>
<td>Treaty Room 1</td>
<td>Special Lecture 1 Chair: Professor Ella Arensman Dr Allison Milner – ‘Suicide, gender and employment in a global world: opportunities and challenges for prevention initiatives’</td>
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<tr>
<td>17.30 – 18.00</td>
<td>Treaty Room 2</td>
<td>Special Lecture 2 Chair: Professor Myfanwy Maple Professor Yutaka Motohashi MD, PhD – ‘New Suicide Prevention Strategy of Japan: With Special Reference to Suicide Prevention in Youth Generation’</td>
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<tr>
<td>17.30 – 18.00</td>
<td>Rangatira Room</td>
<td>Special Lecture 3 Chair: Lee, Ming-Been MD Dr Sarah Fortune – ‘The New Zealand Suicide Mortality Review Committee; an update’</td>
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<td>17.30 – 18.00</td>
<td>Waitangi Learning Centre</td>
<td>Special Lecture 4 Chair: Dr Fiona Shand Dr Kahu Kathryn McClintock – ‘Waka Hourua Māori Suicide Prevention Community Initiatives’</td>
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<td>18:30 – 20.30</td>
<td>Waitaha Events Centre</td>
<td>Welcome Reception sponsored by Mates in Construction</td>
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**Thursday May 3rd**

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<tr>
<th>Time</th>
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<th>Speaker(s)</th>
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<tr>
<td>8.30 – 9.15</td>
<td>Treaty Rooms 1 &amp; 2</td>
<td>Plenary 3 Tanja Hirvonen – ‘Aboriginal and Torres Strait Islander Suicide Prevention’ Chair: Dr Kahu McClintock</td>
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<tr>
<td>9.15 – 9.45</td>
<td>Treaty Rooms 1 &amp; 2</td>
<td>Plenary 4 Professor Annette Erlangsen – ‘Suicide across the lifespan: prevention of suicide among older adults’ Chair: Dr Kahu McClintock</td>
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<td>9.45 – 10.30</td>
<td>Treaty Rooms 1 &amp; 2</td>
<td>Plenary 5 Dameyon Bonson – ‘Indigenous LGBQTI Suicide Prevention – Black Rainbow, from social media to social enterprise.’ Chair: Dr Kahu McClintock</td>
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<td>10.30 - 11.00</td>
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<td>Morning Coffee/Tea Waitaha Events Centre Poster Presentations - Waitaha Events Centre</td>
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<td>11.00 - 11.30</td>
<td>Treaty Rooms 1 &amp; 2</td>
<td>Plenary 6 Professor Ella Arensman – ‘Self-harm and suicide in young people: Associated risk factors and evidence-based interventions’ Chair: Professor Brian Mishara</td>
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<td>11.30 - 12.00</td>
<td>Treaty Rooms 1 &amp; 2</td>
<td>Plenary 7 Dr Steven Stack – ‘Does Religiousness Prevent Suicide? An Analysis of Youth &amp; Young Adults in 26 Asia/Pacific Nations’ Chair: Professor Brian Mishara</td>
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<td>12.00 – 12.30</td>
<td>Treaty Rooms 1 &amp; 2</td>
<td>Plenary 8 Professor Paul Yip – ‘Suicide Prevention with YouTubers’ Chair: Professor Brian Mishara</td>
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<tr>
<td>13.30 – 15.30</td>
<td>Treaty Room 1</td>
<td>Workshop 3 –Ms Sue Murray, Mrs Tracey McCown &amp; Ms Michelle Kwan</td>
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<td>Successful Advocacy for a Dedicated National Suicide Prevention Research Fund</td>
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<td>13.30 – 15.30</td>
<td>Treaty Room 2</td>
<td>Oral Papers 3. ‘Workplace’ Chair: Dr Allison Milner</td>
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<td>3.1 Ms Meg Perceval</td>
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<td>Environmental factors related to suicide in Australian farmers: A qualitative study</td>
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<td>3.2 Dr. Steven Stack</td>
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<td>Does Workplace Job Demotion Predict Suicide Deaths?</td>
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<td>3.3 Dr. Sally Spencer-Thomas</td>
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<td>You Can’t Fix Your Mental Health with Duct Tape: Suicide Prevention in Construction</td>
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<td>3.4 Mr Edward Lesofski</td>
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<td>U.S. Military Veteran Culture Redefining Suicide Prevention Approaches to</td>
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<td>3.5 Mr Jorgen Gullestrup</td>
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<td>MATES in Construction a joint workplace community effort for suicide prevention</td>
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<td>Qualitative Analysis of help seeking and help offering motivation in MATES in</td>
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<td>3.7 Monika Ferguson (presented by Prof. Nicholas Proctor)</td>
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<td>The impact of MATES in Construction: A mixed-methods study of a workplace suicide</td>
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<td>prevention training program in the Australian construction industry</td>
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<td>13.30 – 15.30</td>
<td>Rangatira Room</td>
<td>Workshop 4 –Dr Claire Kelly</td>
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<td>Suicide First Aid: educating the public to assist in a crisis</td>
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<td>13.30 – 15.30</td>
<td>Waitangi Learning Centre</td>
<td>Oral Papers 4. ‘Youth’ Chair: Professor Paul Yip</td>
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<td>4.1 Ms Ksenia Chistopolskaya</td>
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<td>Self-compassion as a protective factor against suicidal behavior: interplay with</td>
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<td>4.2 Mr Swapnil Bhopi</td>
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<td>The effectiveness of active listening in the reduction of suicidal tendencies in</td>
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<td>4.3 Ms Kwan-Yu Shum</td>
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<td>Building a Strong School Support Network in Hong Kong: Quality Education Fund</td>
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<td>Thematic Network on Developing Students’ Positive Attitudes and Values</td>
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<td>4.4 Ms Stéphanie Alix</td>
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<td>Self-Blame, Shame, and Avoidance as Predictors of Depression, PTSD, and</td>
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<td>Suicidal Ideations among Sexually Abused Adolescent Girls</td>
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<td>4.5 Dr. Yik Wa Law</td>
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<td>Post-discharge care for young adults with self-harm - a multi-centre randomised</td>
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<td>4.6 Mrs Kirsty Louden-Bell</td>
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<td>Application of Evidence to Practice: Identifying and Managing Suicide Risk in the</td>
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<td>Child Welfare Population - The Toward Wellbeing Programme</td>
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<td>4.7 Assoc. Prof. Sarah Hetrick</td>
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<td>What works in youth suicide prevention? A systematic review and meta-analysis</td>
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<td>15.30 – 16.00</td>
<td>Afternoon Coffee/Tea Waitaha Events Centre</td>
<td>Poster Presentations - Waitaha Events Centre</td>
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<td>16.00 – 18.00</td>
<td>Treaty Room 1</td>
<td>Workshop 5 –Khara Croswaite Brindle, MA, LPC, ACS. Dr Sally Spencer Thomas &amp; Dr Andi Pusavat. <em>Innovative and Interactive Approaches to Suicide Assessment and Safety Planning</em></td>
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<tr>
<td>16.00 – 18.00</td>
<td>Treaty Room 2</td>
<td>Masterclass 1: Professor Jane Pirkis – ‘Attracting funding for suicide prevention research’</td>
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<td>16.00 – 18.00</td>
<td>Waitangi Learning Centre</td>
<td>Masterclass 2: Mr Witeria Ashby – ‘Cultural Storytelling’</td>
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<td>16.00 – 17.30</td>
<td>Rangatira Room</td>
<td>Symposium 5 - ‘Lived Experience’ Chair: Mr Karl Andriessen</td>
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<td>Mr Karl Andriessen: <em>Harmful or helpful? A systematic review of how people bereaved through suicide experience research participation</em></td>
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<td>Ms Veronica Marshall-Bernard: <em>For My Brothers - a true story about the loss of my three younger brother’s whom died by suicide. This story depicts the journey I embarked on to make it my lifelong commitment to save others everyday including myself.</em></td>
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<td>Mr Barry Taylor: <em>The Suicidal Suicidologist: Personal and professional insights of the suicidal moment</em></td>
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<td>Mrs Tracy McCown: <em>Importance of Engagement and Participation of Lived Experience in Suicide Prevention Programs and Services in the Chain of Care</em></td>
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<td>17.30 – 18.00</td>
<td>Rangatira Room</td>
<td>Special Lecture 5 Chair: Mr Karl Andriessen Ms Jill Fisher - ‘Suicide Postvention past, present and future across the Asia Pacific region and beyond…’</td>
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<tr>
<td>8.30 – 10.00</td>
<td>Treaty Room 1</td>
<td>Symposium 6 – ‘Evidence informed multilevel community-based suicide prevention programs’ Chair: Professor Ella Arensman.</td>
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<td>Dr Jerry Reed: <em>Gatekeeper awareness training programs for community facilitators, such as counsellors</em></td>
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<td>Professor Ella Arensman: <em>Awareness and skills training for GP's</em></td>
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<td>Professor Jane Pirkis: <em>Reducing access to lethal/frequently used methods for suicide and self-harm</em></td>
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<td>Professor Paul Yip: <em>Public Awareness campaigns based on principles of positive mental health promotion and implementing media guidelines for reporting suicide</em></td>
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<td>Professor Lakshmi Vijayakumar: <em>Supports for vulnerable people and their family members including those who have engaged in self-harm, those who have lost a family member to suicide</em></td>
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<td>8.30 – 10.00</td>
<td>Treaty Room 2</td>
<td>Symposium 7 - ‘Helplines’ Chair: Mrs Glenda Schnell</td>
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<td>Mrs Glenda Schnell: <em>A Life line: How Lifeline's research can inform suicide prevention</em></td>
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<td>Dr Yongsheng Tong: <em>Correlates of effectiveness of intervention for high suicidal risk callers in hotline</em></td>
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### Waitangi Learning Centre

**8.30 – 10.30 Rangatira Room**
- **Masterclass 3:**
  - Dr Jo Robinson – *Suicide prevention and social media*

**10.00 – 10.30 Treaty Room 1**
- **Special Lecture 6 Chair:** Professor Ella Arensman
  - Dr Kairi Kolves - *Farmer suicides: prevalence, profiles and trajectories*

**10.00 – 10.30 Treaty Room 2**
- **Special Lecture 7 Chair:** Mrs Glenda Schnell
  - Professor Brian Mishara – *Which Recommendations for Safe Messaging about Suicide in Public Communications should we follow and why: Comparison of Guidelines and Research Evidence*

**10.00 – 10.30 Waitangi Learning Centre**
- **Special Lecture 8 Chair:** Mr Barry Taylor
  - Dr Sally Spencer Thomas – *Workplace suicide prevention*

### Waitaha Events Centre

**10.30 - 11.00**
- **Morning Coffee/Tea**
- **Poster Presentations - Waitaha Events Centre**

**11.00 – 11.30 Treaty Rooms 1 & 2**
- **Plenary 9 Chair:** Professor Jane Pirkis
  - Professor Lakshmi Vijayakumar – *Suicide in young women—The untold story*

**11.30 - 12.00 Treaty Rooms 1 & 2**
- **Plenary 10 Chair:** Professor Jane Pirkis
  - Dr Jemaima Tiatia Seath – *Pacific Suicide Prevention: Defining it Ourselves*

**12.00 - 12.30 Treaty Rooms 1 & 2**
- **Plenary 11 Chair:** Professor Jane Pirkis
  - Professor Ying Yeh Chen – *Neuro-developmental disorders and suicidal behaviors*

**12.30 – 13.30**
- **Lunch**
  - **Waitaha Events Centre / Lunch with Experts**
  - **Poster Presentations - Waitaha Events Centre**

**13.30 – 15.30 Treaty Room 1**
- **Workshop 6 – Dr Jerry Reed. Prof. Ella Arensman & Prof. Jane Pirkis.**
  - A National Strategy for Suicide Prevention and a Coordinating Body to Develop, Monitor and Advance the Goals and Objectives of a Nation’s Suicide Prevention Efforts are Essential.

**13.30 – 15.30 Treaty Room 2**
- **Oral Papers 5. ‘Community-based approaches to suicide prevention’ Chair:** Professor Lakshmi Vijayakumar
  - 5.1 Prof. Myfanwy Maple
    - Better Support: Supporting family and friends after a loved one has attempted suicide
  - 5.2 Mrs Ruby Tuesday
    - LifeKeepers – The development and delivery of a multi-modal and culturally tailored suicide prevention training programme
  - 5.3 Prof. Nicholas Procter
    - Evaluation of a targeted suicide prevention education program for people working with asylum seekers and refugees
  - 5.4 Dr. Suzaily Wahab
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<tr>
<td>13.30 – 15.30</td>
<td>Workshop 7 - Dr Sally Spencer-Thomas, <em>Innovation in Men's Suicide Prevention: Using Humor, Media and Digital Engagement to Promote Mental Health and Prevent Suicide for High Risk Men</em></td>
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<td>6.1 Mr Marc Bryant <em>Addressing the impact of overseas media consumption in Australia</em></td>
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<td>6.2 Mr Tetsuya Matsubayashi <em>Media reporting of suicide in Japan: a longitudinal analysis</em></td>
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<td>6.3 Mr Marc Bryant <em>Online streaming without borders: fictional portrayals of suicide within Australia and internationally</em></td>
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<td>6.4 Dr Jo Robinson <em>Social media and suicide prevention: The Chatsafe project</em></td>
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<td>6.5 Dr Kylie King <em>Findings from a randomised controlled trial to test the impact of a documentary on men’s masculinity and wellbeing in Australia</em></td>
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<td>15.30 – 16.00</td>
<td>Afternoon Coffee/Tea Waitaha Events Centre</td>
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<td>16.00 – 18.00</td>
<td>Workshop 8: Dr. Allison Milner &amp; Mr. Jorgen Gullestrup <em>Workplace suicide prevention: Challenges and opportunities</em></td>
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<td>16.00 – 18.00</td>
<td>Oral Papers 7. <em>Strategy</em> Chair: Dr Monique Faleafa</td>
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<td>7.1 Mr Michael Naera (presented by Dr Keri Lawson-Te Aho) <em>Turamarama ki te Ora: National Maori Strategy for Addressing Suicide</em></td>
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<td>7.2 Miss Leilani Clarke <em>FLO: Pasifika for Life - New Zealand's first national Pasifika suicide prevention programme</em></td>
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<td>7.3 Dr Lennart Reifels <em>Research priorities in suicide prevention: Review of Australian research from 2010-2017 highlights continued need for intervention research</em></td>
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<td>7.4 Mr Marc Bryant <em>Australian Suicide Prevention Charter</em></td>
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<td>7.5 Ms Sally Morris <em>A National LGBTI Mental Health and Suicide Prevention Strategy - Australia</em></td>
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<td>7.6 Ms Michelle Kwan <em>A National collaboration to improve evidence-based suicide prevention in Australia through the Suicide Prevention Hub: Best Practice Programs and Services</em></td>
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<td>7.7 Ms Bronwen Edwards <em>Gatekeeper suicide training's effectiveness among Malaysian hospital staffs and health professionals: A control group study</em></td>
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<td>5.5 Ms Fiona Livingstone <em>The development and delivery of culturally appropriate suicide prevention workshops to Aboriginal communities - what we’ve learnt so far</em></td>
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<td>5.6 Dr Angela Nicholas <em>How do Australians help people who know who are at risk of suicide?</em></td>
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<td>5.7 Mrs Jacinta Hawgood <em>Closing the gap between what we know and what we do: Uncovering minimum standards of competency in gatekeeper training</em></td>
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### 16.00 – 18.00
#### Rangatira Room

**Oral Papers 8. ‘Programmes’ Chair: Dr Jemaima Tiatia-Seath**

8.1 Dr Maria Baker  
*Te Haruru o te Tai: The roar of the tide*

8.2 Mr Ronald Baker  
*Te Ihi Ora*

8.3 Dr Stéphane Amadeo  
*The part played by associations in suicide prevention in French Polynesia*

8.4 Mr Edward Mantler  
*Roots of Hope: A community-based initiative for reducing suicide in Canada*

8.5 Mr Roger Shave  
*Community-based Responses to Managing Suicide Clusters and Contagion*

8.6 Dr Stéphane Amadeo  
*Suicide prevention by contact maintain in Tahiti: telephone, mobile intervention team (MIT) and body intervention treatment (BIT)*

8.7 Ms Charlotte Muehlmann  
*Self-help Online against Suicidal Thoughts - who seeks Internet-based therapy interventions?*

8.8 Gul Shamim  
*Beyond Mental health model: A call for social justice approach to suicide prevention*

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### 16.00 – 18.00
#### Waitangi Learning Centre

**Oral Papers 9. ‘Culture’ Chair: Dr Steven Stack**

9.1 Ms Rebecca Sandford  
*Exposure to, and impact of, suicide among Australian Aboriginal and Torres Strait Islander peoples*

9.2 Ms Shahnaz Savani  
*A Systematic Study of Prevalence, Risk and Protective Factors for Suicide in Central Asia: The Implicit Role of Culture*

9.3 Ms Moira Clunie  
*Strengthening rainbow community leadership to prevent LGBTI+ suicide in New Zealand: a literature review*

9.4 Mr Alan Woodward  
*Chinese Australian Population - Support Needs Study*

9.5 Dr Indra Boedjarath  
*Cultural scripts of suicide in the Indian diaspora*

9.6 Dr Sally Spencer-Thomas  
*Faith Communities and Suicide Prevention: A Case Study of a Unitarian Universalist Church*

9.7 Rev. Filifai’esea Lilo  
*Suicide Prevention in Tonga*

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### 18.30
#### Garden Restaurant, Copthorne Resort

**Evening Soiree  Sponsored by Millennium Hotels**

MC : Greg Ward
### Saturday May 5th

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| 9.00 – 11.00  | Treaty Room 1 | Oral Papers 10. **Clinical perspectives on suicide** | Professor Annette Erlangsen | 10.1 Mrs Jacinta Hawgood  
*STARS (Screening Tool for Assessing Risk of Suicide): Clinician Perceptions of Useability and Efficacy*  
10.2 Dr Loraine Barnaby  
*Examination of Associations between Alcohol consumption and Suicidal Behaviour in an autopsy sample from the Georgetown Hospital, Guyana*  
10.3 Dr Annette Erlangsen  
*Neurological disorders and risk of suicide*  
10.4 Mr Steven Davey  
*A scoping review of suicidality and alexithymia: the need to consider interoception*  
10.5 Ms Britt Morthorst  
*Pack size restriction of non-opioid analgesics sold over-the-counter in Danish pharmacies; a national cohort study investigating the trend in poisonings using nationwide register and biochemical data in a before and after design*  
10.6 Ms Tess Soulie  
*Effect of Clinicians’ Profession and Theoretical Orientation on Levels of Endorsement of Countertransference to Suicidal Patients*  
10.7 Ms Tess Soulie  
*Understanding Clinicians’ Positive Inclination to Patients at Risk for Suicide: Preliminary Findings*

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<th>Presentations</th>
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| 9.00 – 11.00  | Treaty Room 2 | Oral Papers 11. **Youth** | Ms Nikki Coleman | 11.1 Mr Lionel Rogers  
*“E na tiko ga na Inuinui”(There is Always Hope): Suicide - The Leading Cause of Death among Young People in Fiji*  
11.2 Assoc. Prof. Kerry Gibson  
*Young people’s communication on suicide: A New Zealand Study*  
11.3 Mr Thomas Tarurongo Wynne  
*Sailing the Storm of Youth Suicide in the Cook Islands and of Cook Islands Youth in New Zealand*  
11.4 Miss Jeanne Van Wyk  
*Young people’s communicated experience of suicidality: An analysis of young people’s suicide conversations on a text counselling service*  
11.5 Miss Eliza Puna  
*Examining positive mental wellbeing and suicide prevention among Cook Islands youth*  
11.6 Mr Caleb Masters  
*‘Run it straight!’: Young Pasifika males, mental wellbeing, and elite sports*  
11.7 Prof. Deborah Goebert  
*Building Strengths and Inspiring Hope among Youth and their Communities*  
11.8 Mrs Kirsty Louden-Bell  
*Targeted training to upskill those supporting and working with vulnerable youth*

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| 9.00 – 11.00  | Treaty Room 2 | Oral Papers 12. **Epidemiology** | Mr Roger Shave | 12.1 Mr Liam O’Rourke  
*Epidemiology of Suicide in New Zealand*  
12.2 Prof. Margaret White  
*Suicide and mental health in New Zealand: An update*  
12.3 Dr Annette Erlangsen  
*Neurological disorders and risk of suicide*  
12.4 Mr Steven Davey  
*A scoping review of suicidality and alexithymia: the need to consider interoception*  
12.5 Ms Britt Morthorst  
*Pack size restriction of non-opioid analgesics sold over-the-counter in Danish pharmacies; a national cohort study investigating the trend in poisonings using nationwide register and biochemical data in a before and after design*  
12.6 Ms Tess Soulie  
*Effect of Clinicians’ Profession and Theoretical Orientation on Levels of Endorsement of Countertransference to Suicidal Patients*  
12.7 Ms Tess Soulie  
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| Rangatira Room | 12.1 Dr Stéphane Amadeo  
*Suicidal risk in the General Population: results of the WHO survey ‘Mental Health in General Population: Images and Realities’; in French Polynesia*
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| 12.2 Ms Angela Clapperton  
*Identifying typologies of persons who died by suicide: Characterising suicide in Victoria, Australia* |  |
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*Case fatality of suicidal behavior and repeated suicidal behavior after attempted suicide in rural China* |  |
| 12.4 Mr Edward Pinkney  
*Student Suicide in Higher Education and Its Relationship to Economic Policy in the United Kingdom* |  |
| 12.5 Dr Katrina Witt  
*Characteristics of males attended by ambulance services in Australia following suicidal ideation or behaviour: Alcohol, illicit drug, and pharmaceutical medication involvement* |  |
| 12.6 Ms Eleanor Bailey  
*Ethical issues and practical barriers in internet-based suicide prevention research* |  |

| 9.00 – 11.00 Waitangi Learning Centre | Workshop 9 - Debby Wilson Danard. Ashley Keays, Kendra Keetch & Erin Dixon.  
*Feather Carriers: Leadership for Life Promotion* |
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| 10.30 - 11.00 | Morning Coffee/Tea Waitaha Events Centre  
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| 11.00 - 11.30 Treaty Room 1 & 2 | Plenary 12  
**Professor Lai Fong Chan – ‘Suicide Prevention in Physicians and Medical Trainees: A Call for Action’** Chair: Professor Murad Khan |
| 11.30 - 12.30 Treaty Room 1 & 2 | Closing Ceremony |
| 12.30 – 13.30 | Lunch – Post Conference Workshop delegates |
| 13.30 – 15.30 Treaty Room 1 | Post Conference Workshop 1. Facilitated by: Professor Brian Mishara & Vanda Scott  
*‘Building Hope in Hopeless Situations with Suicidal Persons’.* |
*‘Introduction to Mindfulness’.* |
*‘Responding to the impact of suicide – turning the tide by enabling and supporting those affected by suicide’.* |
| 15.30 – 16.00 | Afternoon Coffee/Tea |
| 16.00 – 18.30 Treaty Room 1 | Post Conference Workshop 1 Continued  
*‘Building Hope in Hopeless Situations with Suicidal Persons’.* |
| 16.00 – 18.30 Treaty Room 2 | Post Conference Workshop 2 Continued  
*‘Introduction to Mindfulness’.* |
| 16.00 – 18.30 Rangatira Room | Post Conference Workshop 3 Continued  
*‘Responding to the impact of suicide – turning the tide by enabling and supporting those affected by suicide’.* |
Conference Abstracts

Keynote

The Turamarama Declaration: Indigenous Suicide Prevention
Professor, Sir Mason Durie
Deputy Vice-Chancellor and Professor of Māori Research and Development Massey University, Senior advisor to Te Rau Matatini. Knighted for services to public health and Māori health 2010.

At the Indigenous Suicide Prevention Conference in Rotorua 2016, a Declaration was approved by the participants. The presentation will focus on the articles contained in the Turamarama Declaration for Indigenous Suicide Prevention. It will scope indigenous suicide trends with a particular focus on Māori suicides, the Waka Hourua Strategies for prevention and the key findings from the community projects undertaken in both Māori and Pasifika communities.

Plenaries

Plenary 1
Religiosity, culture and suicidal behaviour.
Professor Murad M Khan
Dept. of Psychiatry Aga Khan University, Karachi, Pakistan
President, International Association for Suicide Prevention

Spirituality and religiosity have a significant role in suicide prevention. It is postulated that religiosity is strongly influenced by culture, and religious, spiritual and cultural beliefs and practices are interwoven and influence each other. For example, the Islamic religion strongly condemns suicide as an unforgivable sin and Muslims have much lower rates of suicide than people of other religions. However, there are variations in suicide rates even amongst Islamic countries, with evidence of relatively high rates in Islamic countries of Central Asia Republics such as Kazakhstan and Uzbekistan and low rates in Islamic countries of Middle East & North Africa such as Syria and Morocco. Various theories are put forward for this variation but one possible explanation for this variation is the influence of culture on religiosity.

When planning suicide prevention programs measures of religion/spirituality should reflect greater sensitivity of ethno-cultural factors, as the magnitude and direction of the effect of religiosity on health may vary across ethnic groups, which differ with regard to the cultural centrality of religion. There is need to examine ways in which culture influences religion’s expression of the spiritual and vice versa.
Plenary 2

**Using a novel, media-based intervention to prevent suicide in men**

Professor Jane Pirkis  
Director, Centre for Mental Health, University of Melbourne  
Vice President, International Association for Suicide Prevention

Around the world, men dominate suicide statistics. One of the reasons for this may relate to the fact that men are less likely than women to seek help from professional sources if they are facing tough emotional times, and less likely to reach out to their friends and family for support. Men’s relative reticence to turn to others for assistance has been discussed in the context of societal expectations about what it means to be a man. There are implicit and explicit pressures on men to solve problems for themselves and remain self-assured. Society often rewards men for exhibiting leadership, strength and stoicism, and discourages them from displaying overt signs of emotion. From a young age, boys are told to ‘man up’, ‘toughen up’ and ‘grow a pair’. These normative pressures reinforce in men’s minds that talking through their problems with others is not a valid way of dealing with life. We received funding from the Movember Foundation to develop and test an intervention designed to challenge male stereotypes and legitimise help-seeking. We worked with Heiress Films to create a 3-part documentary that explored the complex relationships between masculinity, help-seeking, mental health and suicidality. We called it Man Up, deliberately challenging the conventional use of the term. This presentation will discuss the development and evaluation of Man Up, focusing particularly on its reach and its effectiveness in achieving its aims.

Plenary 3

**Aboriginal and Torres Strait Islander Suicide Prevention**

Tanja Hirvonen  
Psychologist, Aboriginal Medical Services Alliance Northern Territory and Executive Support Officer

Aboriginal and Torres Strait Islander suicide occurs at double the rate of other Australians. Suicide is the leading cause of death for Aboriginal and Torres Strait Islander people of 15 to 34 years of age, accounting for 1 in 3 deaths. The mental health of Aboriginal and Torres Strait Islander people has become a critical issue and available data indicates an entrenched, worsening, mental health crisis. At the core of any solutions are concepts of community ownership and valuing culture. New approaches where mental health profession needs to and have begun to engage with Indigenous people in ways that support self-determination and assist recovery and cultural maintenance are essential. The national Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) at UWA were undertaken in response to appalling rates of suicide. ATSISPEP achieved the development of an evidence base for what works in Aboriginal and Torres Strait Islander suicide prevention and the development of a culturally appropriate evaluation framework. It identified Aboriginal and Torres Strait Islander community suicide prevention needs and that system-level change was required. As a result, the Centre For Best Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP, UWA) was established to reduce the causes, prevalence and impact of suicide on Aboriginal and Torres Strait Islander individuals, their families and communities. It aims to assess relevant existing international and Australian research/evaluations for best practice in Indigenous suicide prevention through an Indigenous ‘lens’ for Indigenous peoples, to identify the
need and facilitate innovative research, to translate best practice for practical application for stakeholders. This presentation will review main messages from the Solutions That Work Report and work of the CBPATSISP.

Plenary 4

**Suicide across the lifespan: prevention of suicide among older adults**

Professor Annette Erlangsen, PhD  
Associate Professor, Danish Research Institute for Suicide Prevention

Suicides occur across the entire lifespan. However, older adults hold the highest suicide rates of all age segments on a worldwide level. The objective of this talk is to provide an overview of recent trends and characteristics of suicide among older adults. In addition, an assessment of preventive efforts directed at older adults and their evidence is offered. Existing studies regarding suicide trends, methods and systematic reviews of suicide preventions efforts were assessed to generate a summary of current trends and evidence of effective interventions.

Based on data from countries reporting cause of death statistics, suicides rates are found to be highest among the oldest age groups on a worldwide level. Among older adults, highly lethal methods, such as hanging and shooting account for the major shares of suicides. Distinct differences in choice of methods are found across a range of countries, which in parts relates to availability of means. The high lethality of suicidal behaviour among older adults emphasises the need for identification of persons at risk prior to suicidal actions. Also, the large share of undiagnosed depression, particularly among older adult men, points in the direction of GP-based interventions, possibly combined with social community-based efforts. Reductions in suicide rates hinge upon directing effective interventions towards those age segments at high risk. It is, however, important to focus on preventive efforts that address the specific characteristics of older adults at risk of suicide. There remains a substantial need for scientific evaluations of interventions for older adults.

Plenary 5

**Indigenous LGBQTI Suicide Prevention – Black Rainbow, from social media to social enterprise.**

Mr Dameyon, Bonson  
Black Rainbow

In 2013, Dameyon Bonson, an Indigenous gay male with several years’ frontline experience in some of Australia’s most remote regions noted for high incidences of Indigenous suicide, frustrated with the lack of traction on the heightened risk of suicide for the Indigenous Australian Lesbian Gay Bisexual Queer Trans Intersex (LGBQTI) people turned to social media and created Black Rainbow. It’s premise, to create something that was free and accessible that positively promoted and increased the visibility of Indigenous Australian LGBQTI people. Through the sustained use of this medium, Black Rainbow, has not only raised the previously unacknowledged profile of Indigenous Australian LGBQTI suicide, it has transformed its social media presence into a social enterprise that supports Indigenous Australian LGBQTI people as it works toward the prevention of suicide.

To date, both Black Rainbow’s social media accounts, Twitter and Facebook, have amassed a combined following of over 13,000 people and has fundraised close to $45,000. These donations
have assisted in the production of Australia’s first and only ever report in suicide prevention that is specific to Indigenous LGBQTI people in Australia as well as the provision of pre-purchased phone and data credit to Indigenous Australian LGBQTI people who may be homeless, attempting to leave a domestic violent relationship or are engaged in the criminal justice system Black Rainbow also offers micro-grants of $200 for Indigenous Australian LGBQTI people to host social events in their communities.

Guided by an advisory group of six Indigenous people from the LGQBTI community, Black Rainbow has become a national touchpoint on issues relating the health and wellbeing, including mental health, for Indigenous LGBQTI people. It has informed several projects and reports, all with national footprints. Informed by the crowdfunded report, Voices from the Black Rainbow - findings from insider research in the suicide prevention and wellbeing of Indigenous LGBQTI people in Australia, Black Rainbow’s next steps in its social enterprise agenda is the national roll out, and accreditation, of Australia’s first Indigenous LGBQTI Inclusive Practices workshop across all primary health care settings. To date, Black Rainbow has received no government funding. In 2015, Black Rainbow’s founder, Dameyon Bonson received an Indigenous Human Rights Award recognising his efforts to date.

Plenary 6

Self-harm and suicide in young people:
Associated risk factors and evidence based interventions
Professor Ella Arensman
School of Public Health & National Suicide Research Foundation, WHO Collaborating Centre for Surveillance and Research in Suicide Prevention, University College Cork, Ireland
Past President, International Association for Suicide Prevention
Visiting Professor, Australian Institute for Suicide Research and Prevention, Griffith University

In recent years, international research has shown an increase of self-harm and suicide in young people. In addition, many self-harm acts among children and adolescents remain ‘hidden’ from health services. Self-harm in children and adolescents commonly involves self-cutting and intentional drug overdose, and associations have been found with depression, anxiety, eating disorders, substance abuse, physical and sexual abuse and bullying including cyberbullying.

Suicide clustering is four times more common among young people (15-24 years) than other age groups. There are indications of increasing clustering and contagion effects in suicidal behaviour among young people associated with the rise in social media. In addition, in small communities social learning processes also contribute to clustering of suicide and self-harm.

There is growing evidence for positive mental health promotion programmes in reducing risk factors for self-harm and strengthening protective factors. A number of specific interventions, including Cognitive Behaviour Therapy and Dialectical Behaviour Therapy have demonstrated positive effects in reducing risk of repeated self-harm among young people. However, the number of randomised controlled trials in this area is limited.
Following Durkheim’s (1897/1966) classic work, religiosity has often been found to be a protective factor against suicide in sociological work. However, it has received relatively little attention in suicidology (Collucci & Martin, 2008; Stack & Kposowa, 2011; 2016). In addition, existing work has been disproportionately based on the US and other developed nations following the Judeo-Christian cultural tradition. Little work is based on less developed nations and nations in other culture zones of the world including those following Buddhism, Hinduism, and Islam. Further, there is a relative neglect of the extent to which the protective effect of religiousness may vary across stages of the life course. The present study addresses these limitations by using data on a large number of respondents representing a diversity of culture zones of the world. It focuses on the link between religiousness and suicidality among youth in the Asia/Pacific region, but also draws attention to the latter stages of the life course and the world as a whole.

Background: Religiousness is thought to reduce suicidality though various mediators such as reducing hopelessness. Hopelessness is an important risk factor in psychiatric models of suicidality (Beck et al., 1990). It is also a centrepiece of sociological work on religious commitment to core religious beliefs, which reduce suicidality through promotion of hopefulness (e.g., Stack, 1983; Stack & Kposowa, 2016). Religions, including Buddhism, Christianity, Hinduism, and Islam, generally promote hopefulness through the promise of an afterlife. This is through such associated beliefs as those concerning heaven or reincarnation. An afterlife can provide adherents with hope for a reality better than that of their present, which can include anguish from psychiatric disorders, unemployment, divorce, physical illness, deaths of loved ones, substance abuse, and other social-psychiatric strains (e.g., Stack & Kposowa, 2016). That religion promotes hopefulness is generally the case in empirical research. For example, 73% of 40 studies found that religion was associated with less hopelessness (Koenig, et al., 2012).

There are numerous other possible pathways between religiousness and suicide completions. For example, religiousness is associated with lower odds of drug and alcohol abuse, better physical health, higher marital stability, lower depression, and greater social support (Koenig et al., 2012; Robins & Fiske, 2009). For example, 86% of 278 studies reported that religion reduced alcohol abuse, an important risk factor for suicide. 82% of 74 studies found that religion enhanced social support through interaction with co-religionists (Koenig, et al., 2012:303). The social support offered by co-religionists to suicidal individuals can reduce thwarted belongingness and perceived burdensomeness, elements of the Interpersonal theory of Suicide (Joiner, 2005; Robbins & Fiske, 2009).

Methodology: All data are taken from the fifth wave of the World Values Surveys (WVS), and cover the period from 1981-2007. The WVS are based on national representative samples from each participating country. Complete data were available for 85 nations and 219,796 respondents.
The focus of the present study is on 77,108 respondents from 26 nations in the Asia/Pacific Region of the world. These include large samples of Buddhists (e.g., Thailand), Hindus (India), Muslims (e.g., Indonesia, Pakistan), Christians (e.g., Australia, New Zealand) and persons in nations with relatively few traditional religious adherents (e.g., China, Vietnam). This region of the world presents something of a challenge to the often reported link between Western religion and suicidality (Koenig, et al., 2012; Stack & Kposowa, 2016). Of those reporting religious affiliations a majority identify with Eastern faiths, including: 31.8% Muslim, 11.5% Buddhist, and 12.2% Hindu, while a minority identify with Western religions including Protestant 7.7% and Catholic 11.5% (WVS).

Suicidality is measured by the suicide acceptability item:

- “Please tell me whether or not you think that suicide can always be justified (=10), never be justified (=1), or somewhere in between (index from 1 through10)”.

Suicide acceptability has been found to be a good predictor of other aspects of suicidality including suicide ideation, suicide attempts and suicide completions (Stack & Kposowa, 2016). A log transformation was employed to adjust for skewness.

Religiousness is measured by two items (subjective importance and practice) for which data are available for the maximum number of nations:

- (1) “How important is religion in your life?” from 1=not at all, through 10=very important.

  Subjective religiosity is one of the 13 main dimensions of religion, which are often inter-related (Koenig, et al., 2001, 2012).

- (2) Religious practice is measured in terms of attendance at religious activities:

  “Apart from weddings and funerals about how often do you attend religious services these days?” 0=never thorough 7=more than once a week.

The focus is on the first measure, which is thought to be more inclusive of other dimensions of religiousness (Stack & Laubepin, 2018). As in previous work, controls are incorporated for possible mediating factors including physical health, marital integration, demographics (e.g. age, sex), and year of survey to control for any upward trend in suicide acceptability. Three age groups are analysed in each of the 26 nations located in the Asia/Pacific regions. These are defined as youth and young adults, ages less than 35, middle aged persons, ages 35-64, and the elderly, 65 and over. Multiple regression analysis serves as the statistical technique and SPSS is the software package employed.

Results: In a pooled sample of all 85 nations and 219,796 respondents the greater the subjective importance of religion, the lower the suicide acceptability. Controlling for religious practice and the other predictors, religious importance was the most important predictor of suicide acceptability (Beta = -.254, t=96.69, P < .000). The second leading predictor was attendance at religious services (Beta = -.051, t=-19.72, p < .000) The third largest standardized coefficient was for being married (Beta = -.047, t=-20.76, p < .000). The model explained 8.5% of the variance in suicide acceptability.

Turning to the pooled sample of 26 nations in the Asian/Pacific region, in the final multivariate model, religious importance was the leading predictor of suicide acceptability (Beta = -.241, t=52.39, p < .000). However, analysing each nation separately, there were mixed findings over the life course. In 18/26 nations, for youth and young adults, controlling for the other predictors, the greater the self-reported religious importance the lower the suicide acceptability. There were 8 exceptions.
where religious importance did not predict suicide acceptability of the young including China and Vietnam. These two nations have relatively few traditional religious adherents. The lack of a connection between religion and suicidality might be expected from the standpoint of the moral community perspective. Religion has its strongest impact where there are many religious adherents to reinforce religious teaching among religious individuals (Stack & Kposowa, 2016). Further, controlling for the other predictors, many Muslim nations were also exceptions: Azerbaijan, Bangladesh, Indonesia, and Saudi Arabia. In Hong Kong, a nation with 90% of the population belongs to eclectic local religions, religiousness was an insignificant predictor of suicide acceptability among youth. In New Zealand religious importance became insignificant in the multivariate model.

Turning to the middle aged group, and sticking to just the multivariate analysis, in 18/26 nations religious importance served as a protective factor against suicide acceptability. The exceptions tended to follow the same patterns found among youth: these were nations with few traditional religious adherents (China and Vietnam) and many Muslim nations (Jordon, Pakistan, Saudi Arabia). In addition, in Hong Kong middle aged persons were also not protected by religious importance, religions there being localized and eclectic. Middle aged persons, unlike the young, were unprotected in Armenia and the Philippines.

Turning to elderly populations, two nations had complete data on fewer than 70 cases and were dropped (Malaysia, 2, and Saudi Arabia, 6). The multivariate analysis again found that in a majority of nations religiousness protected against elderly suicide acceptability, in 13/24 nations. A similar pattern to the exceptions for the middle aged and youth marked these cases. Some new nations were exceptions. Religiousness did not protect the elderly in India (recall that the young & middle aged groups in India were protected by religiousness). One unanticipated emergent finding was that religious importance was associated with lower suicide acceptability among the elderly in China.

Summary and discussion: World-wide, subjective religious importance is a major predictor of suicide acceptability, being the predictor most closely associated with suicidality among 219,796 subjects nested in 85 nations. It was also the best predictor among 77,108 respondents in the Asia/Pacific Region. However, the present study also found that there were exceptions to this general rule in sub analyses across the life course of 26 nations in the Asia/Pacific region. Several Muslim nations, with low variation in suicide acceptability, and two nations with relatively low proportions of religious adherents stood out as relatively consistent cases where religiousness did not predict suicide acceptability.

In China and Vietnam, the relatively low proportion of traditional religious adherents weakens any moral community effect. There may be an inadequate number of co-religionists to reinforce the religiosity of the few who are religious adherents (Stack & Kposowa, 2016). In addition, only 15.4% of the Vietnamese believe in an afterlife, the lowest percentage of any nation.

In many Muslim nations there is a problem of limited ranges in religious importance and also suicide acceptability. If there is inadequate variability in suicide acceptability, there is too little to explain, suicidality is more like a constant than a variable. For example, 100% of the elderly interviewed in Bangladesh had extremely low approval of suicide, scoring a perfect 1.00 on suicide acceptability. In addition, the mean score on religious importance was very close to a perfect score of 3 (mean=2.97, with a standard deviation of .1). In three other Muslim nations religious importance scores for the elderly were also extremely close to a perfect 3.0: Indonesia 2.97, Jordon, 2.97, Turkey 2.85. In these cases, religiousness was unrelated to suicidality within nations.
However, while limited range of scores in religiosity cannot explain the equally limited range in suicide acceptability within such nations, the national high religiosity levels do explain between nation variability. For example, the percent Muslim in nations is a strong predictor of suicide rates between nations (Stack & Kposowa, 2016). In the Muslim context religiosity may be more useful in explaining between nation as opposed within nation variance in suicidality. The nations with the highest proportions of adherents believing in an afterlife were the Islamic ones (e.g., Indonesia 99%, Jordan 98%). The Islamic nations were also the ones reporting the strongest belief in Hell, the Islamic Koran states that suicides are automatically condemned to Hell, (e.g., Indonesia 99%, Jordan, 99%). This contrasts well with nations in other culture zones such as the Christian nations where belief in Hell is much lower (e.g., Australia 41%, New Zealand, 27%). In the absence of a belief in Hell, there is no eternal deterrent effect for suicide.

Further research is needed to explore several issues. Importantly, analysis is needed as data become available of Western based mediating factors such as hopelessness, substance abuse, and social support. Do such mediators explain religion’s impact on suicide in the East? In addition, in some Muslim nations religious importance was consistently a protective factor against suicide acceptability while in others it was not. Other factors need to be taken into consideration as data become available. These include the sub variety of Islam (Shia vs. Sunni), and strain or dissatisfaction with institutional spheres of life including work, family, and level of economic development. Patterns need to be assessed for possible gender differences in religion’s ability to predict suicidality, especially in contexts where there are substantial differences in religiosity between the genders. Further, while religious importance is unrelated to suicide acceptability among youth and the middle aged in China, it is protective for the Chinese elderly. There may be important generational differences in religious socialization in such cases, possibly combined with Confucian norms regarding filial piety. Finally, research is needed in explaining the variation in the strength of religiousness in deterring suicide acceptability within and between nations.

Nevertheless, religious importance was largely a protective factor across stages of the life course in most nations. Additional analyses of available data, not fully reported here, on smaller samples, using alternative dimensions of religiousness including religious coping, and scales of religious beliefs (God, Hell, afterlife), yielded similar results.

References:
Collucci, E., & Martin, G. (2008). Religion and spirituality along the suicidal path. Suicide & Life Threatening Behavior, 38, 229-244.
**Plenary 8**  
*Suicide Prevention with YouTubers.*

Professor Paul Yip  
Associate Dean (Research) of the Faculty of Social Sciences, Chair Professor (Population Health) of the Department of Social Work and Social Administration and the Director of the HKJC Centre for Suicide Research and Prevention in The University of Hong Kong.

We are experiencing the era of social media. The ubiquity of social media among the youth has created a platform for them to disclose their emotional distress and suicidal ideation. A telephone survey in Hong Kong done by our Centre revealed that only 7% of the at-risk youth had sought formal help from social services regarding their distress, whilst over 78% of them had disclosed their distress online.

We see the potential of social media as a suicide prevention medium to identify and connect the vulnerable hidden youth. We have collaborated with some popular Hong Kong YouTubers to launching a long-term collaborative suicide prevention programme. Our aim is to co-create a series of online and offline activities, aiming to leverage the power of social media and the connectedness of YouTubers and the youth population to raise the awareness of suicide prevention and to facilitate help-seeking behavior of the teenagers in the community.

The initial response is encouraging and the YouTubers could be effective mental health ambassador, the YouTubers have managed to contact those who have been found difficult to connect before. The pattern of connectivity and its content will be discussed, and further opportunities will be explored.

**Plenary 9**  
*Suicide in Young Women—The Untold Story*

Professor Lakshmi Vijayakumar  
SNEHA Chennai, Honorary Associate Professor University of Melbourne, Member of the World Health Organization’s International Network for Suicide Research and Prevention.

Seventy-six (76%) percent of suicide occur in Low and Middle Income Countries (LAMICS) with majority occurring in Asian region with young woman forming a particularly vulnerable group.

The male female ratio of suicide in LAMICS is 1.5 compared 3.5 in high income countries signifying that more woman commit suicide in these countries compared to woman in developed countries. In South East Asian region, the suicide rate is high in woman between 15 to 29 years of age.

Suicides due to family problems, marital conflict, love failure, extra marital affairs, divorce and illegitimate pregnancy and other conflicts related to marriage are common in Asian women. Unique cultural factors like dowry, one child norm, preference for male child are considerable stressors for young women of Asia. The frequent occurrence of suicide pacts and family suicides where women outnumber men are seen in India, Sri Lanka and China.

Considering the human and economic resource constraints, suicide prevention strategies should be “nested” in programmes which addresses education, economic empowerment and enhanced social status of woman.
Reducing suicides in Young woman in LAMICS is an urgent global public health priority.

Plenary 10

**Pacific Suicide Prevention: Defining it Ourselves**

Dr Jemaima Tiatia-Seath  
University of Auckland

General findings of Pacific suicide prevention and postvention research in Aotearoa New Zealand will be presented. Evidence informed understandings will be imparted around the complexities of Pacific suicide, along with Pacific infused responses. This insight primarily derives from Tiatia-Seath’s 20 years of research, teaching and services to the area. She will also discuss areas for prioritisation underpinned by Pacific epistemologies. Reflecting on the words of the late Epeli Hauofa – “we as Pacific peoples are called to rediscover our ‘sea of islands’...our ancestors, who had lived in the Pacific for over 2000 years, viewed their world as a ‘sea of islands’, rather than ‘islands in a far sea.’” By this measure, Tiatia-Seath rejects imperialist assumptions and argues that Pacific suicide prevention and postvention, if it is to be effective, must first be defined within the constructs of what it is to be Pacific.

Plenary 11

**Neuro-developmental disorders and suicidal behaviors**

Professor Ying-Yeh Chen,  
Attending Psychiatrist, Taipei City Hospital, Taipei and Professor, National Yang-Ming University

The link between several mental disorders in children, such as intellectual disability, autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) with suicidal behaviors has not been rigorously investigated.

Intellectual disability: Several studies have identified lower cognitive ability to be a robust risk factor for suicidal behaviors, particularly in men. Findings on the associations between IQ and suicide in women are inconsistent. However, the majority of the study participants in the existing analysis on IQ and suicide were individuals with normal cognitive ability, as people with intellectual disabilities were not included. Although sparse, current evidence seems to suggest that slightly higher IQs are associated with suicide risk in the population with intellectual disability.

Autism spectrum disorder (ASD): Very few studies have investigated the relationship between ASD and suicidal behaviors, however high rates of co-occurring depression, anxiety, impulsivity/aggression and bullying victimization in children with ASD indicate that the risk of suicide in this diagnostic group should not be overlooked. Empirical studies have not provided a consistent figure on the risk of suicide in individuals with ASD. More research is needed.

ADHD: A positive association between ADHD and risk of suicide has been consistently documented. The role of ADHD in suicide is particularly important in young children, as impulsivity rather than depression is the most important risk factor for suicide in young children. Owing to the high rates of comorbidity with other psychiatric disorders, many studies have suggested that the elevated risk of suicide in ADHD is mediated by psychiatric comorbidity. It remains under debate whether there is a direct effect of ADHD on the risk of suicide.
Although suicide is one of the leading causes of death among young age groups in many developed countries, knowledge regarding the incidence, determining factors and pathways between childhood mental disorders and the risk of suicide is still limited. Future research directions will be discussed in the presentation.

Plenary 12

_Suicide Prevention in Physicians and Medical Trainees: A Call for Action_

Professor Chan Lai Fong
National University of Malaysia

Medicine is a high-risk occupation for suicide, with particular vulnerabilities among female physicians and medical trainees. The burden of suicidal behavior among physicians extends beyond the individual level to directly impacting patient care. Specific suicide risk factors for suicidal behavior among physicians and medical trainees include ready access to dangerous methods and stigma compounding barriers to accessing mental health treatment in the context of a role reversal from doctor to patient. A supportive organizational culture and empowering leadership are potentially protective against suicidal ideation. Cross-cultural similarities and differences in help-seeking behavior for suicidal ideation among medical students will be discussed. Further systematic research is urgently needed in terms of increasing the evidence-base for culturally specific and effective suicide preventive interventions at the organizational and individual level among physicians and medical trainees, especially in under-resourced developing nations.
Special Lectures

Special Lecture 1

Suicide, gender and employment in a global world: opportunities and challenges for prevention initiatives
Dr Allison Milner
National Academic Director of MATES In Construction

Researchers have documented a link between employment and suicide for over 120 years. These studies have demonstrated elevated rates of suicide in certain occupations and, at a population level, have shown increases in suicide rates during times of economic stress. However, until recently, understanding of the mechanisms through which employment contributes to suicide has been lacking. Further, and more importantly, there has been limited attention into the possibility of workplace based suicide prevention activities.

This special lecture will describe the current state of knowledge about suicide, employment and work. In particular, it will explore the contribution of the psychosocial work environment, gender, socioeconomic conditions and other wider external influences on suicide among employed persons. The second half of the lecture provides a rationale for workplace suicide prevention drawing on epidemiological and relevant intervention research. It will also provide an overview of evidence regarding workplace based suicide prevention activities, with specific reference to well established programs in Australia. The lecture will conclude by providing priorities and areas of future action for workplace suicide prevention and research activities.

Special Lecture 2

New Suicide Prevention Strategy of Japan: With Special Reference to Suicide Prevention in Youth Generation
Professor Yutaka Motohashi MD, PhD
Director of Japan Support Center for Suicide Countermeasures (JSSC, National Center of Neurology and Psychiatry). He is also Professor of Kyoto Prefectural University of Medicine.

In Japan, the Basic Law on Suicide Countermeasures went into effect in April 2016. Furthermore, on July 25, 2017, the government of Japan approved the new General Principles of Suicide Prevention Policy. The philosophy of this General Principles is to “realize a society in which no one is driven to take their own life” by once again affirming that the essence of suicide countermeasures lies in help for living and by setting forth the philosophy that these measures “support people’s lives.” The suicide rate per 100000 people in youth, particularly in below 19 years of age drastically increased in 1998, and did not decrease as other age groups. This issue is an emergency challenge to Japan.

The new strategy focuses on suicide prevention in youth generation, for example, a training program for school students entitled ‘How to raise an SOS when you face a crisis’. The other program is to strengthen suicide countermeasures that make use of information and communications technology (ICT) in young generation. As young people are said to have a tendency to drop hints about suicide on the Internet or social networking sites or search the Internet for suicide methods,
countermeasures to strengthen not just activities such as home visits and speaking to them in public, but also outreach measures for young people that make use of information and communications technology.

Thus, suicide countermeasures shall be deployed as comprehensive support for young people’s lives from the stance of lowering the suicide risk in society as a whole.

Special Lecture 3

*The New Zealand Suicide Mortality Review Committee (SuMRC): an update*

Dr Sarah Fortune
Deputy Chair, Suicide Mortality Review Committee

The New Zealand Suicide Mortality Review Committee (SuMRC) has its origins in the New Zealand Suicide Prevention Action Plan 2013–2016. The suicide mortality review mechanism as a method for a) improving knowledge of contributing factors of suicide deaths in New Zealand and b) identifying leverage points for suicide prevention. An initial feasibility study was funded, and the Committee has now been funded on a more permanent basis.

This study aimed to: test a number of data collection approaches provide information on contributing factors and patterns of suicide deaths in the three population subgroups with high suicide rates in New Zealand (Maori youth 15–24 years, mental health service users and men of working age) test a process for cross-agency data collection.

The SuMRC identified 1,797 people who died by suicide between 1 January 2007 - 31 December 2011 for inclusion in the study cohort. The SuMRC collected information on the study cohort from a wide range of agency data sets and statutory administrative databases. A tiered approach was used to explore a variety of quantitative and qualitative research methods and analyses for the subgroups. The predominance of males, Maori and poverty are consistent with previous studies. The importance of hanging as a method was also highlighted. Access to previously unexamined data sets and the ability to match data across multiple data sets revealed some new insights regarding the high levels of contact with Police and Department of Corrections for young Maori and men of working age. Interpersonal violence was also highlighted for young Maori.

Based on its findings, the SuMRC believes interagency collaboration should be a key component of suicide prevention activities. Future suicide prevention activities should aim to approach the issue through concerted action across all social sectors – not solely within health. A permanent SuMRC aims to build upon the relationships initiated for the feasibility study.
Special Lecture 4

Waka Hourua Māori Suicide Prevention Community Initiatives
Dr Kahu McClintock
Research Manager, Te Rau Matatini

This presentation acknowledges the achievements of the 47 Waka Hourua Māori Suicide Prevention initiatives, located under the three goals of the Waka Hourua outcomes framework: Goal one – informed, cohesive and resilient communities; goal two – strong, secure and nurturing whānau (family); and goal three, safe, confident and engaged rangatahi (youth). The immediate impacts of the 47 Waka Hourua Māori community projects are acknowledged as active participation, positive learning and the attainment of new knowledge that by their own accounts, strengthened suicide prevention in the many communities for whānau (family) and rangatahi (youth). Also, embedded in the 47 reports are notions that meeting community, whānau and rangatahi aspirations, ensuring positive cultural involvement and participating in strength based experiences contribute to health and wellbeing and therefore increases the possibility of suicide prevention.

Special Lecture 5

Turning the Tide Together Tai pari, Tai timu ngātahi ai – Suicide Postvention past, present and future across the Asia Pacific region and beyond...
Ms Jill Fisher
University of New England

This lecture will briefly discuss the impact of suicide on individuals, families, friends, associates and communities and examine the history, growth and effectiveness of International and Asia Pacific suicide postvention activities. The lecture will review current and emerging responses to the aftermath of suicide, latest research outcomes and the need for genuine collaboration, care and courage to reduce suicide and its impact across this region.

Special Lecture 6

Farmer suicides: prevalence, profiles and trajectories
Dr Kairi Kõlves
Australian Institute for Suicide Research and Prevention, WHO Collaborating Centre for Research and Training in Suicide Prevention, Menzies Health Institute of Queensland, Griffith University

Elevated suicide rates among farmers have been reported in a number of countries. In Australia, agricultural workers have been found to have the highest suicide rates compared to other occupational groups. Research has suggested a number of individual, social, economic, and environmental factors may contribute to the increased suicide risk in farmers. The farming specific factors that have been proposed include long working hours, low income with high assets, geographical isolation, an overlap of work and family environments; masculine ideals; poor access to health care services; an ageing rural population; regulatory and industry factors beyond the farmer’s control; prolonged periods of climate variability. There is a gap in understanding of how different factors may lead farmers to suicide. The aim of the presentation is to present the results
from a recent Australian Research Council funded project ‘Influences of farmer suicides in Queensland and New South Wales’. The project utilised both quantitative and qualitative study designs to determine the prevalence of suicide in farming-related occupations; risk profiles and trajectories to suicide in farmers and perceived risk factors and attitudes towards suicide and help seeking in farming communities. In addition, learnings from the project will be discussed.

Special Lecture 7

**Which Recommendations for Safe Messaging about Suicide in Public Communications Should We Follow and Why: Comparison of Guidelines and Research Evidence**

Professor Brian L. Mishara, Ph.D.
Director, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE); Professor, Psychology Department, Université du Québec à Montréal, Montréal (Québec), Canada; Past President, International Association for Suicide Prevention

There are many different guidelines for safe messaging about suicide in public communications and heterogeneous scientific research on the topic. A comparison of guidelines and analysis of the relevance of research may help determine best practices.

We systematically searched databases and websites over the past 15 years for guidelines on what constitutes safe public communications about suicide and research evidence about communications practices in suicide prevention.

We identified 24 public messaging guidelines, 11 additional guidelines on terminology and 45 research papers. No recommendations were present in all guidelines and there was more agreement on what not to do than on what should be done. Recommendations present in at least half of guidelines were: avoid glorifying suicide, not describing suicide methods, not stating that suicide in inexplicable or give simplistic explanations, not stating that suicide is frequent in specific circumstances, and encourage help seeking. There were disagreements on whether or not to include personal details about a person who died by suicide. No guidelines provided empirical research to substantiate recommendations. Recommendations were sometimes justified by perceived implications for understanding suicide, avoiding stigmatisation and their perceived impact. Concerning terminology, there was general agreement about not using several terms. Only “died by suicide” was recommended by a majority. Some terminology appears both as recommended and as to be avoided, including “suicide attempt,” “attempt to end his life,” “attempted suicide,” “non-fatal attempt at suicide,” “unintentional (death),” “intentional self-harm,” “suicidal ideation,” “completed suicide,” “survivor,” and “suicide loss survivor.” The research papers had a wide range of objectives, methodologies, messaging media studied and target populations. None provided empirical data that could help support or refute any of the recommendations.

There is a need for more research to validate recommendations, as well as on using different terminology in public communications about suicide, in order to help establish greater consensus. We present the recommendations for which there is general agreement and that have cogent arguments for their use, and discuss the basis of disagreements about safe messaging practices and how they may be resolved.
Special Lecture 8

*Workplace Suicide Prevention*

Dr Sally Spencer-Thomas, Psy.D.
Professional Speaker and Impact Entrepreneur

Suicide is a leading cause of death in the U.S., communities are learning more about what can be done to prevent suicide and how to compassionately respond in the wake of such a tragedy. As part of a comprehensive approach to suicide prevention, workplace communities are learning more about what can be done to prevent suicide and how to compassionately respond in the wake of such a tragedy. Employers now realize they must move beyond superficial awareness campaigns and develop sustained, proactive and comprehensive strategies to shift culture and save lives. In this presentation, participants will learn about how the suicide continuum impacts communities, systems and individuals. Dr. Spencer-Thomas identifies best practices within a public health approach and gives participants “upstream, midstream and downstream” action steps.

The aim is to increase confidence and competence among participants in addressing suicide prevention, intervention and postvention.

Objectives: By the end of the presentation, participants will be able to:

1) Articulate relevant trends in suicide data in the U.S.
2) Categorize high risk groups for suicide death
3) Describe at least three reasons justifying suicide prevention in the workplace
4) Identify at least three key strategies in a comprehensive approach to suicide prevention
5) List at least three best practices for suicide crisis response
6) Appreciate spiritual and faith-based dimensions on healing after suicide
Symposiums

Symposium 1

Clusters and Contagion

1.1 A review of suicide and self-harm clusters in children and adolescents

Abstract Authors: Nicole TM Hill, Anne John, Madelyn S Gould, Lisa Marzano, Keith Hawton, Jo Robinson
Senior Research Fellow, Orygen

Background: Suicide is a leading cause of death in young people aged 15-25. Globally, approximately 164,000 suicide deaths occur in people aged 25 or younger. Young people who have been exposed to suicide are particularly susceptible to suicide clusters. When a suicide cluster occurs the personal, familial and societal effects are substantial. Impacts in the community include reduced psychological and emotional wellbeing, and increased suicidal ideation and suicide death. Understanding the nature and risks associated with suicide clusters in young people has important implications for future suicide prevention interventions.

Methods: Online databases, Medline, Web of Science, Applied Social Sciences Index, Sociological Abstracts and Social Services Abstracts were searched from inception to December 2017. Articles eligible for inclusion included studies that examined the prevalence of suicide clusters, theories of the development and maintenance of suicide clusters, risk factors associated with suicide clusters, and strategies for the prevention of suicide clusters in youth aged 18 and younger. A narrative synthesis is currently underway.

Results: A total of 4320 articles are currently being assessed for inclusion. The results will describe the prevalence of suicide clusters, describe types of suicide clusters (e.g. time-space clusters, temporal clusters and echo clusters), and will identify risk factors associated with youth suicide clusters. The mechanisms underlying the development and maintenance of suicide clusters will also be examined, including the role of contagion, imitation and the specific impact that social media may have on both the maintenance of clusters and their prevention. Finally, interventions and strategies for the prevention of suicide clusters will be identified.

Discussion: The prevalence and nature of suicide clusters in young people will be discussed. This will include the clustering of young people in specific community settings, and the associated risk factors. Issues involving the detection and management of suicide clusters alongside real examples of cluster management in the community will be presented. Key themes will be drawn together in a discussion of the implications for both future research and community-based preventative efforts.
1.2 Guidelines for the Management of Suicide Clusters and Contagion
Authors: Sandra Palmer, Maree Inder, John Bushnell and Roger Shave.
Clinical Advisor, Clinical Advisory Services Aotearoa

Suicide clusters are rare events which lead to a great deal of community concern for those experiencing them. Having clear processes to follow can reduce the anxiety in those leading any cluster responses.

The importance of careful, informed community and institutional management in the aftermath of a suicide, has been identified as necessary to reduce the likelihood of further suicides occurring. These practical guidelines have been informed by both research and experiential evidence. They have been developed with the knowledge and experience gained by a decade of Community Postvention Response Service (CPRS) (http://www.casa.org.nz/our-work) supporting diverse communities experiencing a suicide cluster or contagion.

The purpose of these guidelines is to provide a framework to support communities to make sense of a complex situation i.e. a suicide cluster or contagion, and guide a course of planning and action. The guidelines do not provide a recommended step by step postvention process to follow. Instead their aim is to provide an overarching framework within which all different New Zealand contexts can be situated and understood. This allows each community to choose their own approach from the different perspectives offered within the guidelines, allowing unique postvention plans to be created and implemented. This approach recognises that each community has different considerations and unique needs in planning and implementing the management of a suicide cluster or contagion in their community. These guidelines use New Zealand examples to illustrate the practical everyday challenges in managing these complex situations.

The framework is set out simply and based around three key questions communities ask:

- Who should be responding to any concerns raised about a suicide cluster?
- What information needs gathering to determine indicators of a suicide cluster or contagion?
- How does the community respond? i.e. how does the information gathered determine the response required?

We intend these guidelines to be useful to New Zealand communities and the range of people and services involved in the postvention activity of management of suicide clusters.

1.3 A systematic review of research into suicide and self-harm clustering and developing a real-time suicide surveillance system
Authors: R Benson, J Rigby, E Arensman
National Suicide Research Foundation, School of Public Health, University College Cork, Ireland

Background and objectives: Suicide remains a major public health issue globally. By 2020, it is estimated that suicide will account for approximately 2.4% of the global disease burden. Suicide clustering is estimated to be two to four times more common amongst adolescents and young adults. Suicide clusters have reportedly been on the rise in recent years, owing to factors such as contemporary communications technology. While suicide clusters are relatively uncommon, they are a cause for great community concern due to the potential impact of contagion associated with
such phenomena. In recent years, strong emphasis has been placed on the importance of early detection and surveillance of emerging suicide clusters. The present review focuses on the main types of suicide and self-harm clustering (i.e. point clustering, mass clustering and echo clustering). In addition, a new surveillance system for real-time data on suicide is presented.

Methods: An electronic search of relevant databases is being conducted to identify studies that have statistically analysed the presence of suicide or self-harm clustering within a population. This review narratively synthesises existing evidence on quantitative analysis of suicide and self-harm clustering and examines the accuracy of cluster determination on the basis of specific criteria. A new surveillance system, the Suicide and Self-Harm Observatory (SSHO) has been developed with the main aim to obtain minimal data on suspected suicide cases on a real-time basis. The proposed minimal data variables include age, gender, status, name(s), address(s), method used, recent health service engagement and location, manner and cause of death.

Results: The results of the review are currently being completed and will determine whether scientific analysis of suicide and self-harm clustering has progressed.

Information collected by the SSHO will increase the capacity for early intervention when emerging suicide and self-harm clusters are identified, facilitate activation of local plans to respond to emerging clusters, and assist with optimising resource allocation and location by means of spatial analysis.

Conclusion: Access to a real-time surveillance system will assist in early identification of emerging suicide and self-harm clusters, timely responding to people affected by suicide and self-harm, and verification of public statements on suicide and self-harm that are increasingly being disseminated via media outlets, including social media.

1.4 Suicide cluster detection: Opportunities and challenges
Authors: Matthew Spittal
University of Melbourne

Study Objectives: To give an overview of the main methods for identifying clusters of suicidal behaviour, and to highlight the limitations of these methods from a suicide prevention perspective.

Methods and Material: I will present the results from a series of studies that have sought to identify suicide clusters in Australian data using the scan statistic – the most commonly used method of identifying the presence of clusters in space and time.

Results: The scan statistic is a powerful method of identifying clusters, but suffers from a number of drawbacks, for instance, findings are highly sensitive to the parameter settings, the clusters that it identifies are often very large, and the data it uses is often old meaning that clusters are identified long after when interventions were needed. Refinements to the methodology may help to make the method more useful for suicide prevention.

Conclusions: Suicide clusters are relatively rare, but their actual or perceived presence is of substantial concern to the communities where they occur. Modern methods for identifying clusters have the potential to identify precisely where and when clusters occur but have fallen short of being able to do this. A better understanding of the limits of these methods, and how we can improve their use could lead to better cluster detection, allowing prevention efforts to be initiated to avert adverse consequences.
2.1 Exposure and impact of Suicide in Australia

Abstract Authors: Myfanwy Maple, Rebecca Sanford
University of New England

Over 3000 Australians die by suicide each year, leaving those around them grieving. At present there is no way in which to measure the number of people affected by each suicide death, nor the way in which these events impact on those affected. From the late 1960’s there has been an estimate that 6 people are bereaved by each suicide death (Shneidman, 1969). While not evidence based, this estimate has become a standard measure in the literature. Over the past decade, many have attempted to quantify the number of people affected by each suicide death, with estimates ranging from 10 to 115 (Berman, 2011). Moving beyond estimates is methodologically challenging, and there is not yet any rigorous data to demonstrate the population affected by suicide anywhere in the world. Furthermore, the impact of each suicide death on this unknown number of people is likely to vary depending on relationship and closeness to the deceased (Cerel, Maple et al., 2015).

Exposure to suicide and/or suicide bereavement has long been identified as a risk factor for suicide (Maple et al., 2016). To both support people affected by suicide in their grief journey, as well as reducing the potential morbidity and mortality associated with this exposure is an important suicide prevention activity.

This project, undertaken in partnership with Suicide Prevention Australia, provides useful insights into the mental health and wellbeing of those exposed to suicide within a 3000-strong sample. An online survey collected quantitative measures on mental health, impact from exposure to suicide, and brief qualitative information. Specific results to be presented include relationship to the deceased, impact following the death, along with cultural and geographic variations among Indigenous and rural peoples. Findings include that notions of closeness are not always familial connections and that for some groups such as young people, the connections to non-kin relationships are more expansive, and these broader networks require attention.

2.2 Don’t bother about me*: Grief and help-seeking experiences of adolescents bereaved by suicide

Authors: Karl Andriessen, Elizabeth A. Lobb, Jane Mowll, Brian Draper, Michael Dudley, Philip B. Mitchell
School of Psychiatry, University of New South Wales, Black Dog Institute Building, Randwick NSW 2031, Australia

Study objectives: Death of a relative or friend is a potentially disruptive event in the lives of adolescents, and puts them at-risk of adverse health and social outcomes. Little is known about their help-seeking experiences. This study aimed to investigate the grief, mental health, and help-seeking experiences of bereaved adolescents.
Method: Semi-structured telephone interviews with a maximum variation purposive sample (N=39). Eligibility included having a family member or a friend die through suicide or other cause of death when participants were aged between 12 and 18 years old, and experiencing the death between 6 months and 10 years prior to interview. The sample was stratified to include a similar number of adolescents bereaved by suicide and other causes of death. Also, half of the sample had received professional help.

Results: Thematic analysis yielded two grief themes: Grieving apart together, and Personal growth. High self-reliance and selective sharing were common. Feelings of guilt and ‘why’ questions seemed more pronounced among the suicide bereaved. There was strong evidence of personal growth, increased maturity and capacity to deal with personal mental health/suicidality. In addition, participants provided a critical appraisal of positive and negative experiences, and noted barriers and facilitators for help-seeking.

Conclusion: Despite its devastating effects, experiencing a death can be a catalyst for positive mental health. As adolescents bereaved through suicide may receive less social support, professional help is a much-needed auxiliary. Parental encouragement is important in accessing adequate professional help. The findings will inform guidelines and recommendations for clinicians, community service providers and school counsellors on how to better support bereaved adolescents.

2.3 Priming Postvention: Timely Transmission of Suspected Suicide Details to District Health Boards (DHBs) in New Zealand – Accuracy and implications.
Authors: Roger Shave
Clinical Advisory Services Aotearoa

This presentation describes the development and learnings from an innovative programme, the Coronial Suspected Suicide Data Sharing Service (CDS), and discusses the accuracy of CDS data transmitted and the implications of this for suicide cluster and suicide contagion detection and management.

CDS is a nation-wide service delivered by Clinical Advisory Services Aotearoa (CASA) on behalf of the Ministry of Health in New Zealand. CDS notifies regional government health agencies (DHBs) of suspected suicide deaths as they are notified to the NZ Coronial Services. CDS was implemented by the Ministry of Health as part of the New Zealand Suicide Prevention Action Plan 2013–2016. This Action Plan requires the Ministry of Health to “establish a function to analyse and share up to date provisional coronial data on suicide deaths with agencies working in local areas to help prevent further suicides”.

CDS notifications provide a platform for the delivery of timely, well-coordinated postvention responses that may reduce the incidence of suicide contagion and suicide cluster formation. Additionally, CDS works alongside the national Community Postvention Response Service (CPRS; also delivered by CASA on behalf of the Ministry of Health). CPRS is responsible for supporting any New Zealand community experiencing a suicide cluster or suicide contagion. The CDS-CPRS interface allows for national oversight of suicide clusters and suicide contagion, and context dependent postvention coordination. This presentation will outline the principles of the
programme, describe how it is organised, operated and delivered, and discuss the accuracy of the data transmitted and the implications of this.

2.4 Good postvention is prevention.
Authors: Corinda Taylor
Life Matters Suicide Prevention Trust

In the devastating aftermath of suicide, we need more support than those grieving other types of death, but often receive less. Suicide grief can be complex with survivors often left traumatised and profoundly distressed. Families struggle to cope in the aftermath and have many unanswered questions yet face isolation because of stigma and shame. Subsequently they may feel powerless to address any concerns they may have. Many face crippling emotions, broken relationships, financial hardship and unanswered questions. As well as struggling to come to terms with what has happened many people face long inquiries and investigations. Isolation and lack of support during this period can break the most resilient of people and leave them feeling that nobody cares. Numerous reviews, reports and recommendations of suicide prevention and postvention processes show a lack of leadership when nothing is implemented. To gain a better understanding in how to better support our people we need to include people with the lived experience in the consultation processes. More education is needed in this area.

Bringing together those bereaved by suicide has been a rewarding experience for the Life Matters Suicide Prevention Trust who provide opportunities to connect bereaved families. There is nothing more frightening than to suffer the trauma of suicide loss in isolation. The aftermath of suicide is not a journey to be travelled alone. Peer support and being able to talk to other bereaved without fear of judgement has been a lifesaver for many. Bereaved are at an increased risk of suicide and we have a responsibility to ensure people are well supported. Vulnerable people who are well supported in the aftermath are more resilient.

Bereaved can experience hope when they connect with others and begin the healing process together, learning to live meaningful lives again with good counselling and support. Peer support in this area works well with opportunities to share stories. Knowing that you are not alone can be very uplifting and empowering.

Symposium 3

Impact of risk factors and surveillance system on suicide prevention
Chairperson: Lee, Ming-Been,
Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan
Co-Chairperson: Hong Jin Jeon,
Department of Psychiatry, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea

Suicide places a heavy burden on the nation in terms of the emotional suffering that families and communities experience as well as the economic costs associated with medical care and lost productivity. To assess progress made to date and identify remaining challenges, we propose this symposium which includes four topics aiming to evaluate the current situation of suicide prevention in South Korea and Taiwan. This presentation will cover community-based data to discuss the risk
factors which included mental disorder, alcohol abuse and medication effect on suicide prevention. Furthermore, the last presentation from Taiwan will uncover and discuss the efficiency of the National Surveillance System on suicide prevention program. This symposium might be helpful to develop new strategy in suicide prevention.

3.1: Risks of suicide of community individuals with psychiatric or physical disorders in South Korea
Authors: Eun Jin Na, Hong Jin Jeon, Korean Psychological Autopsy Center (KPAC), Seoul, South Korea

3.2: Alcohol-induced disinhibition is associated with impulsivity, depression, and suicide attempt: a nationwide community sample of Korean adults
Kwan Woo Choi, Hong Jin Jeon, Department of Psychiatry, Depression Center, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea

3.3: The Effect of the National Surveillance System for Suicide Attempters in Taiwan
Chia-Yi Wu, Ming-Been Lee, Shih-Cheng Liao, Chih-Shin Wu, Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan

3.4: Benefit Analysis of Nonprofit Lifeline for Suicide Prevention in Taiwan
Min-Wei Huang, Ming-Been Lee, Chia-Yi Branch, Taichung Veterans General Hospital, Chia-Yi, Taiwan

Symposium 4
The LifeSpan trial: Understanding how a multilevel suicide prevention approach will impact fatal, and non-fatal, suicide rates in Australia
Chair: Fiona Shand
Black Dog Institute, Sydney, Australia; University of New South Wales, Sydney, Australia

This symposium aims to provide a comprehensive overview of the implementation and evaluation of the LifeSpan suicide prevention trial, with each paper representing a different aspect of the project. LifeSpan is an Australian trial of multi-level, community-wide model of suicide prevention which focuses on the implementation of evidence-based strategies and a strong evaluation framework. Paper 1 presents an overview of the LifeSpan framework and the evaluation. The second paper expands on the evaluation by presenting baseline data from a longitudinal community survey being conducted in the four trial regions and in control regions. Paper 3 explores one of the nine strategies in more detail by providing an overview of a GP capacity building approach to identifying and managing depression and suicidality, and strategies for evaluating the impact of this intervention on GP referral and treatment behaviours. The final paper examines a data-informed approach to means restriction and other suicide prevention activity, the suicide audit.
4.1: An overview of the LifeSpan suicide prevention trial
Authors: Michelle Torok, Fiona Shand, Helen Christensen
Black Dog Institute, Sydney, Australia; University of New South Wales, Sydney, Australia

Objectives: This paper will provide a detailed overview of LifeSpan, which is a new, evidence-based, community-lead approach to suicide prevention. LifeSpan involves 9 strategies, spanning population-based universal prevention through to selective strategies for high-risk persons, implemented simultaneously, to effect change in primary health and community settings, as well as achieve population saturation to optimise suicide prevention efforts. This ‘overview’ talk will focus on: (i) explaining what the nine strategies are and what they involve, (ii) providing detailed insight into the study and evaluation design to understand how we will measure change, and (iii) describing the strengths of LifeSpan and its capacity for success in comparison to existing multilevel interventions.

Methods: LifeSpan is being implemented and evaluated using a stepped-wedge cluster randomised trial design, which involves random and sequential crossover of clusters from control to intervention until all clusters are exposed. For the purposes of this trial, a ‘cluster’ is defined as a Local Government Area (LGA). Four LGAs from New South Wales have been selected to receive LifeSpan, with the first LGA receiving the interventions as of April 2017. Each subsequent LGA was introduced at 4-month intervals (final site to begin implementation in March 2018). The intervention is active for two-years from onset of implementation.

A 4-level evaluation framework has been developed to assess multiple outcomes, which includes:

- Primary outcome analysis: a global reduction in suicide mortality and suicide attempt rates from baseline to 12-, 24- and 36-months post implementation.
- Secondary outcome analysis: For each of the 9 strategies, improvements in suicide literacy and identification and referral behaviours will be assessed.
- Health economic analysis: to understand the return on investment and economic impact of LifeSpan
- Process outcome analysis: to determine to what extent, and with what fidelity, interventions have been taken up and implemented on the ground.

Results: Pending availability, baseline suicide mortality data for site 1 and 2 will be presented.

Conclusion: The primary objective of LifeSpan is to reduce suicide mortality rates by 21% and suicide attempt rates by 30% by 2021. The implementation and evaluation of this trial is more rigorous than has been seen elsewhere, thus, there is strong potential to reach these ambitious targets.

4.2: Recruitment using Facebook to examine community outcomes: Baseline findings from the LifeSpan suicide prevention trial
Authors: Katherine Mok; Fiona Shand, Dean Martin
Black Dog Institute, Sydney, Australia

Objectives: To measure changes in suicidal ideation, psychological distress, attitudes towards suicide, knowledge of suicide and help-seeking behaviours in the community over the course of the LifeSpan trial.
Methods: Community outcomes of the LifeSpan suicide prevention trial will be assessed via an online survey, with data collected at baseline, 1 year follow up and 2 year follow up. Baseline data were collected in the three months prior to the implementation of each trial site. Advertisements inviting people to complete the online survey were displayed to all Facebook users aged 18 and over residing within a trial region (four in total) or a corresponding control region (three in total).

Results: Target sample sizes were achieved for most sites, with the exception of one control site. Slight changes in advertisement wording may have impacted participant numbers. Participants’ ages ranged from 18-84, with a mean age of approximately 40 years old. Participants were also primarily female with a high level of education. Overall, the sample had low levels of suicidal ideation, psychological distress and stigmatising attitudes towards suicide, and high levels of knowledge of suicide.

Conclusion: Facebook advertisements may be a cost-effective method of recruiting participants from the general population. When advertisement wording is as specific to the target population as possible, participant numbers might be improved. However, there may also be limitations to the representativeness of samples recruited through Facebook.

4.3: Evaluation of a digital stepped care screening and monitoring service (StepCare) as part of the LifeSpan trial
Authors: Isabel Zbukvic
Black Dog Institute, Sydney, Australia

Objectives: This paper describes the design and evaluation of one strategy for improving GP’s capacity to identify and manage suicidality and depression. 45% of people who die by suicide have contact with a general practitioner (GP) in the month before death. With 88% of Australians visiting their GP each year, primary care represents a key opportunity for suicide prevention.

Methods: StepCare is a screening and clinical support service designed for use in general practice to help identify and monitor mental health symptoms, including suicidal ideation. Pilot data from a 16-week trial in 2 NSW Primary Health Networks (PHNs) showed that StepCare was acceptable and feasible to GPs and patients. As part of the LifeSpan suicide prevention trial, StepCare will be implemented in 3 PHNs across NSW four regions, with evaluation over 2 years. The aim of evaluation under LifeSpan is to assess patient engagement with the StepCare service and changes in GP identification/treatment of mental health problems, with a focus on suicidality. Using a smart tablet, patients are screened in the GP waiting room. Treatment recommendations are sent from the tablet to the patient’s GP based on symptom severity. This includes recommendations for treatment using e-Mental Health programs, referral to a psychologist or psychiatrist, and/or treatment with medication. Patient symptoms are monitored via fortnightly emails over 18 weeks, with alerts and recommendations sent to their GP.

Results: Evaluation will analyse patient symptom data at screening and during monitoring, as well as GP treatment of mental health problems and suicidality through self-report of clinical recommendations via the StepCare service. Changes in GP treatment will be evaluated using Medicare Benefits and Pharmaceutical Benefits data. Identification and monitoring of suicidality will provide data on how common suicidal thinking is among general practice patients (including those attending for non-mental health reasons).
Conclusion: Engaging GPs and patients in identifying and managing suicidality and depression presents several barriers. The StepCare model uses a technology solution to overcome some of these barriers and has proven acceptable and feasible. This study will provide evidence for its impact on GP screening and treatment practices.

4.4: Use of geocoded suicide data to help inform regional suicide means restriction activities

Authors: Dean Martin, Michelle Torok, Matthew Phillips, Nathan Meteoro, Paul Konings
Black Dog Institute, Sydney, Australia

Objective: This paper describes a data-informed approach to planning means restriction and other regional suicide prevention activities. Means restriction is one of the nine strategies comprising the LifeSpan model suicide prevention being trialled in 4 New South Wales sites.

Methods: To help inform means restriction activities in each site, a document called the ‘suicide audit’ has been developed. The suicide audit uses geospatial local level data to identify locations where clusters of suicide deaths (and attempts) have occurred. Analysis also includes numbers and/or rates of suicides by age group, sex, employment, occupational grouping, socio-economic status, means used, and whether the incident occurred in a public place. The main sources of data used in the reports include closed cases from the National Coronial Information System (NCIS) from the time-period 2006-2015, NSW Police data, as well as hospital admissions and ambulance data for self-harm. Using data that spans 2006-2015 allows some temporal analyses to be undertaken. Currently, each NCIS case is plotted geospatially within a region and kernel density analyses are performed to determine areas with high suicidal incidents.

Results: A suicide audit report has been provided to 3 of the 4 trial sites, and excerpts from a redacted version will be presented. The information in the suicide audit report is used to inform local focus group discussions of what means restriction measures may help reduce the number of attempts and deaths.

Conclusion: Knowing where attempts and deaths are occurring, if they are in a public place, the means used, and the demographic profile of those who have suicidal behaviours helps to identify suitable specific evidence-based interventions, including (but not limited to) changes to access to locations, signage to promote help seeking, surveillance, pharmacovigilance, promotion of safety measures, and workforce targeted suicide prevention activities.
5.1: Harmful or helpful? A systematic review of how people bereaved through suicide experience research participation

Authors: Karl Andriessen, Karolina Krysinska, Brian Draper, Michael Dudley, Philip B. Mitchell
School of Psychiatry, University of New South Wales, Black Dog Institute Building, Australia

Background: Many of the bereaved through suicide are interested in participating in postvention studies. However, there is a contradiction between the positive experiences of research participation and concerns raised by ethical boards.

Aims: To review studies on the experience of research participation by those bereaved through suicide, including initial contact with the study and its short and long-term impacts.

Method: Systematic searches in Embase, Medline, PsycINFO, as well as Google Scholar, identified 12 papers reporting on 11 studies.

Results: The majority (73%-100%) of study participants evaluated participation positively, and would recommend it to others (90%-100%), as it was related to altruism, social support and personal growth. A minority experienced participation as negative (2%-10%) or upsetting (5%-22%) due to feelings of guilt, or painful memories. However, having a painful experience does not preclude seeing it as helpful.

Limitations: Most studies concerned face-to-face psychological autopsy studies, only two studies included a control group.

Conclusion: Research applying standardised measures may enhance our understanding of the factors germane to (non-)participation, and to the likelihood of a positive/negative research experience. Vigilant recruitment and providing optimum care for participants is indicated. Further research may continue to improve participant safety and research design of suicide bereavement studies.

5.2: “For My Brothers - a true story about the loss of my three younger brother's whom died by suicide. This story depicts the journey I embarked on to make it my lifelong commitment to save others everyday including myself.”

Author: Veronica Marshall-Bernard
Mi'kmaw Family and Children’s Services of Nova Scotia

I remember as if it was yesterday. Walking downstairs to find my twelve-year-old brother hanging by a skipping rope. I was mortified for lack of a better word. I remember the way I screamed. It was in a way that I had never screamed before. There was no concept of time. Seconds felt like minutes and I could do nothing. It was too late. Later that night when it was time to sleep I remember being afraid to close my eyes where all I could do was picture my brother’s face. I held my younger brother’s close and we set up our mattresses on the floor so we could be close. Crying did nothing
but I could not stop. My father must have felt powerless because not only had he lost his first-born son he had to try to console all of us the best he could. He too was a social worker. Trained beyond with everything under the sun but I’m positive he was clueless with what to do next. I remember sobbing quietly into my pillow so I wouldn’t scare my three younger brothers. Forced to be strong even though I felt as if I was falling apart with every breath. I recall how confident my dad sounded when he said; “You will never cry this hard again in your life.” What he said struck me in such a way that I stopped crying with the belief that peace would soon follow. He was wrong...

5.3: The Suicidal Suicidologist: Personal and professional insights of the suicidal moment
Author: Barry Taylor,
TaylorMade Training and Consulting, NZ

For thirty years I have worked in suicide prevention and postvention. I am also a man who has lived with depression for most of my adult life. While most of the time high functioning, there have been depressive episodes that were in various degrees debilitating but never despairing.

In recent years, I experienced the most persistent and darkest depression and for the first time in my life suicide became viable and desirable.

Having come through the depression and suicidality and reflecting on those factors that kept me alive I will offer a personal and professional reflection on the suicidal moment. Using that reflection, a summative analysis of the numerous suicidal narratives I have heard over many years and drawing on Joiner’s ‘Interpersonal-Psychological Theory of Suicidal Behaviour’ I will advocate the following points as a contribution to our evolving understanding of effective interventions with suicidal people.

Key points:
- Paradigm shift of emphasis from preventing people killing themselves to an invitation to live and thrive.
- Stronger emphasis on the role of compassion and kindness as an interrupter of the suicidal thought.
- Move from generic understandings of resiliency to a more suicide specific understanding of protective factors that interrupt the suicidal moment.
- Ensuring our suicide prevention messaging does not inadvertently invalidate the legitimacy of the person’s pain and desire to die.

5.4 Importance of Engagement and Participation of Lived Experience in Suicide Prevention Programs and Services in the Chain of Care
Author: Tracy McCown
Lived Experience Program, Suicide Prevention Australia

Objectives: Identify and describe current suicide prevention policies, programs and services drawing on lived experience. Increased understanding of the principles to effective and meaningful engagement and participation of people who identify as having a lived experience of suicide.
Methods and materials: Suicide Prevention Australia, in its leadership role for Australia, engaged members of the National Lived Experience Network to develop the “Guiding principles on the inclusion of lived experience in suicide prevention.” SPA defines a lived experience of suicide as: have had suicidal thoughts, survived an attempt, a carer of a person who has attempted, bereaved by suicide or impacted in some other way. Internationally, there are many frameworks, guidelines, models and policies as well as a wide range of methods and strategies for the effective engagement of lived experience. There is a lot of activity and good intentions, but a paucity of research of the effective engagement of lived experience that is publicly available. Evaluation or feedback is either not collected or if it is collected, there is no consistency across the sector for unified reporting.

Results: Suicide Prevention Australia has developed a National Engagement and Participation Strategy for People with a Lived Experience of Suicide. This is aligned to the Guiding principles available to those working in suicide prevention to increase the meaningful engagement of people with a lived experience of suicide. All organisations who offer programs, services or undertake research that will ultimately impact the lives of people who might be, or are, suicidal, need to engage lived experience from the start. The voice of lived experience enriches service design and delivery and influences decision making from the perspective of personal experiences.

Conclusion: The presentation will include:

An overview of the existing frameworks, guidelines, models and policies as well as a wide range of methods and strategies for the effective engagement of individuals with a lived experience of suicide; Discussion of the range of methods and strategies in place for engagement and participation; and, Discussion of the barriers experienced by people with a lived experience to effective and meaningful engagement.

Symposium 6

Evidence informed multi-level community based suicide prevention programmes:

Chair: Ella Arensman
National Suicide Research Foundation, School of Public Health, University College Cork, Ireland
Coordinator: Vanda Scott
International Adviser, International Association for Suicide Prevention

This symposium addresses the added value (synergistic effects) of multi-level intervention programmes versus singular interventions, and the importance of specific evidence informed interventions to be recommended for establishing multi-level community based intervention programmes, including:

6.1. Gatekeeper awareness training programmes for Community Facilitators, such as counsellors, psychologists, nurses, social workers, police officers, priests, teachers, media professionals etc.

Jerry Reed
Education Development Center, USA
6.2. Awareness and Skills Training for GPs
Ella Arensman
National Suicide Research Foundation, School of Public Health, University College Cork, Ireland

6.3. Reducing access to lethal/frequently used methods for suicide and self-harm
Jane Pirkis
Centre for Mental Health University of Melbourne, Vice-President International Association for Suicide Prevention

6.4. Public Awareness Campaign, based on principles of positive mental health promotion and implementing media guidelines for reporting suicide
Paul Yip
Department of Social Work and Social Administration and the HKJC Centre for Suicide Research and Prevention in The University of Hong Kong.

6.5. Supports for vulnerable people and their family members, including those who have engaged in self-harm, those who have lost a family member through suicide
Lakshmi Vijayakumar
SNEHA, Chennai, India; University of Melbourne, Australia

Symposium 7
Helplines

7.1: A Life line: How Lifeline’s research can inform suicide prevention
Authors: Glenda Schnell, Renee Mathews, Daniel Shepherd
Lifeline Aotearoa

It is well known that suicide is a major public health issue in Aotearoa New Zealand. Despite many programmes aimed at reducing suicide, the suicide rate has continued to rise. Suicide is complex in nature and has many risk factors and causal pathways which have been the focus of an extensive body of research. Lifeline Aotearoa is New Zealand’s most well utilised counselling and crisis helpline. Lifeline Aotearoa is therefore in a unique position to support individuals at various points along the pathway to suicidal behaviour, including moments before life or death decisions. We receive hundreds of calls per day. Suicide risk is identified in approximately 8% of these calls. For each call Lifeline Aotearoa receives, issues presented by the caller are recorded in a data base. Data collected across a three-month window in 2017 revealed that 607 calls were made to Lifeline in which the individuals were assessed as being suicide risks by the telephone counsellor. Risk factors present in this group of callers included child and domestic abuse, work-related issues, family/spousal relationship issues, and mental health issues. A high prevalence of reported suicide in the family was noted in this group. 602 calls involved a disclosure of suicidal ideation by the caller. Significant predictors of suicidal ideation included: issues with anxiety/depression, alcohol and drug use, emotional and physical domestic abuse, and distressing emotions such as rejection,
disconnection, stress and sadness. Finally, 135 of the calls involved individuals who were actively planning suicide. Mental health issues were identified as the dominant risk factor in this group. The data provide an insight into issues that are leading callers to consider suicide and highlights similarities and differences between callers who are in a suicidal crisis and those who are not. These issues are consistent with previous research in to psychosocial and environmental risk factors of suicidal behaviour.

7.2: Correlates of effectiveness of intervention for high suicidal risk callers in hotline

Authors: Yongsheng Tong, Yu Pang,
Beijing Suicide Research and Prevention Center, Beijing Hui Long Guan Hospital. WHO Collaborating Center for Research and Training in Suicide Prevention

Objectives: Crisis hotline has been widely used for suicide prevention. This study aims to explore associated factors of the effective hotline-based suicide prevention.

Methods: Suicidal risk was assessed for each callers of Beijing Psychological Aids Hotline. The callers with a suicidal risk score of 8 or higher were recruited and received psychological service for suicide prevention. The hotline services were automatically tape recorded. Based on the tape records, the quality of delivered services were evaluated, using the Counseling Skill Rating Scale for Psychological Aids Hotline. The scale consists of 3 subscales, i.e., counseling process, attitude, and communication skill. Demographic data and levels of hope, suffering, and intention to die were collected during the calling. The recruited callers were followed up via telephone in 1 day, 1 week, 1 and 3 months after the index calls.

Results: From January to December 2015, 1001 callers were assessed as high suicidal risk, 981 of them received psychological service and the qualities of the delivered services were evaluated. Seven hundred and eight-five callers, 387 males and 398 females, were followed up. Three of the 785 callers died by suicide, and other 43 callers reported 50 episodes of suicide attempts. Results of multivariate logistic regression analysis indicated that, callers with higher suicidal risk score were more likely engaged in suicidal behaviours (OR=1.26, P=0.011), and high level of counselling process could reduce subsequent suicidal behaviours (OR=0.35, P=0.01). High level communication skill would increase callers’ hope level, and high level counselling process would decrease callers’ intention do die.

Conclusion: Promotion of hotline operators’ counselling skills, especially counselling process and communication skill would reduce suicidal risks of hotline callers.

7.3 & 7.4: Attributes of Long-Serving Counselling Volunteers in the Samaritan Befrienders Hong Kong

Author: Vincent P.K. Kan
Samaritan Befrienders Hong Kong

The Samaritan Befrienders Hong Kong (SBHK) was established in 1960. It provides a 24-hour telephone hotline service, using volunteers as para-counsellors to help people who are in emotional distress and have suicidal thoughts. There are currently more than 200 volunteers.

Being one of those long-serving volunteers, I conducted an autoethnographic research under a positive psychology prospective to investigate the good human behaviors from 2011 to 2017, with
an aim to explore what made the 11 volunteers serve SBHK over 25 years. The objectives of my research were to understand the personal factors that affect the stay of the volunteers, to examine the organizational culture that fosters long-serving volunteers, to study if the nature of the volunteering service constitutes to their long service, as well as to appraise the influence among various factors and to look into the volunteers’ insight over their experience with suicidal clients. The exploration ran into areas including criteria of resilience, questioning what wisdom is and how it is reached, and drawing on the wider cultural systems of the Asia Pacific region, including Buddhism, the ancient Greek philosophies and the concept of ‘selflessness’, as a step towards wisdom

7.3 Practice of Selflessness (a key to wisdom) – A new tide for life education
Apart from the personal and organizational factors that were transparent to the volunteers, there was a wisdom related factor which was tacit to most people that warrants a separate attention. The breeding of long-serving volunteers at a counselling agency might collaborate with the drive for growth and development by individual volunteers. This matches with the ingredients to provide selfless and empathic support towards clients. Such regular practice of selflessness creates the conditions for an unintentional journey towards a state of wisdom or earnings for transcendence. The volunteers’ stay in the service could be a natural path that they were on, supporting their own potential drive towards a better life of wisdom, an ultimate happiness or eudaimonia. The advocacy for the practice of selflessness could provide a breakthrough to turn into a new tide for suicide prevention in life education.

7.4 Understand the known personal and organizational factors for the turning the tide together with sustainable and valuable human force
The findings included mostly known factors identified by the volunteers and were supported by literatures. The first finding relates to how personal prerequisites such as childhood experience affect the volunteers’ passion to serve; second finding associates with the volunteers’ motives, satisfaction and perceived meaningfulness of the task; and third on how volunteers play their roles within the organization to encourage the retention of others. Whilst the fourth finding looks into how the policy and management style of an organization can facilitate a long stay, the fifth finding hypothesizes the engagement in counselling work as a wisdom-fostering activity that certain people might have been drawn to through their personality or as a response to formative experiences in their lives. This presentation only covers the first four areas as a study of the potential factors for the turning the tide together with sustainable and valuable human force. The fifth finding was tacit to most people which I think was extremely important to the general public and was covered separately in 7.3.
Workshops

Workshop 1

A workshop on setting up a peer support group for suicide loss.
Authors: Virginia Brooks, Ellen Norman, Lynne Russell, Amanda Christian, Mark Wilson
Mental Health Foundation, NZ

This workshop will be provided by the Mental Health Foundation Suicide Bereavement Service with the support of members of the Bereavement Service’s Advisory Group. The objective of this workshop is to bring together those running peer support groups for suicide loss with those looking to start a group, and share evidence based understandings around what this can look like, including how to run safely from a suicide prevention perspective. We aim to include Northland whānau who may be seeking peer support for suicide loss.

To facilitate this, we are liaising with the organisation Te Rau Matatini. Part of turning the tide against suicide is recognising those bereaved by suicide and the need for postvention – care of those affected by suicide loss. Suicide bereavement is a traumatic experience and those affected may seek peer support, the understanding of others living through a similar experience(s). Peer support may be offered in a group setting. A group may develop formally or informally, set up by an organisation or as a self-determining grassroots initiative in the community. The structure for this workshop includes whakawhanaungatanga (a process of participant self-introduction), research and evidence based information on how to start and run a group, self-care and safety from a suicide prevention perspective and space for participants to share their stories.

Free Mental Health Foundation (MHF) evidence based resources will be provided to participants. These include the guidelines ‘Support Groups for suicide loss, a handbook for Aotearoa, New Zealand’ and an online video series featuring group leaders sharing stories of how they run their groups. Additional resources include: access to a closed Facebook page connecting group leaders with one another and resources. MHF website information on how to support bereaved, along with group listings enabling suicide bereaved seeking peer support to find a group in their area. A crisis lines brochure providing access to crisis and helplines numbers, supporting those requiring specific help to access it. MHF suicide prevention resources will also be freely available.

At the conclusion of this workshop participants will have an increased understanding of peer support groups and their value for suicide bereaved. This will support anyone looking to start a peer support group or similar, and / or meet with others running a group.
Workshop 2

*Innovations in the Millenial Workplace: Suicide Prevention & Wellness Programs that Work*

Authors: Margaret Hines, Lacy Dicharry, Lauren Breen
Kevin and Margaret Hines Foundation

Suicide is the third-leading cause of death among millennials. This is a generation coping with dangerous levels of stress, stagnation, and limited resources to address suicide risk factors. Millennials, in particular, are found to have the highest rates of perceived stress when compared to other generations. In the United States, over the course of the past decade, suicide rates have inched higher, following a decrease the decade before. Research suggests suicide rates can be affected by socioeconomic status, employment, occupation, and sexual orientation — most of which are factors inflamed by the current economic and political environment.

This session focuses on the education of successful suicide prevention efforts in the corporate workplace. The efficacy of storytelling interwoven with best practice models are discussed. Strategies for sustainable growth within the suicide prevention and wellness corporate space is examined. Comprehensive programs, which are based on years of research, experience and success, provide today’s Corporate leaders the tools they need to better serve the world’s largest and fastest growing minority group in the world: People with disabilities and mental health conditions; including special focus on the millennial workforce.

The global landscape of mental/brain health and suicide prevention are discussed. Myths are debunked and facts are shared. The importance of connectedness and communication are examined. This core program focuses heavily on normalizing the conversation about brain health and suicide. This opens dialogue that can specifically target the audience’s issues. Solutions and resources are a focal point. With mental health being the top concern of employees and employers that focus on the millennial workplaces – especially in technology and finance - solutions are highly sought. The high costs to employers are discussed as the economic impact is maintaining its rise.

**Objectives:**

- Develop strategies in the workplace to address issues relating to health and safety from a mental health lens
- From an employer’s perspective, be able to better educate and understand the nature, context, and function of depression and anxiety within your workforce
- Be able to develop a framework approach for how to identify and manage suicidality and mental health issues at various stages within your organization
- Grasp and articulate the important role of mental health in maintaining a healthy and safe workplace.

**References:**


Centers for Disease Control and Prevention. Promoting individual, family, and community connectedness to prevention suicidal behavior. 2011.
Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. SAMHSA’s working definition of recovery. 2012; HHS Publication Number PEP12-RECDEF
Suicide Prevention Resource Center, SPAN USA. Charting the future of suicide prevention: A 2010 progress review of the national strategy and recommendations for the decade ahead. 2010

Workshop 3

**Successful Advocacy for a Dedicated National Suicide Prevention Research Fund**

Authors: Susan Murray, Michelle Kwan
Suicide Prevention Australia

Objectives: Establish a research fund capable of strategically driving suicide prevention research to better understand what works and how to effectively deliver services to support individuals, families and communities Build long term sustainability of the Fund to ensure there is a single large-scale effort dedicated to suicide prevention research in Australia.

Methods and Materials: In Australia there is strong evidence that suicide research has not been a significant funding priority either by government or by the research community. Researchers, people with lived experience of suicide and those who deliver services agreed that more effective outcomes-based service delivery supported by a strategic and robust research program would lead to a decrease in the suicide rate. To achieve this, Suicide Prevention Australia (SPA) advocated that the Government establish a dedicated suicide prevention research fund in order to shift research from being investigator-driven to focus on strategic priorities based on community and service need. These changes to the research environment would facilitate long-term sustainable prevention and quality improvement.

Results: In 2016, in the lead up to a national election, the research fund concept achieved support from three major political parties. Following the election, the incumbent Government honoured their policy commitment and awarded SPA the management of a $12 million fund dedicated to suicide prevention research. In addition to investing in research, SPA is building a Suicide Prevention Hub: Best Practice Programs and Services (The Hub), an online resource of evaluated suicide prevention programs and services.

Over the next 3 years SPA will build long-term sustainability through partnering with State and Territory Governments, business, philanthropy, community organisations and individuals for additional contributions. Advisory structures for clinical and scientific guidance and determining
research priorities have been established and a research dissemination program is currently being designed.

Conclusion: The presentation will include:

- An overview of the advocacy approaches and tools used to achieve multi-party support for the concept of the Research Fund
- Discussion on the barriers to establishing the Fund and how these may be overcome in other countries and contexts
- Demonstration of The Hub, which is being developed through the Fund
- Discussion on the processes put into place for distribution of funds to research.

Workshop 4

_Suicide First Aid: educating the public to assist in a crisis_

Claire Kelly
Mental Health First Aid Australia

Mental health first aid is the help provided to a person who is developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. The first aid is given until appropriate professional help is received or the crisis resolves.

Mental Health First Aid (MHFA) Australia has been providing courses to the general public, including community groups, workplaces and schools, since 2000. Participants learn how to recognise the signs of mental health problems and crises and offer appropriate help and prompt referral. In addition to the main course offering, Standard MHFA, courses are available for assisting young people (Youth MHFA), older people (Older Persons’ MHFA), and Aboriginal and Torres Strait Islander people (Aboriginal and Torres Strait Islander MHFA). There is also a course for adolescents to learn to offer each other help (teenMHFA), with an emphasis on seeking the support of a suitable adult as quickly as possible, rather than seeking professional help in the first instance.

Suicide first aid is a core part of all MHFA courses. In 2007, we published guidelines for suicide first aid after using a consensus method called the Delphi methodology, incorporating the expertise of people with lived experience of mental illness, and their carers, in addition to professionals such as clinicians and researchers. These guidelines, the first of their kind developed in the world, inform all MHFA curriculum. In 2016, MHFA Australia launched a 4-hour ‘MHFA for the Suicidal Person’ course, allowing participants to gain a deeper understanding and improve their skills in suicide first aid. It is available as a stand-alone course, but can also supplement the skills of people who have attended a 2-day MHFA course. Another course, ‘Talking About Suicide: Aboriginal Mental Health First Aid for Aboriginal and Torres Strait Islander People’, will be launched in 2018.

This workshop will provide an overview of the work Mental Health First Aid Australia has done in this area, including highlights from films created as teaching aids. The evidence base for the curriculum and the evidence that MHFA is an effective intervention will also be presented.
Workshop 5

Innovative and Interactive Approaches to Suicide Assessment and Safety Planning

Khara Croswaite Brindle,
Catalyst Counseling, PLLC

Program Summary:

The likelihood of mental health professionals encountering suicidal ideation in their practice is high when serving diverse populations suffering from mental illness, trauma, and adversity. Assessment tools, clinical steps taken, and documentation of efforts as a helping professional are vital to the well-being of both client and clinician during times of high stress. This workshop will identify and discuss known risk factors in suicide assessment and prevention as well as safety planning strategies to address symptom management and treatment planning with a person at risk. This workshop will look at the latest research on suicide assessment, including innovation and demonstration of the Community Assessment and Coordination of Safety (CACS), an interactive web application where clinicians and helping professionals can conduct an electronic suicide risk assessment, safety plan, and connect to appropriate resources to support a person at risk. The CACS content is modeled after material from the Columbian Suicide Severity Rating Scale (C-SSR) and SAMHSA’s Suicide Assessment Five-step Evaluation and Triage (SAFE-T). The CACS will also attempt to engage participants on the latest research of emphasizing a safe environment to engage persons at risk, including communication tips encouraged and supported by Collaborative Assessment and Management of Safety (CAMS) and Livingworks Applied Suicide Intervention Skills Training (ASIST). Finally, this workshop will explore the implications of technology on the assessment and coordination of safety and suicide, to be explored by helping professionals in measuring engagement, authenticity, and accuracy of risk and response in our diverse communities.

Content: This presentation will provide an overview of risk factors and protective factors as well as ongoing research trends that factor into risk and evaluation of a person in crisis. The workshop will facilitate discussion and evaluation of methods needed to support persons at risk through PowerPoint and online demonstration of the CACS web application. The role of the presenter is to introduce innovation and encourage critical thinking in workshop participants around client needs when engaging in suicide assessment, as well as resource and documentation needs to support positive outcomes and appropriate measurements of safety.

Learning Objectives

1. Participants will recognize and explore the interaction between risk and protective factors when engaging a person at risk in a formal suicide assessment.

2. Participants will practice engagement of a person at risk in suicide assessment and treatment planning to support symptom management.

3. Participants will identify documentation and resource needs to support a person at risk.

4. Participants will explore the latest technology supporting suicide assessment and safety planning in order to evaluate the appropriateness and efficacy of utilizing technology to engage a person at risk.
In 1996, The United Nations published *Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies*. The authors concluded that any member nation that wanted to address the problem of suicide in their country needed to accomplish two key tasks. First, they needed to develop a national strategy for suicide prevention and second, they needed to form a coordinating body or public-private partnership to develop, implement and monitor the achievements of the national strategy. In its first World Suicide Report, the World Health Organization called for member nations to develop national strategies or programs and to date 28 nations have developed a national strategy for suicide prevention. This session will trace the evolution of national strategies for suicide prevention around the globe, highlight the experience of one nation, the United States of America in the development of its first national strategy for suicide prevention in 2001, and will include discussion of its second-generation strategy released in 2012. The session will also address the development of its coordinating body that is referred to as the National Action Alliance for Suicide Prevention launched in 2012. The session will emphasize how the strategy was developed, is organized, how progress is monitored, the role the public-private partnership plays in advancing the strategy and how the strategy and the coordinating body informs our national priorities and contributes to our national goal of reducing the rate of suicide by 20 percent by 2025. Presenters represent both the public and private perspective and how such collaboration has maximized the potential of each sector (public, private and philanthropic) to advance the 13 goals and 60 objectives of the current U.S. National Strategy for Suicide Prevention. This major policy document for the field has charted the course for addressing the public health challenge of suicide. Since our focus shifted to include a public policy response, work continued building local capacity, gathering evidence-based practices, advancing several objectives of the NSSP and generating political will that eventually led to federal funding for youth suicide prevention and early intervention grants to states, campuses, tribes and territories and most recently to several lifespan efforts. Suicide is now being viewed as a preventable form of death and the engagement of loss survivors and attempt survivors significantly strengthened our national resolve. In 2010, on World Suicide Prevention Day, our quest to develop a coordinating body or public-private partnership to develop, monitor and advance our NSSP came to fruition. For seven years, this coordinating body has provided needed collective leadership to our national efforts. The Alliance meets twice per year, and has identified three key priority areas to guide our efforts (Transforming Health Care; Transforming Community Based Suicide Prevention and Changing the Conversation.) Additionally, the Alliance mandated the revision of our NSSP upon launch and in 2012 our NSSP was updated to reflect the latest in science and to support our key priorities. Imminently, we will release a federal report on how well the revised NSSP influenced the behavior of national, state and local suicide prevention advocates in implementing suicide prevention activities at their respective levels. While not an exact alignment to the UN Guidelines for Suicide Prevention released in 1996, this basic framework has influenced the approach the U.S. has taken and our NSSP and coordinating body are an integral part of our national approach. During this session, attendees will learn greater
detail on how each component of this framework came to be and how it guides the U.S. effort at this time.

Workshop 7

**Innovation in Men’s Suicide Prevention: Using Humor, Media and Digital Engagement to Promote Mental Health and Prevent Suicide for High Risk Men**

Sally Spencer Thomas  
Professional Speaker and Impact Entrepreneur

**Man Therapy’s Five Year Retrospective**

Men of working age often do not seek mental health services or disclose suicidal thoughts because of stigma. This presentation will give a five-year retrospective of the innovative, award-winning, multi-media mental health program called Man Therapy that uses humor and digital engagement to engage men to think differently about their mental health conditions.

“Women seek help, men die” was the stark conclusion of one suicide prevention researcher. The truth is that the burden of suicide rests largely on the shoulders of men of working age – about 70% of all suicide deaths fall into this category, and those men at highest risk are often the ones least likely to seek help.

This presentation will give participants an insider’s view to the development, implementation and impact of the innovative Man Therapy™ campaign – a mental health literacy campaign that uses humour to reach men of working age by “manning up” mental health. Outcome measures indicate the program is having its intended effect – about 80% of the visitors are men, they spend a considerable amount of time exploring the resources on the “virtual therapy office” website portal, and over 325,000 of them have self-screened for depression, anxiety, substance abuse and anger.

Presentation learning objectives:

1. To describe why suicide prevention needs to target working aged men
2. To identify key elements of focused communication strategy aimed at “double jeopardy” men and how these are tied to a successful suicide prevention strategy
3. To list promising outcomes demonstrating the Man Therapy™ program’s effectiveness
Workshop 8

**Workplace suicide prevention: challenges and opportunities**

Authors: Allison Milner, Jorgen Gullestrup
MATES In Construction

The workplace is gaining traction as an important venue for suicide research and prevention, which accompanies a growing evidence base about the role of employment on mental health. The motivations for suicide prevention within workplace settings are numerous. A large number of suicides occur among people employed at the time of death. Further, evidence from occupational epidemiology suggests that modifying stressors that occur at work can improve mental health outcomes. There is also increasing recognition that training gatekeepers in workplace settings may help in the early identification of people at risk of suicide.

The themes of this workshop are to unpack the challenges and opportunities for workplace suicide prevention. Challenges may include the logistical aspects of suicide prevention, as well as issues about engagement with workplace stakeholders. Opportunities include the possibility to work with a wide range of industries and professionals in advocating for and implementing workplace suicide prevention. We will discuss our experiences of being involved in workplace suicide prevention from both a practitioner and researcher perspective.

We encourage a wide range of stakeholders, including academics, policy makers, and health professionals to join us in unpacking the challenges and opportunities for workplace suicide prevention.

Workshop 9

**Feather Carriers: Leadership for Life Promotion**

Debby Wilson Danard,
Union Star Consulting Life Teachings Lodge, Canada

Feather Carriers: Leadership for Life Promotion was co-developed as an Indigenous cultural approach to community mobilization based on the belief that all people are capable of strengthening their own pathway towards life and restore the essential elements of hope, meaning, belonging and purpose (First Nations Mental Wellness Continuum Framework, 2015). It acknowledges a whole community effort is required to address the epidemic of suicide and other issues taking lives through pre-mature death.

Building Pathways Towards Life: An Indigenous Perspective is informed from original doctoral research, analyzing literature and lived experience that mobilizes community traditional or collective cultural knowledge (Ways Tried and True) giving high consideration to inclusive recognition of individuals’ strengths and leadership capacity (Danard, D. 2016). This perspective is further strengthened from expertise and suicide research, such as “Promoting a Way of Life to Prevent Premature Death: Ojibway First Nation (Anishinaabe) Healing Practices (Connors, E.A., Rice, J. & Leenaars, A.A. (2017).

Building Pathways Towards Life is founded on Indigenous knowledge to provide the cultural context for strengthening the capacity of human beings to support each other throughout the lifecycle by
promoting “mino bimaadiziwin” (good life) and understand our life as an inherent right. The process of connecting community people through sharing traditional knowledge, experiential learning and designing action strategies strengthens the capacity of individuals and families to turn around the chaos resulting from historical challenges, cultural genocide and intergenerational trauma. The core teaching of building pathways towards life centers on the Stages of Life teaching to support understanding the developmental stages of growing as human beings, our responsibilities to each other, and moving from concept to outcomes that identify wholistic wellness indicators of life promotion respecting autonomy and community diversity.

Building Pathways Towards Life models leadership for life promotion as a protective factor informs our collective impact within communities, and effectively supports our next generation of leadership. It further recognizes the importance of creating safe environments to process trauma from the emotional part of the brain to the executive part of the brain, an important aspect of the management of trauma and growth of wellness and well-being.
Masterclasses

Masterclass 1

*Attracting funding for suicide prevention research*

Jane Pirkis
Centre for Mental Health University of Melbourne, Vice-President International Association for Suicide Prevention

During this masterclass, Jane Pirkis will provide her top ten tips on securing funding for suicide prevention research. These tips include ‘Balance strategic and opportunistic approaches’, ‘Seek funding from diverse sources, and don’t limit yourself to the obvious ones, and ‘Join forces with a broad range of collaborators and partners’. Some of these tips may seem obvious, and others may be a bit more left field. Jane will describe how each tip has worked for her during her career, and will lead a discussion about each one with masterclass participants. She will encourage participants to think through how the tips might apply in their own contexts, and will facilitate an interactive discussion where participants will be encouraged to share their experiences and learn from each other. The masterclass will focus on securing funding for research, but much of the content could equally apply to securing funding in other areas of suicide prevention.

Masterclass 2

*Cultural Storytelling*

Witeria Ashby
Te Rau Matatini

Overtime I have developed a suicide prevention awareness method using my cultural heritage and the artform of storytelling. This gives a way to solve, discuss, debate, look through a lens that people haven't seen before, or notice the similarities of the stories within families and friends.

Māori are visual and oral learners and can retain and recite stories that are 2000 years’ old that are relative to stories told today. Māori story telling comes in various ways through songs, poems, genealogy and through our art work, we have debated, talked, analyzed and recited stories of our ancestors through to our present modern day.

This is one way of reviving, renewing, reforming and adapting a cultural heritage that is being replaced in the modern age of techno. Before I tell a story, I will ensure the safety of our participants is paramount and that they are prepared to fully participate in our stories.

Firstly, I will make available group members that will assist for time out and comfort if required, a group embrace at the beginning and end; this is to enable the group to feel the closeness of our spiritual being, physical connections and essences to oneself and others.

The participants will be asked to form four groups each based around a story. The group will have 10 minutes to discuss and 5 minutes for each group to report back, then ten minutes wind down with a group embrace and Karakia (prayer) to take the heaviness, the sacredness and sadness of those stories off each one who participated.
The four stories don’t have a great ending resulting in self-harm and suicide. The art of these stories is for the participants to analyze, to discuss and to look at how to shift the negative outcomes of the story to a positive one. The group will elect a story-teller or other methods to retell their story to the group, based on this analysis and types of intervention that could have resulted in a different outcome.

I have used this method of storytelling for families, social workers, youth workers and community groups. All the stories except one are not true; the names are not real except for one which I have permission to use. I will ask the four groups key questions such as:

- What sign posts in your story can you identify?
- How could the participants in the story act to shift the story to a positive outcome?
- What was the difficult part of the story that was challenging in changing the outcome?

Storylines:

- Puti Tip a story of abuse she has endured in relationships with men over a period.
- Horo Tip a story of a young 16-year-old Māori Male living in rural Northland town New Zealand
- Koro Tip a story of an elder (Kaumatua) living in rural Northland Town of New Zealand
- Hera Tip a story of a young girl and her family who moved to Australia to start a new life
- Mauri ora Matua Witi Ashby
- Te Pou Herenga Kaumatua Te Rau Matatini

Masterclass 3

**Suicide prevention and social media**

Jo Robinson and Eleanor Bailey

Orygen, The National Centre of Excellence in Youth Mental Health

Social media platforms are increasingly being used worldwide, in particular by young people. They are used for a range of purposes, including the provision and receipt of peer-to-peer support, for seeking and sharing information, including health-related information, and for the delivery of treatment. Their accessibility and anonymity mean that support and treatment can be sought in a non-stigmatising manner 24 hours a day, and that interventions can be delivered quickly and relatively cost-effectively. As such they hold great potential for suicide prevention.

However, there are also risks associated with social media. For example, there is a possibility that vulnerable people may be exposed to harmful or negative content, and there is the potential suicide contagion to occur when information is not shared safely or carefully. As a result, despite their perceived acceptability to the community and the potential they offer as a preventative tool, this is yet to fully capitalised on by the suicide prevention sector.

This masterclass will present the evidence for the use of social media in suicide prevention, allowing for ample discussion of both the potential risks and benefits. It will also present a set of evidence-based guidelines designed to facilitate safe peer-to-peer communication about suicide online, it will describe the development of a national social media campaign being developed in partnership with young people in Australia and will showcase a brand new online social networking platform currently being tested with at risk young people via the Orygen clinical service. Some of the challenges associated with using social media for both treatment and research purposes will also be discussed.
Forum

Partnerships For Life: Building the suicide prevention sector in Pacific Island nations

Facilitators: Barry Taylor and Lionel Rogers
TaylorMade Training and Consulting, NZ

Bula, Kia orana, Malo ʻetau lava, Maeva, Talofa,

Over the last decade there has been a significant rise in suicide, particularly in young people in Pacific Island. Due to limited resources many governments have not the capacity to develop programmes to address these issues or have been reliant on overseas aid funding from countries such as Australia and NZ. Much of the work has been led by community organisations.

Some programs have been delivered by Australian and New Zealand organisations. While the programmes have had some benefit, one of the criticism of some of these programmes is the lack of cultural adaptation for broader community education purposes.

This forum is an opportunity for Pacific Island conference delegates to meet and discuss their needs to build capacity. It is also an opportunity for interested non Pacific Island organisations to listen to the needs of the Pacific Island and to enter into a dialogue about work in partnership with local organisations to build capacity in the suicide prevention sector.

Forum participants will have the opportunity to set the topics for discussion at the beginning of the forum. Some suggested topics are:

- Pacific Island nations needs for effective suicide prevention work:
- How can non Pacific Island nations support the work in Pacific Island nations
  - Mentoring
  - Study tours
- Models of partnership for suicide prevention
- How can Pacific Island organisation in New Zealand and Australia assist their home countries?
- Advocacy for funding with organisations such as NZ AID and AusAID and other development agencies working in the Pacific
- What role does organisation such as International Association for Suicide Prevention can play?

The recommendations of the workshop will be written up in a position paper for wider distribution and discussion.
1.1 Effectiveness of Suicide Prevention Programs for Emergency and Protective Services Employees: A Systematic Review and Meta-Analysis.

Abstract

Authors: Katrina Witt
Monash University

Background: Although active employment is a protective factor against suicide, the majority of working age people who die by suicide are employed at the time of death. Working conditions may contribute to suicide risk in the employed adult population, and particularly job stress as well as adverse chronobiological working conditions such as shift work, and night work. Occupational-based access to lethal means may also play a role in certain occupational groups.

Study objectives: Rates of suicide in protective and emergency services employees, including defence force, police, and other emergency services workers are significantly higher than corresponding rates in the general working population.

Methods and materials: We conducted a systematic search of 11 electronic databases until June 30, 2015 to investigate the effectiveness of programs designed to reduce rates of suicide in these occupational groups. Qualitative analyses were also used to identify program components that may be associated with reductions in suicide rates.

Results: A total of 13 studies were included, however, only six reported sufficient information to enable inclusion in quantitative analyses. On average, these programs were associated with an approximate halving in suicide rates over an average follow-up period of 5.25 years (SD = 4.2; range: 1-11) (Incidence Rate Ratio 0.45, 95%CI 0.31-0.65; five studies; I² = 14.8%). Most included studies focused on secondary and tertiary-level prevention activities. Additionally, only one targeted organizational factors, despite work suggesting that organizational, rather than operational, sources appear to be stronger predictors of stress. Additionally, most of the programs included were multicomponent. It is therefore difficult to identify which component, if any, may be associated with efficacy.

Conclusion: Suicide prevention programs for protective and emergency services personnel warrant further evaluation, based on the favourable results found by this review. However, clearer reporting of suicide mortality rates in both the target and comparison populations, as well as the background community rate, would also help to establish whether these programs are truly effective or, rather, whether the results reported for these programs to date might be explained wider macro-environmental level changes or other factors. Additionally, greater focus on workplace primary prevention could further improve suicide prevention effectiveness.
1.2 Suicidality Among Emergency Responders
Authors: Chris Caulkins, Dariusz Wolman
Strub Caulkins Center for Suicide Research

The objective of this study is to determine the suicidality of emergency responders—police, firefighters, and emergency medical services (EMS) personnel—in a sample of responders holding a current EMS credential in the State of Minnesota in the United States. Data was gathered by means of a survey e-mailed out to over 28,000 EMS providers and promotion via various social media. Over 1,800 surveys were returned, which produced results with a confidence level of 99% with an error rate of + or – 3%. Analysis consisted of chi-square, which revealed an ideation rate significantly higher than the US general population and a suicide attempt rate commensurate with the general population. Of those surveyed, 37% were aware of a peer who had attempted suicide and 26% were aware of a peer who had died by suicide. Other statistics collected include amount of ideation, number of suicide attempts, presence of a plan, access to the means of a plan, and whether or not they had talked to anyone about their ideation. It is concluded that while ideation is significant in this population, attempts are within expected ranges. Because of the seemingly high number of responders who were aware of a peer’s suicide death, it is possible that attempts are more lethal among this group and warrant further investigation.

1.3 Understanding EMS and the Fire Service: A Must for Suicidologists Researching Suicidality Among Emergency Responders
Author: Chris Caulkins
Strub Caulkins Center for Suicide Research

There has been an increasing amount of interest in studying suicidality among the study of suicide and related phenomena among the emergency medical services (EMS) and firefighting professions. Unfortunately, it appears that suicidologists are approaching the issue from an etic rather than emic position and not eliciting the expertise of the groups they are studying. Engaging these stakeholders would ensure the suicidologist is understanding how emergency services are delivered, able to interpret field specific jargon and vernacular, grasp the different EMS certification levels, and gain familiarity with the subculture of public safety.

While this is not a presentation of research per se, it is an orientation to the education, culture, and lives of those who are emergency medical responders, emergency medical technicians, advanced emergency medical technicians, paramedics, community paramedics, and firefighters. If there is not the realization that these are each distinct and different levels of training, ability, and job function, the suicidologists studying these groups are at a distinct disadvantage in their research.

Both presenters are suicidologists and have decades of experience in EMS, not only as responders, but also as EMS educators at a postsecondary level. One has also served for 14-years as a firefighter and currently works as a paramedic on a municipal service that employs single-role paramedics, single-role EMTs, firefighter/EMTs, firefighter paramedics, police officer paramedics, and police officer/firefighters. Additionally, one of the presenters will speak first-hand about his own experience with PTSD involving ideation and as a survivor of the suicides of his wife, brother, and 10 emergency responder colleagues.
1.4: Coping has limits: ‘Mixed Presenters’ emergency department presentations for self-harm and other reasons

Abstract Authors: Silke Kuehl, Sunny Collings, James Stanley, Katherine Nelson
University of Otago, Wellington

People who self-harm often have complex and comorbid health issues. This study examined ‘Mixed Presenters’, people who presented to one of eight New Zealand emergency departments (ED) at least twice within 28 days, once for self-harm and once for another reason (in any order). The objectives of this study were to identify characteristics of Mixed Presenters, compare their serious self-harm risk to self-harm Only Presenters, and examine ED management.

The sample was identified from the multi-level Intervention for Suicide Prevention (MISP) study. The qualitative part involved semi-structured interviews with 27 Mixed Presenters and quantitative data on 1921 patients (80.4% Mixed Presenters and 19.6% Self-harm Only Presenters), were linked to admission and mortality datasets. Survival analysis was used to compare the serious self-harm risk between the groups.

Mixed Presenters reported difficult life circumstances consisting of interwoven physical, mental health and social struggles for which they received little help. The quantitative results showed Mixed Presenters to have a 60% reduced risk of future serious self-harm compared to self-harm Only Presenters. Yet, interviews with Mixed Presenters revealed that the vast majority had a history of self-harm, were easily triggered to self-harm because of their life stressors and, on discharge from ED, nearly half were still at risk of self-harm. Mixed Presenters reluctantly sought ED care but acknowledged it provided safety. Many interviewees also disliked the ‘processing plant’ style, where the focus was on risk assessment instead of their needs as people, and where some encountered judgemental staff.

These findings show that it is important for ED staff to identify Mixed Presenters. Even though two ED presentations for self-harm incurred a significantly higher risk for future serious self-harm compared to mixed presentations, Mixed Presenters’ often complex life circumstances, frequently linked to chronic and or/high self-harm risk, make targeted ED support for these patients nevertheless imperative. Integrated and patient-centred care that addresses physical and self-harm needs simultaneously is required, so that Mixed Presenters’ need to return to ED is lessened.

1.5. Exploring trauma, mental health and suicide among paramedics: The International Paramedic Anxiety Wellbeing and Stress study.

Abstract Authors: Elizabeth Asbury,
Faculty of Health, Whitireia New Zealand

Introduction: Alarming statistics relating to paramedic attrition, mental health and suicide risk are causing concern worldwide. An Australian Senate Inquiry found that 110 emergency services personnel suicided between 2000 and 2012, and over a third of American paramedics had contemplated suicide. Trauma related mental health issues among paramedics have been explored in isolation, but little is known about the development of psychological morbidity among a broad paramedic population.
Background: Emergency medicine is arguably one of the most decision-rich areas of healthcare. Impaired clinical decision making impacts upon patient safety and the relationship between mental health and cognition has been repeatedly demonstrated. Decision making skills and performance are adversely affected by stress, depression and PTSD. Stress and fatigue have been cited in 45% of prescribing errors, while mood state can contribute to diagnostic error. Poor mental health can adversely affect clinical decision making, which in turn can have a catastrophic impact on patient care.

Methods: The International Paramedic Anxiety Wellbeing and Stress (IPAWS) Study is a five year international, longitudinal, quantitative research project with an initial cohort of 500 final year paramedic degree students. Participants will be required to complete a battery of psychological and demographic online questionnaires, using a secure web-based platform on an annual basis for the five-year duration of the study. Recruitment will be undertaken during 2017 and 2018 to accommodate both northern and southern hemisphere academic schedules.

Discussion: IPAWS is the first international longitudinal study to explore the cumulative impact of trauma on paramedic mental wellbeing against occupational experience. Overall analysis will provide evidence for optimally timed interventions, while regional analysis will identify best practice in supporting paramedic mental health. IPAWS may lead to an improvement in trauma related mental health, improve cognitive load and better patient care.

1.6 Means Restriction: Firearm Availability and Police Suicide
Author: Steven Stack
Director Wayne State University & Center for Suicide Research

A recurrent theme in suicide prevention concerns means restriction. Restricting access to lethal means of suicide, such as toxic pesticides in less developed nations, toxic coal gases formerly used as an energy resource in European homes, and firearms, is often found to be associated with lower suicide risk. In the case of firearms in the US, however, covariates of firearm ownership (e.g., high migration rates, an index of low social integration, in rural areas known to be high in firearm ownership) are often not taken into account. When key covariates are teased out, the link between firearms and suicide risk is often reduced or even absent.

OBJECTIVES: The present study seeks to explore suicide risk and the relative use of firearms for an occupational group that receives essentially universal training in and ownership of firearms, the police. The hypotheses to be tested are (H1) Controlling for socio-demographic constructs, police are not at significantly greater risk of suicide and (H2) controlling for socio-demographic constructs there is no difference in the use of firearms in police and non-police suicides.

METHODS. All data are from the American Mortality Detail Files (MDF) for each of the four most recent years where occupation of the deceased was available. The MDF is a record gleaned from death certificates of all persons dying in each calendar year (over 2 million/year). The dependent variables are death from suicide vs. all other causes for H1, and the method of suicide where firearms = 1 and all other means of suicide = 0 for H2. For both analyses the key independent variable is occupation where 1=policing and 0=all other occupations. Controls are incorporated for data available on socio-economic status including gender, age, and marital status. Since the dependent variables are dichotomies, multiple logistic regression techniques are appropriate. RESULTS. Consistent with the previous national study by Stack & Kelley for 1985, controlling for the covariates
of police occupation, police are 14% more likely than other persons to die by suicide, a percentage that does not reach statistical significance (OR= 1.14, p=.38). H1 is supported with 98.5% of deaths correctly classified. However, controlling for covariates, police are 4.25 times more likely to use firearms in their suicides than the general population (OR=4.25, p< .000). Hypothesis 2 is rejected.

CONCLUSIONS. The police rely heavily (89%) on firearms for their suicides. Nevertheless, this readily available lethal method of suicide is not associated with a significantly higher rate of suicide. Further related work is needed on other groups, such as veterans, who have an understanding of and access to highly lethal means of suicide.

Orals 2:

2.1 Investigating the factors contributing to suicidal behaviour in older New Zealanders.

Abstract Authors: Gary Cheung, Frederick Sundram, Sally Merry, Siobhan Edwards, Gisele Foster, Wayne de Beer, Susan Gee, Tracey Hawkes, Sally Rimkeit, Yu Mwee Tan University of Auckland

Objectives: Globally, suicide rates increase with age between the ages of 60 and 90 years. In New Zealand, men aged 85 years and over had the highest suicide rates (32.4 per 100,000) among all age groups between 2008 and 2017. This paper presents the findings of 3 key studies investigating the factors associated with suicidal behaviours along the suicidality continuum (death wish, suicide attempt and completed suicide) in older New Zealanders.

Methods: A cross-sectional study on the prevalence and clinical predictors of death wishes in older people assessed for home support and long-term aged residential care. A retrospective study on the characteristics of older people presenting with self-harm to emergency departments and the predictors for repeat self-harm and suicide within 12 months. A retrospective study on the characteristics of older people who died by suicide and whether these characteristics differ in three age bands: 65–74 years, 75–84 years and 85+ years.

Results: Death wishes were present in 9.5% of the sample of older people assessed for home support and long term aged residential care. Depression (OR=2.54, 95% CI=2.29–2.81), loneliness (OR=2.40, 95% CI=2.20–2.63) and poor self-reported health (OR=2.34, 95% CI=1.78-3.07) had the greatest association with death wishes. Perceived physical illness (47.8%) and family discord (34.5%) were the most common stressors associated with self-harm in older people presenting to the emergency departments. Older people who had a positive blood alcohol reading (OR=3.87, 95% CI=1.35–11.12) and were already with mental health services (OR=2.73, 95% CI=1.20-6.25) at the time of the index self-harm were more likely to repeat self-harm/suicide within 12 months. The older the person, the less likely they were to have had a previous psychiatric admission or contact with psychiatric services in the month prior to suicide. However, most older people (61.7% of 65-74 years, 65.6% of 75-84 years and 77.3% of 85+ years) had had contact with their general practitioner within one month of suicide.

Conclusions: Depression, physical illness and alcohol are important contributors of late-life suicidal behaviour. The findings also imply that primary care is the setting for screening depression and
suicide risks; while specialist old age psychiatry services provide treatment for older people following a self-harm attempt with an aim of reducing the risks of repeated self-harm and suicide.

2.2: In research of Mental Health advocacy and Preventing Suicide of the elderly in Taiwan

Authors: Tai-Fen Chen, Yuchia Chen, Chenghsiung Lee, Chenyu Ho
Tunghai University

This study was based on the Taiwan's elderly suicide situation that reasons were melancholy tends to be the most, followed by "emotional factors in family" (Taiwan Lifeline International, 2015). While major depression is the main precipitant of suicide at all ages, social isolation is an important risk factor for suicide among the elderly. And older men, more so than older women, often become socially isolated (Brody, 2007). Therefore, how to health one’s mind and relationship will be so important for the suicidal ideation of elderly.

Thought literature review on the Wheel of wellness which has six levels from core life task to global events, define the implications for preventing suicide. It aimed to determine the relationship for advocacy for elderly suicide prevention and the wheel of wellness by using staggered check. This study checked among 3 areas of Taiwan, included Chiayi County, Kaohsiung, Keelung City, that carried out the preventing suicide plan which the effectiveness of suicide prevention and control in all of 3 areas in Taiwan during 2015-2016. It was also based on the wheel of wellness theoretical mode to check actual status of implementation. Final concluding comments were supported for Taiwan’s lifeline organization in preventing suicide plan.

2.3: Retirement pathways and suicide risk-navigating the feeling of retirement

Authors: Kylie Crnek-Georgeson, Rachelle Arkles and Leigh Wilson
Western Sydney University

Objectives: This doctoral research investigates the nexus between early retirement, suicide risk and mental well-being in a group of older rural Australians. This presentation will discuss the preliminary findings of 5 in depth interviews.

Methods and material: Five participants volunteered to be interviewed from the following groups; people who are the next of kin of an individual who has died by suicide; individuals who have lived experience of previous (non-fatal) suicidal behavior; and individuals who have no lived experience of suicidal behavior. The study was promoted through the following; news article in the local paper; radio interview; advertisement in a health newsletter and NSW Farming Association; Facebook page. Four of the interviews were conducted face to face, with two of the researchers on the project team, and one was conducted over the phone. With permission, all participants agreed for their interviews to be recorded and transcribed by the lead author. The interviews consisted of 3 female participants and 2 male participants.

Results: From preliminary analysis, a number of broad themes emerged, the strongest of which is the difference between the ‘feeling of retirement’ for men and women. Both genders experienced feelings of social isolation, deterioration of health, and concerns of suicidal behaviors. With many reliving strong memories of their youth, linking these to family values. For the men, feeling of fear
of loss of identity, yet determination and a strong need for pursuit of hobbies. Yet for women, there were feelings of insecurity, need for financial longevity, higher levels of judgement by others, but, also, feelings of resilience and strength.

**Men and Women**

- Social Isolation - feeling displaced
- Physical Health
- Suicidal behavior in self or others
- Memories of youth

**Women**

- General health - ability to return to work if needed
- Financial concerns - insecurity
- Judgement - Difference, not worthy
- Resilience and empowerment
- Caring Role
- Need for financial longevity

**Men**

- Fear of loss of identity
- Pursuit of hobbies
- Determination
- Further education

**Conclusion:** These preliminary findings suggest that the role of gender and the impact of early retirement affect one’s ability to retire well, with the revelation of feelings that are difficult to predict, or even comprehend, in regards to forced or unplanned retirement. In order to navigate the changing tide, there is an ever increasing need to understand the effect that early retirement has on both genders and their respective levels of vulnerability.

### 2.4: Insights into late life suicide and self-harm: A qualitative study of older people who have self-harmed

**Authors:** Anne PF Wand, Carmelle Peisah, Brian Draper, Henry Brodaty

University of New South Wales, Sydney, Australia; Department of Aged Care Psychiatry, Prince of Wales Hospital, Sydney, Australia

**Study objectives:** The aim was to qualitatively explore the perspectives of a culturally and cognitively diverse cohort of people aged 80+ regarding their reasons for self-harm and their experiences of care.

**Methods and material:** Consecutively referred patients aged 80+ who had self-harmed (directly or indirectly) within the last month were recruited from a variety of settings (hospital, community, residential care). All participants had a full psychiatric interview including cognitive testing followed by qualitative interviews with an aged care psychiatrist focusing on the self-harm. Narrative inquiry was used to help the participants discuss their reflections of the self-harm and perceptions of care. All interviews were audio-recorded and transcribed verbatim. N-VIVO Pro 11 was used to facilitate thematic analysis, whereby patterns in responses were identified and analysed.
Results: Twenty-eight participants (mean age 86; range 80-93) were recruited, of whom 12 (43%) did not speak English and 23 (82%) resided in the community. Dementia was present in 12 (43%) and depression in 13 (46%) participants. Themes that emerged for the reasons for self-harm included loneliness and not belonging; enough is enough; my ageing body letting me down; early adversity/cultural dislocation; denial; rejection and an untenable situation. Themes pertaining to consequences of the self-harm included becoming closer to or more distanced from families; solving problems; denial of intent to self-harm; rejection by professional staff and tension in the role of inpatient unit (incarceration vs safety).

Conclusion: Older people described numerous reasons for their self-harm spanning personal, social and clinical domains. Although many of these existential dilemmas can only be acknowledged not ameliorated, there was resonance between many of the reasons for, and consequences of self-harm, particularly when self-harm was a solicitation for care, or for a problem to be solved. Dissonance occurred when contributing factors were unable to be understood, or addressed or the system or family responded in a way perceived by the person as punishing or rejecting; the latter arising from family or system hopelessness or helplessness. This suggests that self-harm in older people may be a needs driven behaviour requiring sensitive, individualised unpacking of contributing factors with a tailored response that involves the family, the clinical system, and possibly a role for psychotherapy.

2.5 Acute Life Events, Mental Disorder and Suicide in Middle-Aged and Older People
Authors: Brian Draper, Karolina Krysinska, John Snowdon, Diego De Leo
University of New South Wales, Sydney, Australia; Department of Aged Care Psychiatry, Prince of Wales Hospital, Sydney, Australia

Objective: Suicide may occur in the context of recent acute life events. This study aimed to determine whether suicide after an acute life event was associated with the type of event, age or the presence of a mental disorder.

Method: Psychological autopsy study from Sydney and Brisbane, Australia involving interviews with next-of-kin of 261 suicides and 182 sudden death controls aged 35-59 (middle-aged) and 60+ (older). Consensus psychiatric diagnoses were obtained with SCID interview. Life events were recorded on a Life Events Scale including those that were chronic and acute events; only acute life events occurring in the 5 weeks before death are considered here.

Results: Suicide death subjects were more likely to have experienced an acute life event than sudden death controls, particularly in those aged 35-59 years. Across the age range, arguments and breakups of close relationships were the most common type of life event (36%) in the 5 weeks before suicide. Employment/income related issues (18%), legal issues (9%) and deaths/illness in family/friends (6%) predominantly occurred in those aged 35-59 years, while diagnosis of terminal illness, the most common acute life event in those aged 60+, and disability related life events were predominantly in older people. A mental disorder, mainly depression, was present in 80% of subjects with acute life events; this did not vary significantly by age or type of life event.

Conclusions: Acute life events are common before suicide deaths with those associated with relationship difficulties being most common. There are age-related differences in the types of life events. Further examination of those who die by suicide after an acute life event and have no evidence of a mental disorder is warranted.
2.6: Exploring the use of telephone helpline for older adult suicide prevention: a Hong Kong experience

Abstract Authors: Chee Hon Chan, Ho Kit Wong, Paul Yip
The University of Hong Kong

Objectives: Older adults have a very high suicide rate and it is twice as much as the general population. There are helpline services providing to the older adults but very limited studies have examined the suicidal risk among the users, and how these services could be a platform to engage older adults for suicide prevention. This study explored the potential usefulness of a telephone helpline in Hong Kong for elderly suicide prevention, by examining the prevalence and risk factors of suicides among the 106,583 senior helpline users.

Methods: The call data of the senior users were collected from the service and suicide statistics of older adults in Hong Kong was made available by the Coroner’s Court. We estimated the suicide rates of the users and compared it with the general older adult population in Hong Kong. Users’ suicide risks and their associated factors were assessed by Cox regression survival analyses.

Results: Suicide rates of both male and female users were more than two times larger than the general older adult population. The users’ risks of suicides were greater at the early period of using the service; men, living alone, and having a history of mental illness were associated with increased risks.

Conclusions: By identifying suicide risk profile and distinct telephone calling pattern among users, early detection and warning system could be in place to allow timely intervention to reduce the number of older adult suicides in the community.

2.7: Evidence-based elderly suicide prevention programmes: An updated literature review

Abstract Authors: Gary Cheung
University of Auckland

Objectives: The International Research Group for Suicide among the Elderly of the International Association for Suicide Prevention systematically reviewed the literature on elderly suicide prevention programmes from 1966 to 2009 (Lapierre et al., 2011). Eleven interventions were identified in 19 publications that met the inclusion criteria of an empirical evaluation of a suicide prevention or intervention programme. An updated literature search was performed using the same search strategy as the previous systematic review.

Methods: The following electronic databases were searched: PsycINFO, MEDLINE, ERIC and the Cochrane Library (2009 to January 2017). The search terms used were “suicide”, “suicidal ideation”, “suicidal behaviour”, “suicidal behaviour”, “attempted suicide”, “prevention”, “intervention”, “mental health program”, “mental health programme”, “program evaluation” and “programme evaluation”. The search was limited to aged 65 years and older and there was no restriction to language.

Results: The number of references yielded from this search strategy were 517 (PsycINFO), 565 (MEDLINE), 41 (ERIC) and 379 (Cochrane). A total of 14 publications were found in this updated review.
Conclusion: Effective interventions targeting late-life suicidal behaviour have been reported in the literature. National suicide prevention programmes and firearm control are effective universal late-life suicide prevention strategies. There is a body of evidence on using a collaborative care model in primary care for treatment of depression and reducing suicidal ideation in older people. Community-based multilevel suicide intervention is effective in reducing suicide rates but its effect seems to be limited to women; while its effectiveness in non-Japanese communities has not been tested. Telephone counselling intervention for vulnerable older people is also effective in reducing suicide rates. Case management following self-harm/suicide attempt may be effective in reducing repeated attempts and suicide rates but further studies are required to support the limited literature on this type of intervention. Although limited, the current literature hinted there is a role for brief psychological treatment (IPT and PST) in treating late-life suicidal behaviour.

2.8: Escalation in self-harm methods over the lifespan: Insights and limitations of previous work from a systematic review of the international literature.

Authors: Katrina Witt, Deborah Scott, Jane Pirkis, and Dan Lubman
Turning Point, Eastern Health Clinical School, Monash University, AUSTRALIA.

Background: Although frequent repetition of self-harm is generally associated with an increased risk of suicide across a number of studies, emerging work suggests that knowledge of the methods used at previous episodes of non-fatal self-harm may be more important predictors of suicide risk than the number of prior episodes of self-harm alone. For example, the risk of suicide is significantly higher in those with a history of self-injury, and particularly self-cutting, compared to those who engage in self-poisoning. Use of a greater variety of different self-harm methods, and particularly a greater number of methods of self-injury, has also been associated with an increased risk of suicide.

Study objectives: To ascertain the varied ways in which self-harm method escalation has previously been conceptualised in the literature, findings regarding the association between self-harm method escalation and risk of either non-fatal self-harm repetition, further suicide attempts, and/or suicide death in clinical populations, and to identify the limitations of previous studies for informing early intervention services for those at risk of suicide.

Methods and materials: We systematically searched a number of electronic databases indexing literature from a wide range of disciplines, including nursing, medical sciences, psychology, and social sciences. Qualitative analyses were used to identify the ways in which method escalation has previously been conceptualized in these studies, as well as the principal findings regarding the association between self-harm method escalation and risk of either non-fatal self-harm repetition, further suicide attempts, and/or suicide deaths in clinical populations.

Results: We identified only 11 studies that specifically investigating the impact of self-harm method choice, including method escalation, on repetition of self-harm and/or suicide death in clinical self-harm populations. Although these studies generally found risk of self-harm repetition and/or suicide was greatest in those engaging in self-injury, rather than self-poisoning, and that method switching (i.e., with or without evidence of method escalation) was relatively common, all had either focused on the method used at the first recorded (i.e., index) episode self-harm, or at the non-fatal self-harm episode immediately prior to suicide.
Conclusion: Reliance on cross-sectional designs is problematic as it inhibits causal inference. Longitudinal studies are better placed to elucidate whether there is a gradual escalation in self-harm method lethality over an individual’s lifetime and, if so, which patient groups are most at greatest risk of experiencing escalation in self-harm methods over the lifespan which, in turn, will inform the development of appropriate early intervention responses.

Orals 3:

Workplace

3.1: Environmental factors related to suicide in Australian farmers: A qualitative study
Meg Perceval, Kairi Kölves, Victoria Ross, Prasuna Reddy, Diego De Leo
Australian Institute for Suicide Research and Prevention, National Centre of Excellence in Suicide Prevention, World Health Organization Collaborating Centre for Research and Training in Suicide Prevention, Griffith University, Australia

Objectives: Farmers and farm workers have been recognised as a group at high risk of suicide in Australia. This study aims to identify and better understand environmental factors, including both the physical and sociocultural environment, associated with suicide in Australian farmers and farm workers.

Methods: Male and female focus groups were conducted separately with people who lived or worked on a farm in two Australian states. There were a total of 30 men and 33 women interviewed across all groups.

Results: Qualitative analyses showed that a number of environmental influences may contribute to the increased risk of suicide: extreme climatic events; isolation; service availability; access to, and frequent use of firearms; death and suffering of animals; government and legislation; technology; and property values.

Conclusions: Both the physical and sociocultural environment in which farmers operate appear to be associated with farmer suicide. When developing interventions to address hardship for farmers and prevent suicide in rural communities, the interplay of individual, community, and social elements with environmental factors should be taken into consideration. Combining relevant theories, such as the interpersonal theory of suicide, with the biopsych-ecological model, may provide greater insight into both understanding and addressing farmer suicide.

3.2: Does Workplace Job Demotion Predict Suicide Deaths?
Author: Steven Stack
Wayne State University & Center for Suicide Research

Background: Much of the research on workplace strains and suicidality has focused on unemployment. In a review of work on job loss and suicide, Platt and Hawton (2000) called for research on other work strains such as underemployment. However, relatively little has been done on the associations between other work strains and suicide. This is especially true where the
outcome variable is death by suicide as opposed to ideation or attempts. The present investigation fills a gap in this area. It explores a neglected workplace strain: demotions. Job demotions often occur when a company is downsizing its staff. From the standpoint of general strain theory (e.g., Agnew, 1992; Stack & Wasserman, 2007) demotions are apt to produce gaps between desired and actual income, perceived unfairness, and disappointments regarding occupational status. Demotions increase the risk of psychiatric morbidity such as depression, as well as shame. The present study assesses the link between demotions at the workplace in the last year of life and the odds of death by suicide. An important issue is the extent to which any association between job demotions, a type of social disorder, is independent of depression, a common mental disorder.

Methods: Data are from the American National Mortality Follow Back Survey (NMFBS) and refer to psychological autopsies done on 16,899 deaths including 1,391 suicides. The dependent variable is death by suicide (0,1). The NMFBS eight item index of depression is employed (alpha=.74). Controls are incorporated for additional sociological risk factors (job loss, living alone, veteran status), opportunity factors (gun availability, residence in a secured nursing home), protective factors (religious activities), and demographics (age, gender, race).

Results. Controlling for the other constructs, demoted persons were 7.63 times (95% CI: 4.14 to 14.08) more apt than others to die by suicide. This was independent of depression, where a one-unit increase in depression was associated with a 16% rise (CI: 1.12 to 1.19) in the odds of suicide. 92% of the deaths were correctly classified by the model.

Conclusions. In an era of increased worker insecurity (e.g., declining unionization, growth in temporary and part time workers), it is likely that workplace stress may play a greater role in the promotion of suicide risk. Job demotion was more important in predicting suicides than the most widely studied economic strain, unemployment (OR= 1.46, CI: 1.1 to 1.94). Additional work on other workplace strains including perceptions of procedural fairness and economic justice is needed as data become available.

3.3: You Can’t Fix Your Mental Health with Duct Tape: Suicide Prevention and Wellbeing Promotion in Construction

Author: Sally Spencer Thomas
Professional Speaker and Impact Entrepreneur

A New Frontier in Health and Safety

The construction industry continuously strives to make safety management a core value and practice – aiming toward attaining zero incidents and injuries. Still, report by the CDC on industry and suicide rates concluded that in the US the construction/extraction industry ranks #2 for occupations with the highest suicide rates and #1 for highest numbers. Thus, recently an expanded emphasis on behavioural safety approaches challenges business owners to widen these definitions of what it means to value health and safety. A construction industry initiative addressing mental health and suicide prevention is ushering in a new frontier for safety.

The National Action Alliance for Suicide Prevention’s Workplace Task Force and the Laboratory for the Study and Prevention of Suicide-Related Conditions and Behaviours at Florida State University (led by Dr. Thomas Joiner) collaborated to conduct a national study to better understand the CDC findings. The survey was developed and distributed in partnership with the Sheet Metal Air Rail
Transportation Union and members of the Construction Financial Management Association, among others. Results related to relative risk among the different trades and positions will be shared. In addition, the presenter will offer a brief case study demonstrating how three key prevention strategies were successfully implemented at a 1,000-person mechanical contractor workforce.

Learning Objectives: By the end of the presentation, participants will be able to:

- Articulate relevant trends in construction suicide data in the U.S.
- Describe why the construction industry is at higher risk for suicide
- Identify at least three key strategies in a comprehensive approach to suicide prevention and crisis response.

3.4: U.S. Military Veteran Culture Redefining Suicide Prevention Approaches to Include Integrative and Complimentary Medicine
Authors: Ed Lesofski, Janet McCord, Jason Zentgraf
Rural Institute Veterans Education and Research

Culture can be defined as the customary beliefs, social norms, and material traits of a social group. In Montana, USA, military veterans comprise a distinct social group or culture. As a group, they exhibit and experience high rates of social isolation, perceived burdensomeness, chronic pain and other health disorders often related to military service (such as PTSD, vestibular disorders, TBI, hearing disorders, chronic back and knee pain). The bulk of suicide prevention efforts and education in both the military and for veterans has focused primarily on associated mental health issues, risk factors and warning signs. The popular media often emphasizes the negative role played by mental health diagnoses, particularly PTSD and depression, on the behavior of veterans. These cultural factors, both within veteran culture and surrounding them in the popular culture, has led to widespread apprehension among veterans with respect to seeking medical care. Veterans often express fear that seeking healthcare will result in a diagnosis (PTSD, depression) that could result in losing the right to keep firearms and will also lead to other forms of social stigma. This presentation will review the literature on chronic pain and suicide, and will draw connections between the literature and the clinical outreach experience of the Rural Institute for Veteran Education and Research (RIVER), and their work with between 700 and 1,000 veterans annually across the state. Their experience suggests that the use of non-pharmaceutical pain control methods, combined with vocational education approaches that enhance social connection, can reduce social isolation and increase the willingness to obtain appropriate medical care for chronic health conditions. The clinical approach at RIVER has implications for how to incorporate integrative/complimentary medical approaches (acupuncture, mental health counseling, electrical stimulation, massage, meditation) for chronic pain into suicide prevention activities for veterans and can be generalized across other cultures.

Suicide rates amongst construction workers are significantly higher than employed men in several developed countries (Australia, England and USA).

The MATES in Construction program was developed 10 years ago to address this identified problem. Beginning in the Queensland construction industry, MATES is now operating in New South Wales, South Australia and Western Australia as well as the Northern Territory. The philosophy of MATES is that suicide prevention is an industry responsibility.

In line with the conference theme of “turning the tide together”. This presentation explains and analyse the process used in the design of the MATES in Construction program. An extensive industry consultation identified industry dynamics and structures that could be used to strengthen a suicide prevention program. For example:

The highest risk groups within the industry are generally employed by small business in project based employment leading to a very itinerant workforce – we created a standard industry based (rather than employer / business based) program that was applied on a site by site basis across subcontractors on site allowing workers to take the program with them leading to a much broader program reach.

The industry is risk management focused with a strong compliance based safety structure – the program was set up as a package where sites that applied the full package could be “accredited”

A strong male dominated unionised culture often connected with low help-seeking – Suicide was presented as a “fixable problem” the industry had which workers had to solve. Rather than focusing on help-seeking the program focus on help-offering – standing up for your mate.

The program has reached 120,000 construction workers across four Australian states and have a network of more than 11,000 Connector and ASIST volunteers.

The presentation will deal with the program logic behind the MATES in Construction program and describe the series of research projects and evaluations forming part of the MATES in Construction evidence base.

3.6: A Qualitative Analysis of help-seeking and help-offering motivation in MATES in Construction clients and volunteers

Authors: Vicki Ross, Jorgen Gullestrup, Jacinta Hawgood

MATES in Construction is an integrated program of training and support for suicide prevention in the construction industry. In February 2017 MATES in Construction was awarded $1M AUD over 18 months to expand their suicide prevention program to younger workers, rural and remote workers and workers engaged in small business in the construction industry in Queensland. The Australian Institute for Suicide Research and Prevention was engaged to evaluate the project as it was rolled out. A mixed methods research design was applied over two phases. Phase 1 comprised a qualitative study of motivations and pathways in help-seeking and help-offering in case management clients.
and volunteers. This research aimed to uncover key motivations and factors making the suicide prevention program relevant to the industry. Phase 2 will apply these findings to develop a quantitative survey evaluating the expanded program against the existing program, to identify any potential differences in outcomes. This presentation will discuss the key outcomes from the Phase 1 qualitative research from the perspectives of both volunteers and clients of MATES in Construction in Queensland. A total of 17 Connect and ASIST trained volunteers participated across five focus groups and 11 case management clients took part in individual interviews. Key findings will be presented; in particular, motivations and barriers to help-seeking and help-offering, male attitudes and construction industry culture, visibility and engagement with workers, and perceived benefits of the program.

3.7: The impact of MATES in Construction: A mixed-methods study of a workplace suicide prevention training program in the Australian construction industry

Authors: Monika Ferguson, Heather Eaton, Nicholas Procter

University of South Australia

Study objectives: The charity, MATES in Construction (MIC), was initiated to address the elevated suicide rate in the Australian construction industry. A core component of this peer-support program is the provision of suicide prevention training for construction workers. While evidence supports the learning associated with, and acceptability of, MIC training, little is known about the longer term impacts or its influence outside of work. This two-phase project explored the impacts of MIC on those who had participated in General Awareness or Connector Training in South Australia.

Methods and material: In Phase 1, a cross-sectional, self-report survey was completed by South Australian construction workers who had participated in MIC training between June 2014 and December 2016 (n=83). The purpose-designed survey explored participants’ confidence since undertaking training and use of training skills in their lives. Frequencies were used to identify trends in the data. In Phase 2, a sub-set of Phase 1 participants (n=10) opted-in to a semi-structured telephone interview, to further explore their experiences with MIC training and application to their daily lives. The interview transcripts were analysed thematically.

Results: Phase 1 participants reported high confidence in their ability to talk to peers and family when they were having a tough time. Approximately 50% of participants reported utilising their learning from MIC training to assist with a range of personal issues and/or circumstances, particularly to communicate with peers and family, and to address work-related stress. In Phase 2, eight major themes were identified: 1) Setting the scene; 2) MIC as unique and valuable; 3) Raising awareness and building skills to respond to suicide; 4) Engaging MIC to support professional and personal needs; 5) Using MIC services and skills to support mates at work; 6) Applying MIC outside of work; 7) Factors confounding the impact of MIC; and 8) Suggestions for improvements and future needs.

Conclusion: The combined results of this mixed-methods study confirm that MIC is having a positive impact on those who undertake training. In particular, these individuals report bringing MIC knowledge and skills into conscious play, both in the workplace and in their personal lives. Consequently, the program appears to be achieving its aims of raising awareness and building the South Australian construction industry’s capacity to effectively respond to suicide.
4.1: Self-compassion as a protective factor against suicidal behavior: evidence for interplay with gender

Authors: Chistopolskaya K.A., Enikolopov S.N., Nikolaev E.L., Drovosekov S.E.
National Medical Research Centre of Psychiatry and Addiction

Self-compassion is a rather new, but promising construct in the field of psychological well-being. Our aim was to adapt the Self-Compassion Scale (Neff, 2003) on a Russian student sample, show its correspondence to psychological well- and ill-being measures (Study 1) and to suicidal behaviour with the interplay of gender (Study 2).

221 students took part in Study 1 (50 males, 171 females, age 19.7±1.19), in Study 2 participated 193 students (age 20±2.18, 58 males, 135 females).

Self-Compassion Scale by Neff (2003) consists of 6 subscales, which compose 2 oppositions: self-criticism and self-compassion, and they both add up for a total self-compassion score. It was translated into Russian, back-translated into English and the optimal wording was chosen. In Study 1 Russian versions of questionnaires to measure time-perspective, attachment styles, social support, hardiness, psychache, hopelessness were used. In Study 2 Self-Compassion Scale and SBQ-R for assessment of suicidal behaviour were implemented.

In the Study 1 exploratory factor analysis was used to assess the structure of the scale. It yielded 2 factors, which explained 36% of cumulative dispersion; factor loadings on self-criticism scale ranged from .733 to .529, on self-compassion from .705 to .322. The composite self-compassion score correlated significantly with negative past (r= -.52, p<.001), anxious attachment style (r= -.42, p<.001), social support (r=.2, p<.001), hardiness (r=.61, p<.001), hopelessness (r= -.28, p<.001), psychache (r= -.47, p<.001).

In Study 2 females were found to be more prone to suicidal behaviour (χ²=6.323, p=.012, cut-off SBQ-R score ≥7), which corresponds to the overall data on this subject. On the first step of moderation analysis with SBQ-R score as a DV and gender and self-compassion as IVs, following results were obtained: R²=.26, F (2,190) =32.71, p<.001. Then the interaction term between self-compassion and gender was added to the regression model, which accounted for a significant proportion of the variance in suicidal behavior: ΔR²=.03, ΔF (1,189) =6.62, p=.01, b=1.75, t (189)=2.57, p=.01. Being female and low on self-compassion significantly raised the probability of higher manifestations of suicidality, while for male’s self-compassion scores were insignificant.

Thus, self-compassion proved to be a useful construct for explaining suicidal behavior. Still, more research is needed to understand the interplay between self-compassion and gender in their input in suicidality.
4.2: The Effectiveness of Active Listening in the Reduction of Suicidal Tendencies in Youth

Authors: Swapnil Bhopi, Anil Sawarkar
Connecting NGO

The present study was conducted to study the effectiveness of active listening among college students having suicidal tendencies. The age group for the present study was between 18 to 25. The Adult Suicidal Ideation Questionnaire (ASIQ) by William Reynold was used to measure suicidal tendencies among youth. The test was administered to 824 subjects from different colleges in Pune. 80 Subjects who scored high on suicidal tendencies were randomly assigned to experimental and control group respectively. The experimental group was then exposed to active listening by the experts from Connecting (NGO) Pune. After the intervention, Adult Suicidal Ideation Questionnaire was administered again on both the experimental and control group to examine the significance difference.

Analysis of Covariance (ANCOVA) was used to analyze the obtained data. The results revealed that experimental group’s scores on suicidal tendency after the intervention was significantly lower than the control group’s scores. This finding thus suggests that if people with suicide thought can get someone who can listen to them with empathy will not make suicide attempt.

4.3: Building a Strong School Support Network in Hong Kong: Quality Education Fund Thematic Network on Developing Students’ Positive Attitudes and Values

Authors: Kwan-yu Shum, Eliza Lai, Sherry Ng, Paul Yip, Daniel Lung, Michelle Leung, Centre for Suicide Research and Prevention, The University of Hong Kong

From 2013-2014, the Hong Kong Jockey Club Centre for Suicide Research and Prevention of The University of Hong Kong was commissioned by the Quality Education Fund (QEF) to conduct a consolidation and redevelopment (C&R) work on 77 QEF projects on developing students’ positive attitudes and values. According to our findings, many of these projects focused only on psychological or social development but neglected the biological development of students. In addition, many projects were lack of a systematic and rigorous evaluation to assess the project effectiveness. In 2015, therefore, the QEF Thematic Network (QTN) was set up in order to develop and promote evidence-based practices for developing students’ positive attitudes and values in schools. Public health approach is adopted to classify different levels of interventions for different target population and enhance the protective factors against suicide for school at large. Biopsychosocial model is also adopted as the conceptual framework in this project. It is a 4 years and 5 months’ project and its major objectives are to strengthen the knowledge and skills of teachers to develop and implement mental health promotion programs for students, disseminate good practices, and develop a strong school support network amongst all schools in Hong Kong. There were three types of school with different levels of commitment: core, partner and network schools. Core schools would work closely and have strong commitment with the project team in developing mental health programs for students. Partner schools were supported by the project team as well as core schools to implement the program. Network schools were those who only showed interests in understanding more about the model and student programs. The project has a wide range of activities for teachers, students, and parents of all participating schools. For example, it includes a universal program for a whole form of students, a selective program for a specific group
of students with additional needs, other professional development for teachers, and parents talk etc. In order to enhance program sustainability, train-the-trainer approach is adopted to facilitate school teachers and social workers to implement the programs after receiving training. A systematic program evaluation has been conducted to assess program effectiveness. Preliminary results showed that the student programs were effective in certain extent. For the primary school program, a significant improvement was found in students’ mental health knowledge, self-esteem, anxiety level and thinking pattern. For secondary school program, intervention group students also showed higher level of gratitude and empathy.

4.4: Self-Blame, Shame, and Avoidance as Predictors of Depression, PTSD, and Suicidal Ideations among Sexually Abused Adolescent Girls.
Authors: Stephanie Alix, Martine Hebert, Louise Cossette, Mireille Cyr, Jean-Yves Frappier, Pierre-Olivier Caron. UQAM

Worldwide prevalence of childhood sexual abuse (CSA) among girls is estimated at 18% with almost 40% of cases occurring during adolescence. The consequences associated with CSA have now been investigated for decades. Studies conclude to a higher prevalence of depressive symptoms, posttraumatic stress disorder (PTSD), and suicidal ideations among CSA victims. Although the consequences of CSA are well established, the mechanisms by which CSA are related to negative outcomes still need to be identified during adolescence. Shame, self-blame, and coping strategies could be involved.

Objective: The aim of this longitudinal study was to investigate the impact of self-blame, shame, and coping strategies on sexually abused adolescent girls. We hypothesized that self-blame, shame, and coping strategies at first assessment would predict psychological outcomes 6 months later and that depressive and PTSD symptoms would contribute to the prediction of suicidal ideations.

Method: A sample of 100 adolescent girls (aged 14 to 18 years) recruited in four specialized intervention centers were assessed at their first visit (T1) and 6 months later (T2) using the Abuse Attribution Inventory, Abuse Specific Shame Questionnaire, Ways of Coping Questionnaire, CITES II, and Youth Self Report. Case workers completed the History of Victimization Form to document SA characteristics.

Results: Almost the third (29.4%) of adolescents reported suicidal thoughts at T2. Shame at first assessment predicted PTSD symptoms 6 months later whereas self-blame predicted depressive symptoms. Furthermore, avoidance coping at first assessment and depression and PTSD 6 months later predicted suicidal ideations.

Conclusion: These results suggest that interventions offered to sexually abused adolescent girls should target self-blame, shame, and avoidance coping to prevent suicidal thoughts and relieve PTSD and depressive symptoms.
4.5: Post-discharge care for young adults with self-harm – a multi-centre randomised controlled trial
Authors: Law, Yik Wa, Lai, Chui Shan & Chan Pik Ying
The University of Hong Kong

Introduction: This study seeks to examine the role of personalized human engagement against a pre-programmed self-help support delivered via mobile app in proving care for post-discharge young adults with self-harm. We argue that laypersons such as volunteers who pass the strict selection criteria and systematically designed training are effective in reducing self-harm patients’ hopelessness and suicide risk. This is achieved by alleviating patients’ sense of thwarted belongingness and perceived burdensomeness; a concept based on the interpersonal-psychological theory of suicide.

Methods: A multi-centre randomised controlled trial is conducted to examine the effects of care contact on post-discharge young self-harm adults via volunteer engagement, and/or a mobile app relative to treatment as usual, in enhancing social connectedness and self-assurance, while reducing hopelessness and suicidal ideation at the same time. 108 patients aged 18-39 with an index self-harm episode will be recruited from four public hospitals, and randomised into two intervention groups: mobile app with or without volunteer support, and a control group with standard care. Data will be collected at the 4 time-points at baseline, over the 6-month observation and at post-intervention. Growth models are selected to capture both fixed and random effects of data collected. Safety measures will be specifically developed for this study to ensure participants’ safety and privacy will be fully protected.

Discussion: This is an on-going study and expected to complete in 2019. The intervention protocols and safety measures have been reviewed and approved by Institutional Review Board. We will discuss the selection and training of volunteers, details of the intervention, including volunteer engagement, mobile app and standard care with reference to the local cultural context. This study is supported by the Early Career Scheme of Hong Kong Research Grants Council (Project number: 27612816) and registered at ClinicalTrials.gov

4.6: Application of Evidence to Practice: Identifying and Managing Suicide Risk in the Child Welfare Population – The Toward Wellbeing Programme
Author: Kirsty Louden-Bell
Clinical Advisory Services Aotearoa

The Towards Well-being Suicide Consultation and Monitoring Programme (TWB) is a national suicide prevention programme for Oranga Tamariki, Ministry for Children (Oranga Tamariki), New Zealand’s welfare organisation. It is provided by Clinical Advisory Services Aotearoa (CASA) and is an evidence-based and practice informed programme that aims to reduce the high risk of suicide within the OT population.

The Oranga Tamariki population is a highly vulnerable group for mental health concerns and suicidal behaviours. TWB works with Oranga Tamariki social workers in the identification, assessment, and management of young people at risk of suicide. Through a consultation and monitoring model clinical expertise and advice is provided to frontline social workers working with youth presenting
with suicidal behaviours. The programme has now been operating for over 10 years and has developed over that time to reflect emerging evidence, to fit with developments in Oranga Tamariki, and to ensure fit with best practice.

An overview of the programme will be provided with a focus on:

- The use of the evidence base in the initial and ongoing development of the programme
- The efficiency of the consultation and monitoring model,
  How to influence risk in a complex context.

4.7:  What works in youth suicide prevention? A systematic review and meta-analysis

Authors: Sarah Hetrick, Eleanor Bailey, Katrina Witt, Nina Stefanec, Allison Milner, Dianne Currier, Jane Pirkis, Jo Robinson
Department of Psychological Medicine, University of Auckland; Centre for Youth Mental Health, University of Melbourne

Objectives: A coordinated approach to youth suicide prevention is an international priority, with the majority of OECD countries putting national suicide prevention strategies, that often include a special focus on young people, in place. WHO guidelines recommend suicide prevention strategies that target universal, indicated and selected populations across a range of strategies. To be effective, these strategies need to be based on interventions with evidence of efficacy. To this end, our objective was to provide a comprehensive and up-to-date systematic review and (where possible) meta-analysis of all studies that examined the impact of interventions that specifically sought to reduce suicide or suicide-related behaviours among young people.

Methods and materials: Cochrane collaboration methodology was used. We included all experimental study designs, and interventions delivered across all settings to universal, indicated or selected populations where the mean age fell between 12 to 25. Medline, PsycINFO, EMBASE were searched up to September 2017. Quality appraisal of included studies was undertaken.

Results: 34,467 studies were retrieved from the search; of these 112 were included in the review. Eleven Randomised controlled trials (RCTs) and 20 non-RCTs were conducted in schools; three RCTs and 26 non-RCTs were conducted in other community settings and 34 RCTs and 18 non-RCTs were conducted in clinical settings. The vast majority of studies were indicated prevention studies with a good number of universal interventions, and very few selected interventions.

We have undertaken meta-analysis for the RCTs and shown strong evidence of effect for various interventions on suicidal ideation, with dialectical behavioural therapy, family therapy and interpersonal therapy seeming to be the more promising of the largely clinically-based interventions. There was less, but still promising evidence of effects on other types of suicide related behavior, and we have noted that there were few studies contributing data to these analyses. There are a large number of interventions that have been tested in non-RCT designs and a narrative summary of these will help guide further research and policy.

Conclusions: There are a growing number of intervention studies in the field of suicide prevention focusing on young people that provide good evidence for a range of interventions suitable for providing a comprehensive approach to suicide prevention that operates across a range of settings.
Further research is still required to this end, with a particular focus on vulnerable groups (e.g. indigenous populations, LGBTQI+), primary care, university and workplace settings, and online interventions.

Orals 5:  
**Community based approaches to suicide prevention**

**5.1: Better Support: Supporting family and friends after a loved one has attempted suicide**

Authors: Sarah Coker, Myfanwy Maple, Sarah Wayland, Michelle Wright, Michelle Blanchard.  
University of New England  

Suicide remains a significant public health issue in Australian with over 2,800 people dying each year. A review of the literature reveals that suicide is mainly preventable and that those at most risk of dying by suicide are those who have made a previous suicide attempt. Providing appropriate care following a suicide attempt has been estimated to reduce suicide death by 1.1-1.4% and 19.8% of future attempts.

Family and friends play a significant role in providing care and support to individuals following a suicide attempt. While there are some programs focussed on increasing the support available to people after a suicide attempt, such as the trial of the beyondblue’s Way Back Support Service across three Australian sites, at present there is little available research to determine the needs of friends and family who offer support after a suicide attempt, nor the impact on their health and wellbeing in providing this care. The Better Support project, led by SANE Australia in partnership with the University of New England, aims to gain insight into the impact of supporting someone after a suicide attempt and the services or support that would make the role easier. The project is generously supported by the Ian Potter Foundation and the Grenet Foundation.

This multi-year project has three stages. The research (stages one and two) uses a mixed method approach with an online survey of approximately 1,000 people (stage one) followed by 30 semi-structured telephone interviews (stage two) with people recruited from stage one to determine their support needs in more detail.

The presentation will describe results from the survey including impact of exposure to suicide attempt, supports utilised and satisfaction with same, carer burden, and stigma experienced. Preliminary results from the qualitative interviews will also be discussed, along with how these results will inform stage three of the project – development of appropriate resources for those providing support after a suicide attempt.
5.2: LifeKeepers – The development and delivery of a multi-modal and culturally tailored suicide prevention training programme

Authors: Ruby Tuesday, Joseph Lundon, Stephen Cribb, Denise Kingi-‘Uluave Le Va – Pacific Inc. Ltd

The LifeKeepers National Suicide Prevention Programme was commissioned in 2017 by the Ministry of Health, as part of the strategy to reduce suicide rates in Aotearoa New Zealand. The aim of this programme is to provide free, accessible, evidence informed, gatekeeper-style suicide prevention training to communities in a clinically and culturally safe manner, which leads to long-term behavioural change.

Three strands of the LifeKeepers programme have been developed; a general workshop, a Māori specific workshop (Te Akitai, which is delivered through a Māori lens, weaving te reo me ona tikanga, nga whakatauki, and mātauranga Māori throughout), and an elearning programme. These three strands have been developed using a collaborative, strength-based approach which draws on a wide range of Māori and Pacific traditions, and which emphasizes both holistic wellbeing and family- and community-oriented approaches to suicide prevention. This approach has helped to ensure that the programme is both relevant to the local cultural milieu, and that the specific needs of Māori - as treaty partners, and as a group disproportionately affected by suicide - are being met. Cultural relevancy is further ensured by the use of an approach to delivery in which the experiences and perspectives of participants are actively sought-out and woven into the programme content, allowing for a range of voices to be heard and shared.

Innovation has been key to ensuring that long-term behavioural change takes place, and can be measured, especially as this has been identified as a key area of research related to gatekeeper-style suicide prevention training. Alongside the development of the training programme, a rigorous evaluation framework has been established, including a unique online portal - known as the LifeKeepers Log - where participants are able to log-in and share non-confidential details regarding intervention and information sharing behaviours.

Initial results are promising with participants rating themselves very highly in terms of an increase in skills, knowledge, and confidence, and have performed well in pre- and post-assessments. Ratings in terms of cultural appropriateness have also been very high.

5.3: Evaluation of a targeted suicide prevention education program for people working with asylum seekers and refugees

Authors: Nicholas Procter, Monika Ferguson, Mary Anne Kenny, Mark Loughhead, Heather Eaton and Miriam Posselt.

University of South Australia

Study objectives: People of asylum seeker and refugee background are at an increased risk of dying by suicide compared to the national Australian population, yet few suicide prevention strategies directly target these individuals. In particular, educational interventions are needed to maximise the support provided by the workforce who engage with refugees and asylum seekers. The purpose of this project was to examine the effectiveness of a targeted, two-day suicide prevention education program for non-government organisation staff and volunteers working in this area Australia-wide.
The philosophy underpinning the training is the importance of taking a person-centred, trauma-informed approach to suicide prevention, with a focus on skills in narrative-style inquiry and safety planning. The aim of this research was to determine whether attending this training would result in improvements in attendee attitudes, confidence and confidence when working with this vulnerable population.

Methods and material: Eleven suicide prevention training sessions were facilitated across all Australian states and territories between August and November 2017. Purposive sampling was used to recruit caseworkers, support workers and volunteers (approx. n=250) who work with refugees and asylum seekers and who attended both days of the training. Participants completed a self-report survey immediately pre- and post-training, comprising the Attitudes to Suicide Prevention Scale, the Morris Confidence Scale and the Suicide Intervention Response Inventory-2. Program evaluation questions were also completed. Six-month follow-up surveys will be conducted in 2018 to examine the longer-term impacts of the education, complemented by semi-structured interviews with a sub-group of participants to better understand their application of the training to practice.

Results: This presentation will focus on the preliminary findings from this study, including immediate changes in participant attitudes, confidence and competence following the training, and acceptability of the training program.

Conclusion: This study is a first-of-its-kind, nation-wide evaluation of a targeted suicide prevention training program for workers and volunteers who support people of asylum seeker and refugee background. Implications for suicide prevention policy and practice, both in Australia and internationally, will be discussed.

5.4: Gatekeeper suicide training’s effectiveness among Malaysian hospital staffs and health professionals: A control group study in a Malaysian hospital.

Authors: Suzaily Wahab; Ching Sin Siau; Norhayati Ibrahim; Uma Visvalingam; Lena Yeap Lay Ling; Lei-Hum Wee

Department of Psychiatry, UKM Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Kuala Lumpur, Malaysia

Study objectives: This study aims to examine the effectiveness of the QPR (Question, Persuade, Refer) gatekeeper training program in improving the perceived knowledge, self-efficacy and understanding of / willingness to help suicidal patients among the non-psychiatric hospital staffs and professionals.

Methods: The QPR program materials were translated and adapted for implementation. Intervention participants (n=53) completed a survey questionnaire at pre-training, immediately post-training and after three months. Control participants (n=106) were not exposed to the training program and completed the same questionnaire at the baseline and three months later.

Results: Significant improvement was observed among intervention participants compared to control in terms of knowledge, self-efficacy and understanding of / willingness to help suicidal patients immediately post-training and at three months.

Conclusion: This study confirmed the effectiveness of the QPR gatekeeper training program in the short term, hence greatly supporting its use in suicide prevention.
5.5: The development and delivery of culturally appropriate suicide prevention workshops to Aboriginal communities - what we've learnt so far.

Author: Fiona Livingstone
Centre for Rural and Remote Mental Health, University of Newcastle

The rate of Australian Aboriginal and Torres Strait Islander suicide is twice that of non-Indigenous Australians. While the reasons for this concerning statistic are complex, evidence suggests that community gatekeeper training may be one way to reduce suicide in this population. The University of Newcastle – Centre for Rural and Remote Mental Health (CRRMH), Australia, has developed a five-hour suicide prevention workshop for Australian Aboriginal communities. The workshop, known as We-Yarn, was developed in consultation with Aboriginal communities in NSW, Australia, and is co-facilitated by an Aboriginal person. We-Yarn is an evidence-based suicide prevention workshop that is founded on health-related protective factors that are tailored to Aboriginal people. The aims of this workshop are to: increase and inspire changes around health; to develop an understanding about why people die by suicide; to encourage help seeking; and to provide participants with the skills and confidence required to assist someone in need. The CRRMH liaises with Aboriginal communities, working with the local Aboriginal-controlled health organisations, building trust and rapport over time thereby gaining permission and the crucial support needed to deliver the We-Yarn workshop within a given community. This presentation will discuss the strategy the CRRMH has implemented, which has resulted in a number of We-Yarn workshops being delivered across NSW. Furthermore, the CRRMH developed a mixed methods evaluation of the We-Yarn workshop. This included qualitative surveys immediately before and after the workshop, three-month follow up interviews with consenting participants, and workshop observation. This presentation reports on the findings of this small sample evaluation. It reports on the cultural appropriateness of the We-Yarn workshop, and the engagement participants had with facilitators who have a lived experience of suicide. The findings of the evaluation highlight that We-Yarn is a beneficial workshop, however a separate workshop for health professionals should be considered. Findings also suggest challenges exist for maintaining and sustaining the momentum that is generated by short-term training approaches. The CRRMH will consider the results of this evaluation and review the We-Yarn workshop to improve upon learning outcomes and consider other changes and support that may be of benefit.

5.6: How do Australians help people they know who are at risk of suicide?

Authors: Angela Nicholas, Nicola Reavley, Alyssia Rossetto, Tony Jorm, Jane Pirkis.
University of Melbourne

Many people at risk of suicide are not engaged with formal mental health or health services. Therefore, their informal support network, such a family and friends, have a role to play in identifying those at risk, helping them to stay safe and getting the professional help they need. However, family and friends can often feel uncertain as to how to identify and support a loved one considering suicide.

To identify possible suicide prevention messages for family and friends of people at risk of suicide, we conducted an Australia-wide computer assisted telephone survey with 3002 adults assessing intentions, knowledge, confidence and attitudes related to suicide prevention. The resulting data
was weighted to represent the Australian population. As part of this survey, we presented vignettes that varied by gender and overtness of suicide risk and asked about respondents’ intentions and confidence to help the person in the vignette. We also asked respondents if they had helped a person in real-life like the one in the vignette. For respondents with their own history of suicide risk, we asked how others had helped them, and what they had found most and least helpful. Responses were recorded in two ways: respondents’ verbatim responses to these helping questions were recorded by the interviewer, and respondents also indicated their likelihood of carrying out, or indicated whether others had carried out, specified helping actions.

Verbatim responses to these survey questions were analysed thematically to identify the most common types of helping responses, and the most and least helpful types of responses offered to respondents who had been at risk of suicide. We then compared respondents intended and actual helping actions to existing guidelines on assisting people at risk of suicide to determine their appropriateness.

We will present the results of this survey in relation to intended helping actions related to the overtness of suicide risk presented in the vignettes, the most common intended and actual helping actions to assist a person at risk of suicide, and those actions that people who had been at risk found most and least helpful.

Assessing Australian community members’ intentions and actual helping responses toward people they know who are at risk of suicide assists us in identifying those actions that need to be further encouraged or discouraged through suicide prevention messaging aimed and family members and friends of people at risk of suicide.

5.7: Closing the gap between what we know and what we do: Uncovering minimum standards of competency in gatekeeper training

Authors: Jacinta Hawgood, Kara Pasmore, Diego De Leo
Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University

Objectives: Wesley LifeForce suicide prevention training was systematically evaluated using a two-phase evaluation design, representing the first of its kind in gatekeeper training evaluation in Australia and perhaps the world. The objectives of Phase 1 were to review the appropriateness of LifeForce training in terms of minimum competency standards (content, structure or delivery mechanisms and evaluation materials) while Phase 2 focused on evaluating the short to medium term impacts of the training. In the absence of existing minimum gatekeeper training standards worldwide Phase 1 used an innovative methodology and the results are the focus of this presentation.

Methodology included a systematic literature review of gatekeeper training, review of best practice guidelines and competency standards, and review of LifeForce training materials to determine content and structure alignment with gatekeeper competencies and guidelines. Recommendations on the status of evidence based training material were made to inform redevelopment and updating of the LifeForce training for subsequent Phase 2 impact evaluation.

Results: The literature review indicated that despite being one of the most widely disseminated suicide prevention initiatives world-wide, there is little evidence for gatekeeper training effectiveness in doing much more than raising awareness and increasing knowledge, although some
results remain promising. Review of competency standards revealed the existence of guidelines for clinicians, but an absence of competencies for gatekeeper (non-clinical) audiences. Some informal guidelines in the grey literature were used to inform a baseline of minimum content and structure competencies against which to assess the Wesley LifeForce suicide prevention training. The assessment of LifeForce training content and structure against these competencies, revealed general adherence to minimum standards, with critical gaps for improvement. Specific attention was required to the structural elements of training requiring both design and implementation changes.

Conclusion: Recommendations based on five tables of critical commentary and detailed analysis informed a renewed evidence based LifeForce training product which is currently being evaluated by AISRAP in the Phase 2 impact evaluation.

Orals 6:

**Media**

*6.1: Addressing the impact of overseas media consumption in Australia.*

Author: Marc Bryant, Jaela Skehan, Sara Bartlett

Everymind

Suicide is reported in the media frequently and globally. However, it’s important this is undertaken in a responsible way to avoid risks to vulnerable audiences, including copycat behaviour.

Despite two decades of Mindframe leading behaviour change to report responsibly in Australia, there is a lack of successful implementation of media guidelines internationally. The combination of this and international media organisations setting up in Australia with editorial decisions made in other continents has led to a growth of overseas online news content posing a new risk to Australian audiences. Mindframe has recently undertaken a survey on the Australian media’s attitude towards guidelines for reporting on suicide with outcomes demonstrating a high level of satisfaction across the sector, reinforcing the need for industry support.

This oral presentation will explore the results of this survey as well as the opportunity of Mindframe to support international efforts with media to safely report on suicide.

*6.2: Media reporting of suicide in Japan: a longitudinal analysis*

Authors: Tetsuya Matsubayashi, Michiko Ueda, Robert Fahey

Osaka University

Media reporting of suicide, especially by celebrities, has been shown to increase risks of imitative suicide. However, we have little information on how exactly the media reports suicide - what information is conveyed to the public and how each incident is described. This study seeks to understand the content of media coverage of suicide by analyzing the number and prominence of newspaper articles on suicide by celebrities and non-celebrities and performing text mining analysis on their words and phrases. To this end, we create a database of all articles in Japanese national newspapers using the term “suicide” (or “jisatsu” in Japanese) over the last four decades. This is
used to capture general trends in media reporting on suicide over a long period and examine them in relation to international standards of best practice on suicide reporting that have been developed during this time.

6.3: Online streaming without borders: fictional portrayals of suicide within Australia and internationally

Authors: Marc Bryant, Jaelea Skehan, Sara Bartlett, Georgina Sutherland, Dianne Currier

Everymind

Online streaming without borders became a major issue for suicide prevention with the release of Netflix series 13 Reasons Why (13RW).

For 20 years, Mindframe has worked with the Australian entertainment industry on safe fictional portrayals of suicide through industry training. However, similar methods are not applied globally, resulting in problematic content being streamed to Australia audiences.

Following the release of 13YW Mindframe worked on the critical response to reduce community fear and risk and raised concerns with Netflix. Netflix subsequently worked with Mindframe on the pre-release of To the Bone and has begun work on supporting the release of second series of 13RW for release in 2018. Mindframe has funded the University of Melbourne to update its critical review on fictional portrayals of suicide.

This presentation will discuss outcomes of the critical review and the use of Mindframe to influence online streaming, with Netflix engagement as a case study.

6.4: Social media and suicide prevention: The Chatsafe project

Abstract Authors: Jo Robinson, Pinar Thorn, Jane Pirkis, Jaelea Skehan, Simon Goodrich, Ryan Blandon, Mia Garlick

Orygen

Suicide-related behaviour in young people is unacceptably high and evidence is lacking regarding acceptable and effective interventions. Young people are avid users of social media and use these platforms to communicate with their peers, to seek information and to receive professional help, yet the potential benefits of these platforms remain unexamined.

Objectives: Chatsafe is a national project that will develop:

- Evidence-based guidelines regarding safe peer-to-peer communication about suicide online
- Media messages/resources that will de-stigmatise suicide; encourage people to seek help and help others; and educate the public regarding safe online communication
- A national suicide prevention social media campaign.

Methods: The project involves 2 components. The first is a Delphi expert consensus study. This comprises a systematic review of the peer-reviewed and grey literature and a suite of expert consensus activities involving suicide prevention experts, communications experts and young people which together will lead to the development of evidence-based guidelines. The second
component is a series of co-design workshops conducted with young people to design and develop all the campaign content and the educational resources. These activities are currently underway.

Results: Results of the Delphi study will be presented along with the findings from the first wave of co-design workshops. This will include a framework for safe communication about suicide online, an examination of the ways in which young people use social media for discussing suicide-related content and a summary of the design solutions generated by young people. Early campaign materials will also be presented.

Discussion: This is the first study internationally to use the Delphi method to develop evidence-based guidelines for young people to aide safe communication about suicide online. It is also the first to design a social media-based suicide prevention campaign developed by and for young people. Social media has the capacity to reach tens of thousands of young people quickly and cheaply. As such this project has the capacity to develop suicide prevention messaging and materials that can be delivered to young people around the world at minimum cost and in a way that is both acceptable and engaging.

6.5: Findings from a randomised controlled trial to test the impact of a documentary on men’s masculinity and wellbeing in Australia

Abstract Authors: Kylie King, Marisa Schlichthorst, Matthew Spittal, Andrea Phelps, Louise Keogh, Jane Pirkis.
University of Melbourne

Objectives: A three-part documentary called Man Up was developed in Australia with funding from the Movember Foundation via collaboration between university academics and independent film-makers. Man Up is a presenter led journey that explores the interplay between masculinity and mental health in Australia, with a particular focus on the high suicide rates among men. It was designed as a population level intervention that aimed to have a positive impact on men’s wellbeing. The documentary was shown on the ABC, Australia’s national free-to-air broadcaster, in prime time in October 2016. This presentation reports on the findings of a randomised controlled trial of the impact of Man Up on individual viewers that was conducted prior to the screening of the documentary.

Methods and materials: Three hundred and fifty-four men took part in a randomised controlled trial (178 interventions, 176 control). Participants viewed either Man Up or an unrelated National Geographic documentary called Test Your Brain. It was hypothesized that men who viewed the documentary would experience positive changes in their views of masculinity, attitudes to help-seeking, use of social support, suicidal thoughts and feelings, and wellbeing compared to men who watched an unrelated documentary. We used regression analysis to determine whether the intervention led to a significant change in these variables for participants. We also undertook qualitative analysis of open-ended feedback questions.

Results: The results showed a significant effect of Man Up. Participants who had seen Man Up showed a significant increase in their likelihood of seeking help, whereas there was minimal or no change for those who viewed the control documentary. Participants who watched Man Up also showed a significant reduction in their score on a measure of conformity to traditional masculine norms, which was also significantly different from the pattern of scores observed for those who
watched the control documentary. Participants reported changes in their awareness of their own and others’ emotional lives and a desire to provide support to others.

Conclusion: Our findings suggest that media-based interventions have the potential to improve men’s mental health and wellbeing.

Orals 7:

Strategy

7.1: Tūramarama ki te Ora: National Māori Strategy for Addressing Suicide

Abstract Authors: Michael Naera, Mason Durie, Keri Lawson-Te Aho, Jrdan Waitii

Te Rūnanga o Ngāti Pikiao Trust, Kia Piki te Ora Project Leader

The Tūramarama ki te Ora, National Māori Strategy for Addressing Suicide is provided to generate discussion and debate on the priorities that will enable iwi, hapū, whānau, hapori Māori and communities to address the impacts of suicide and confront the contributing reasons that can lead to suicide as well as the protective factors that count against suicide. The wider aim is to contribute to Māori wellbeing, Māori resilience, and flourishing whānau.

The Strategy is built around four main components: aims, guiding principles, goals, and actions. The foundation for supporting this development is leveraged off ‘The Tūramarama Declaration,’ a document endorsed at the World Indigenous Suicide Prevention Conference and Indigenous Youth Summit in 2016.

It is important to note that this document has been endorsed by the National Iwi Chairs Forum and guided by the Global Indigenous Network Advisory Group on December 1st, 2017.

Tūramarama ki te Ora: ‘Bringing Light to the Dark’ is a metaphor given by Maui Te Pou, Ngai Tūhoe, Ngāti Kauwhata. Maui explained that Tūramarama ki te Ora is a process of moving from the darkness to the light (Tūramarama), focusing our energy on our strengths (Ora) and less on deficit thinking.

Tūramarama aims to build the capacity and capability of Māori communities to address suicide and associated behaviours. It aims to provide a platform for Māori understanding and discussion whilst encouraging networking opportunities across communities. Tūramarama fosters hope and wellbeing for future generations. It signals to iwi, hapū, whānau, hapori Māori and communities that the power of healing and prevention lies within us all.

The overall aim of Tūramarama is to reduce the disproportionately high number of Māori suicides. But further than that, the hope is that over time, suicide will be relegated to the past. This Strategy has commonalities with the New Zealand national suicide prevention strategy but essentially, Tūramarama ki te Ora, National Māori Strategy for Addressing Suicide is about creating opportunities for all Maori to flourish and to ‘live well into old age,’ which by the way, is consistent with the He Korowai Oranga Māori Health Strategy Framework.

1 Another word used in the document to describe Tūramarama ki te Ora is Tūramarama

2 The Ministry of Health’s Māori Health Strategy
Authors: Leilani Clarke, Denise Kingi-‘Uluave
Le Va – Pacific Inc Ltd

Traditionally Pasifika cultures are inherently collective and relational with a holistic perspective of wellbeing where mental, emotional, spiritual, physical, environmental and relational dimensions of self are required to be in harmony for holistic wellbeing. Le Va recognised that the solutions to preventing suicide in Pasifika communities required a unique approach combining culture, community and clinical expertise. A need was identified, to inform and equip Pasifika families and communities with culturally relevant suicide prevention education and training. Therefore, the development of a strength based, culturally relevant suicide prevention programme that was intentionally focussed on building resilience, provided both a respectful and effective way to engage Pasifika families and communities.

The FLO Pasifika for Life programme is unique in its design and delivery through its development by Pasifika for Pasifika, spanning across a variety of modalities such as language, environmental and cultural contexts. The programme is informed through the ongoing identification of evidence based research and based on/utilises a multi-modal and multi-level approach which systematically targets individual, family, community and societal risk and protective factors to produce synergistic outcomes. It operates from a strength based approach with all resources, tools, education trainings and workshops centred around unique Pasifika identified protective factors.

Over 1300 community members have attended an education training or workshop and 17 Pasifika community groups were supported to develop clinically safe and effective suicide prevention initiatives reaching over 319,000 community members. Programme evaluations showed significant shifts in attitude, confidence and knowledge along with a high demand and use of FLO Programme specific resources. Learnings from the programme uncovered key factors which will be presented.

7.3: Research priorities in suicide prevention: Review of Australian research from 2010-2017 highlights continued need for intervention research
Authors: Lennart Reifels, Maria Ftanou, Karolina Krysinska, Anna Machlin, Jo Robinson, Jane Pirkis
The University of Melbourne

Objectives: Suicide is a major public health concern in Australia, requiring targeted research efforts to build the evidence base for effective suicide prevention. We examined current and future priorities in Australian suicide prevention research during the period 2010-2017, by comparison to 1999-2006 baseline data.

Methods and material: We classified current research priorities in terms of the type of research activities reflected in 424 published journal articles and 36 grants and fellowships funded during 2010-2017. A questionnaire of 390 stakeholders’ views identified future research priorities.

Results: The total number of suicide prevention focussed journal articles published and total value of grants funded during 2010-2017 increased significantly, almost doubling in volume by comparison to 1999-2006. Current suicide prevention research priorities reflected an increasing
shift in emphasis towards epidemiological research, and a relative simultaneous decline in funding for intervention studies. By contrast, stakeholders identified interventions, specifically indicated interventions as being the highest future research priority as well as research focusing on protective factors.

Conclusion: To effectively address the public health concern of suicide in Australia it is crucial that we strengthen the evidence base for what does and does not work in suicide prevention. This study highlighted the existing dearth and continued need for intervention research. Mechanisms to support future intervention research are likely to lead to significant gains in knowledge and population health.

7.4: Australian Suicide Prevention Charter
Authors: Marc Bryant, Jaelea Skehan, Melinda Benson, Sara Bartlett
Everymind

The Suicide Prevention Charter (the Charter) is an initiative designed to guide Australia of the values and commitment to best practice communications to foster protective factors, avoid harm and reduce shame and stigma.

In 2017, Everymind’s Life in Mind Government funded program undertook a national face to face consultation with 130 participants, after obtaining ethics for future publication, to determine the operationalisation of the charter in 2018. Suggestions included: signatories and the incorporation of the Charter into the National Mental Health Standards.

A subsequent “Champions” roundtable further developed the concept of a charter that would also form part of funding requirements and industry memberships as well as being adaptable for workplaces and community groups/individuals as well as in health policy and clinical environments.

This oral presentation will discuss the findings of the consultation, the final resource (the Charter) and explore the potential to share the evaluation internationally.

7.5: A National LGBTI Mental Health and Suicide Prevention Strategy
Author: Sally Morris, Ross Jacobs, Charlie Willbridge
Mindout project, National LGBTI Health Alliance

In what appears to be a first of its kind in the world, the National LGBTI Mental Health and Suicide Prevention Strategy has been developed for an Australian context to systematically address the dramatic over-representation of lesbian, gay, bisexual, transgender, and intersex (LGBT) people in measures of suicidality and mental ill-health.

The elevated risks of suicide and poor mental health for LGBTI people is often acknowledged in both research and practice, but rarely explored in terms of effective strategic prevention and intervention. This results in LGBTI populations being inadequately supported through project and programmes responses.

Due to health outcomes of LGBTI people being related to experiences of discrimination, LGBTI people and communities form a unique group in terms of risk factors for poor mental health and risk of suicide and who need unique responses in terms of policy and programs. Meaningful inclusion
of LGBTI populations within mental health and suicide prevention initiatives is not only long overdue, but essential if targets to reduce suicide in Australia are to be achieved.

This Strategy calls for nationally coordinated, evidence-based action to help prevent suicide by supporting organisations and government to develop effective suicide prevention initiatives that acknowledge and affirm the wide variety of bodies, genders, relationships, and sexualities that comprise the Australian population.

To date, Australian mental health and suicide prevention strategies and policies have routinely overlooked LGBTI people and communities. While LGBTI people are often named in national overview strategies, this inclusion has never gone beyond a handful of mentions of LGBTI people as a high-risk category and never explored in terms of intervention responses. Through a national strategic and coordinated response, it is believed that the mental health and wellbeing of LGBTI people, families and communities can be improved and their risk of suicide decreased.

This presentation will explore the key elements of the National LGBTI Mental Health and Suicide Prevention Strategy and offer a broad and practical framework that will support the implementation of strategic principles and actions aimed at redressing health outcomes for LGBTI populations at national, local, and organisational levels.

7.6: A National collaboration to improve evidence-based suicide prevention in Australia through the Suicide Prevention Hub: Best Practice Programs and Services
Author: Michelle Kwan
Suicide Prevention Australia

Objectives: Build the Suicide Prevention Hub: Best Practice Programs and Services (The Hub), a user-friendly community resource to help consumers find and commission quality evidence-based programs and services. Strengthen the evidence-base of suicide prevention programs and services. Drive quality improvement by facilitating a mentor program to build capacity in research and evaluation.

Methods and materials: The improvement of quality standards requires a national, whole-of-sector approach and support among service providers, Federal and State Government funding agencies, and other stakeholders delivering regional, evidence-based approaches to suicide prevention programs and services to meet localised needs.

The Suicide Prevention Hub: Best Practice Programs and Services (The Hub) is a user-friendly and publicly available, evidence-based online resource. It will support and inform Government and other providers involved in service planning and commissioning of suicide prevention activities at a local and regional level by providing the best available evidence on suicide prevention programs and services.

The scientific criteria for submission and the review frameworks were informed by an Expert Advisory Group consisting of representatives from Lived Experience, public health research, clinical research, evaluation, behavioural research, and service delivery backgrounds. The methodology was developed to facilitate the evaluation of a range of program and service types ranging from large-scale national programs and services to individual or smaller scale community-delivered grassroots programs, and innovative or novel programs.
The selected evaluation framework enables scientific rigour across a range of program and service types incorporating standards set by the National Health and Medical Research Council (NHMRC) and frameworks developed by national and international evaluation experts.

Results: Preliminary results from the development of The Hub will detail the response from the sector on the submission and review process, feedback on the user experience, and early insights from experts acting as mentors to build capacity in evaluation.

Conclusion: The Hub is the first stage of a national quality improvement program for suicide prevention; and equips Government, community, workforce, schools and those commissioning programs and services, with the knowledge to make evidence-informed decisions when seeking suicide prevention interventions.

7.7: Together’ now includes those with lived experience of suicide: Recent developments and future opportunities in Australia.

Author: Bronwen Edwards
Roses in the Ocean

Australia is experiencing unprecedented focus on suicide prevention with the implementation of multiple large scale, systems based approach research trials including the Black Dog Institute’s LifeSpan trial, Commonwealth government trials and state government trials. Alongside this activity is a renewed focus on involving community in suicide prevention in regional suicide prevention planning through the Primary Health Networks. For the first time, the active and meaningful inclusion of those with lived experience of suicide is considered an essential ingredient to the development of policy, strategy, implementation plans and research. It is now recognised that if we are to stem the tide of suicide, it must be done in conjunction with the insights from those with intimate knowledge of suicidal crisis.

Roses in the Ocean is an organisation dedicated to the safe and supportive inclusion of people with lived experience of suicide. We deliver a range of programs focused on building the capacity of those with lived experience to participate in roles including advisory or reference groups, providing peer support, and delivering presentations to challenge myths and build awareness of suicide. In addition, we work with partner organisations such as Lifeline to deliver lived experienced informed training to frontline workers.

A recent report commissioned by the Black Dog Institute identified a dearth of evidence specifically focused on the participation of people with lived experience in suicide prevention. There is a significant opportunity to build an evidence base to ensure lived experience activities are effective in achieving their aim and do no harm to those participating, both individuals and organisations. Roses in the Ocean is working with several research bodies across Australia to undertake research projects and start filling the gaps in evidence. This presentation will profile these research projects, outlining research methodologies and aims, and highlighting the myriad of research opportunities available to explore the impact of lived experience inclusion at an individual, organisational and community level.
8.1: Te Haruru o te Tai: The roar of the tide
Author: Maria Baker (Ngapuhi nui tonu), Te Rau Matatini

The Waka Hourua (double hulled canoe) symbolises the Māori and Pasifika partnership in the national Māori and Pasifika suicide prevention programme. Building the capacity of Māori whanau, hapu, iwi, Pasifika families and communities to prevent suicide is the focus of Waka Hourua. This presentation will focus on the aspects of Waka Hourua that have contributed to Māori whanau, hapu, iwi and communities.

Background: In August 2017, the annual provisional statistics were released identifying 606 New Zealanders had taken their lives in the 2016-17 period. The numbers for Māori were up 1 from 129 to 130 (86 Māori males and 44 Māori females) and for Pasifika peoples up 3 from 24 to 27. Bringing the rates of suicide for Māori to 21.73 and Pasifika 9.15. Based on previous data, youthful age groups from 15 years of age to 29 years continue to be the most impacted by suicide deaths, followed by groups of people aged 30-39, 45-49, and 10-14 and 40-44 respectively. Notably, a concerning trend of Māori females in the 10-19-year age groups.

Māori suicide deaths rates are the highest in New Zealand, yet there is evidence that numbers of Māori suicide deaths overall are larger than are fully appreciated. An interest in Māori taking their lives in Australia was prompted through the work in Māori communities whom had the ability to bring their deceased back to traditional lands to bury. Whilst the repatriation of loved ones to traditional burial grounds is common, what isn’t recognised is the continual impact upon Māori communities with suicide losses.

Waka Hourua:

- Waka Hourua is to support Māori whanau, hapu, iwi, Pasifika families and communities to develop solutions to prevent suicide through:
- Building the capacity and capability of Māori whanau, hapu, iwi, Pasifika families and communities, to prevent suicide and to respond safely and effectively when and if suicide occurs.
- Ensuring that culturally relevant education and training are available to Māori whanau, hapu, iwi, Pasifika families and communities that focus on building resilience and leadership.
- Building the evidence base of what works for Māori whanau, hapu, iwi, Pasifika families and communities to prevent suicide, through research carried out by, with and for these groups.
- Building Māori community and Pasifika community suicide prevention leadership.
- Te Rau Matatini established the Waka Hourua Outcomes Framework which focuses on informed, cohesive and resilient communities; strong, secure and nurturing whanau; safe, confident and engaged rangatahi

This presentation will aim to inform of the insights, challenges and learnings of a national Māori suicide prevention programme.
8.2: Te Ihi Ora  
Author: Ronald Baker (Kaiwhakarite)  
Te Rau Matatini

Te Ihi Ora is a wananga (learning) programme that is informed by matauranga Māori, kaumātua and kuia guidance and professional expertise of Te Ihi Ora facilitation team at Te Rau Matatini. A specific Māori suicide prevention programme, it is delivered to Māori communities, whānau, hapū, iwi and specifically for practitioners who work with Māori and are seeking solutions to tackling suicide in Māori communities. Experience within Māori communities has highlighted the need for culturally specific healing of which this wananga is fostering.

This presentation will share some of the learnings and observations from this practice based and tikanga Māori approach. Whilst advocating for the need of more indepth tikanga Māori programmes for Māori communities.

Feedback from some past participants who attended Te Ihi Ora:

- I was so mamae after my nephew, I feel so much settled after this wananga we need more of these for our whānau (Māori whānau)
- I was able to take away valuable knowledge of depression, anxiety and addiction from a Te Ao Māori perspective. I really enjoyed the passion and animation of the presenters and the ability to easily apply the knowledge in practice (Māori practitioner)
- I came away with more knowledge around mauri ora and mauri mate, this I didn’t really have a clear understanding of until now. This wananga has confirmed to me that I want to work for an organisation which is Te Ao Māori based and whānau ora led (Māori practitioner).

8.3: The part played by associations in suicide prevention in French Polynesia  
Authors: Vanquin Germaine, Tuheiava Annie, Amadeo Stéphane, SOS Suicide association, Tahiti, French Polynesia

Created in 2001, association SOS Suicide has been initiating operational actions in French Polynesia since 2006, which ones can be described internally and in parallel.

Internally, 1) Our members, trained in phone contact intervention techniques to help suicidal persons, answer the calls from the crisis line while respecting the anonymity of both callers and volunteers and the confidentiality of discussions. The socio-demographic characteristics of the callers will be detailed as well as the orientations and advices given to this population.

2) Active members of the association conduct also awareness-raising campaigns based under the “Suicide Prevention” program (SUPRE) from the World Health Organization, in taking preventive actions in French Polynesia by intervening with institutions (association, schools, religious institutions or NGO associations) and with professionals (doctors, nurses, fire fighters, social workers) who require them.

3) A psychologist help those bereaved by the suicide of a loved one in their mourning, preventing the risk of suicidal attempts among this population. All sessions take place with a support group put in place since October 2009.
4) A suicide prevention centre, located in Punaauia, allows the association to make its actions operational; in this centre are applied prevention methods with culturally well appropriate cares for the Polynesian population.

Although it is difficult to evaluate the impact of these associative actions in the reduction of the numbers of completed suicides or not, undoubtedly, on an individual and human level, their support role is undeniable and meets a palpable need. Recognised in the overall evaluations of strategies for the prevention, these actions need to be more integrated as part of the preventive public health programme. During the 2008-2010 period of very active SUPRE interventions in the whole archipelago of French Polynesia in addition with the WHO START program granted by Ministry of Health, the rates of suicide decreased dramatically, from 46 deaths by suicide in 2008, 33 in 2019 and 25 in 2010, then increasing to 28 suicides in 2011 and 36 in 2012, suggesting a strong effectiveness of this program.

8.4: Roots of Hope: A community based initiative for reducing suicide in Canada
Author: Ed Mantler
Mental Health Commission of Canada

Suicide prevention is a major public health issue and leading cause of death in Canada. To try to reduce the impacts of suicide in Canada, the Mental Health Commission of Canada (MHCC) has launched a five-year, multi-site project entitled Roots of Hope: A community suicide prevention project. This multi-level community based initiative builds on existing evidence-based approaches used nationally and internationally, including the European Alliance Against Depression (EAAD) model. The goal of Roots of Hope is to develop an evidence base, including best practices and suicide prevention resources, that will support implementing suicide prevention activities in communities across Canada. Community leaders can tailor the project components to respond to local priorities and needs, while ensuring fit within the national project. Roots of Hope focuses on five key areas, including: specialized supports, training and networks, public awareness campaigns, means restriction and research. This scalable project has a 24-month intervention period with data collection points along the way. It is hoped that this project will lead to a greater understanding of suicide and its prevention in the Canadian context.

8.5: Community-based Responses to Managing Suicide Clusters and Contagion
Authors: Roger Shave
Clinical Advisory Services Aotearoa

This presentation describes learnings from the first ten years of operation of the Community Postvention Response Service (CPRS). This presentation discusses community-based responses to suicide cluster and suicide contagion detection and management in New Zealand.
CPRS is a nation-wide service delivered by Clinical Advisory Services Aotearoa (CASA) on behalf of the Ministry of Health in New Zealand.

CPRS addresses Objective 2 of the New Zealand Suicide Prevention Plan (2013-2016). Specifically, that effort should be made to “support communities to respond following suicides, especially where there are concerns of suicide clusters and suicide contagion”.

CPRS is available to support any New Zealand community experiencing a suicide cluster or suicide contagion. Being a national service, CPRS has oversight of suicide clusters and suicide contagion, and context dependent postvention coordination across the whole country.

This presentation will outline the purpose and principles of the service, describe how it is organised, operated and delivered, and present the service’s experiences of community-based responses to managing suicide clusters and contagion in New Zealand over the last ten years.

8.6: Suicide prevention by contact maintain in Tahiti: telephone, mobile intervention team (MIT) and body intervention treatment (BIT)

Authors: Stéphane Amadéo, Moerani Rereao, Germaine David-Vanquin, Aurelia Mulet, Nathalie Colin-Fagotin, Geraldine Rioche, Virginie Gassion, Paul Pere, Taivini Teai, Ngoc Lam Nguyen

Hospital Center of French Polynesia (CHPF), Tahiti; Suicide Prevention Center & SOS Suicide association, Tahiti, French Polynesia (CPSPF)

During the period 2008-2010, patients hospitalized in Psychiatry or admitted to the Emergency Department of the Hospital Center of French Polynesia (CHPF) after attempting suicide, were invited to participate in a Brief Intervention and Contact (BIC) consisting in a psychoeducation session then followed up by 9 telephone contacts over 18 months (WHO "Suicidal behaviour in At-Risk Territories" – START- survey) compared to Treatment as Usual (TAU).

Based on this first RCT, who showed no significant difference in the number of suicides and suicide re-attempts in BIC group versus TAU group (24%), we decided to better adapt this BIC model to the cultural environment and health of French Polynesia.

The initial assessment used MINI Questionnaire, and HAMA, MADRS & BECK Suicidal Ideation Scales. Then we proposed commun interventions (Crisis Line, psychologists or volunteer’s appointments, Crisis card and suicide prevention centre brochure) and a choice between two interventions:

- Mediation Body Treatment (BIT): 5 Monoi oil with essential oil massages of 50 minutes by nurse, physiotherapist or care practitioner;

- Mobile Intervention Team (MIT): 5 home visiting, listening, counselling, evaluations by professional or volunteers.

The aims of these two intervention are to maintain contact increase wellness and decrease anxiety and suicidal ideas to prevent a new suicidal crisis with and avoid hospitalization.

These two interventions were completed by a phone call day 10-21, then at 6 and 12 months. Actually, 50 subjects in BIT and 6 in MIT, ie 56 subjects in total. There is no loss of follow-up and no recurrence of suicide attempt at 12 months. This program is supported by la « Foundation de France ». 
8.7: Self-help Online against Suicidal Thoughts - who seeks Internet-based therapy interventions?

Authors: Charlotte Muhlmann, Trine Madsen, Ad Kerkhof, Merete Nordentoft, Annette Erlangsen
Danish Research Institute for Suicide Prevention

Objectives: Several countries have over the last couple of years developed Internet-based interventions for people at risk of suicide. Researchers hope that these new interventions can offer help to people with suicide thoughts who do not want to receive face-to-face therapy or be an additional help to people already in treatment. A Dutch online self-help program has been found to be effective and cost-effective in terms of reducing suicide thoughts. The SOS-trial aims to examine the effectiveness of the Danish version of the online self-help program, Self-help Online against Suicidal thoughts, in Denmark.

Methods and material: A total of 438 people with suicide thoughts will from August 2016 be recruited from the Danish suicide crisis line “The Lifeline” and randomly allocated to the intervention (N=219) or a waiting list (N=219). Participants assigned to the intervention will be offered a semi-guided self-help cognitive behavioural therapy program for six weeks via the Internet. The control group will be assigned to a waiting position for 32 weeks. The trial includes several safety measures to secure the safety of the participants. The primary outcome is frequency and intensity of suicidal ideation. Secondary outcomes include depressive symptoms, hopelessness, worrying, quality of life, negative effects of the intervention as well as costs related to health care utilisation and productivity loss. Follow-ups will be conducted at 6 and 32 weeks after inclusion.

Results: Results from our pilot study will be presented together with preliminary baseline data from the first year of recruitment (the trial recruits participants until the summer of 2018). The pilot study showed positive results, especially on suicidal ideation and level of hopelessness. The preliminary baseline data show that a majority of people who seeks the self-help program have previously tried to commit suicide and many are already receiving help in the psychiatric system.

Conclusion: People with severe suicide thoughts are interested in Internet-based interventions. It is important that we continue to investigate the effect of these interventions and whom they might benefit.

8.8: Beyond Mental health model: A call for social justice approach to suicide prevention

Author: Gul Shamim,
University of Massachusetts Amherst, USA

Background and objectives: The phenomena of suicide have long been perceived as a mental health outcome. Consequently, the interventions strategies have focused on mental health rather than an integrated model. This paper argues that suicide prevention in rural areas in different parts of the world like China, Pakistan and Indian calls for multidisciplinary approach embedded in both mental health and social justice principles.
Methods: Through a mixed method approach 269 cases of deaths by suicide occurred 2006-2017 in a rural district of Pakistan were analyzed to delineate epidemiology of and perceived factors behind. The quantitative data were analyzed on seven variables: age, sex, marital status, education level, methods used, perceived cause of suicide and postmortem. The case studies of nine victims revealed the triggers and specific conditions which forced the victims to inflict violence against the self.

Findings: In the 269 sample, the number of female victims was slightly higher than men. Females accounted for 52.8% and 47.2% were males. The incidence was higher (62.2%, n=162) among youth aged 15-25 as compared to other age groups; in this age group, a significantly higher proportion (58.6%) of cases was females. The second vulnerable group is 26-35 years age group, which accounted for 16.84% of the cases. Single people accounted for 57.6% and married 42.2% of cases. The majority (49.4%) had schooling of 9-12 years. Among males the widely used method was gunshot followed by hanging and jumping into the river; among females, the common methods were jumping into the river and hanging. Only 40% cases were allowed by families to carry out the postmortem.

Overall 43% (n=117) of the cases were due to parent-child relational issues followed by mental illness (20%; n=54) and conflicts with in-laws (13%; n=35). The case studies revealed key factors which triggered the actions are domestic violence and abuse, forced marriages of young girls, women's poor economic status, overemphasis of gender role ideologies by families as well as community and absence of legal and support system.

Conclusion: The findings indicate that youth especially young girls of 15-25 years' are at high risk. The key factors are not let alone depression or mental health. The presence of patriarchal social norms, domestic injustices, and absence of support system are key mediating factors. Hence, prevention strategies need to target prevention of domestic violence, improving family harmony and economic empowerment of women. The findings call for multidisciplinary prevention model encompassing community education, strengthening legal and support system, improving family relations, mitigating domestic violence, and other gender-based inequalities.

Orals 9:

Culture

9.1: Exposure to, and impact of, suicide among Australian Aboriginal and Torres Strait Islander peoples

Authors: Rebecca Sanford, Myfanwy Maple
Thompson Rivers University

Objectives: In Australia, suicide is the 13th leading cause of death overall, but among some vulnerable groups suicide is much more common, including Aboriginal and Torres Strait Islanders
(forthwith Indigenous) where suicide is the 5th leading cause of death. In spite of the fact that suicide is a leading cause of death, we still know relatively little about the breadth and impact of exposure in communities. The purpose of this study is to contribute to the current knowledge about the nature and impact of exposure to suicide attempts and deaths among Indigenous individuals and communities.

Methods and Materials: An online survey was distributed April through August 2016 by Suicide Prevention Australia through member organisations of the National Coalition for Suicide Prevention mailing lists. The survey consisted of questions assessing exposure to suicide attempts and deaths. A measure of psychological distress was also included in the survey. A total of 3010 completed responses were obtained, with 231 respondents indicating Indigenous descent. Qualitative and quantitative methods were used to explore the experience of the Indigenous respondents.

Results: There was no significant difference between Indigenous and non-Indigenous participants with respect to general exposure to suicide attempts (t (2790) = -1.826; p = .068), but there was a significant difference between the two groups in terms of exposure to close suicide attempts (t (231.77) = -6.040; p ≤ .001), exposure to all deaths by suicide (t (216.29) = -3.95; p ≤ .001), and exposure to close deaths by suicide (t (207.49) = -4.59; p ≤ .001).

A finding that was surprising was that there was a significant difference between Indigenous and non-Indigenous with regard to distress levels, with non-Indigenous (n=2654) reporting higher levels of distress than Indigenous participants (n=220), t (274.91) = 2.36; p = .019. Qualitative responses offered by Indigenous respondents offer greater understanding of this experience. Qualitative themes identified in the responses include: culture and suicide as a fact of everyday life.

Conclusion: Given the significantly higher rates of suicide death among Indigenous people in Australia, it is not surprising that Indigenous participants reported higher levels of exposure to suicide attempts and deaths. The results of this study confirm the need for Indigenous-led collaboration and efforts to identify possible solutions that are focused on community-building, cultural connection, and reducing the impact of intergenerational trauma.

9.2: A Systematic Study of Prevalence, Risk and Protective Factors for Suicide in Central Asia: The Implicit Role of Culture
Authors: Shahnaz Savani, Robin Gearing
University of Houston

Objectives: Nearly 1.5 million people die by suicide each year globally. Although most suicides occur in Asia, they are predominately studied in the West. Suicide in Central Asia (comprised of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) is relatively under researched. Little is known about prevalence data, risk and protective factors, and effective treatments in this region. For culturally appropriate and effective treatments to be developed, an examination of the current state of literature is needed. This study reviews research articles from electronic databases that examined suicide in these Central Asian countries. The study aims to 1) identify prevalence data
on suicides in the five Central Asian countries; 2) examine risk and protective factors for suicide in these countries and 3) assess treatments available for suicide prevention and intervention.

Methods: PsycINFO, MEDLINE, CINAHL, and SocINDEX databases were searched over 30 years (1987-2016) to identify English or Russian research on suicide in Central Asia. A keyword search was conducted using the following Boolean terms: Central Asia or Kazakhstan or Kyrgyzstan or Tajikistan or Turkmenistan or Uzbekistan AND suicid* or self-immolation or aintihar (Arabic for suicide) or samoubiystvo (Russian for suicide). The search was limited to peer-reviewed journal articles. The initial search identified 44 eligible studies. 13 duplicate articles were removed and 16 were removed after abstract review, resulting in the inclusion of 15 articles in the systematic review.

Results: Research on suicide in this region are underdeveloped and results are mixed. Specifically, findings identify inconsistencies in the reporting and recording of suicides at the national levels, making it difficult to effectively quantify accurate prevalence data. However, existing research identifies a series of risk factors, such as physical and sexual violence for females, lack of psychosocial support for families, unmet basic needs, economic dependence on the Russian labour market, and a defunct mental health care system. Protective factors, albeit less, were identified.

Conclusion: Core risk and protective factors have emerged that can facilitate the development and adaptation of evidence-based interventions in this region. This presentation will highlight a series of practice, policy and research findings designed to guide and promote initial steps for effective suicide intervention in Central Asia.

9.3: Strengthening rainbow community leadership to prevent LGBTI+ suicide in New Zealand: a literature review
Author: Moira Clunie
Mental Health Foundation of New Zealand

Despite being at significantly higher risk of suicidal behaviour than other groups in New Zealand, the rainbow (sex, sexual orientation and gender minority) population is not well recognised or resourced within national suicide prevention efforts. Previous research has acknowledged the importance of rainbow community leadership in addressing this issue. However, a number of barriers impede progress for New Zealand’s rainbow community leaders including a lack of sustainable resourcing, volunteer and community burnout, and political opposition. This paper presents the results of a literature review seeking to understand the current and potential roles of New Zealand’s rainbow community leaders in preventing rainbow suicide.

The review was guided by the research question: “How could rainbow community leadership in Aotearoa New Zealand be developed to prevent rainbow suicide more effectively?” More specifically, it explored the current nature of rainbow community leadership in New Zealand in relation to issues of social change, health equity and community wellbeing, the suicide prevention roles and actions that leaders currently undertake, what value community leadership adds, and how coordination and networking might be strengthened.

The review included academic sources as well as a range of grey literature and community-published documents. Given significant gaps in published research in this area, a broad range of literature was considered which addressed analogous and related public health and social change topics to identify relevant insights.
Literature describes rainbow community leadership as central and key to preventing rainbow suicide – community leaders can keep the issue visible, provide supportive environments and address the discrimination and social exclusion that drives higher risk. The review identified a number of current community-led initiatives in New Zealand that could contribute to suicide prevention. It identified challenges to progress including funding sustainability, volunteer burnout, limited data, lack of policy support and inappropriate mainstream service provision. Finally, it identified strengths and opportunities for development, including learning from rainbow community leadership on parallel social and public health issues such as the development of HIV/AIDS response. An analogous combination of activist energy, systemic advocacy and public health planning is likely to be most effective in turning the tide against suicide.

9.4: Study of Mental Health Support Needs of Australian Chinese Community
Authors: Alan Woodward
Lifeline Research Foundation

Introduction: There are more than 1 million Chinese residents in Australia, within a total country population of 23 million. The Chinese Australian community is the largest of the immigrant communities in Australia and, according to the 2016 Census conducted by Australian Bureau of Statistics, one of the fastest growing in numbers. There have been Chinese migrants to Australia for several hundred years, with some migrants to Australia arriving shortly after European settlement of the country.

The mental health and support needs of the Chinese Australia population have been studied in some respects, but no studies have tested service preferences to meet these needs. The Bridging Hope Charity Foundation has partnered with the Lifeline Research Foundation and research company DiverseWerks to explore the support needs of the Chinese Australian community and to test the demand for culturally appropriate delivery of mental health and wellbeing support services, with particular attention to crisis support and suicide prevention.

Survey: A key component of the study has been a community survey, promoted widely through community associations, groups and social networks in Sydney, New South Wales, where high concentrations of Chinese Australians reside. The survey received n=2775 responses. Both online and hard copy response were received. The survey questions were as in English and Simplified Chinese to make it as easy as possible to engage with respondents.

Two key results emerge from these findings:

- The high proportion of family, relationships and financial worries as ‘stressors’ reflect similar presenting issues to the national crisis helpline in Australia, Lifeline 13 11 14.
- There is evidence showing that cultural context and the experience of being a migrant to Australia are additional ‘stressors’ for Chinese Australians.

Analysis: In examining the survey results and other aspects of the study of the Chinese Australian population, it is apparent that:

- It is important to provide support services and outreach programs in language and ways that are culturally adapted to a Chinese understanding.
• Services need to offer privacy and confidentiality as the cultural belief of ‘saving face’ or ‘losing face’ is strongly influential for why individuals and families may or may not access mental health services.
• Communication about mental health needs to be sensitive to these barriers to seeking help within the Chinese Australian community.
• Services that provide a first point of contact for help seeking, without the need to disclose family and medical information would be beneficial and would assist in building individual and family confidence to use the Australian health and social services systems.
• There is an underlying demand for mental health services within the Chinese Australian population that is not currently being fully met. There is potential for Australian service providers such as Lifeline to reach out to Chinese Australians to a greater extent.

As a feature of the partnership, the Bridging Hope Charity Foundation is able to forge exchange of experience between the telephone crisis helpline in Beijing and the Lifeline charity in Australia. This exchange will guide the development of Australian-based service responses to ensure that cultural considerations and Chinese preferences in service delivery are addressed.

9.5: Cultural scripts of suicide in the Indian diaspora
Author: Indra Boedjarath
Vrije Universiteit of Amsterdam

A growing body of literature demonstrates high rates of fatal and non-fatal suicidal behaviour on the Indian subcontinent and in the Indian Diaspora. The worldwide prevalence of the phenomenon indicates the existence of intrinsic cultural aspects of suicidal behaviour among Indian descendants, despite the fragmentation and the diversity in the Indian Diaspora. However, there is a lack of focus on the operation of cultural aspects in suicidal behaviour. Individual approaches in suicide research, notably medical and psychiatric perspectives, tend to marginalise the operation of cultural forces. Nevertheless, the cultural scripts of suicide theory asserts to capture the cultural aspects. The usefulness of this theory and its claims is demonstrated by applying it on the worldwide Indian diaspora community. To do that, first the fuzzy concept of script is elaborated, which forms the basis of the scripts of suicide theory. Subsequently, the applicability of the theory is tested by employing it on the research group. The theory offers the possibility to highlight the research groups modes of suicidal behaviour by concentrating on the specificities of the ‘Indian cultural’ factors. Cultural modelled suicidal behaviour that serves as a blueprint for action is found to be influenced by prevailing gender specific and religious aspects. The gender specific socialisation with cultural norms and attitudes, often related to honour, contributes to suicidal behaviour. Indian descendants with a Hindu background seem to display a lower threshold towards suicidal behaviour as a way out in case of adversities. Although the scripts of suicide theory sensitize to cultural stressors by its descriptive value, its explanatory power is limited to the individual as a self-contained unit scripted for certain behaviour. The reference to and the reciprocal interaction with the external world as well as the transference of suicidal behaviour as an option remains underexposed.
9.6: Faith Communities and Suicide Prevention: A Case Study of a Unitarian Universalist Church  
Author: Sally Spencer-Thomas  
Professional Speaker and Impact Entrepreneur

This presentation starts by making the case why suicide prevention efforts should partner with faith communities. Faith communities provide a unique sense of belonging, support during crises and tools of spiritual practices that help people who are experiencing suicidal despair. The benefits of faith communities can augment mental health and public health approaches in our effort to save lives.

The Unitarian Universalist faith provides a spiritual home for the liberal spirit. Many people who do not connect with other more traditional faith practices find a place to connect to a community with shared values and engage in social justice within Unitarian Universalism. For the case study, in-depth interviews were conducted with several members of Jefferson Unitarian Church in Golden, Colorado (USA). Interviews included Senior Ministers, board members, pastoral caregivers and people with lived experience were interviewed about how they believed the church engaged in suicide prevention and suicide grief support.

This workshop is designed to give participants an opportunity to discuss how faith communities and suicide prevention efforts can work collaboratively to discover new strategies for offering hope and making meaning that prevent the tragedy of suicide.

9.7: Tonga, Culture and Suicide  
Author: Filifai’esea Lilo  

Focus on culture is the key to reduce the high rate of suicide among the small islands in the Pacific like Tonga. The cultures of the Pacific Islands are core values of the people. It means that going against their individual cultures is the ruin of their social structures and values.

The binding of the ‘Fa’amatai” to the Samoan, the “Nofo ‘a Kainga” to the Tongan, and the “Mata ni vanua” for the Fijian, are very strong and it is the essences of their lives.

Going deeper to the main causes of suicides and suicide attempts are reflected back the cultural values. For us, the Tongans, with smaller population of around 150,000, the stories and rumours are very critical for young people. Breakings of the traditional taboo concepts of our cultures are not easy for youth and adults to face. Some of the suicides of the elderly people of 65+ years of ages were taken based on unable to face “the brother/sister relative taboo.” The male youth are also face hardly the promiscuous behaviours of sisters and easy for them to end up their lives with suicides.

The religious cultures are also very strong in our islands, and suicide is also taboo. Stigmatization is also very strong. It also a difficult issue because it shocks people of the communities, and it creates a lot of despair. To break the silent forces of cultures among smaller island communities, we have to find a spaces to have conversations about the difficult issues on our cultures to merge up some platforms of hope in young people so they are less prone to despair.
**Clinical perspectives on Suicide**

10.1: STARS (Screening Tool for Assessing Risk of Suicide): Clinician Perceptions of Useability and Efficacy

Authors: Jacinta Hawgood, Helen Mason, Carmen Betterridge, Diego De Leo

Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University

STARS was developed in recognition of the need for a renewed approach to assessing suicidality, based on person-centred, needs-based psycho-social assessment, as opposed to traditional clinician oriented or medical based approaches. STARS protocol emphasises the contextual, situational, relational and psychological experiences associated with the suicidal status, and its unique and changing state over time. Clinician probes facilitate exploration of suicidal status and reduce clinician anxiety that often accompanies suicide risk assessment enquiries. STARS reflects client verbatim reports of the severity or priority of indicators of suicidality, to guide a collaborative response to addressing issues most important to the client; as opposed to provision of a global risk rating or categorical classification. Finally, the tool provides for documentation of client needs and suicidal status, and commensurate actions proposed or undertaken by the clinician.

Study objectives: This study examines clinician perceptions of the STARS protocol. Specifically, we examine clinician perspectives on the process of using and incorporating STARS into current clinical practice, and factors related to perceived efficacy of STARS.

Method: Australian clinicians who administered the STARS protocol in 2016-2017, engaged in an online survey consisting of quantitative and qualitative items, assessing socio-demographics and perceptions of use of the STARS protocol.

Results: Key features, strengths and weaknesses of STARS and factors related to efficacy as perceived by clinicians will be presented.

Conclusions: Clinician feedback for STARS protocol was overwhelmingly positive. Factors related to efficacy of STARS appear to be related to regency of and amount of clinician training, including informal training. Recommendations are made for STARS item reconstruction, protocol formatting, and administration processes for different work contexts, and clinician utilisation. The first author’s prospective PhD design will be referred to regards to these recommendations including empirical validation of STARS.

10.2: Examination of Associations between Alcohol consumption and Suicidal Behaviour in an autopsy sample from the Georgetown Hospital, Guyana

Authors: Loraine Barnaby, Nancy Sitchao, Nehaul Singh, Maritza Oliva, Bhiro Harry, Yogeshwar Singh, Luella Sucre, Onica Jones Alleyne

Georgetown Hospital

Objectives: To discover associations between the consumption of alcohol and suicide in a sample of autopsy cases. To link findings, where possible, with the sociocultural situation in Guyana.
Methods and Materials: A cross-sectional study was conducted at the Georgetown Hospital in Guyana utilising available hospital records, Coroners orders and autopsy reports, collected during the year 2015. The data were reviewed and then submitted for analysis using SPSS version 20.0.

Findings: Of 1730 autopsies done at the Georgetown Hospital in 2015, due to natural, un-natural and undetermined causes, 59.3% (N= 997) were due to natural causes; 5% (N= 42) were undetermined; and 38.2% (N=641) were due to un-natural causes. Of the latter, 124 or 19.3% of cases were due to suicide. Most suicides were male 73% vs. 27% female or rough M: F ratio of 3 to 1. The age range was 13 yrs. to 84yrs, with males aged between 35 and 44 years being the most common group. In reviewing alcohol consumption in the 3 main causes of death there was alcohol consumption in 6% of deaths by natural causes, 21% in death by MVA’s and 20% in death by Suicide. Chi square was significant. p=0.00). It should be noted that it was not possible to elucidate those MVA’s which may have been suicide.

The main causes of suicide were Poison with Grammoxone, hanging, use of a sharp instrument Drowning and “Others” and while alcohol consumption was associated with all methods, it was associated with hanging 28%, poison 13% and “Other” 33%.

Conclusion: While this study shows a predominantly male suicide problem, further examination via psychological autopsy especially in females would be important. Young East Indian women in their early 20’s would be of special concern because of the cultural underpinnings of their suicidal behaviour and the lethality of it. Jumping off the Kaietur Falls has been documented in newspaper reports, in relation to lovers’ suicide pacts, romance with someone of a different (i.e. Afro Guyanese) ethnicity and against the parental custom of an arranged marriage to another Indian. The Guyanese government, through its Suicide Prevention Policy and Programme is working towards addressing the High world-leading (2012 WHO figures) suicide rate in a multimodal, multidisciplinary manner.

10.3: Neurological Disorders and risk of suicide
Authors: Annette Erlangsen; Egon Stenager; Yeates Conwell; Keith Hawton; Merete Nordentoft; and Elsebeth Stenager
Danish Research Institute for Suicide Prevention

Background: Neurological disorders have been linked to elevated risks of psychiatric comorbidity, particularly depression. It has, furthermore, been suggest that the chronic course of certain neurological disorders might be linked to an elevated risk of suicide. Yet, we have little knowledge to base interventive efforts on.

Aim: to examine whether people with neurological disorders have higher rates of suicide than people without neurological disorders.

Methods and materials: Nationwide register data on all persons aged 15+ years who were living in Denmark during Jan 1st 1980 through Dec 31st 2014 (N= 7,454,921) were obtained. Neurological disorders were identified through hospital diagnoses. Rate ratios of suicide were obtained using
logistic regression models while adjusting for period, gender, age group, civil status, income level, physical co-morbidity, history of mental disorders, and history of suicidal behaviour.

Results: A total of 34,529 suicides were observed over the 35-year follow-up. Several neurological disorders were linked to higher suicide rates than observed for those without the disorder, including: central nervous system infections (OR: 1.6 CI-95: 1.3-1.9); meningitis (OR: 1.5 CI-95: 1.1-1.9); encephalitis (OR: 1.6 CI-95: 1.2-2.1); Huntington’s disease (OR: 4.9 CI-95: 3.1-7.9); amyotrophic lateral sclerosis (OR: 5.3 CI-95: 3.8-7.6); Parkinson’s disease (OR: 1.7 CI-95: 1.4-1.9); epilepsy (OR: 1.6 CI-95: 1.5-1.7); stroke (OR: 1.2 CI-95: 1.1-1.3). Interestingly, dementia was linked to a lower frequency (OR: 0.8 CI-95: 0.7-0.9). Further analysis by number of hospitalizations/bed days indicated a dose-response relationship between frequent/long-term hospitalizations and death by suicide.

Conclusion: The findings from this study provide support for a link between various neurological disorders and death by suicide. Screening for depression during hospital contacts for neurological disorders ought to be considered as an intervention strategy.

10.4: A scoping review of suicidality and alexithymia: the need to consider interoception
Authors: Steven Davey, Elliot Bell, Jamin Halberstadt, Sunny Collings
University of Otago Wellington

Objectives: this article investigates the evidence on the link between alexithymia and suicidality. It explores the possibility of an additional role for interoception in future research.

Methods: a scoping review of peer-reviewed journal articles was undertaken, followed by a critical assessment of the overall state of the evidence base in relation to interoception.

Results: the review identified 27 journal articles. The evidence base was heterogeneous, involving a variety of clinical and non-clinical samples, and showed mixed findings. Measurement of alexithymia (using the Toronto Alexithymia Scale) and management of confounding variables were identified as problematic.

Conclusion: the scoping review identified articles that were too diverse to permit a definitive answer to the research question. Interoception may provide a fruitful new avenue.

10.5: Pack size restriction of non-opioid analgesics sold over-the-counter in Danish pharmacies; a national cohort study investigating the trend in poisonings using nationwide register and biochemical data in a before and after design
Authors: Britt Morthorst, Annette Erlangsen, Manon Chaine, Frank Eriksson, Keith Hawton, Kim Dalhoff, Merete Nordentoft
Danish Research Institute for Suicide Prevention

Introduction: Paracetamol is reported to be the most frequently used drug for overdoses in European countries. In order to prevent self-poisoning, means restriction in the form of pack size restriction of over-the-counter medication has been put forward. Promising British findings encouraged the Danish Minister of Health to implement such efforts and we aimed to assess the
Impact of pack size restriction of non-opioid analgesics sold over-the-counter in Danish pharmacies in 2013.

Method: We obtained hospital admission records from nationwide registers and biochemical parameters from laboratory databases with national coverage. Specific outcomes of interest were IDC-10 codes T39 and X60 registered in the National Patient Register and the Psychiatric Central Research Register and biomarkers taken routinely in relation to non-opioid analgesics poisonings when treated in Danish hospitals. We applied a before and after design using time-trend-analysis to examine the impact of the intervention.

Results: During 2002-2015; an 18.5% reduction was noted in non-opioid analgesic poisonings treated in hospitals with an instant effect change of RR 0.815 (95% CI 0.729 to 0.912; p<0.000) after the restriction. In the age group 10-17 years of age intentional non-opioid analgesic poisonings decreased by 38% instantly following the intervention RR 0.622 (95% CI 0.439 to 0.880; p=0.007). Also level changes in liver function tests showed reduced risk of liver injury; ALT levels ≥ 210 U/L significantly decreased at the exact time of the intervention RR 0.734 (95% CI 0.579 to 0.931; p=0.011) showing 27% reduced risk of liver injury. The risk of hepatotoxicity significantly decreased by 31% with a level change in ALT ≥ 1000 U/L RR 0.686 (95% CI 0.494 to 0.953, p=0.025. We found evidence of no shift into other self-harming methods.

Conclusion: The pack size restriction applied to OTC drugs of non-opioid analgesics did reduce the number of poisonings treated in hospital. As noted through biomarkers for risk of liver injury, a reduction in severity post-intervention of poisonings was identified. Evidence is provided for pack size restriction of non-opioid analgesics as an effective means restriction strategy.

10.6: Effect of Clinicians' Profession and Theoretical Orientation on Levels of Endorsement of Countertransference to Suicidal Patients

Authors: Tess Soulie, Elliot Bell, Gabrielle Jenkin, Dalice Sim, Sunny Collings
Suicide and Mental Health Research Group, University of Otago Wellington

Objectives: To examine level of countertransference (CT) endorsement to suicidal patients in relation to clinicians' profession and theoretical orientation.

Method and Material: In a sample of 267 clinicians, we examined levels of CT to suicidal patients by comparing profession and orientation groups’ factor mean scores on the countertransference questionnaire (CTQ). 2-way ANOVA and Tuckey post-hoc test were used to determine which variable was the better predictor of CT level of endorsement.

Results: Theoretical orientation was the best scores’ predictor of levels of CT endorsement for five of the seven dimensions of CT. Psychodynamic (PDY) clinicians reported significantly more entrapped/rejecting responses to suicidal patients than eclectic (ECL) clinicians (p = .005), and significantly more aroused/reacting, informal/boundary crossing, and mistreated/controlling responses to suicidal patients than both CBT and ECL clinicians (p = .006; p = .049; and p = .011.
respectively). ECL clinicians reported significantly less protective/overinvolvement responses than both CBT and PDY clinicians (p = .024). Profession group was however the best scores’ predictor for Fulfilled/Engaging responses (p = .000), with psychiatrists reporting significantly less fulfilled/engaging CT responses than psychologists (M = 2.88, SD = .51, p = .000) and psychotherapists (M = 2.78, SD = .49, p = .000), regardless of theoretical orientation.

Conclusion: Possible interpretations of our findings are discussed. Potential implications for clinical practice are considered in light of current international practice guidelines to work with patients with suicidal behaviours.

10.7: Understanding Clinicians' Positive Inclination to Patients at Risk for Suicide: Preliminary Findings
Authors: Tess Soulie, Elliot Bell, Gabrielle Jenkin, Sunny Collings
Suicide and Mental Health Research Group, University of Otago Wellington

Objectives: To gain insight into clinicians’ positive inclination to patients at risk for suicide.

Method and Material: The study interviewed clinicians, including psychiatrists, psychologists and psychotherapists, who reported (in a national survey in 2016) liking working with suicidal patients. Data on clinicians of their positive inclination to suicidal patients were collected in open-ended online interviews. Transcripts were analysed in N-VIVO using a constructivist approach to grounded theory.

Results: Important commonalities were found to exist between clinicians’ experiences and their understanding of how to help patients at risk for suicide; across professions, work settings and theoretical orientations. We will be presenting elements found transversally (e.g. sitting with discomfort; accepting death as a possible outcome; shifting focus from stopping people from dying to helping people to live; etc.) that make engaging with suicidal patients a rewarding experience for clinicians (simultaneous collection and analysis still being completed). The 6 participants interviewed (at current time) commonly identified their emotional availability, willingness and ability to connect with the patient through constant watching of their own responses, as predictive of therapy outcome; across profession and type of therapy conducted.

Conclusion: Implications of the findings for clinical practice will be outlined and discussed.

Orals 11

Youth

11.1: "E na tiko ga na Inuinui"(There is Always Hope): Suicide - The Leading Cause of Death among Young People in Fiji
Author: Lionel Rogers
Youth Champs 4 Mental Health

Fiji is synonymous the world over for our white sandy beaches, our friendly ‘bula’ smiles, and most recently for joining the ranks of Olympians, having won the inaugural gold medal in Sevens Rugby
at the Rio Olympic Games in 2016. A global happiness survey in 2014 ranked Fijians as one of the “most content people in the world.” However, unknown to many, Fiji also has one of the highest rates of youth suicides in the Pacific, with an estimated suicide attempt every 36 hours.

Suicide is a silent and growing concern in Fiji. On average we lose 248 Fijians to suicide annually. Stakeholders estimate that for every completed suicide there are 20 attempts made. The youngest person to complete a suicide in Fiji was only 7 years old. The data shows that more men are completing suicide and the age of victims is getting younger with those in the 16-25 years of age being most vulnerable. It is estimated that every 36 hrs a Fijian that attempts suicide.

Suicide is a silent and growing concern in Fiji. On average we lose 248 Fijians to suicide annually. Stakeholders estimate, that for every act of suicide, 20 attempts are made. The youngest Fijian to complete suicide, as recently as November 2017, was only seven. Data shows that more men commit suicide than women; and that the age of victims is getting progressively younger with 16-25 being the most vulnerable age group.

While these statistics are alarming, they only based on reported cases. There is much to be done in Fiji to improve the reporting process, aside from the more important challenge of mental health awareness and advocacy.

In my presentation I will share anecdotal evidence of how one youth-led mental health agency, Youth Champs 4 Mental Health, is advocating for systems of care, tolerance and positive coping mechanisms within communities and schools using peer, cultural, creative and expressive methodologies.

This year Youth Champs 4 Mental Health engaged with over 50,000 youths in schools and communities; facilitated national trainings for 200 youth leaders; undertook an international consultation with six Pacific Island Countries; and is currently implementing a National School Climate Survey with six countries covering 800+ students.

I will also present on projects and programs that focus on building resilient communities and addressing suicide in collaboration with faith based organisations, indigenous populations and community based groups.

**11.2: Young people’s communication on suicide: A New Zealand Study**

Author: Kerry Gibson

University of Auckland

Objectives: Strategies for dealing with youth suicide in New Zealand include attempts to control information young people receive about suicide, but digital communication provides young people with alternative forums in which to engage with this issue. This article explores the constraints and opportunities for young people to talk about suicide in contemporary New Zealand.

Methods and Material: It presents a thematic analysis of data gathered from nine focus groups with 38 participants who serve as informants on broader youth culture.

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Results: The analysis suggests young people actively resist what they see as a taboo on talking about suicide; see adults as unable and unwilling to engage in conversations with them about suicide and are reluctant to seek help for suicide from mental health professionals. They prefer to talk about suicide with peers, although challenges with doing this in person make digital communication a preferred mode of conversation on suicide. Conclusion: Access to digital communication may provide young people with alternative sources of knowledge and understanding about suicide which further undermines their willingness to engage with adults on the subject. This has led to a gap in understanding between youth and adults on the issue of suicide. We argue for the value of conversations involving youth and adults as a way of generating creative solutions to suicide prevention.

11.3: Sailing the Storm of Youth Suicide in the Cook Islands and of Cook Islands Youth in New Zealand
Authors: Thomas Tarurongo Wynne, Eliza Puna
Cook Islands Government

How does a small community respond to the storm that is youth suicide considering the steps taken by practitioners based and resident in the Cook Islands as well as those working with the greater diaspora living in Aotearoa. Here in the Cook Islands and especially in Rarotonga we have had storm tides of Youth Suicide and in 2012 we responded with a nationwide survey and a youth forum that gathered our young people and asked them what they thought was happening to their community and then what they felt could remedy that.

This work culminated in a Youth Report that was given to government and detailed the work of the Youth Suicide Prevention Committee of which I was the deputy Chair. This work detailed a demographic of young people’s views, feelings and responses to Youth Suicide and these were collated in an evaluation with very pertinent findings for addressing this issue in the Cook Islands.

A survey was also undertaken of Parents mainly in Rarotonga and again the findings were relevant to understanding what was often a schism between the perception of adults and the perception of their children with regard to issues of communication, corporal punishment and connection. This work of which I co-authored was presented to government with a list of detailed recommendations to address this issue of Youth Suicide from a government and policy level.

Out of this work I was able to develop a model of practice that we now utilise in Rarotonga with regard to addressing youth issues, and it addressed the need for an indigenous model of practice for us as Cook Islanders other than Whare Tapa Wha, Te Wheke and Fonofale, which though all being of Pasifika and Maori origins did not touch on the peculiarities and special characteristics of the Cook Islands people resident in the Cook Islands. Often we are diminished in our own inclusive terms such as Pasifika, and terms of other Pasifika nations and modalities of practice have become generic in their use.

Our need for self-determination in this area, and a need to address a growing and disproportionate incidence of mental health and social ills gives rise to a need for our own model of practice, using our own terms, and our own structures, though still encompassing a Pasifika audience and clients.
As the Vaka Taurua has two hulls, we want to be able to demonstrate the strengths of our communities both here in the Cook Islands as well as those of the diaspora in Aotearoa. This working together will demonstrate how each of our communities has adjusted to the demands of each locality and in that show the strengths and tools used to adjust in each, allowing for crossover of working together though separated by Ocean, with common goals, and common client issues, though in differing localities.

It is our aim to show how well we have travelled, and address issues around the strengths of the resident group, and that group adding value to the diaspora, and that the diaspora can also add value to the new challenges, global and technological facing those still resident in the Cook Islands. Turning the tide together is apt for us as Cook Islanders because the Ocean, e Moana Nui O Kiva is still an essential part of the way we see the world and our place in that world.

11.4: Young people’s communicated experience of suicidality: An analysis of young people’s suicide conversations on a text counselling service
Authors: Jeanne van Wyk, Kerry Gibson
University of Auckland

Research on youth suicide from the perspective of young people is limited. There is thus a dearth of understanding of how young people communicate their experience of suicidality. A number of studies have highlighted that young people have specific needs and preferences for support when seeking and engaging with psychological support services. Mobile phone text-message counselling has been identified as being particularly beneficial in meeting some of these needs. This research aimed to explore how young people communicate their experience of suicidality on a text counselling service. Using thematic analysis, the text-message transcripts of interactions between young people and their text counsellor were analysed. To gain insight into how suicidality is communicated by young people during the text counselling interactions, the research explores how young people talk about suicide, the reasons they give for wanting to end their lives, what they say about the kind of help they need and how young people respond to the different responses from their text counsellors. This talk will be of interest to those who work with youth, to gain an understanding of how young people in crisis communicate their experience of suicidality over a text counselling medium. Moreover, it will also highlight how advances in technology are revolutionising how to effectively engage with a population whose help-seeking and engagement with psychological support services has historically been challenging.

11.5: Examining positive mental wellbeing and suicide prevention among Cook Islands youth
Author: Eliza Puna
The University of Auckland

Background: The Cook Islands has a resident population of just under 18,000 people, with over 90,000 living outside of the Cook Islands. The New Zealand Mental Health Survey (2006) found that island born Cook Islands youth have a lower prevalence of mental disorders in comparison to New Zealand born Cook Islands youth. Furthermore, a Cook Islands based Youth Suicide Survey
undertaken in 2012, found that although suicide deaths were low (averaging between 1 to 2 deaths per year), there were increasingly a higher number of young people who were reporting suicidal behaviours. Given the free association between the Cook Islands and New Zealand, it was important to examine these understandings.

Aim: The aim of the research was to explore the perceptions of Cook Islands youths’ towards positive mental wellbeing in order to promote a Cook Islands sense of wellbeing and decrease suicidal behaviours among youth in the Cook Islands.

Objective: Exploring a strengths based approach was necessary to understanding key risk and protective factors as it allowed for deeper understanding and appreciation of Cook Islands worldviews and context.

Methodology: This research undertook a qualitative method of inquiry by interviewing Cook Islands youth aged 16-24 years old, born and raised in the Cook Islands. Utilising a semi-structured questionnaire and the Cook Islands and Pacific research process to guide one-on-one face-to-face interviews in Rarotonga, Cook Islands.

Results: Appreciating an ethnic specific approach is vital towards understanding and appreciating Cook Islands worldviews. Data will be discussed more in depth in light of key themes such as identity, culture, family, spirituality, Cook Islands context and place, and its important role in promoting positive mental wellbeing and suicide prevention for Cook Islands youth.

Conclusion: This research fills a substantial gap in the area of Cook Islands youth and suicidal behaviours. These perspectives are important toward informing better mental health and suicide prevention approaches for Cook Islands youth resident in the Cook Islands and also the diaspora.

11.6: ‘Run it straight!’: Young Pasifika males, mental wellbeing, and elite sports
Author: Caleb Panapa Edward Marsters, Jemaima Tiatia-Seath, Lisa Uperesa
The University of Auckland

Background: Recent studies and increased media reporting across Australasia, and increasingly Europe, have linked young Pacific male elite rugby players to depression, suicide, and other adverse mental health-related events. Despite these events, little is known about these athletes’ perceptions and experiences of mental wellbeing.

Aim: This research aimed to explore young Pacific male athletes’ perceptions of mental wellbeing and the factors that impact upon their mental wellbeing.

Methodology: This qualitative study conducted face-to-face interviews with 20 young Pacific males (16-24 years) engaged in elite rugby league or rugby union programmes in Auckland, New Zealand. Interviews were semi-structured, closely aligned with the Pacific research framework known as
"talanoa", and underpinned by the Health Research Council of New Zealand’s Pacific Health Research Guidelines. A grounded theory approach was used to analyse data.

Findings: Participants defined mental wellbeing as being holistic and emphasised the importance of family support and reciprocity, a ‘well-balanced’ life, performing well on the field, and personal development. Risk factors for mental wellbeing included unrealistic familial pressures, limited career interests away from sports, difficulties transitioning to the elite level after secondary school, poor performance on the field, injuries, alcohol misuse, and stigma around mental illness. Key protective factors for athletes’ mental wellbeing included family support, the support of their significant other, Christianity, faith and spirituality, the ‘brotherhood’, a secure ‘Pacific’ cultural identity, personal development opportunities, and reassuring team staff. Participants noted that sports organisations, schools, Pacific families, and Pacific communities need to engage more actively with young Pacific males to reduce stigma around mental illness, address the perceived ‘risks’ of accessing mental health support, and openly discuss the concept of mental wellbeing.

Conclusion: Participants defined mental wellbeing in a holistic and relational manner, and perceived mental wellbeing as the culmination of several interconnected factors. The cultivation and maintenance of a balanced athletic identity and positive social relationships were deemed central to maintaining mental wellbeing for these athletes. Recommendations from this study provide evidence-based strategies for promoting and supporting mental wellbeing and suicide prevention among young Pacific male athletes.

11.7: Building Strengths and Inspiring Hope among Youth and their Communities
Author: Deborah Goebert
University of Hawaii, John A. Burns School of Medicine

Objectives: Suicide death rates for indigenous Hawaiians are amongst the highest in the world for youth, taking a tremendous toll on local communities. Comprehension of community perspectives of suicide and well-being can enhance suicide prevention interventions.

Methods: Formative qualitative work was conducted with community members. Focus groups (n=29) were held to obtain information on community strengths. Narrative analyses was emergent and emphasized components for suicide prevention using grounded theory. Themes were identified and verified among the researcher-community project team, incorporating cultural auditing to ensure only information about which there was consensus were included in the data set.

Results: Participants highlighted local innovation in suicide prevention and culturally grounded advancements that give back to their community. For example, the community was the first to provide crisis phone services in the state. The community is also recognized for their approaches to farming education and lifeguarding.

Conclusion: Effective suicide prevention for rural and indigenous youth requires a broad-based community commitment and connection. Our long-range is to integrate community wisdom with scientific methods to conduct youth suicide prevention research that mitigates health disparities and improves the wellbeing of indigenous Hawaiian youth and their communities.
11.8: Targeted training to upskill those supporting and working with vulnerable youth
Author: Kirsty Louden-Bell
Clinical Manager, Clinical Advisory Services Aotearoa

The Towards Well-being Suicide Consultation and Monitoring Programme (TWB) is a national suicide prevention programme for Oranga Tamariki, Ministry for Children (Oranga Tamariki), New Zealand’s welfare organisation. It is provided by Clinical Advisory Services Aotearoa (CASA) and is an evidence-based and practice informed programme that aims to reduce the high risk of suicide within the highly vulnerable OT population.

Alongside the core programme delivery, a number of workshops have been developed in identifying and managing suicide risk in vulnerable youth. These focus on educating, upskilling and supporting the different groups working with these youths. This has included training for residence staff (including youth workers and night staff), new social workers, experienced social workers, and caregivers. The training is adapted to fit with rural and city contexts, a range of skill sets, and the different roles held with young people.

The presentation will outline how evidence around risk and protective factors alongside the experience from the TWB programme has been used to develop targeted training to meet the needs of the diverse groups working with this population. It will give an overview of the areas covered in the workshops including the range of specific risk scenarios packages that have been developed and highlight ongoing developments to include increased input from trainees and young people.
12.1: Suicidal risk in the General Population: results of the WHO survey ‘Mental Health in General Population: Images and Realities’; in French Polynesia
Authors: Stéphane Amadéo, Germaine David-Vanquin, Moerani Rereao, Patrick Favro, Annie Meunier-Tuheaiva, Imane Benradia, Jean Luc Roelandt
Hospital Center of French Polynesia (CHPF), Tahiti, French Polynesia
Suicide Prevention Center & SOS Suicide association, Tahiti, French Polynesia (CPSPF)
Inserm unit U1178, Paris, France

Objectives: This survey describes the prevalence of major mental disorders and suicidal risk among adults and social aspects (representations related to the "mad", the "mentally ill", the "depressed", the different modes of help and care) in the general population.

Methods and materials: The Mental Health in General Population Survey (MHPG) was conducted in French Polynesia in 2015 and in 2016. The representative sample included 968 people aged 18 years and older, from the population of Tahiti, Moorea, Huahine and Bora Bora. The sample was constructed using the quota method to obtain a representative sample of the population concerned according to gender, age, socioprofessional category and level of education. Data was collected anonymously by trained investigators: nursing and psychologist’s students, using questionnaires administered in face-to-face interviews. The psychiatric diagnoses were assessed using the Mini International Neuropsychiatric Interview (MINI).

Results on the Prevalence of psychiatric disorders and suicidal risk: The suicidal risk is 1.96 times higher in French Polynesia than in metropolitan France and 2.35 for high suicidal risk. 68% of people with high or medium suicidal risk had mood disorders, and 61% had anxiety disorders.

Conclusion: The prevalence of mental disorders and suicidal risk is higher in French Polynesia than in metropolitan France. The co-morbidity between mental disorders and suicidal risk is higher as well. Taken together, these results must lead to a suicide prevention based on a better diagnostic and treatment of mental disorders in French Polynesia.

12.2: Identifying typologies of persons who died by suicide: Characterising suicide in Victoria, Australia
Authors: Angela Clapperton, Lyndal Bugeja, Stuart Newstead and Jane Pirkis
Victorian Injury Surveillance Unit / Monash University Accident Research Centre, Monash University

Aim: To determine whether people who have died by suicide in Victoria form meaningful groups based on demographic, psychosocial, mental and physical health factors and exposure to personal and interpersonal stressors. The suicides will be profiled to examine in greater detail the presence of mental illness in suicide cases, in particular to determine whether mental illness cuts across the identified groups.

Data collection & analysis methods: A retrospective case series review of persons who died by suicide in Victoria over the period 2009-2013 was conducted using data from the Victorian Suicide Register. A cluster analysis using known suicide risk factors was performed.
Principal findings: The total sample comprised 2839 persons, 75% were male and the median age was 45.5 years. A diagnosis of mental illness was present in at more than half of all cases. Initial analysis determined two distinct groups with the main predictor of group membership being the presence of a diagnosed mental illness. Further analysis identified four subgroups within the mental illness group and two subgroups within the non-mental illness group.

Implications: Identifying subgroups of people who die by suicide helps move towards a more sophisticated understanding of pathways to suicide, with the ultimate aim being to inform more targeted and effective suicide prevention measures. The most striking findings from this study were that mental illness did not cut-across all identified groups and that even within the mental illness subset of cases there was much variation (i.e., four ‘mental illness’ subgroups were identified). This clearly has important implications for suicide prevention as people who die by suicide are not a homogenous group.

12.3: Case fatality of suicidal behaviour and repeated suicidal behaviour after attempted suicide in rural China

Author: Yongsheng Tong

Beijing Suicide Research and Prevention Center, Beijing Hui Long Guan Hospital. WHO Collaborating Center for Research and Training in Suicide Prevention

Objectives: China has a unique gender ratio of suicide rates, and the prevalence and correlates of repeated suicidal behaviour after index attempted suicide is still unclear. This study aims to explore underlying mechanism of relatively high suicide rates in China females, and to describe subsequent suicidal behaviours among suicide attempters.

Methods: General hospital suicidal behaviour reporting system has been established in a rural county in China since 2009. Individuals who seek for treatment at hospitals due to suicidal behaviour were registered. All registered cases which occurred from January 2009 to December 2014 were interviewed with their proxy informants or themselves to identify the endings of the registered suicidal behaviour (suicide death or attempt). Data from death reporting system of the county was also used to identify suicide death occurred in the same period. County population data from 2009 to 2014 were obtained from Statistic Bureau of the county. Based on the registered data, all suicide attempters have been followed up for 2 to 6 years. The main outcomes during follow-up were suicide death and repeated attempted suicide. Demographic data of followed suicide attempters was extracted from registered data.

Results: From 2009 to 2014, 1401 individuals were registered. Among them, 1025 were attempted suicides (excluding duplicate data). In the same period, there were 170 suicide deaths in the county. Pesticide was most common methods used in suicidal behaviours (73% of suicide attempts and 65% of suicide). The suicide rates in the county were 10.3 per 100 000 for females and 10.6 per 100 1000 for males, and the incidence rate of attempted suicide were 82.5 per 100 000 for females and 44.6 per 100 000 for males. The case fatality of suicidal behaviour is 11% for females and 19% for males. For different methods, case fatality of pesticide is 12% for females and 15% for males. Among 897 followed-up suicide attempters, 79 engaged in repeated suicidal behaviours and 23 of the 79 individuals died by repeated behaviours, during a 2-6-year follow-up period. After index suicide attempts, incidence rate of repeated suicide was 2.8% for females and 2.3% for males in the first year, and 8.3% and 10.2% for the whole follow-up period. The suicide rates after the suicide
attempts were 1.4% for females and 2.9% for males in the first year, and 2.9% for females and 3.3% for males in the whole follow-up period. Individuals who taken medication in the index suicide attempts were more likely engaged in repeated suicide attempts, and those older individuals were more likely died by suicide, during the follow up period.

Conclusion: In China, a substantial of females who engaged in suicidal behaviour ingested pesticide, which resulted in a relatively high case fatality of suicidal behaviour in females. It might be the reason of relatively high suicide rates in China females, with a nearly 1:1 male/female ratio of suicide rates. In China, suicide attempters had a relatively low repeated attempted suicide and high suicide rates in 1 to several years after the index attempted suicide.

12.4: Student Suicide in Higher Education and Its Relationship to Economic Policy in the United Kingdom
Authors: Edward Pinkney, Raymond Kwok
Hong Kong University

Background: Suicide amongst university students in the United Kingdom has been recognized by the UK government as a serious and growing problem. Between 2012 and 2016, suicide mortality of UK students increased by 32%, and 97% amongst female students. To date there have been no studies into the phenomenon and its possible causes. Over the same period, tuition fees in England and Wales increased threefold, to the point where UK students graduate with amongst the highest debts world. With debt and economic adversity being major risk factors for mental illness and suicide, it is important to consider the effects of economic policies and socioeconomic variables upon higher education students.

Methods: The aim of this paper was to study changes in the numbers of suicides of UK higher education students (taking account of gender, region, changes in the student population, and population suicide rates), and to examine correlations between student suicide and economic variables such as tuition fees and debt. Regions that have seen increases in tuition fees were compared with regions that have seen no increase in tuition fees. Mortality data was collected from UK governmental agencies using freedom of information requests, and population and economic data was collected from public documents.

Results: After factoring in changes in UK student numbers, the student suicide rate increased by 25% between 2012 and 2016 for all students, and by 84% for female students. This increase was markedly higher when excluding Scotland, which is the only region that has not seen an increase in tuition fees. The increases in student suicide were also not consistent with suicide trends in the general population, and for 2016, the female student suicide rate exceeded that of the general female population (5.97 versus 5.0 per 100,000). The analysis also provided indications that suicide is associated with increasing tuition fees and student debt, and that female students may be particularly affected.

Conclusions: Student suicide in UK higher education is a growing and serious issue that cannot be explained by changes in the student population, or by factors affecting the general population. Governments and policymakers must closely consider the implications that economic policies may be having upon the lives of students. Gender differences, and other considerations such as alcohol use and financial literacy, are discussed.
12.5: Characteristics of males attended by ambulance services in Australia following suicidal ideation or behaviour: Alcohol, illicit drug, and pharmaceutical medication involvement

Authors: Katrina Witt, Deborah Scott, Sharon Matthews, Karen Smith, Emma Bosley, Gregory Carter, and Dan Lubman.
Turning Point, Eastern Health Clinical School, Monash University, Australia.

Background: Most of what is known, in terms of the characteristics of those that engage in self-harm and attempted suicide, is obtained from hospital-treated populations. Hospital statistics alone, however, likely underestimate the population burden of self-harm, as only around one in eight people who report engaging in self-harm ever present to hospital. Emerging work also suggests that those who present to hospital following an episode of non-fatal self-harm may not be representative of those who engage in self-harm in the community. Males and particularly young males, are less likely to seek help following an episode of self-harm.

Study objectives: To determine the prevalence of suicidal ideation and behaviour in males necessitating paramedic intervention over a one-year period, and the characteristics of those receiving an attendance for suicidal ideation or behaviour, including alcohol consumption, illicit drug use, and pharmaceutical medication co-involvement.

Methods and materials: Using an internationally unique database of ambulance service records from five states and territories across Australia (i.e., the Australian Capital Territory, New South Wales, Queensland, Tasmania, and Victoria) we sought to determine the prevalence and characteristics of males receiving ambulance treatment for suicidal ideation, attempted suicide, or self-injury over one year in males. To estimate the prevalence of attendances for suicidal ideation, self-injury, and suicidal ideation, we used estimated resident population (ERP) data from the Australian Bureau of Statistics to calculate standardised age-adjusted rates per 100,000 male’s resident in the ACT, NSW, QLD, TAS, and VIC. To compare the characteristics of these attendances between age groups for each of these types of self-harm related attendances, we used chi-square tests.

Results: Between 1 July 2013 and 30 June 2014, there were 24,220 self-harm related ambulance attendances for males aged 15 years and older. The majority of these attendances involved suicidal ideation (n=12,333; 50.9%), followed by attempted suicide (n=7,736; 31.9%), and non-suicidal self-injury (NSSI; n=3,066; 12.7%), and suicide death (n=510; 2.1%). The median age of males at the attendance was 36.0 years (interquartile range [IQR] 24.0 to 47.0 years). There was evidence of variability in methods by age group. The proportion of attendances involving the use of more physically violent methods, such as asphyxia, hanging, jumping in front of moving vehicles, and wounding decreased with advancing age. Around one-third of attendances involved any consumption of alcohol, whilst around one-in-five were intoxicated, and this was particularly evident for attendances for those between 45 and 64 years of age. Around one-in-five attendances involved the consumption of any pharmaceutical medication; most commonly benzodiazepines, followed by non-opioid analgesics. The consumption of illicit drugs was rare.

Conclusion: Using an internationally unique database of ambulance service records from five states and territories across Australia, we found that males engaging in any form of suicidal ideation or behaviour are likely to be using alcohol and/or pharmaceutical medications at the time of the event, particularly for those aged between 45 and 64 years. appropriate to their level of risk. Further
investment in alcohol and drug treatment services may therefore help to identify males at risk of suicidal behaviour. To date, however, few studies have specifically investigated the characteristics of males who engage in self-harm. As a consequence, we currently have insufficient evidence to assist with identification of key intervention targets to address self-harm and suicidal behaviour in males.

12.6: Ethical issues and practical barriers in internet-based suicide prevention research

Authors: Eleanor Bailey, Charlotte Mühlmann, Jo Robinson, Simon Rice, Mario Alvarez-Jimenez, Philip Batterham, Alison Calear
Centre for Youth Mental Health, University of Melbourne; Orygen, The National Centre of Excellence in Youth Mental Health

Objectives: People who are at risk of suicide stand to benefit from internet-based interventions. However, researchers wanting to test internet-based interventions with this population face many ethical and practical barriers. As a result, there is much variability in the participant inclusion criteria and safety protocols used in these studies, and interventions targeting people who are at risk of suicide often exclude participants who are deemed to be at a particularly high level of risk. This is problematic, not only because participants who stand to benefit from participation in such studies are excluded, but also because excluding such participants limits the generalisability of study results.

The aims of the present study are twofold: 1) to examine the inclusion criteria and risk management protocols used in studies of internet-based interventions for people at risk of suicide; and 2) to examine the views of researchers in the field regarding the ethical and practical issues involved in conducting studies of this nature. Methods and materials: This study will be conducted in early 2018 and will involve two phases. First, an online search will be conducted to identify published trials of internet-based interventions for people who are at risk of suicide. Trial registries will also be searched to identify protocols of trials currently underway. Identified trials will be examined to ascertain inclusion/exclusion criteria related to participant suicidality. Second, an online survey will be distributed to key researchers on the studies identified. The online survey will contain qualitative and quantitative items regarding the ethical and practical barriers faced by respondents. Results and conclusions: Preliminary results will be presented. These will include a summary of the safety protocols and inclusion/exclusion criteria used in studies of internet-based intervention research with people at risk of suicide, as well as information regarding the experiences and opinions of researchers who have conducted studies of this nature. It is hoped that the findings of this study will help researchers to navigate the ethical and practical issues inherent to this area, which will in turn lead to more high-quality research into potentially effective interventions for supporting people who are at risk of suicide. Additionally, the findings of this study may help inform ethical committees considering applications to conduct internet-based suicide prevention research.
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**Posters Abstracts**

**1801: A novel online intervention for suicide prevention in youth depression: A theory-driven model targeting therapeutic mechanisms.**

Authors: Eleanor Bailey, Jo Robinson, Simon Rice, Mario Alvarez-Jimenez
Centre for Youth Mental Health, University of Melbourne
Orygen, The National Centre of Excellence in Youth Mental Health

Objectives: Suicide remains a major public health problem, and is the leading cause of death for young Australians. Despite this, there is a lack of evidence for effective interventions for this population. Interventions delivered via online social media platforms are uniquely placed to tackle interpersonal factors contributing to suicide risk: they may be able to effectively address the human need to belong while potentially moderating perceived burdensomeness. To date, however, this has not been tested.

This project seeks to evaluate the safety, feasibility, acceptability and potential clinical effectiveness of a purpose-built moderated online social therapy (MOST) intervention, called “Affinity”, with a sample of young people receiving treatment for depression at a specialist mental health service.

Methods and materials: This study will be conducted in 2018 and will be a single-group pilot study. Twenty young people who are receiving treatment for depression and who have current or recent suicidal ideation will be offered the Affinity intervention for a period of eight weeks. Primary outcomes will be the feasibility, safety, and acceptability of the intervention. Secondary outcomes will be related to therapeutic targets, including self-reported suicidal ideation and perceived belongingness and burdensomeness.

Results and conclusions: Data collection will be underway at the time of this conference, so no data will be presented. Instead, the presentation will give an overview of the theoretical basis for the Affinity intervention, describe the intervention and research plan, and discuss the research team’s observations and experiences to date.
1802: Diagnosing depression disorder: The Allostatic Load Model  
Author: Cynthia Blanker  
Vrije Universiteit of Amsterdam (VU)

Depression carries a high risk for suicide. Depression is the leading cause of disability worldwide and is predicted to be the leading cause of disease burden in 2030. Depressive persons have an overall relative risk (RR) of dying of 1.81 (95% CI: 1.58–2.07) compared to non-depressed subjects. Suicide is also the second leading cause of death in the age range 15-29. Yearly, over 800,000 people die of suicide, while globally 350 million people are affected. The affirmation of depression is generally done by using the DSM and ICD, which has been criticized for its poor account of the variation in expression of depression due to race, gender and age. However, both DSM and ICD suffer in their origin from intrinsic dilemmas concerning classification method and its validity and reliability. Also, both systems are to date subject to dispute regarding their confirmation, aetiology, pathogenesis and nomenclature. Introducing the Outline for Cultural Formulation to deal with this problem was only partially successful, in that it increased the reliability of the instrument: the existing core-issues concerning the classification, validity and construct problems are merely reiterated. Therefore, this paper aims to examine the construct of Allostatic Load Index (ALI) as an independent, biological indicator for depression. The paper presents the results of a literature survey on ALI and depression. ALI is found to be a suitable indicator for depression among elderly. However, ALI is not yet affirmed to be an appropriate indicator for depression for other groups. This paper proposes a reasoned set of markers for ALI, which can be used to indicate depression and which is not hampered by age, gender and ethnicity.

1803: Association of freshmen maladjustment and subsequent suicidal ideation among college students: a prospective cohort study  
Authors: Hui Chen, Eyasu Habte, Heng Meng  
Huazhong University of Science and Technology

Objectives: Young adults commonly experience psychological distress during their first year of college due to new pressures in academia. Little is known about the relationship between college maladjustment and subsequent suicidality. The purpose of the current study was to examine longitudinal relationship between freshmen maladjustment and later suicidal ideation, and to identify significant dimensions of college adjustment symptoms related with suicidal ideation.

Method and material: A total of 1,632 freshmen from two universities in China were included in this study. Maladjustment were measured using 20-item College Adjustment Symptom Survey (CASS) on the first year of college. The CASS scale was divided into six subscales: academic difficulties (five items), emotional symptoms (three items), behavioral symptoms (two items), social problems (three items), sleep problems (three items), and somatic disturbances (four items). The sum of was used and higher scores indicated higher college adjustment symptoms. One year later, depression and suicidal ideation were evaluated using Beck Depression Inventory (BDI) and Beck Scale for Suicide Ideation (SSI) respectively.

Results: The 95th percentile and quartiles of CASS scores were applied to observe association of college adjustment symptoms and suicidal ideation. Taking 95th percentile as cut-off point for symptomatic maladjustment, we found that the prevalence of suicidal ideation was 30.77% among students who were symptomatic in adjustment during the first year in college, which was 2.42 times
higher than the rate of those who are not symptomatic (RR=2.42, 95%CI=2.04-4.56). An increase in the score of CASS by quartiles also showed increased prevalence of suicidal ideation. Students with CASS scores at third class of quartile and those in fourth class of quartile were 1.59 (RR=1.59, 95%CI=1.06-2.69) and 2.74(RR=2.74, 95%CI=2.13-4.96) more times to have subsequent suicidal ideation than those in first quartile respectively. After controlling for age, prior suicidal ideation, and depression, the full scale of CASS was not associated with subsequent suicidal ideation (AOR=1.05, 95%CI=1.00-1.11). However, subscale on social problems (AOR=1.18, 95%CI=1.10-1.39) and emotional symptoms (AOR=1.26 95%CI=1.16-1.51) remained significantly associated with subsequent suicidal ideation, shining their relatively higher importance.

Conclusion: A tough challenge placed on top of China’s higher education institutions is to early detect individuals at high risk of suicide. Consistent with our hypotheses, we found that freshmen maladjustment was associated with an increased rate of subsequent suicidal ideation. Universities and colleges can go a long way in helping students by screening college adjustment symptoms, especially on dimensions of social and emotional adjustment problems.

1804: Late-life suicide in terminal cancer: a rational act or under-diagnosed depression?
Authors: Gary Gheung, Gwendolyn Douwes, Frederick Sundram
University of Auckland

Objectives: Previous studies have reported significantly elevated standardised mortality rates in older people with cancer. Terminally ill people represent a unique group where suicide may be considered as rational. The aims of this study are to (i) compare the socio-demographic and clinical characteristics of older people with and without terminal cancer who died by suicide, and (ii) analyze the suicide motives of those with terminal cancer to determine whether they represent rational suicide.

Methods: The New Zealand Coronial Services provided records of all older people (age≥65) who died by suicide between July 2007 and December 2012. Socio-demographic and clinical data were extracted from the records. Using the characteristics for defining rational suicide, we determined whether the motives in terminal cancer cases represented rational suicide.

Results: Of the 214 suicide cases, 23 (10.7%) older people were diagnosed with a terminal cancer. Univariate analysis found older people with terminal cancer who died by suicide were less likely to have a diagnosis of depression (8.7% versus 46.6%, p=0.001) or previous contact with mental health services (4.5% versus 35.0%, p=0.004) than those without terminal cancer. 82.6% of the terminal cancer cases had a motivational basis that would be understandable to uninvolved observers.

Conclusions: A high proportion of those with terminal cancer had motives suggestive of rational suicide. Future studies are needed to clarify whether the low rate of depression is secondary to under-diagnosis of depression or people with terminal cancer choosing to end their life as a rational act to alleviate suffering.
1805: Alcohol-induced disinhibition is associated with impulsivity, depression, and suicide attempt: A nationwide community sample of Korean adults
Authors: Kwan Woo Choi, Eun Jin Na, Jin Pyo Hong, Maen Je Cho, Maurizio Fava, David Mischoulon, Hana Cho, Hong Jin Jeon
Samsung Medical Center, Seoul, South Korea

Objectives: Alcohol use could include serious social problems, including suicide, and may be related to the impairment of frontal executive function, producing disinhibition. Alcohol-induced disinhibition (AID) may be a major factor associated with suicide behaviours.

Methods and materials: We conducted two cross-sectional, nationwide studies. 9,461 subjects were assessed as having a history of alcohol use. Primary outcomes were suicidal behaviours and impulsiveness compared between the AID group and the non-AID group, and the secondary outcome was association between AID and major depressive disorder (MDD), with a lifetime suicide attempt.

Results: 564 subjects were defined having AID. The AID group reported a significantly higher number of lifetime suicidal behaviours, including suicidal ideation ($\chi^2 = 47.90, p < 0.0001$), plan ($\chi^2 = 41.50, p < 0.0001$), attempt ($\chi^2 = 60.82, p < 0.0001$), and multiple attempts ($\chi^2 = 40.81, p < 0.0001$), and higher Barratt Impulsiveness Scale 11 (BIS-11) scores than non-AID group (50.18 vs 48.10, $p = 0.001$). Compared with subjects without both AID and MDD, subjects with AID and without MDD showed more than four-fold greater odds (AOR = 4.43, $p < 0.001$), subjects with MDD and without AID showed nearly seven-fold odds (AOR = 6.66, $p < 0.001$), and subjects with both AID and MDD showed twenty-fold odds (AOR =19.64, $p < 0.001$) for a lifetime suicide attempt.

Conclusion: AID was associated with suicide behaviours and impulsivity, and could be regarded as a major risk factor for suicide attempts.

1806: Combined impact of multiple chronic condition on suicide in South Korea
Authors: Choi, Minjae, Song, Areum, Ki, Myung
School of Public Health, Korea University

Objectives: The pathway of suicide is very complicated because it is influenced by several risk factors. Socioeconomic and psychiatric diseases were well known for risk factors of suicide but studies are scarce on further clarification for what types of diseases, particularly in the context of multimorbidity, are more attributable to increased risk of suicide. This study is to examine whether the number of and specific types of multimorbidity influence the risk of suicide, with particularly focusing on last two diseases prior to suicide.

Methods: The suicide cases ($n=2,261$, X60-X84) and the deceased from external causes ($n=2,801$, S00-T35, V01-Y36) were identified from the National Health Insurance cohort data from 2002 to 2013 ($n=1,025,340$). The number of multimorbidity was defined by counting the 56 physical and mental diseases according to ICD-10 code. The types of multimorbidity were 21 from the pairs between 7 diseases groups (cancer, cardiovascular disease, depression, other mental diseases, endocrine disease, hypertension and diabetes), using the last two diseases prior to suicide. Logistic analyses were carried out to explore (7 single diseases and 21 pairs of disease groups) the risk of
suicide, compared to people died from external causes, adjusting sex, age and health insurance premium.

Results: About 70% participants had multimorbidity (≥2 multimorbidity; 1,663 (74%) of suicide group and 1,887 (67%) of control group). The risk of suicide was progressively increased with an increase of multimorbidity (OR:1.043; 95CI: 1.027-1.060). Among single diseases, only depression was significantly associated with suicide. Among the 21 pairs of multimorbidity, 11 pairs were associated with suicide (Three highest pairs; depression and other mental disease (OR: 2.351; 95CI:1.728-3.199), Cancer and cardiovascular disease (OR:2.298; 95CI:1.442-3.663) and Cancer and depression (OR:2.056; 95CI:1.064-2.2.238)). In particular, all pairs of disease groups with cancer (except cancer-other mental diseases) or depression were significantly related with suicide. The other combinations were not significantly associated with suicide.

Conclusion: Suicide risk varies depending on types of multimorbidity. Our finding suggests that specific types of multimorbidity with cancer or depression are attributable to suicide, rather than other kinds of diseases. With an increasing trend of multimorbidity, the government should be aware of people who have multiple diseases especially cancer and depression when planning to intervention or program for suicide prevention.

1807: Factors contribute to cognitive dysfunction in suicide attempters with charcoal burning: A combined SPECT and MRS study
Authors: Yuan-Hwa Chou, Kai-Chun Yang
Department of Psychiatry; Center of Quality Management, Taipei Veterans General Hospital, Taipei,

Background: Decreased dopamine transporter (DAT) availability, altered biomarkers of proton magnetic resonance spectroscopy (MRS) and cognitive dysfunction has been reported in patients with carbon monoxide poisoning (COP). This study evaluated the relationship between these two imaging indices and their contribution to cognitive dysfunction in suicide attempters with charcoal burning which results in COP.

Methods: Eighteen COP patients and 18 sex- and age- matched healthy controls (HCs) were recruited. Each subject received one single photon emission computed tomography with 99mTc-TRODAT for measuring striatal DAT availability and one MRS to determine N-acetylaspartate/creatine (NAA/Cr), choline-containing compounds/creatine (Cho/Cr), and myoinositol/creatine (mI/Cr) in left parietal white matter (WM) and mid-occipital gray matter (GM). A cognitive assessment battery, including attention, memory, and executive function was administered.

Results: COP patients had significant lower bilateral striatal DAT availability, lower NAA/Cr levels, and higher Cho/Cr levels in both regions and poorer memory and executive functions than those of HCs. Significant correlations between striatal DAT availability and MRS biomarkers were observed only in HCs. The backward linear regression analysis indicated that both left striatal DAT availability and Cho/Cr levels in occipital GM contributed to executive dysfunction in COP patients. There was a significant interaction between these two imaging indices, and the model could explain 70% of the variance. No demographic variables remained in the final model.
Conclusions: The current results suggest that both decreased DAT availability and increased Cho/Cr levels contributed to executive dysfunction in COP patients. Our study also highlights the importance of multi-modal imaging approaches in brain research.

1808: Turning the tide by sharing the Lived Experience of suicide - a study of the contribution and personal journeys of survivors of suicide loss
Authors: Jill Fisher, Myfanwy Maple
University of New England, Australia

The increased contribution of those bereaved or exposed to suicide loss has been a welcome development in the field of suicide postvention. The presentation will provide a preliminary examination of the greater participation of those with lived experience of suicide loss, the history and growth of lived experience in other areas and the similarities and differences from other survivor movements. This presentation is part of a recently commenced doctorate study with the University of New England that seeks to examine the contribution of lived experience to current suicide postvention practice, the active involvement of survivors in the field and the increased recognition and workplace responses to the impact of suicide for clinicians and other formal caregivers. The study will also review variations in participation amongst bereaved groups, families, cultural groups and others as well as any observable timeframes for participation in postvention activities for individuals who choose to discontinue active involvement in the field. The authors acknowledge the diversity of loss experiences and the individuality of grief, especially in relation to traumatic loss and suicide amongst Indigenous and other cultural and diverse groups.

1809: Effects of Social Isolation on Psychological Distress among Community-Dwelling Elderly Adults: Cohort Study
Authors: Koji Fujita, Roseline Yong, Hisanaga Sasaki, Hiroko Matsunaga, Yoshihiro Kaneko, Yutaka Motohashi
Japan Support Center for Suicide Countermeasures, Department of Public Health, Akita University Graduate School of Medicine

Objectives: The aim of this study was to examine the effect of social isolation on mental health among community-dwelling elderly adults.

Methods and material: We conducted a population-based cohort study of 3 years’ term with the elderly population (age 65-84) in rural Akita, Japan. The baseline survey was conducted in August 2012, 51.1% of the baseline participants (973 out of 1,904 people) responded for the follow-up survey in 2015. Self-administered questionnaires were distributed and collected by the health promotion staff. Social isolation was measured by a simple question, “How often do you feel isolation from living community?” The choices of answer were “often”, “sometimes”, “rarely” or “very rarely.” Participants who answered “often” or “sometimes” were classified as the group with feeling of social isolation. Mental health status was assessed using the 6-item Kessler Psychological Distress Scale (K6). Scores on K6 ranged from 0 to 24, and scores of 9 and over signified psychological distress.
Results: Of the 674 subjects without psychological distress at baseline, 22 (3.3%) had psychological distress at follow up. Multiple logistic regression analysis adjusted for age and gender revealed that the adjusted odds ratio of social isolation for psychological distress was 2.84 (95% CI = 1.00 - 8.18).

Conclusion: The results revealed that social isolation had significantly influenced on the mental health among the community-dwelling elderly people, where community approach becomes more necessary in the prevention and intervention of suicide among elderly adults.

1810: Epidemiology of Suicide Among Youth in District Ghizer, Gilgit-Baltistan, Pakistan
Author: Abid Hussain
Aga Khan University

Background: Suicide has remained a serious public health issue in Pakistan. Due to lack of proper registration system and prevailing socio-cultural barriers, suicide cases are not officially reported to the World Health Organization. In district Ghizer of Gilgit-Baltistan which is the northern part of Pakistan, the number of suicide cases among young population especially females have progressively increased since 2006. The objective of this study was to report the number of suicide cases occurred from 2006 to 2015.

Methods: The data on suicide cases was extracted from police records, local hospitals, newspapers and previously published literature. Data was analyzed using Stata version 12.

Results: A total of 186 cases were reported during this period. The median age of victims was 22 years (IQR: 18-22). Majority of the cases (58%) were found among young age group between 16-25 years. This was followed by the age groups 26-35 years and 36-80 years which had 17.7% and 17.3% cases respectively. About 7% of cases were found among children less than 15 years. Overall the proportion of cases between males and female was almost similar. However, among the victims aged 16-25 years, the proportion of females was considerably higher than males (59.3% vs 40.7%). Among female victims, the proportion of cases was slightly higher in unmarried as compared to married women (58.5% vs 41.5%). The most common method of suicide among females was jumping from height followed by hanging and gun shot, whereas among males, gunshot and hanging were found to be the most common methods. The possible common reasons reported by the family and relatives included conflicting relationship between child and parent, domestic violence and mental problems.

Conclusion: Suicide among youth is a serious but hidden public health challenge in district Ghizer. The burden is high especially among females. This underscores the urgent need for more robust research to understand the underlying determinants of suicide and population based prevention strategies.
1811: Reduced orbitofrontal-thalamic functional connectivity related to suicidal ideation in patients with major depressive disorder

Author: Hong Jin Jeon
Department of Psychiatry, Depression Center, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea,

Despite recent developments in neuroimaging, alterations of brain functional connectivity in major depressive disorder (MDD) patients with suicidal ideation are poorly understood. This study investigated specific changes of suicidal ideation in functional connectivity of MDD patients. Whole brain functional connectivity in 46 patients with MDD (23 with suicidal ideation and 23 without) and 36 age- and gender- matched healthy controls were compared using resting-state functional Magnetic Resonance Imaging (fMRI) analyzed with network-based statistics (NBS) and graph-theoretical methods. Decreased functional connectivity in a characterized sub-network was observed in patients with MDD and suicidal ideation (FDR-adjusted p< 0.05). The sub-network included the regions of the fronto-thalamic circuits in the left hemisphere. The network measures of the left superior frontal gyrus, pars orbitalis (r=-0.40, p=0.009), left thalamus (r=-0.41, p=0.009), and right thalamus (r=-0.51, p= -0.002) were shown, through graph theoretical analysis, to be significantly negatively correlated with severity of suicidal ideation. The reduced functional connectivity in left orbitofrontal—both thalamic regions with suicidal ideation in MDD were inversely proportional to the severity of suicidality independent from depression severity. These findings suggest problems with decision-making and information integration in MDD patients with suicidal ideation.

1812: More benefit of social capital for protecting suicidal ideation within poor communities than the affluent

Author: Myung Ki
Korea University

Background: South Korea has the highest suicide rate, coupled with the lowest social connectedness among Organization for Economic Co-operation and Development (OECD) countries since 2003. One way of link whereby community influences suicide is via social capital. We explored whether social capital provides more pronounced benefit for disadvantaged population and whether protective effects on suicide are equal to subgroups within the population.

Methods: We surveyed 908 elderly people from two poor communities (government-leased apartments) and from general population who live in ordinary apartments (around 300 individuals per each population) using face-to-face interview. Logistic regression analyses were used to examine associations between various social capital elements (social network, trust, reciprocity, resilience and participation and bridging social capital) and suicide ideation, adjusting for gender, age, marital and health status (self-rated health and depression).

Results: Above 70% participants had low income in poor communities, contrasted with that of 5.7% in general population. Although the poor communities had lower social capital, particularly in social network and reciprocity, protective effects of trust and reciprocity against suicide ideation were demonstrated mostly in the poor communities but resilience (OR=3.64(1.61-8.23) and 4.81(1.96-11.81) vs 3.64(1.38-9.63) was protective through all three communities. Low income was associated
with suicide ideation in poor communities, while depression was more strongly associated with suicide ideation in general population.

Conclusions: Social capital was less placed in poor communities but reliance on social capital was higher among the poor communities than general population. Benefit of social capital may not equal to sub-populations and may depend on area-level economic status.

1813: Internet game addiction, depression and escape from negative emotions in adulthood: A nationwide community sample of Korea
Authors: Dong Jun Kim, Jung Yoon Heo, Kiwon Kim, Jin Pyo Hong, Maeng Je, Maurizio Fava, David Mischoulon, Hae Woo Lee, Hong Jin Jeon
SamsungMedicalCenter,SAIHST

Internet game addiction (IGA) has been investigated in children, and its association with mental disorders has been demonstrated. Currently, IGA is not only a problem among children, but also among adults. The aim of this study is to investigate the association between adult IGA and mental disorders. A total of 1401 adult people participated in this study and they were asked to complete the Composite International Diagnostic Interview (CIDI), Patient Health Questionnaire-9 (PHQ-9), and IGA questionnaires with respect to the previous year. Multivariate logistic regression was applied to evaluate comorbidities and symptoms of IGA. The IGA group (n = 108) had significantly younger patients, and it showed a higher proportion of unmarried and unemployed adults, and higher rates of suicidal ideation, plan, and attempt than the non-IGA group (n = 1293), whereas no significant differences were found in gender, education years, and monthly income between the two groups. Multivariate logistic regression indicated that IGA was significantly associated with MDD (AOR = 3.3, 95%CI = 1.7-6.1), dysthymia (AOR = 4.8, 95%CI = 1.6-14.9) and depressive disorders (AOR = 5.5, 95%CI = 3.3-9.0) after adjusting for age, sex, education years, marital status, and all variables, but IGA was not associated with other mental disorders such as alcohol use disorder and anxiety disorders. The PHQ-9 score was significantly higher in the IGA group than in the non-IGA group for both young adults and middle age groups. “Escape from negative emotions like nervousness, sadness, and anger” was the only significant item associated with depression, among symptoms of IGA, but other items such as preoccupation, tolerance, loss of control, withdrawal, lies and deception, disregard for the physical or psychological consequences, and family/schooling disruption were not associated with depression. Adult IGA is significantly associated with depression, compared with other mental disorders. This study suggests that adults with IGA and depression may use internet games to escape from negative emotions.
**1814: Anxiety attacks with or without life threatening situations, major depressive disorder, and suicide attempt: a nationwide community sample of Korean adults**

**Authors:** Hyewon Kim, Kwan Woo Choi, Eun Jin Na, Maurizio Fava, David Mischoulon, Jin Pyo Hong, Hana Cho, Hong Jin Jeon

**Samsung medical center**

Objectives: An anxiety attack means “a sudden attack of fear or anxiety”. Anxiety attacks trouble patients with not only panic attacks, but also various psychiatric illnesses and hamper their quality of life. In this study, we classified several anxiety attacks groups from a questionnaire, and we aimed to investigate the relevance of anxiety attacks, suicide attempts and Major depressive disorder (MDD).

Methods and materials: A total of 12,532 adults, randomly selected through one-person-per-household method, completed a face-to-face interview using the Korean version of Composite International Diagnostic Interview (K-CIDI), which included questions about the experience of anxiety attacks, whether they occurred without life-threatening situations (LTS), only with LTS, diagnosis of psychiatric illness, and suicidal behaviors.

Results: Of the 12,529 adults, 5.88% reported to have experienced anxiety attacks. Among them, 46.5% reported to have experienced anxiety attacks without LTS. Compared to the ‘never’ group, ‘anxiety attacks’ group reported more suicidal ideation, plan, and attempt, which were even higher frequencies in ‘anxiety attacks without LTS’ group than ‘anxiety attacks with LTS’ group. Whereas ‘anxiety attacks without LTS’ group showed lower impulsivity compared to ‘anxiety attacks with LTS’ group. Sweating was an only significantly associated symptom with suicide attempt in ‘anxiety attacks without LTS’ group. Compared to the ‘never group’, ‘anxiety attacks without LTS’ group showed higher lifetime suicide attempt (AOR=7.86, 95% CI 5.896-10.484), and twice stronger association (AOR=14.28, 95% CI 9.022-22.599) when they had comorbid MDD, whereas ‘anxiety attacks with LTS’ showed no significant association with lifetime suicide attempt.

Conclusions: There are many individuals who experience anxiety attacks without LTS as much as those with LTS. Anxiety attacks without LTS appear to be relevant to an increased risk of lifetime suicide attempts, especially with comorbid MDD.

**1815: Student-Initiated Youth Suicide Prevention Projects in Hong Kong**

**Authors:** Suk Yee Lai, Wing Gi Leung, Qijin Cheng, Siu Fai Paul

**The HKJC Centre for Suicide Research and Prevention, The University of Hong Kong**

In early 2016, there was an increase in student suicide cases, including secondary and post-secondary students. It has drawn the attention of the community to look for effective strategies to prevent youth suicide and different stakeholders were willing to contribute. With a private donation, The Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRJP) at The University of Hong Kong set up a WeCare Fund in June 2016 to encourage all post-secondary students in Hong Kong to initiate projects that could reach out to peers in need, to promote mental health in the campus, and to encourage help-seeking behaviours of those who were under emotional distress. This provided an opportunity for students, as a key stakeholder of youth suicide, to develop and implement a project that could help other young people. Each project team should
consist of post-secondary students and a professional advisor who could provide guidance to the team to ensure the project will do no harm, evidence-based and follow ethical guidelines. A maximum funding of HK$50,000 (equivalent to around US$6,250) will be granted to each team to carry out the project in a 3-month period. After reviewing the proposals submitted, a total of 14 projects from 10 institutions were funded. There were a wide range of projects such as drama production, mobile applications to relief stress, online platform to promote positive messages, peer mentoring programme and cheering stations within campus etc. CSRP conducted individual interviews with each project team and reviewed their project reports to assess the effectiveness of this kind of student-initiated projects for preventing youth suicide. Results showed that student-initiated projects were more attractive and engaging to youth than institution-initiated activities or programmes. They were more creative and could match the needs of students. They could also be more flexible in terms of activity time and place. If the professional advisors were come from their home institutions, sustainability of the projects were more promising. Apart from the participants of various projects could benefit from the projects, it was also a good learning opportunity for the project team students, from programme organization, time management to create meaning for their student life. The experience of WeCare Fund has demonstrated the importance of involving students in preventing student suicides.

1816: Changing trends of suicide rates by joint regression analysis from 1993 to 2016 in South Korea
Authors: Sang-Uk Lee, Soojung Lee, In-Hwan Oh, Joong-Myung Choi, Chang-Mo Oh, Jong-Ik Park
National Center for Mental Health

Aims: South Korea has the highest suicide rates among OECD countries. Therefore, the Korean government implemented policies to prevent suicide. However, there was rare study to examine the changing trend in suicide rates statistically. This study aimed to examine the changing trend in suicide rates by time period and age group.

Methods: The nationwide cause of death data from 1993 to 2016 was obtained from the Statistics Korea. Age-standardized mortality rates were estimated and Joinpoint regression model was applied to describe the trends in suicide rate.

Results: Since 2010 year, suicide rates have been decreased by 5.5% annually in South Korea. According to sex, suicide rate for men has increased by 5.0% annually until 2010. However, there was no statistically significant change in suicide rate of men since 2010. For women, suicide rate has increased by 7.5% annually until 2009, but after 2009, the suicide rate has decreased significantly by 6.1% annually. According to the age group, the suicide rates of women in almost all age groups have decreased since 2010, however suicide rates of men aged between 30 and 49 years old showed continuously increasing trends.

Conclusions: Our study showed that there were differences in the changing trends in suicide rate by sex and age groups in South Korea. And it seems that the changing trends of suicide rates was closely related to the timing of the implementation of national suicide prevention policies.
1817: Increased vagal tone in Therapists when interacting with complex, suicidal patients: a pilot study
Authors: Ying Lin, Hsin-Yun Chou, Kun-Yih Huang, Chen Lin, Fei-Pei Lai
National Taiwan University

Objectives: Vicarious trauma or “empathic strain” happens when a therapist has an empathetic engagement with traumatize people. It does not get much attention. The vicarious trauma in helping professionals, especially in treating suicidal clients, may commonly present as somatic symptoms and physiological arousal. Our study aims to study the physiological effects of doing therapy with suicidal or personality-disordered clients. We report results of an experimental study on the parasympathetic change of therapist side.

Methods and material: Two therapists volunteered in the pilot study. Heart rate signals were recorded with a chest band device while interacting with suicidal and non-suicidal patients. The chest band device will send the detected high frequency domain of heart rate variability (HF-HRV) and heart rate through blue-tooth to the mobile phone. Then we extract the desired data from the record. The HF-HRV is updated in every ten seconds. We identified seven time series at the middle of the therapeutic interaction with 7 complex patients (all with suicidal or self-harm history; 6 out of 7 had cluster B personality disorder and the other had PTSD), each at the length of 10-minutes. On the other hand, a 10-minute period when the therapist is interacting with less severe patients at the same day was selected as the control group. We perform Wilcoxon-Mann-Whitney test in each pair to see whether there were differences in HF-HRV while doing therapy with more severe patients.

Results: All 7-time series showed increased HF-HRV while interacting with complicated, suicidal patients. Wilcoxon-Mann-Whitney tests revealed significance in all pairs. For example, results indicated that a psychiatrist’s HF-HRV increased from the baseline period when treating a stable demented elderly (mean, 5.88; SD, 0.22 ln units) to the psychotherapy with a suicidal patient period (mean, 6.25; SD, 0.37 ln units), indicating an overall increase in cardiac parasympathetic activity during therapy with a severe patient.

Conclusion: The study indicates the role of vagal nerve system during interacting with suicidal patients. More investigations need to be done to clarify the mechanism. Besides, this illustrates the fact that doing therapy has an impact on the autonomic nervous system of the therapist. Therapist overload should be avoided and the therapist’s physiological condition also needs to be attended to.

1818: The Utilization of Profiles of Actual Local Suicide Conditions and Policy Packages for Local Suicide Countermeasures
Authors: Hiroko Matsunaga, Koji Fujita, Yoshihiro Kaneko, Yutaka Motohashi
Japan Support Center for Suicide Countermeasures

Objectives: The rate of death by suicide in Japan has decreased since its peak in 2003 but still remains high in other OECD countries. Owing to such a situation, the Japanese Government revised “The Basic Law on Suicide Countermeasures” in 2016 and approved “The General Principles of Suicide Prevention Policy: Realizing a Society in Which No One Is Driven to Take Their Own Life” at a Cabinet meeting held on July 25, 2017. Prefectures and municipalities are required by law to make their own plans to prevent suicide in accordance with the actual situation in their regions. In
addition, in view of the fact that the national government is required to provide advice and other assistance as necessary to local public entities so that they can meet their responsibility to draw up and implement policies tailored to the situation of the region in question, it is strengthening its support for practical initiatives at the community level by, among other things, providing local public entities with profiles of actual local suicide conditions as well as policy packages of local suicide countermeasures.

Methods and material: As for “The Profile of Actual Local Suicide Conditions” and “The Community Suicide Countermeasures Policy Package,” these concepts were developed through arguments and discussions in an interdisciplinary academic study group.

Results: The Japan Support Center for Suicide Countermeasures developed “The Profile of Actual Local Suicide Conditions” and “The Community Suicide Countermeasures Policy Package.” Profiles of actual local suicide conditions analyze the state of suicides in all prefectures and municipalities. Policy packages are of two types—basic and priority packages. Basic packages are desirable measures to be implemented in all municipalities (strengthening the regional network, training human resources to support suicide-prevention measures, providing enlightenment and public dissemination of information to residents, offering support by promoting factors of living; e.g. bereaved family, Schools and workplaces, instruction on how to raise an SOS for students). Priority packages are applicable for priority issues in the region (children/youth, work and management, daily needs, unemployed persons, the elderly, high-risk areas, afflicted areas, and suicide methods).

Conclusion: The development of effective suicide-prevention measures and plans and their implementation are expected in each region by utilizing profiles and policy packages.

1819: Risks of completed suicide of community individuals with psychiatric or physical disorders across age groups: A nationwide population-based nested case-control study in South Korea

Authors: Eun Jin Na, Hye won Lee, Woo jae Myung, Maurizio Fava, David Mischoulon, Jong Woo Paik, Jin Pyo Hong, Kwan Woo Choi, Ho Kim, Hong Jin Jeon

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Objectives: Suicide is the leading cause of death in people 10-39 years of age in South Korea, and has the highest rate among the Organisation for Economic Co-operation and Development (OECD) countries. However, few studies have closely investigated the characteristics of completed suicide in South Korea.

Method and Material: This study examined suicides in a national population sample of all ages who died by suicide in South Korea between 2002-2013. Data from a representative sample of 1,025,340 South Koreans were obtained from the Korean NHIS–NSC. The sample consisted of 2,838 subjects who completed suicides and 56,758 age and sex matched living controls. Psychiatric and physical disorders listed in the ICD-10 were used to create subgroups that were stratified by sex and five age groups.

Results: The odds ratios for completed suicides were higher for individuals with schizophrenia, psoriasis, injuries involving multiple body regions, epilepsy, sleep disorders, mood disorders, bipolar disorder, or atopic dermatitis. Among these disorders, mood disorders were associated with the
highest number of completed suicides at 542 (19.10% vs. 2.06%), and schizophrenia (AOR=28.56) showed the strongest association. For age groups, <19 years was associated with anxiety disorders (AOR=80.65), 20-34 years with epilepsy (AOR=134.92), both 35-49 years (AOR=108.57) and 50-65 years (AOR=189.41) with schizophrenia, and >65 years (AOR=44.7) with psoriasis.

Conclusion: Presence of psychiatric and physical disorders greatly increased risk and number of completed suicides in South Korea. To reduce suicide in South Korea, the government should focus on emotional trauma and stigmatization of patients with chronic medical and psychiatric disorders.

1820: "In Their Own Words": A 'bigger Picture' Investigation of What Motivates Children, Adolescents and Young Adults to Attempt Suicide.'

Author: Alexandra Nicolopoulos
Black Dog Institute

Suicide is the second biggest killer of 15-29-year old’s worldwide (WHO). The epidemiology of suicide provides us with many frameworks positing the causes of suicidal behaviours in youth. It is these frameworks which allow us to form the theoretical basis for developing much needed youth suicide preventions and interventions. The same epidemiological data informing prevention and intervention, however, also uncovers an uncomfortable truth about the success of current methods... they are not reducing suicides and we are failing to understand why.

The purpose of the current PhD project is to investigate the self-reported motives of youth who have had at least one previous suicide attempt. The way in which we have chosen to explore these motives, however, does not categorically 'fit' with what is generally expected in this field. We aspire to collect stories. We aspire to only report the true recounts of experience. We aspire to give young people an opportunity to speak to us, in their own language, from their own frame of reference. And, we aspire to make the entire process one which is engaging, ethical, respectful and safe, for all young people involved.

The motivation to conduct such a study came from the results of a systematic narrative review undertaken by the current PhD candidate and colleagues at the Black Dog Institute (Nicolopoulos et al, 2017). The review, which investigated the current literature pertaining to the lived experience of youth regarding their motives for suicide., found that since 1995, there have been only 17 studies which have sought to qualitatively understand the suicidal experience from the perspective of young people who have attempted. Further, it is not only quantity that has proven to be an area of concern for research of this nature, but also the comprehensiveness of reporting. The design and implementation of many of these studies was not reported in a thorough manner, and lacked consistency – often from conception to completion.

We have highlighted that current, predominantly clinical and epidemiological based theoretical models, fail to adequately capture the motives for suicide attempt in youth. More robust and comprehensive theoretical frameworks may enhance knowledge of the complex and multiple factors that motivate young people to attempt to take their own lives. This may begin to help us understand why our current prevention and intervention strategies are not reducing the number of youth suicides. However, there is a significant need for more evidence to support this and that can only be attained by increasing both the quantity and comprehensiveness of studies which follow this line of inquiry. It is with that in mind that this study has been developed.
We would like to share with you not only the innovative ways we have decided to recruit our participants for this study, but also, the thoroughly thought out process of collecting, and reporting, our data, using Interpretive Interactionism (Denzin, 1989). This is a really exciting new direction in youth suicide research. We are of the opinion that research provides an opportunity for the consumer language to be translated to the rest of the world, often when it otherwise hasn’t. As qualitative researchers, successfully translating the innate unadulterated language of the young suicidal mind is not only our responsibility, but our privilege.

1821: Lifetime suicidal ideation and attempt in adults with full major depressive disorder versus sustained depressed mood

Authors: Mijin Park, Hye Jin Yoo, Jin Pyo Hong, Maeng Je Cho, Maurizio Fava, David Mischoulon, Jung Yoon Heo, Kiwon Kim, Hong Jin Jeon
Samsung medical center

Objectives: Major depressive disorder is a well-known risk factor for suicidality, but depressed mood has been used non-specifically to describe the emotional state. We sought to compare influence of MDD versus sustained depressed mood on suicidality.

Methods and material: A total of 12,532 adults, randomly selected through the one-person-per-household method, completed a face to face interview using Korean version of Composite International Diagnostic Interview (K-CIDI) and a questionnaire for lifetime suicidal ideation (LSI) and lifetime suicidal attempt (LSA).

Results: Of 12,361 adults, 565 were assessed as ‘sustained depressed mood group’ having depressed mood for more than two weeks without MDD (4.6%), and 810 adults were assessed as having full MDD (6.55%) which consisted of ‘MDD with depressed mood group’(6.0%) and ‘MDD without depressed mood group’(0.5%). The MDD with depressed group showed higher odds ratios for LSI and LSA than sustained depressed mood group. Contrarily, no significant differences were found in LSI and LSA between the MDD group with and without depressed mood. MDD showed significant associations with LSI (AOR=2.83, 95%CI 2.12-3.78) and LSA (AOR 2.17,95% CI 1.34-3.52), whereas sustained depressed mood showed significant associations with neither LSI nor LSA after adjusting for MDD and other psychiatric comorbidities. Interaction effect of sustained depressed mood with MDD was significant for LSI but not for LSA.

Conclusion: sustained depressed mood was not related to LSI and LSA after adjusting for psychiatric comorbidities, whereas MDD was significantly associated with both LSI and LSA regardless of the presence of sustained depressed mood.
Background: In Norway, there are about 550 suicides recorded each year. The number of suicide attempts is 10-15 times higher. Suicide attempt is a major risk factor for suicide, in particular when violent methods are used. Suicide attempts with violent methods have barely been studied in Norway. This study describes demographic, psychiatric and somatic health in patients admitted to somatic hospitals in Norway after suicide attempt by violent methods compared with suicide attempters using deliberate self-poisoning (DSP).

Methods and material: Patients admitted to somatic hospital after suicide attempt aged > 18 years were included in a prospective cohort study, enrolled from December 2010 to April 2015. Demographics (gender, age, marital and living condition, educational and employment status), previous somatic and psychological health were registered. Patients who had used violent methods were compared to patients admitted after suicide attempt by DSP.

Results: The study included 80 patients with violent methods and 81 patients with DSP (mean age both groups 42 yrs.). Violent methods used were cutting (34%), jumping from heights (32%), hanging (14%), others (10%), shooting (7%) and drowning (4%). Patients with violent methods had more often psychosis than patients admitted with DSP (14% vs 4%, p<0.05), less anxiety disorders (4% vs 19%, p<0.01) and less affective disorders (21% vs. 36%, p<0.05). There were no significant differences between the numbers of patients who received psychiatric treatment at the time of the suicide attempt (violent 55% versus DSP 48%) or reported previous suicide attempt, 58% in patients with violent methods and 47% in DSP. Few participants, 18% in the violent and 22% in the DSP group (p=0.4), were working before the suicide attempt. Patients with violent methods stayed longer in hospital (14.3 (mean 8.320.3) vs. 2.3 (mean 1.6-3.1) days, p<0.001), stayed longer in intensive care unit (5 days vs. 0.5 days, p<0.001) and were in need of longer mechanical ventilation (1.4 vs 0.1 days, p<0.001).

Conclusions: Patients with violent methods had more often psychosis, less anxiety disorders and affective disorders than patients with DSP. Psychiatric treatment before the attempt and previous suicide attempt was not significantly different between the groups and about half of the patients in both groups were in psychiatric treatment at the time of the suicide attempt. Few patients were working before the suicide attempt.
1823: A study on the process of mourning for adolescents who lost their parents due to suicide: using PhotoVoice
Authors: Seo, Chong hee, Kim, Kyung Mee
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The purpose of this study is to explore the experiences of adolescents who lost their parents due to suicide using Photovoice method. Participants were four adolescents who joined in the self-help group and counselling service for more than six months. Photovoice interview were conducted four times. The results of the study showed that the experiences of adolescents who lost their parents due to suicide were analysed with two themes and eight sub-themes. The two themes were "Empty field ravaged by whirlwind" and "new meanings learned by losing". These meant the experiences of psychological, routine, and situational changes as suddenly missing parents' place, and the process of mourning to try to understand the death of their parents and to cure their grief. Based on these results, I suggested the establishment of a social support system to help children and adolescents whose parents died suicide and expansion of practice area, and the importance of improving the awareness of our society for mourning and recovery of suicide survivors.

1824: An Innovative Approach to Mental Health Program for Students: ‘Out of the dark’: A web-based and school-based intervention for mental health promotion in secondary school students in Hong Kong
Authors: Kwan-yu Shum, Eliza Lai, Sherry Ng, Michelle Leung, Daniel Lung, Paul Yip
Centre for Suicide Research and Prevention, The University of Hong Kong

Mental health is an essential part of health and is closely related to physical health; however, people may not be aware of its importance. Besides, mental health is more than just the absence of mental illness. Therefore, it is important to understand the knowledge and skills to enhance mental health, in addition to the prevention of mental illness and suicide. Thus, The Hong Kong Jockey Club Centre for Suicide Research and Prevention of the University of Hong Kong was supported by Quality Education Fund (QEF) to develop an innovative and comprehensive mental health promotion program for Secondary 1 to 4 students (equivalent to Grade 7-10). The program “Out of the dark” is a combination of web-based and school-based intervention and aims to enhance students’ self-awareness and emotion management skills so to establish good self-image, interpersonal relationships and empathy skills. The curriculum is designed based on Cognitive-behavioral Approach and Positive Psychology. The duration of program is about 6 months, which includes 10-12 web-based lessons and 10 school-based lessons. By using such innovative approach, it hopes to stimulate the interests and engagement of students during the learning process. The web-based learning includes Pre-lesson, In-class and Post-lesson activities. Each part has a structured framework to facilitate students’ learning and contains mood diary, various interactive activities, including discussion, mini-games, videos and animations, reflection and blogging etc. for students as well as teachers. It is believed that through web-based learning, students can be equipped with the basic concept of the topics and school-based lessons can help strengthen and consolidate the skills learned and to encourage students to apply the skills in daily life. Preliminary results from teachers’ review meeting indicated that the animation for refreshing exercises could help students refresh and retain their attention in the school-based program. The majority of students also
enjoyed the interactive activities and mini-games and they are more willing to disclose their emotions and thoughts in the web-based program.

1825: A study on Analysis and Expanding of region-specific suicide prevention activities
Author: Lee Soojung
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The purpose of this study was to attempt to the analysis and Expanding of region-specific suicide prevention activities in Korea and to examine the community-based suicide prevention polices and cases in Japan and other countries. This study was to analyse the regional characteristics and the status and characteristics of suicide, and the implementation plan for suicide prevention in 4 regions. Through this study, we classified the characteristics of the region into 4 types such as a mixed city with urban and rural characteristics, small and medium industrial city, high-density residential downtown area, and industrial parks centred area. It could eventually lead to nationwide expansion strategies for the region-specific suicide prevention activities.

1826: Suicide and Truck Drivers: An Understudied Occupational Group
Author: Steven Stack
Wayne State University & Center for Suicide Research

In American research on suicide risk and occupations a disproportional emphasis has been placed on medical professions (physicians, nurses, dentists), and, in response to substantial government funding, the military. In contrast, civilian working class occupations have been neglected. No systematic research exists on suicide among American truck drivers. BACKGROUND. The American trucking industry has undergone substantial change in the last five decades. The virtual elimination of economic regulation after 1980 unleashed competitive forces that forced hundreds of established motor carriers out of business and dramatically worsened working conditions and wages for truckers. Deunionization combined with deregulation was associated with long haul drivers earning less than half of pre-deregulation wages and receiving lower or no health and retirement benefits. Average work weeks’ average more than 65 hours. Truckers are earning less and working harder than at any time during the last half century (see Viscelli, S. 2016. The Big Rig: Trucking & the Decline of the American Dream, Berkeley: U of California Press); Of 104 occupations investigated truck drivers were in the top ten in alcohol abuse, a risk factor for suicide. Hypothesis: Given the ongoing decline in their pay and working conditions truckers are at enhanced risk of suicide. METHODOLOGY. All data are from one calendar year of the Multiple Cause of Death file from the National Center for Health Statistics. These are essentially based on information from death certificates gathered from state and county level vital statistics offices in the USA. They cover all deaths in the target year (N=2,394,870). The analysis is based on 534,993 deaths for which data on occupation were recorded on the death certificates. These included 11,855 deaths of truckers. The dependent variable is death by suicide (=1) vs. all other deaths (=0). Since the dependent variable is a dichotomy, logistic regression techniques are appropriate. Controls are incorporated for possible confounders and include demographics. RESULTS. At the bivariate level, truckers were at elevated suicide risk. 2.1% of truckers died through suicide compared to only 1.3% of the general population (Chi Square = 50.01, p < .000). However, controlling for demographics, truckers were no longer at a
significantly higher risk of suicide (odds ratio = 1.05, p= .45). CONCLUSIONS. While there has been a decline in the pay and working conditions for truckers, the occupation is not at an elevated risk for suicide independent of covariates, especially gender. Truckers may externalize as opposed to internalize aggression. Future work is needed to assess the risk of truckers for homicide, deaths from undetermined violent causes, as well as accidents.

1827: Personality traits as the vulnerability factors for major depressive episodes and suicide-related ideation among university students

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Hokkaido University Graduate School of Medicine

Objectives: The aim of this study was to elucidate personality traits, especially character traits, as vulnerability factors of major depressive episodes (MDEs) and suicide-related ideation among university students.

Methods and materials: The participants were 2194 university students who enrolled at Hokkaido University in April 2011, 2012, and 2013. This is a prospective cohort study. We used the Patient Health Questionnaire-9 (PHQ-9) to assess depressive episodes and suicide-related ideation, and the Temperament and Character Inventory (TCI) to assess personality traits. All subjects completed both the PHQ-9 and TCI in the 1st year (T1) and the PHQ-9 in the 4th year (T2) of university. Then we excluded 131 subjects with depressive episodes at T1, and defined 2063 students as the subjects of this study. Cochran-Armitage trend tests were conducted to reveal the trend between character configurations and the development of depressive episodes and suicide-related ideation at T2.

Results: The Cochran-Armitage trend tests revealed that the prevalence of depressive episodes decreased as the Self-Directedness (SD) and/or Cooperativeness (C) were high at T1, which means character profiles matured (Z=57.2, P=0.0013). The same tendency was observed in individuals who had ideas of suicide or self-harm (Z=49.3, P=0.0003).

Conclusion: The character configuration of low SD and low C was the vulnerability factor for MDEs and suicide-related ideation among university students.

1828: Effective dissemination of educational programs for suicide prevention between community public health nurses and other gatekeeper members

Authors: Osamu Tanaka, Kanako Nyuui, Ikuko Matsusaka, Chihiro Saitou, Keiko Hoshi
Aomori Mental Health and Welfare Center

Background: There is a need to establish effective strategy of gate keeper training for suicide prevention. In Japan, community and district public health nurses have an important role of training various kinds of gatekeeper, e.g. community facilitators, mental health care volunteers and public servants. Thus, we conducted educational interventions for community and district public health nurses to train various gatekeepers and examined the results to clarify the effects of educational programs, which are performed by community and district public health nurses.

Methods: Subjects were 126 community and district public health nurses who received a suicide prevention lecture which was including role play sessions and group discussions. A 5-item
questionnaire assessing level of years of experience to train gatekeepers and the motivation of practicing suicide prevention lectures was administered to each participant before and after the lecture. And we examined the results of practicing suicide prevention lectures which were conducted by community and district public health nurses for various kinds of gatekeeper.

Results: Motivational attitudes towards practicing suicide prevention lectures for gatekeepers were significantly (P<0.001) improved after educational intervention. And 63 suicide prevention lectures were conducted by about 60 community and district public health nurses for 1584 gatekeepers.

Conclusions: The educational intervention for community and district public health nurses appears useful for acquiring motivational attitudes towards practicing suicide prevention lectures for gatekeepers.

1829: Spatial clustering of fatal, and non-fatal, suicide events in New South Wales, Australia: Implications for evidence-based prevention

Authors: Michelle Tye, Paul Konings, Philip J. Batterham, Helen Christensen
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Background: Rates of suicide appear to be increasing, both nationally and globally, indicating a critical need for more effective prevention initiatives. To increase the efficacy of future prevention initiatives, we examined the spatial distribution of suicide deaths and suicide attempts in New South Wales (NSW), Australia, to identify where high incidence ‘suicide clusters’ were occurring, thus advancing the evidence-base for targeted prioritisation of resources.

Methods: Analysis is based on official suicide mortality statistics for NSW, provided by the Australian Bureau of Statistics, and hospital separations for non-fatal intentional self-harm incidents, provided through the NSW Health Admitted Patient Data Collection at a Statistical Area 2 (SA2) geography. Geographical information system techniques were applied to detect clusters of suicidal behaviours occurring across NSW, between 2005 and 2013 (aggregated), for all persons aged over 5 years. The final dataset contained 5,466 mortality and 86,017 non-fatal intentional self-harm cases.

Results: In total, 25 Local Government Areas were identified as primary or secondary likely candidate regions for intervention. Together, these regions contained approximately 200 SA2 level suicide clusters, which represented 46% (n=39,869) of hospital separations and 43% (n=2,330) of suicide deaths between 2005 – 2013. These clusters primarily converged on the Eastern coastal fringe of NSW.

Conclusion: Crude rates of suicide deaths and intentional self-harm differed at the LGA level in NSW. Primary suicide clusters mainly occurred within metropolitan/coastal regions, rather than rural areas. There is evidence that suicide clustering in rural/remote areas is linked to socioeconomic deprivation, and increased difficulty accessing mental health services, risks which are not characteristic of urban NSW. As such, findings which take into account geographical variation in suicidal behaviour are likely to translate to increased efficacy of suicide prevention efforts insomuch that they provide an evidence-base for prevention resources to be developed that appropriately address risk specificity in high-need candidate regions.
1830: The review and reflection on the cultural perspectives of media guidelines for suicide prevention

Authors: Wu CY, Yang TT, Lee MB
National Taiwan University College of Medicine

Suicidal behaviours have been influential and contagious events across the world through media coverage. The media and mental health professionals have long been acknowledged of the gatekeeping roles in suicide prevention via safe and respectful disseminations of suicide. Yet, evidence revealed an inconsistency between suicide reporting guidelines as well as the implementation gap in media reports. The study reviewed these guidelines across countries with an aim to compare their contents and to reflect on the cultural differences in media adherence. Results emphasized the need to empower the media professionals with better recognition of suicide reporting guidelines and to promote the health professionals with enhanced efforts in active communication with the media. A shared understanding between both professionals should be established with the hope of a lowered suicide rate worldwide.

1831: The Influence of Mindfulness on the therapeutic Relationship

Author: Teresa Behrens
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The late Alan Marlatt, suggested that, within the field of alcohol and other drug (AOD) treatment, the therapeutic relationship may be the most critical determinant of treatment outcome. Therapist mindful presence has been proposed as another possible common factor determining successful outcomes of therapeutic intervention.

This study used qualitative methods to explore the experiences of community-based AOD clinicians providing Dialectical Behavioural Therapy (DBT), a mindfulness-based intervention. DBT was developed by psychologist Marsha Linehan, based on her work with clients assigned to the ‘too hard basket’. It is considered an intervention of choice for clients presenting with co-occurring mental health diagnosis and substance use disorder(s), commonly also presenting with a history of suicidal behaviour. These clients often lack supportive family and social networks and are difficult to engage in treatment, increasing their vulnerability to adverse outcomes.

The results suggest a beneficial influence of practitioner-mindfulness on the therapeutic relationship; lend support to the consideration of mindfulness as a common factor; and indicate benefit as an effective practitioner self-care strategy. Three emergent themes are distilled as a model proposing the possible action of therapist mindfulness on the therapeutic relationship.
Prevalence and associated risk factors for suicide among youth in Himalayan mountain villages in Pakistan

Author: Syed M Shah
Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University

People in mountain villages of north Pakistan enjoyed complete physical and mental health (Robert McCarrison Wheel of Health1920). According to more recent studies (Murad Musa 2008) cases of suicide emerged in late 1998. Our project utilized both quantitative (case-control design) and qualitative (key informant interview) designs to determine root causes of suicide. We examined 204 cases of suicide. A high proportion (57.1%) of females committed suicide. Social issues contributed to suicide in majority (71.4%) of the cases including poor-relations and conflict between daughter and mother-in-law, inability to handle teenagers’ love related issues, un-realistic expectations of school performance, financial issues, having a non-psychiatric chronic disease, availability of fatal means of suicide for females (jumping in the river). Reducing suicide in an urgent public health priority in study villages.
Post Conference Workshops

Post Conference Workshop 1
Building Hope in Hopeless Situations with Suicidal Persons

Workshop Leader: Brian L. Mishara, Ph.D., Director, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE); Professor, Psychology Department, Université du Québec à Montréal, Montréal (Québec), Canada; with assistance from Vanda Scott, OBE, IASP International Advisor, Gondrin, France.

Background and objectives: People working in suicide prevention may experience difficulties in knowing how to be of help when confronted with suicidal individuals whose life circumstances are presented as utterly without hope for improvement. These include individuals who have experienced irremediable losses, such as refugees who have been displaced from their homeland, people who suffer from a debilitating terminal illness, and individuals bereaved after the violent death of loved ones. This workshop will focus on understanding suicide workers’ obstacles to helping in such circumstances and on exploring potential techniques for building and maintaining hope in suicidal individuals who experience hopeless situations.

Who should attend: This workshop is open to anyone working in suicide prevention who may be involved in a helping relationship with suicidal persons, face-to-face, over the telephone, and in internet chats or text message exchanges.

Format and Content: This is a participatory workshop, in which the presentation of information will be complemented by attendees being invited to engage in exercises in which they will have an opportunity to practice specific techniques. We will examine obstacles for helpers to feel hopeful with certain suicidal persons, as well as common myths and prejudices associated with suicidal despair. We will explore strategies to increase hope in the context of interactions with persons at moderate and high risk of suicide, who describe hopeless life circumstances as their most important motivation for wanting to end their lives. The general approach will be to develop a repertoire of methods of validating the person to increase feelings of self-worth, as well as techniques to change the focus and perceptions of the situation, in the context of a brief crisis intervention in situations that seem to be desperate. The ultimate goal of the workshop is to increase the confidence and competence of suicide prevention workers in helping to increase hope in persons experiencing extreme hopelessness.
Post Conference Workshop 2
Introduction to Mindfulness

Workshop Leader: Stephen Archer is a mindfulness educator and trainer. He is the Director of Mindfulness Training www.mindfulness-training.co.nz and an associate of Mindfulness Works http://mindfulnessworks.co.nz/corporate-workplace-training/.

Background and objectives: Mindfulness is our natural ability to be fully present. It’s the quality of engagement necessary if we want to bring all of our capabilities to the moment. It’s a tool for strengthening the mind and allows us to stay focused and clear rather than get lost in distractions and stress. Practicing mindfulness is a smart way of working in the information age, and is also good for our health. Mindfulness training gives a clearer understanding of how our state of mind impacts our performance. It makes use of the inherent ability of the mind and body to rebalance and sustain well-being, and discover positive new perspectives, solutions and responses. An increasing body of evidence suggests mindfulness practice offers significant benefits to both our health and our working lives. As a life skill it increases happiness and reduces stress. As a professional competency, it allows us to deepen into the power of presence. This brings many immediate practical skills that expand our mental capacities beyond our habitual point of view, while offering greater internal spaciousness. Mindfulness promotes enhanced self-awareness and increased resilience; these qualities combining to strengthen authenticity. Mindfulness assists us to make better decisions, and be centered and grounded, even in a demanding, action oriented role.

Mindfulness is developed through simple focussing-type practices which involve calming the restless mind and relaxing the body. It utilises powerful and practical methods to deepen awareness and bring attention more fully and positively into the present moment.

Who should attend: This workshop is open to anyone wishing to engage with the theory and practice of mindfulness in order to: Develop and embody increased attentiveness, presence and responsiveness; Learn a practical tool to boost mental fitness, sustain health and wellbeing and avoid attention fatigue; Improve overall efficiency in the workplace by increasing focus, learning agility, listening skills and self-awareness; Manage attention and energy more effectively throughout the day; Understand and overcome the hindrances to quality thinking.

Half-day session training: Learning objectives

Engage with the theory and practice of mindfulness in order to:

- Develop and embody increased attentiveness, presence and responsiveness
- Learn a practical tool to boost mental fitness, sustain health and wellbeing and avoid attention fatigue
- Improve overall efficiency in the workplace by increasing focus, learning agility, listening skills and self-awareness
- Manage attention and energy more effectively throughout the day
- Understand and overcome the hindrances to quality thinking
Main contents of training

- What is mindfulness?
- Inquiring into the nature of mind and practicing focused attention
- Building our capacity to sustain quality awareness in the present moment
- Intention, perception and choice – how we see things influences how we respond
- Guided mindfulness exercises
- Managing our energy states to develop sustainable wellbeing
- Mindful listening and communication
- Awareness of the body and feelings: mindful practices to increase emotional intelligence and empathy
- Dealing with distractions and mental clutter
- Authentic presence: staying connected to oneself
- Discussion and inquiry
- Tips for staying mindful at work and going forward with your own practice

Post Conference Workshop 3
Responding to the impact of suicide – turning the tide by enabling and supporting those affected by suicide.

Workshop Leader: Internationally recognised for her work in the areas of suicide prevention, postvention and mental health, Jill Fisher has a special interest in the areas of crisis and traumatic loss & grief. Her media background and professional experience in research and national community development has further enhanced her skills in establishing integrated community responses to traumatic events. With active memberships on a number of national and international committees, Jill has also served as a professional advisor or peer reviewer to several national suicide prevention initiatives. Jill has been honoured to receive the 2011 IASP Norman Farberow Award, the 2013 National Suicide Prevention Australia Leadership & Innovation Award and was a 2016 Griffith University Outstanding Health Alumnus of the Year Finalist.

Workshop objectives: This interactive workshop will build on existing knowledge and experience of participants and encourage audience participation to enable respectful understanding and care for those bereaved or impacted by suicide. The workshop will provide a brief history of the suicide postvention field, existing evidence and new research developments about supporting those affected by suicide. Governance and management approaches will be discussed including various postvention models, collaboration with cultural, statutory and existing community services, media liaison and the vital participation of those with lived experience in supporting individuals and communities impacted by suicide.
The workshop will also highlight ways to involve local communities to build longer term postvention capacity with participants invited to share their experiences. Providing direct care to those affected by suicide and support to caregivers will be a key feature of this workshop which will conclude with a review of self-care practices and a session of healing and renewal for all participants.

**Format and Content:**

1.30: Acknowledgments, introductions & session overview

1.45: History, background of suicide postvention including local contributions & conversations

2.30: Governance & management including postvention models, contribution of lived experience and media communications

3.30: Community & stakeholder engagement & local collaboration

4.00: Break

4.30: Providing support for those affected

5.30: Self-Care practices for Carers and Responders

6.00: Conclusion & Farewell